

A high-angle, top-down photograph of a diverse group of people sitting on a green lawn. Their arms and hands are extended towards the center, where they are stacked on top of each other in a circular formation. The hands vary in skin tone, from light to dark, representing a multicultural group. Some people are wearing jeans, and one person has a visible tattoo on their arm. The overall mood is one of unity and community.

afa

30

Years of
Love,
Action &
Change
1988 - 2018

ANNUAL REPORT 2019

30
YEARS

of love,
action and
change

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PRESIDENT'S MESSAGE

The year 2019 can be remembered as an important juncture in the response to the HIV epidemic in Singapore. Many of us working in the HIV/AIDS field believe that with collective and coordinated actions, we can make a lasting impact on the HIV epidemic here. This is the result of the convergence of several factors. Firstly, clear evidence that HIV treatment not only improves the lives of persons living with HIV, but also prevents HIV transmission to their sexual partners; this is often referred to as Treatment as Prevention (TasP) and underpins the 90-90-90 goal set by UNAIDS and national programmes. Secondly that Pre-Exposure Prophylaxis (PrEP) has been proven to be highly effective in the real world reducing the transmission of HIV leading to falls in new infections in numerous cities and nations; PrEP has also re-energised other HIV prevention strategies. Thirdly, the approval and roll-out of HIV self-testing will make it easier for persons at risk to get tested, which will mean earlier diagnosis and linkage to effective medical care and support. Of these 3 major programmes, only TasP has had success in the Singapore context. PrEP is still in its infancy, hampered by regulatory and cost barriers, and HIV self-testing remains elusive.

In Singapore HIV transmission has plateaued at approximately 400 notifications per year for the past few years. In 2018 newly diagnosed HIV infections in Singapore fell 28% from the year before. The decrease was greatest among gay and bisexual males, in whom there were 38% fewer infections recorded in the same period.

In 2018 AfA and partners and stakeholders set out to draft The Community Blueprint to End HIV in Singapore. This document was completed in 2019 and it charts a course that if successful, will be able to prevent hundreds if not thousands of HIV infections in the country. The Blueprint has detailed the programmes needed to end HIV transmission in Singapore. These include:

- ♦ scale-up of prevention programmes for key populations (MSM, high-risk heterosexual males, sex workers, persons who use drugs)
- ♦ develop training and education programmes for community organisations and workforce
- ♦ focus on 'hidden' populations at risk, namely persons who presented with late HIV diagnoses
- ♦ scale-up the use of PrEP for persons at greatest HIV risk
- ♦ address HIV-related stigma and discrimination, including
- ♦ recommending structural changes
- ♦ promotion of HIV self-testing
- ♦ develop communications to promote safe sex and testing among travellers
- ♦ improve monitoring and evaluation activities.



PROFESSOR ROY CHAN
President, AfA Singapore

Initial plans for the Blueprint included a chapter on the estimation by mathematical modelling of HIV infections that would be averted if we increased HIV testing rates, condom use rates, PrEP coverage for key populations and improved access to treatment and successful viral suppression in order to achieve the 90-90-90 target by 2020 and 95-95-95 by 2025.

We also planned to calculate the annual and lifetime treatment costs per patient, which if multiplied by number of cases averted would yield an estimate of overall savings to the country if we succeeded in ending HIV transmission in Singapore.

We were not able to estimate the savings in lives and money because the financial costs were not available, and better analysis of the HIV epidemic and affected populations in Singapore were unavailable at the time of drafting the Blueprint. The information and calculations needed for these 2 sections of the original plan are beyond the scope of the Blueprint group. They are best handled by our research and clinical partners.

The Community Blueprint will require additional investment, much of which we hope the Government will be able to fund. If we look at the Australian Blueprint, it is estimated that millions of dollars will be saved from the costs of providing treatment and support. The financial benefits will continue to compound thereafter, with lifetime savings from averted HIV infections extending into the tens of millions.

The message is clear - if we invest in prevention to end HIV transmission now, we will realise huge net savings over time. The capacity to end HIV is within our reach, but getting there will need work, collaboration and coordination. There must be greater support for communities working to end HIV transmission. Business as usual will not get us there.

The Blueprint is ambitious, but we believe that the goal is realistic and achievable. It will be the starting point for more discussions, planning and implementation of a national plan to end HIV in Singapore by 2030. AfA is proud to have been able to convene and motivate communities and partners and we will utilise the Blueprint to guide our programmes and activities until we attain the final goal. ■

¹ <https://www.youtube.com/watch?v=2m572whmwqA>

EXECUTIVE DIRECTOR'S MESSAGE

2019 marked an important year for the HIV movement in Singapore. After almost two years since it released a media statement on action steps needed to end HIV transmission in Singapore; AfA successfully launched a blueprint for ending HIV and AIDS in November 2019. The development of the community blueprint was a long journey and involved bringing together multiple stakeholders and getting their buy-in to jointly draft sections of the blueprint. The Community Blueprint outlines priorities and strategies that are needed to end HIV transmission and AIDS in Singapore by 2030. AfA firmly believes that Singapore with its well educated population, world-class healthcare system and robust HIV prevention and access to treatment programmes is well placed to achieve this feat and join other global cities that have successfully put the brakes on HIV transmission. For more details on the Community Blueprint please refer to the Section on A Community Blueprint Towards Ending HIV Transmission and AIDS in Singapore by 2030.

A lot of AfA's energies and human resources were directed towards developing the community blueprint in 2019. Nevertheless, significant accomplishments continued to be made despite some challenges. For one, in 2019, the funding for the heterosexual outreach programme went through some strategic shifts, as a result of which AfA had no programme funding for almost half of the year. This was directly reflected in terms of the numbers that we reached. Our programme was able to reach only 12,400 high risk men as compared to 83,400 reached in the previous year. A lot of effort instead was focused on collecting information from the ground to inform the roll out of the next proposal. For 2020 and beyond, we hope to expand our outreach to reach more blue-collar workers who form a sizeable group of late presenters and incrementally expand testing and reach based on the targets set out in the community blueprint.

The other key population that AfA serves are MSM. The community blueprint identified several challenges faced by the MSM community, a key issue continuing to be the disproportionate number of MSM that are infected by HIV in Singapore. Based on the most recent statistics from MoH, in 2019, 57% of those newly diagnosed identified themselves as homosexual (49%) and bisexual (8%). Further, consistent condom use within the community remains low and the demand for PrEP and PEP remains substantially underserved by current resources that are available. The blueprint identifies strategies to address these challenges. AfA programmes reaching the MSM community will have to be incrementally expanded over the years to make ending HIV a reality. In 2019, the programme reached a total of 14,000 MSM compared to 9600 in 2018 through club outreach events at popular entertainment venues as we increased the number of stage events and club shows from 14 in 2018 to 18 in 2019. There is also a large group of MSM who do not patronise entertainment establishments and to reach them, AfA relies on its online outreach and campaigns. In 2019, the gayhealth website reached 36,327 unique visitors through its content and videos.

In 2019, the Pink Carpet Youth programme that is targeted towards young MSM 18-25 years continued to grow and a total of 531 young MSM attended the weekly PCY drop-in sessions compared to 488 in 2018. At these sessions, 727 HIV and 394 Syphilis tests were done. On top of this, free testing was also offered at the 6 outreach events conducted at the National University of Singapore and the Singapore Management University where 308 students came forward to get tested. Overall, 1035 HIV tests were done in 2019 as compared to 441 tests in 2018.

Closely aligned to AfA's educational outreach work are its HIV and STI testing services provided through the Anonymous Testing Service (ATS) and the Mobile Testing Service (MTS). These sites provide anonymous



Ms. SUMITA BANERJEE
Executive Director, AfA Singapore

counselling and testing in a safe and non-judgemental environment as well as linkage to treatment services. The ATS also offers tailored counselling for MSM through a pink carpet service with counsellors from the community and a ladies' night catering specifically to women clients. In 2019, a total of 7535 HIV tests and 3046 syphilis tests were done at both sites. There was a drop in the total number of clients seen at both sites which can be attributed to several reasons including, use of PrEP and possibly the availability of self-testing kits on-line. Nevertheless, AfA continues to strive to improve client experience at our testing sites. Towards this, the ATS clinic operations were automated in 2019, improving productivity and efficiency. Further, in 2019, AfA expanded its Linkage to care service to include referrals from other GPs offering anonymous testing. 17 such referrals who were diagnosed outside of the ATS were successfully linked to treatment and provided with a \$200 subsidy for their first consultation. This initiative was supported by a corporate partner. 100% of all newly diagnosed clients at ATS were linked to treatment centres in Singapore and overseas while 85% of clients at MTS were linked to treatment successfully.

Even though we continue to ramp up our services, AfA remains deeply aware of the many barriers that PLHIVs face in accessing treatment. Among these, financial challenges continue to remain a key factor. To offset some of the costs associated with living with HIV, AfA dispensed a total of \$60,156 in financial assistance to PLHIVs. AfA also continued to run Revive, its empowerment programme for newly diagnosed persons to provide emotional support and other relevant information as they come to terms with their diagnosis and by linking them to a support network.

A lot of AfA's advocacy efforts in 2019 focused on lowering the other barrier to accessing HIV services, namely stigma and the ensuing discrimination. It was also focused on providing reassurance to a community that was badly shaken up by the national HIV registry data leak in Jan 2019. AfA responded quickly with partners by setting up a hotline service for affected individuals. At the same time, it strengthened our resolve to continue addressing HIV related stigma and discrimination which we did through articles and interviews in various media channels. It also culminated in several partners coming together to launch the 'Be inclusive' workplace pledge which has since been signed by over 200 organizations.

We also commemorated the AIDS Candlelight memorial in May 2019, through another virtual edition, remembering the lives lost, celebrating the bio-medical advances and yet highlighting the continuing stigma associated with HIV and the resilience of PLHIVs in the face of discrimination.

In 2019, we continued to successfully grow our corporate partnerships in order to be able to offer new and expanded programme areas which will be launched in 2020. These include a youth sexual health programme, addressing stigma and discrimination through widening our current areas of programming and a women's sexual health programme. Additionally, we were supported by Salesforce to put into place a volunteer management system to improve efficiency, communication and productivity. AfA continues to heavily rely on its donors (individual and corporate) and volunteers for the work that we do, and we remain thankful to all our supporters for their sustained commitment and belief in our cause. I would also like to thank the AfA team for their continued dedication and efforts that made 2019 another meaningful and successful year. As we all get accustomed to a post covid 19 world, for the remainder of 2020 and beyond we will need to navigate and yet continue to respond to the needs of the community through innovative approaches to ensure that the gains made over the last twenty years in controlling the HIV pandemic are not compromised in any way and we remain on the path to ending HIV and AIDS. ■

ABOUT ACTION FOR AIDS



Who We Are

Formed in 1988, in response to the global and local spread of HIV infection, AfA is Singapore's leading independent organisation of HIV experts



Our Vision

Zero new infections
Zero deaths due to HIV/AIDS-related illnesses
Zero discrimination and stigma



Our Mission

Prevent HIV transmission through promotion of behavioural and biomedical strategies;

Reduce the impact of HIV/AIDS on individuals by working towards universal access to treatment and care;

Advocate for implementation of policies and programmes that will reduce HIV-related stigma and discrimination in Singapore.

VISION AND MISSION



How We Work

- Apply expertise and deliver results
- Engage communities
- Leverage convening and networking capacity
- Harness information technology
- Synergise local efforts
- Strengthen partnerships
- Drive change and innovation
- Be accountable



Our Values

- Integrity
- Caring
- Embrace Diversity
- Collaboration and Partnership
- Equality and Shared Responsibilities



Our Foundation

Reflecting the core strengths and assets of AfA:

- **Foundation 1:**
Programmes and policies are evidence-based
- **Foundation 2:**
Programmes and policies are rights-based
- **Foundation 3:**
Programmes are efficient and effective
- **Foundation 4:**
Organisation is responsive and innovative

GETTING TO ZERO



Zero New Infections Through Education

Education is an important pillar of our mission, and these programmes help to raise awareness of HIV/AIDS through targeted outreach activities to at-risk communities:

- **HSO** – Heterosexual Outreach Programme
- **MSM** – Men Who Have Sex with Men Outreach Programme

Zero Deaths Through Care and Support

Anonymous HIV-testing enables early detection and treatment. Financial assistance provides help for those in need. Support groups and counselling help infected and affected individuals cope with HIV infection and close the gap between diagnosis and care.

- **ATS** – Anonymous Testing Service
- **MTS** – Mobile Testing Service
- **Coordinated Care**

Zero Stigma and Discrimination Through Advocacy

Since its inception, AfA has been a visible advocate for the fair treatment of persons living with HIV/AIDS (PLHIV). Today, we continue our efforts to advocate access to affordable treatment for all PLHIV.

- **SAC** – Singapore AIDS Conference
- **LOVE** – Fundraising Gala
- **SACM** – Singapore AIDS Candlelight Memorial
- **Advocacy and partnerships**

Executive Committee

President

Prof. Roy Chan

Vice President

Mr. Saxone Woon

Honorary Treasurer

Mr. Terence Ng

Honorary Secretary

Ms. Cheryl Yeo

Assistant Honorary Secretary

Mr. Thomas Ng

Committee Members

Mr. Benedict Thambiah

Ms. Dawn Mok

A/Prof. David Lye

A/Prof. Lee Cheng Chuan

Prof. Paul Anantharajah Tambyah

Dr. Wong Chen Seong

Dr. Benson Yeo

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CA Trust PAC

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Mrs. Elen Fu

Mr. Goh Eck Meng

Mr. David Heng

Ms. Jacqueline Khoo

Mr. Lee Yang Soon

Mr. Howie Leong

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Programmes

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Prof. Paul Anantharajah Tambyah

Ms. Sumita Banerjee

Mr. Terry Lim

Mr. Chronos Kwok

Fundraising

Prof. Roy Chan (Chair)

Mr. Saxone Woon

Mr. Anwar Hashim

Mr. Avin Tan

Communications and Digital Engagement

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Mr. Benedict Thambiah

A/Prof. David Lye

Ms. Dawn Mok

Ms. Sumita Banerjee

Mr. Avin Tan

Human Resources

A/Prof. Lee Cheng Chuan

Ms. Dawn Mok

Mr. Benedict Thambiah

Dr. Wong Chen Seong

Ms. Sumita Banerjee

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A/Prof. David Lye (Chair of Audit)

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Name of Organisation

Action For AIDS (Singapore)

UEN: S88SS0126A

IPC No: HEF0006/G

Date of Charity Registration:

7 October 1994

Declarations

Executive Committee members do not receive remuneration for their board services.

Executive Committee is a voluntary board. Out of our top three highest paid staff, only one staff received more than \$100,000 in total annual remuneration.

Members, staff and volunteers are expected to avoid actual and perceived conflicts of interest. Where individuals have personal interest in business transactions or contracts that AFA may enter into, or have vested interest in other organisations that AFA has dealings with or is considering to enter into joint ventures with, they are expected to declare such interests and the conflict of interest form is to be signed each year by members of the exco and staff as soon as possible and abstain from discussion and decision-making on the matter. Where such conflicts exist, the Board will evaluate whether any potential conflicts of interest will affect the continuing independence and whether it is appropriate for the individual to continue to remain with the organisation.

OUR TEAM



Sumita Banerjee

Executive Director

Terry Lim

Senior Divisional Manager,
HIV Outreach: Education and Testing

Chronos Kwok

Senior Manager,
Men Who Have Sex With Men (MSM)
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Ong Hui Min

Executive,
Mobile Testing Service (MTS)

Thomas Nah

Senior Coordinator,
Heterosexual Outreach (HSO) Programme

Calvin Tan

Coordinator,
Men Who Have Sex With Men (MSM)
Outreach Programme

Adrian Tyler

Coordinator,
Pink Carpet Youth

Anwar Hashim

Senior Manager,
Coordinated Care, Donor
and Volunteer Management

Avin Tan

Manager,
Advocacy and Partnerships

Lokman Hakeem Mohdar

Manager,
Anonymous Testing Service (ATS)

Jing Lin

Senior Executive,
Anonymous Testing Service (ATS)

Ben Leong

Senior Coordinator,
Coordinated Care, Donor
and Volunteer Management

A COMMUNITY BLUEPRINT TOWARDS ENDING HIV TRANSMISSION AND AIDS IN SINGAPORE BY 2030

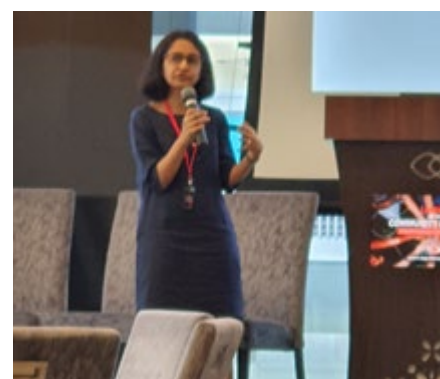
By Sumita Banerjee

The history of the AIDS movement has been one of activism and community mobilization that has catalysed several advances in HIV prevention and management. Over the past 10 years, more people infected with HIV have started to receive antiretroviral treatment and today HIV can be managed as a chronic condition. The rates of new HIV infections have slowed and the number of people dying of AIDS related causes each year has decreased. However, despite these advances, new infections continue to occur globally and in Singapore. In Singapore, in 2018, 313 persons were newly diagnosed with HIV. 95% of infections were contracted through sexual intercourse of which 52% were through homosexual and bisexual transmission and 43% were through heterosexual transmission. 50% of those diagnosed were in late stage infection and only 14% were diagnosed through voluntary testing.¹

Given the advances that have been made in HIV prevention and treatment; these numbers remain unacceptable and every effort must be made to stop new infections through innovative programming and expanding the scope and reach of current programmes. Towards this end, in 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) announced its ambitious treatment target to end AIDS as a major public health epidemic by

2030². To achieve this, countries were asked to work towards the goal of “90-90-90” by the year 2020. This means that 90% of people living with HIV should know their HIV status; 90% of those who know their HIV-positive status should be on treatment; and 90% of people on treatment should have suppressed viral loads. When these 3 targets are achieved globally; it is estimated that at least 73% of all people living with HIV globally will be virally suppressed. Modelling exercises predict that achieving these targets by 2020 will enable the world to end AIDS as a major global health issue by 2030.

Nevertheless, HIV experts are unanimous in their view that though HIV treatment is a critical tool towards ending the AIDS epidemic, it alone will not be enough to prevent new infections. While taking action to maximize the prevention effects of HIV treatment, urgent efforts are similarly needed



Ms. Sumita Banerjee, AfA ED addressing guests at the launch of the Community Blueprint

¹ Ministry of Health Singapore (2019). Update on the HIV/AIDS situation in Singapore 2017 (June 2018). Retrieved from <https://www.moh.gov.sg/resources-statistics/infectious-disease-statistics/hiv-stats/update-on-the-hiv-aids-situation-in-singapore-2018-june-2019>

² UNAIDS. (2014). 90-90-90 An ambitious treatment target to help end the AIDS epidemic. Retrieved from http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf

³ International Association of Providers of AIDS Care. (2019). *Fast Track Cities*. Retrieved from <http://www.iapac.org/cities/>

⁴ International Association of Providers of AIDS Care. (2019). *Fast-Track Cities Global Web Portal*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf



Dr. Wong Chen Seong, AfA Ex-co Member, moderating a discussion on key cross-cutting themes from the HIV Blueprint



Prof. Roy Chan speaking at the inauguration of the Community Blueprint.



Mr. Avin Tan speaking on Stigma and discrimination at the Community Blueprint Launch

to scale up other core prevention strategies and testing. Scaling up all three measures in tandem will be critical to end HIV. To achieve this, the Fast Track Cities Initiative^{3,4} (www.iapac.org/cities) was launched in Paris on World AIDS Day in 2014. Today, several cities have signed this Declaration putting into place effective partnerships between government, community, and local health departments. Their programmes have clear objectives and measurable targets to ensure HIV services and resources are optimally utilized and directed towards those most in need, have the greatest impact, are the most cost-effective, and have the goal of not only preventing HIV-infected persons from developing AIDS, but also stopping HIV transmission altogether. As a result, many cities like London and New York, with complex epidemics, are now recording significant reductions not only in the number of cases of AIDS, but also in the number of new HIV infections.

Singapore with its small and highly literate population, world class healthcare system and relatively well funded HIV programme is in a good position to join the ranks of cities that can end the HIV epidemic by 2030. It is to this end that a group of interested persons began initial discussions on drafting a Community Blueprint to End HIV transmission in Singapore. In April 2018, AfA with Ministry of Health's facilitation, convened key stakeholders to have a discussion on developing a blueprint for Singapore to end HIV. The meeting attendees included representatives from AfA, the Saw Swee Hock School of Public Health National University of Singapore, and healthcare workers from all the major hospitals providing HIV services in Singapore. Subsequently, in June 2018, 60 individuals from 30 community organizations were convened to draw out and lead work on specific sections of the blueprint. A first draft was presented at a session at the 11th Singapore AIDS Conference in Dec 2018. Following several iterations and edits, the community blueprint was launched in November 2019.

The community blueprint focuses on the following themes:

Populations affected by HIV

- ♦ Key populations in Singapore, namely heterosexual males with multiple partners and men who have sex with men;
- ♦ Hidden populations comprising of unregulated sex workers, transgender persons, and persons who use drugs (PUDs)
- ♦ Late Presenters across all population groups

Cross Cutting Themes that include

- ♦ Tackling HIV Related Stigma and Discrimination
- ♦ The Community Workforce: General Practitioners and Community Groups Providing HIV Services to Affected Populations
- ♦ Normalizing and Scaling up the use of PrEP (HIV Pre-exposure prophylaxis)
- ♦ Monitoring & Evaluation of HIV Prevention Programmes



Dr. Benson Yeo presenting on Normalizing and Scaling up the use of PrEP

The blueprint examines the current state of the epidemic in detail and the populations most affected by it including MSM, high risk heterosexual males, sex workers, transgender and persons who use drugs. It reviews the estimated size of each of the population segments at risk of HIV infection and the reach of current services. It further assesses existing programmes, estimates the gaps including other strategies and programmes required to broaden reach and the additional resources that will be needed to close the gap. Additionally, it examines the group of late presenters to understand more deeply why they presented late and recommend ways to increase reach and effectiveness of educational and testing programmes.

The Blueprint also looks at themes that cut across the different population segment affected by HIV and implementation of which are essential towards ending HIV. For example, the section on tackling stigma and discrimination underlines factors that perpetuate stigma and strategies that are needed to educate, raise awareness and create a protective environment for PLHIVs in addition to building their resilience. It also discusses stigma reduction strategies across all levels including updating laws and policies that are more reflective of scientific advances. The blueprint also examines ways to scale up the use of PrEP for those at highest risk of HIV infection. Cities like Seattle, San Francisco, London and Sydney that have all introduced PrEP programmes for high risk persons have registered significant declines in HIV and Singapore can achieve the same. For this we need to strengthen the workforce needed, both clinical and community-based and address issues of accessibility.

The community blueprint finally ends with a chapter on Monitoring and Evaluating HIV programmes and the requirements for a robust national M&E framework to measure programme outcomes and impact. There are two other key pieces which need to be integrated but are beyond the scope of the community blueprint. One is to estimate by mathematical modelling the number of HIV infections that could be averted if we can



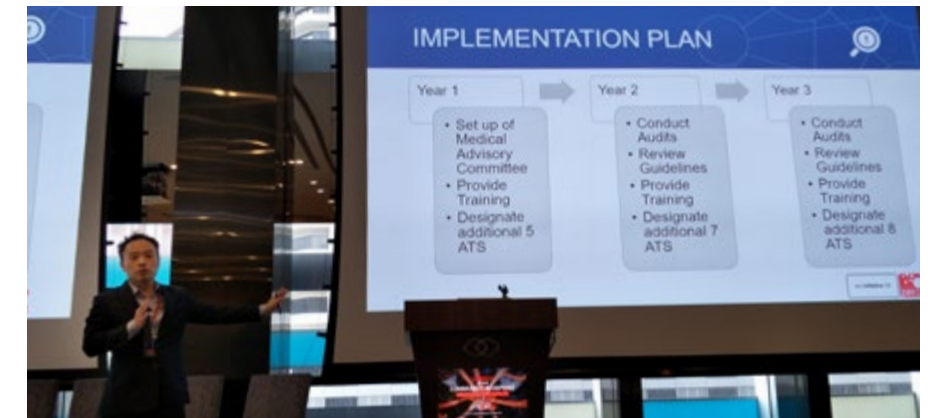
Mr. Terry Lim, presenting on Strategies to address HIV among high risk heterosexual males



Mr. Chronos Kwok, AfA speaking on effective strategies to address HIV among Men who have Sex with Men



Mr. Daryl Goh, presenting on Strategies to address HIV among Sex Workers



Dr. KK Tan presenting on the community workforce

improve prevention programmes. The other is to calculate the savings for each of these infections averted, based on present-day costs of treatment and care, on a per annum and lifetime basis.

Some of the Key recommendations that the Community Blueprint highlights for ending HIV in Singapore include:

- ♦ Incrementally scale up HIV prevention and testing programmes for key populations focusing on proven and evidence-based interventions.
- ♦ Focus on hidden populations, particularly late presenters and unsuspected HIV cases.
- ♦ Roll out robust self-testing programmes, particularly for hard to reach persons and those who may not otherwise test, enrolling and working with community organizations.
- ♦ Strengthen the community workforce and develop appropriate training and educational programmes to bolster HIV prevention and testing.
- ♦ Scale up PrEP awareness and use for most at risk persons with appropriate guidelines.
- ♦ Address stigma and discrimination through up to date research, sensitization programmes for healthcare workers and workplace settings and structural changes.
- ♦ Roll out communication strategies to promote safe sex and testing among travellers.
- ♦ Improve M&E to track outcomes and impact of community-based programmes.

The community blueprint is a roadmap on what communities delivering HIV programmes and services think needs to be done to end HIV in Singapore. It is envisioned to be a living document to be updated and refreshed as new information and strategies become available. In 2020 and beyond, AfA's programmes will align to implement the Blueprint and work towards achieving its vision of ending HIV and AIDS by 2030. ■

HETEROSEXUAL OUTREACH PROGRAMME (HSO)

www.afa.org.sg/HSO

By Terry Lim and Thomas Nah



TERRY LIM Senior Divisional Manager, HIV Outreach: Education and Testing



THOMAS NAH Senior Coordinator, Heterosexual Outreach Programme

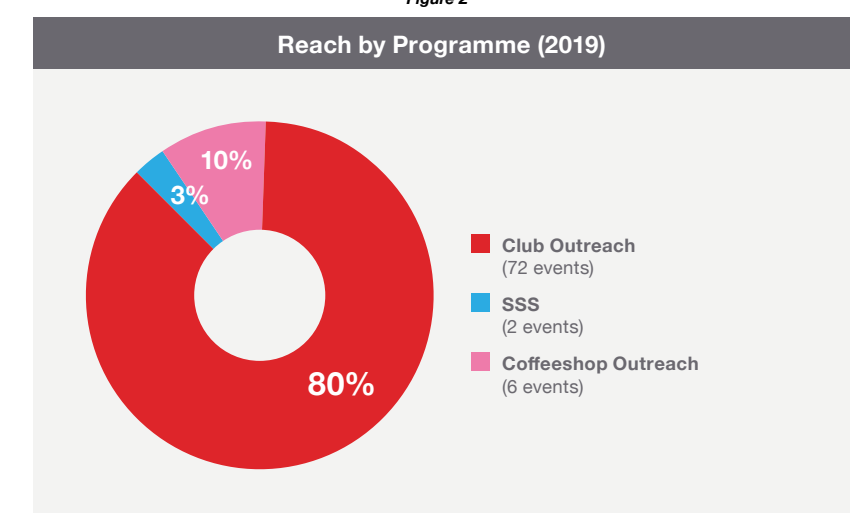
2019 was a challenging year for the HSO Programme as the funding for our activities only extended to the first half of the year. However, this did not stop us from continuing our outreach though at a smaller scale for the remainder of the year. For the second half of the year we focused on tenders and surveys.

Fig. 1 and 2 shows the comparison by reach over the years and by programme.

Figure 1



Figure 2

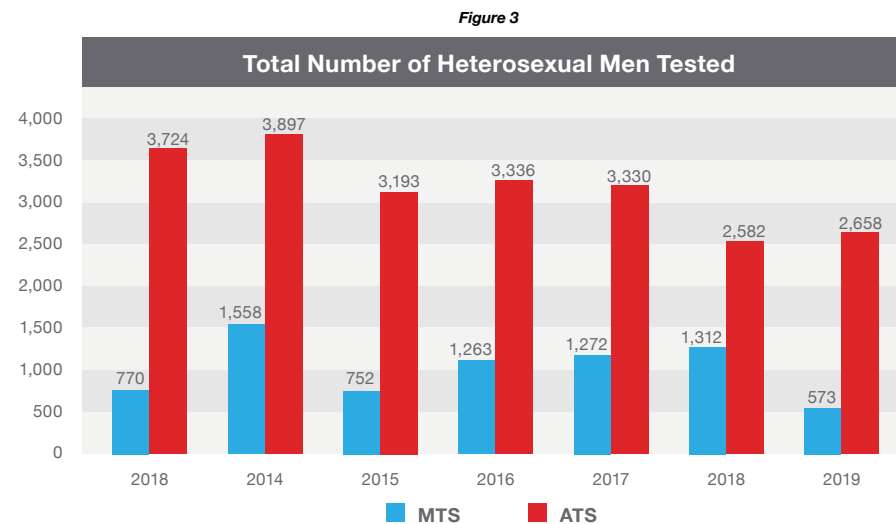


In 2019, 12400 high-risk men were reached through 80 outreach events. A total of 3,231 heterosexual men tested at ATS and MTS.

EDUCATE

An important pillar of our mission, these programmes help raise awareness of HIV/AIDS through direct and provocative outreach activities to communities at risk.

Behavioural change is only possible through integrative programming and support by venue owners, volunteers and coordinators.



In August, AfA put in a tender/proposal for the continuation of funding for the HSO programmes.

In order to prepare for this, we conducted pre surveys that enabled us to base our proposed programmes on real time data and on the ground feedback. It was not an easy exercise as our staff were chased away from entertainment venues and endured a lot of rejection from people they approached. However, despite the challenges, 300 surveys were conducted at coffeeshops, clubs and other entertainment establishments.

A lot of our energies in 2019 were spent putting together strategies for ending HIV among heterosexual men by 2030. In order to achieve this, we hope to broaden our outreach programmes with more activities to grow our blue-collar outreach programme and coffeeshop outreach as well as to further the programme with use of social media. We look forward to the implementation and execution of these plans and to bring down the rates of HIV infections by 2030.

Based on national data, one of the key challenges in Singapore is the low percentage of voluntary testing among heterosexual men and a large percentage of those who are diagnosed are at later stages of HIV infection. These were also identified as 2 key areas that AfA must continue to focus on in the Community Blueprint towards ending HIV in Singapore by 2030. AfA will continue to deliver information to high-risk individuals on the importance of early detection and safer sex practices. ■



Engaging customers through Q&A Club show



AFA volunteer reaching out to blue collar workers via coffee shop outreach at Geylang



HSO Baseline survey at Yishun



HSO Baseline survey at Selegie

MEN WHO HAVE SEX WITH MEN OUTREACH (MSM)

www.afa.org.sg/MSM
www.gayhealth.sg

By Chronos Kwok, Calvin Tan and Adrian Tyler



CHRONOS KWOK Senior Manager,
Men Who Have Sex With Men
Outreach Programme



CALVIN TAN Coordinator,
Men Who Have Sex With Men
Outreach Programme



ADRIAN TYLER Coordinator,
Pink Carpet Youth

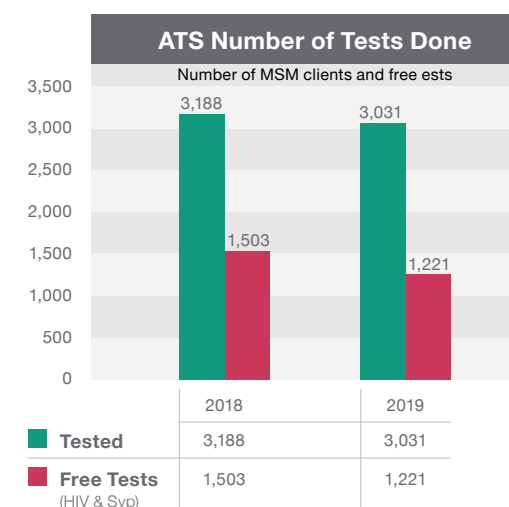
The MSM community continues to be a key population affected by HIV in Singapore. Out of the 313 new infections in 2018, 52% came from the MSM community of which close to 28% are MSM in the 20-29 age range. Based on research findings, it is estimated that there are about 210,000 MSM in Singapore. For a population size that is relatively small, the MSM community is disproportionately contributing to a significant percentage of new HIV infections. This underscores the importance of the MSM programme and the increased need to do more to reach out to the MSM community.

AfA's gayhealth programme has been the backbone of our collective effort to bring about education and outreach programmes to the MSM community as well as providing easily accessible HIV and STI testing services for those who need it. Through our continued engagement with the MSM community in both the digital space and on-ground locations, we strive to increase knowledge and awareness for HIV and STI, encourage regular voluntary testing, as well as reduce stigma and discrimination for those living with HIV.

Here are some highlights of our work in 2019:

Pink Carpet Service

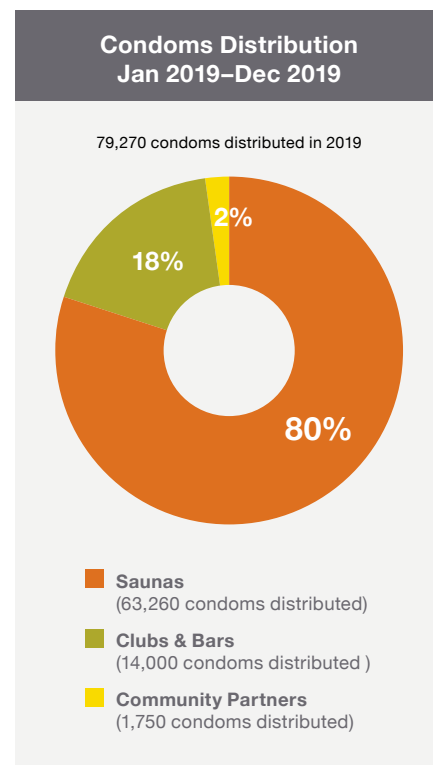
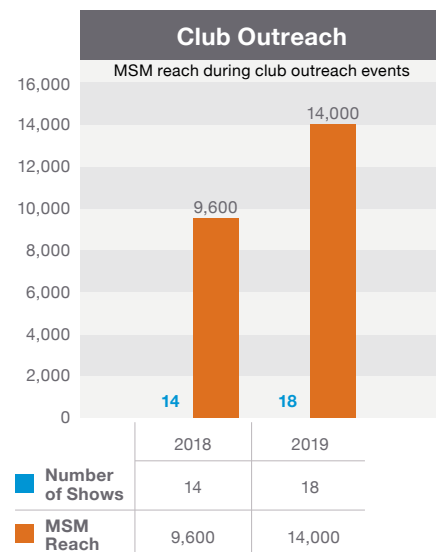
The Pink Carpet Service operates within the ATS and provides counselling and testing services to MSM in a safe environment as the service is staffed by members from the MSM community themselves. In 2019, the Pink Carpet Service saw a total of 3031 MSM clients and provided 1221 free HIV and syphilis tests. As part of the pink carpet service, counsellors conduct a risk assessment for clients and provide information on PEP and PrEP for those assessed to be at high risk.



MSM ATS Stats 2017-2019			
HIV	2017	2018	2019
Total HIV Reactive Tests at ATS	71	46	37
Reactive Tests at Pink Carpet	65	34	34
Western Blot Positive	49	23	19
Linkage to Care	93.90%	100%	100%
Syphilis	2017	2018	2019
Total Syphilis Reactive Tests at ATS	40	54	44
Reactive Tests at Pink Carpet	33	50	38
Linkage to Care	100%	100%	100%

Club Outreach

In 2019, the programme reached a total of 14,000 MSM through our club outreach events at popular entertainment venues frequented by the community. This was a sizeable increase from 2018. It was achieved by fostering a close working relationship with club owners and performers, enabling us to increase the number of stage events and club shows from 14 to 18. Some of these club outreach events were supported by MTS, effectively bringing testing services closer to the community. Additionally, we also managed to distribute 79,270 condom packs through our outreach venues and partners.



Pink Carpet Youth (PCY)

Out of the new infections from the MSM population, close to 28% are among MSM in the age range of 20-29 years. This continues to highlight the importance of having targeted programmes that speak to young MSM. Today, Pink Carpet Youth (PCY) is the only programme in Singapore that focuses on increasing sexual health awareness among this group. PCY delivers important life skills to a marginalized group of young persons' coming to terms with their sexuality through programmes on HIV prevention, importance of early testing and diagnosis and treatment adherence. Workshops were also conducted on PEP and PrEP as well as building skills around negotiating condom use in unequal relationships.

In 2019, a total of 531 young MSM attended the weekly PCY drop-in sessions. Through these sessions, 727 HIV and 394 Syphilis tests were completed. On top of this, free testing was also offered at the 6 outreach events conducted at universities - NUS and SMU where 308 students came forward to get tested. In the coming year, PCY will continue to hold the drop-in sessions once a month and work closely with more tertiary institutions to conduct sexual health talks and HIV testing.



Brave New Frontier Workshop at Facebook Office

Gayhealth outreach is really special to me cause I neither drink nor club, so it's the closest I'd ever get to being "in the scene." For me, it's therefore been a very significant eye-opening experience. Also, to be able to distribute condoms, what could be more fun? #condom fairy

Hong Yi, Volunteer

Awareness = attention. AFA certainly knows how to draw attention while creating awareness. What other better venue to showcase drag queens than in a popular local gay bar, Tantric & Backstage had been around for nearly 2 decades, on the weekends that is where all the action is. AFA has collaborated with us over the years to showcase new & upcoming drag queens while keeping up appearances with the seasoned drag queens. Apart from the fabulous performance, they also distribute condoms & lube: to promote the message of safe sex.

Ben from Backstage Bar

We are grateful to AfA for their constant support in reaching out to the partygoers via their outreach programmes, testing and innovative approaches towards HIV prevention. Hyper is proud to partner with AfA over the years through many events across multiple venues as part of their multi-pronged approach in keeping the community safe.

Adrian from Hypertainment

Every year, AFA will organise events to reach out to the gay community in Singapore. As one of the gay bars in Singapore, we are happy to collaborate with AFA, to spread the right information to the community so that they can benefit from it on what they should and should not do. In addition, there are also free HIV tests through the MTS van located near the bars when such events are organised. This will give the community no excuses for not doing an HIV test.

Elvin from Outbar



MSM PrEP Workshop



MSM U=U Workshop



MSM U=U Workshop

Pink Carpet Youth has made me open up and feel more comfortable in my own skin.

Jay, 25

Pink Carpet Youth is indeed a safe space for youth like me to spend time with the LGBT Community. I made new friends and we even hung out outside of PCY. Furthermore, I learned more about sexual health and its importance. I get tested to ensure that my partner and I remain safe in our relationship as well. Moreover, I educated my partner on the importance of getting tested and hopefully I can bring him in soon. As a homosexual youth, I have always felt insecure about my sexuality and suffered internalized homophobia. Joining PCY made me fully accept myself for who I am and now, I truly love myself and am happy with my current partner. I genuinely thank PCY for what the programme has done for me.

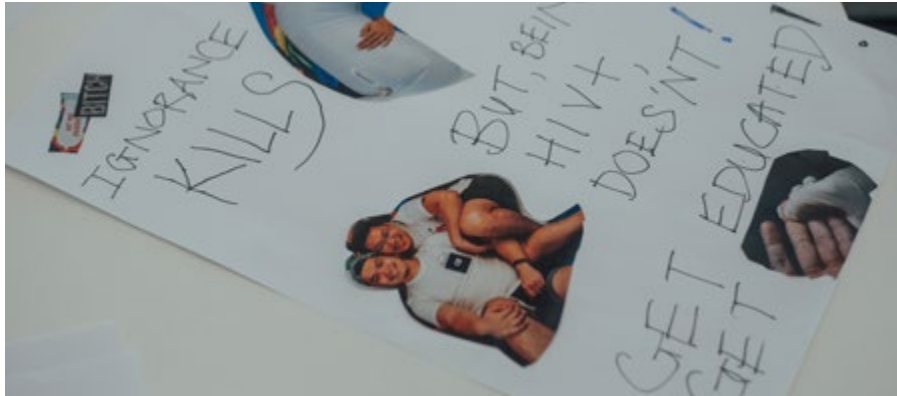
Eric, 19

Online Outreach

As outlined in the community blueprint, the current intervention efforts only reach 30% of the estimated MSM population. There is a large group of MSM who maybe not be open about their sexual orientation or patronise entertainment establishments. Gayhealth uses its online outreach and campaigns to disseminate key messages to them.

In 2019, the gayhealth website reached 36,327 unique visitors through its content and videos. For 2020, we will continue to explore new ways to reach out to an even wider audience. Our new campaign Queen Size Kiki aims to feature renowned Drag personalities who would bring safe sex messages to the MSM community in an entertaining and informative way through videos and other social media engagements.

For 2020 and beyond, we will look at innovative ways to expand our reach, awareness and information on newer prevention strategies and promote voluntary testing to meet the goals outlined in the community blueprint. ■



U=U Campaign poster create by Workshop participants

SUPPORT AND CARE

Anonymous HIV-testing promotes wider community awareness and well-being.

The organisation also provides financial assistance, leads specific support groups and other empowerment workshops to close the gap between diagnosis and care.

ANONYMOUS TESTING SERVICE (ATS)

www.afa.org.sg/ATS

By Lokman Hakeem Mohdar and Jing Lin

New Automated Clinic Management System

Since it was first introduced in 1991, the Anonymous Testing Site (ATS) has continuously striven to offer the most effective and efficient one-stop testing service. In 2019, AfA automated its client services at the ATS; it equipped its clinic staff and volunteers with tablets and began to manage client records remotely. After the initial testing period, the automation project proved to have significantly enhanced personnel productivity and clinic operation processes.

Expansion of Linkage to Care

In 2019, AfA expanded its Linkage to Care programme to include referrals from General Practitioners and successfully linked 17 patients to treatment centres in Singapore who had tested positive outside of ATS. All of them were attended by ATS staff and offered access to treatment, counselling and other vital HIV support services. Each client also received a \$200 subsidy for their first hospital visit based on an AfA corporate partnership. A further 17 patients diagnosed at ATS and MTS were also linked to treatment and supported through the partnership. This project confirmed ATS's significant role in developing a seamless linkage to care service across health care providers. We believe that every PLHIV should receive appropriate support and guidance through the difficult early days of their diagnosis. Additionally, the partnership also supported 200 HIV tests for high-risk persons that were completed in 2019.

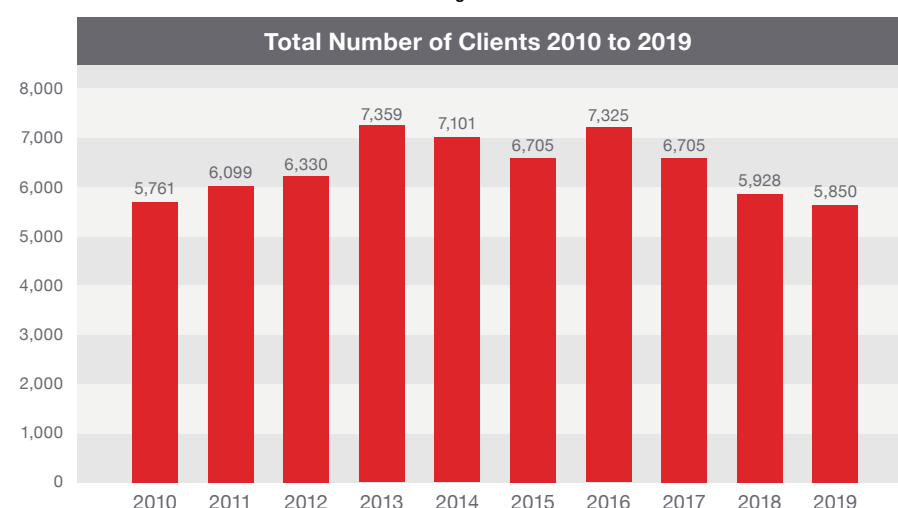


LOKMAN HAKEEM MOHDAR
Manager,
Anonymous Testing Service



JING LIN Senior Executive,
Anonymous Testing Service

Figure 1



Testing for Youth

In December 2019, ATS collaborated with Shy - a youth-led university group - to promote testing among young people and to encourage safe sex practices. The campaign yielded a positive response: 47 out of a total of 100 who received testing vouchers from Shy's outreach event visited the ATS in December. Of these, 60% were testing for the first time. AfA believes that intervening early (18-25 years) will have a positive influence on people's sexual and testing behaviour and consequently have a more substantial impact on HIV control efforts as well as remove some of the barriers to screening.

Statistics

A total of 5,850 clients visited the ATS in 2019, a slight drop from 2018's attendance of 5,928. This decline in footfall is most likely due to PrEP and availability of self-testing kits online. Attendance rates among heterosexual males have gone up slightly by 3.38% as compared to 2018. On the other hand, MSM attendances saw a decrease of 2.5%.

Syphilis tests also saw a small drop. A total of 2998 people tested for syphilis in 2019 as compared to 3087 in 2018.

The number of male clients continues to outnumber women clients at 92.1% being male and 7.7% being female. The women-friendly program LASH which offers tailored counselling and testing services for women has also received a promising response as

Figure 2

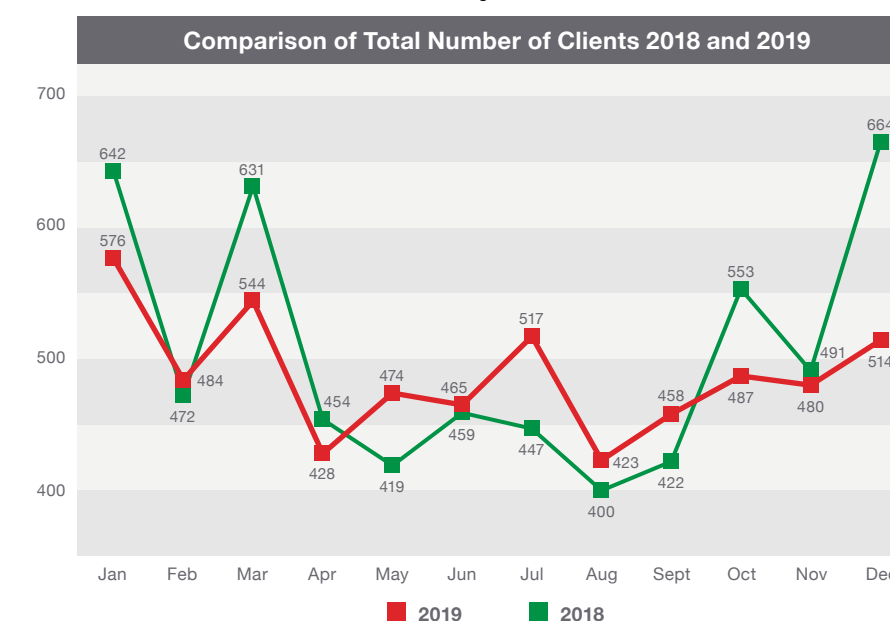


Figure 3

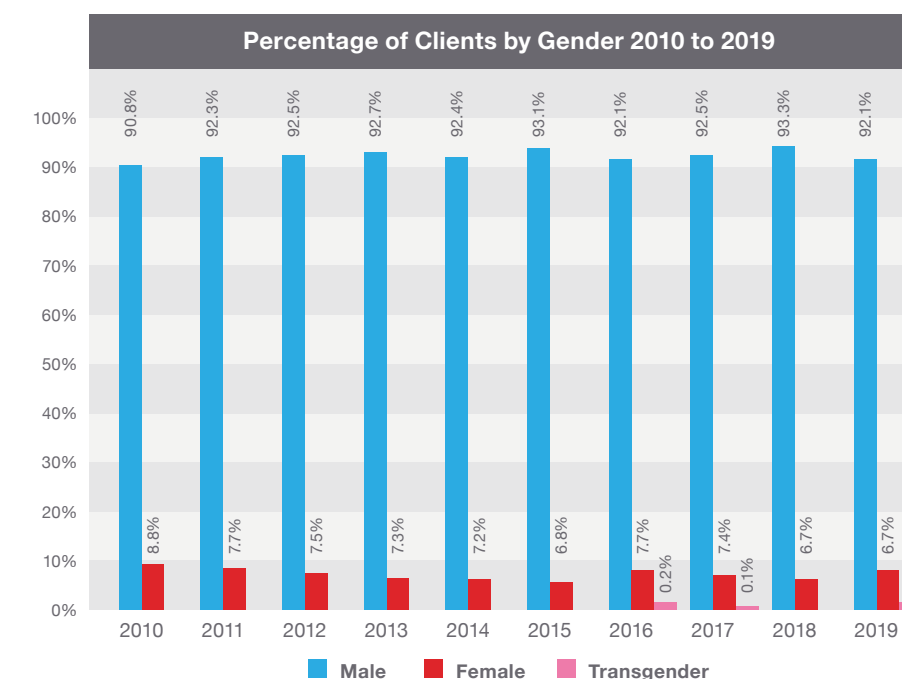


Figure 4

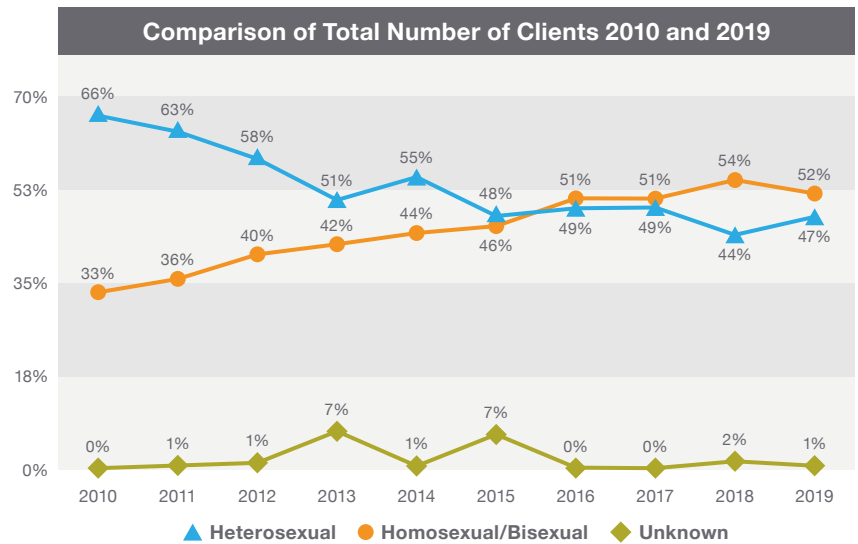
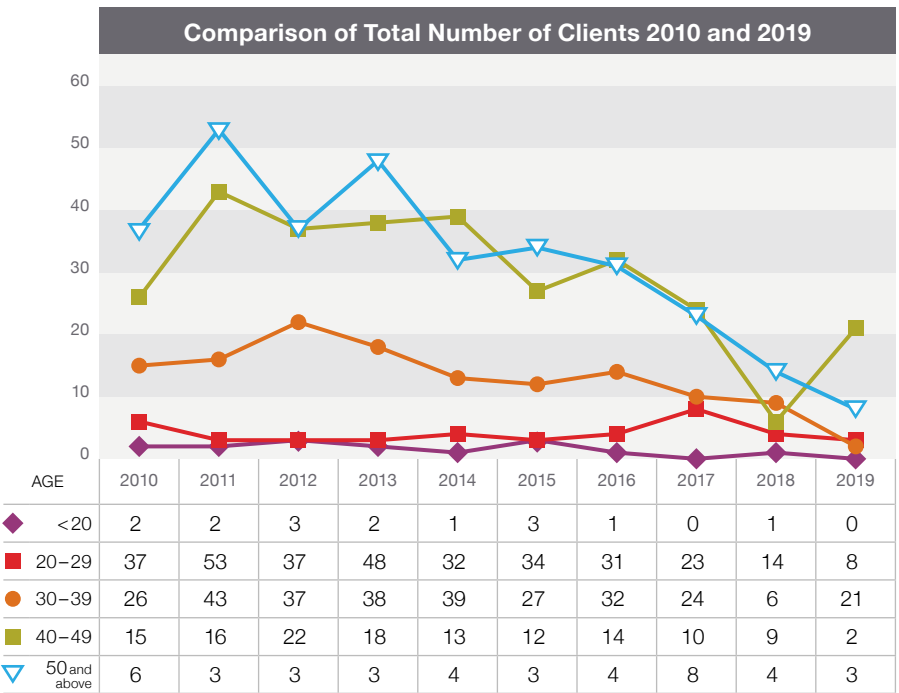


Figure 5

Syphilis Rapid Test Results 2011–2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
# of Syphilis Tests Done	1320	1511	1789	1923	2266	2615	2663	3087	2998
Rapid Syphilis +ve	13	25	11	6	23	56	37	52	56
Rapid Syphilis +ve and Rapid HIV +ve	1	2	1	2	4	7	3	2	5
Positivity (Syphilis)	1.0	1.7	0.6	0.3	1.0	2.1	1.39	1.68	1.87

*Syphilis test was introduced in 2006

Figure 6



we are seeing a more diverse age group coming for testing and some increase in number of women attending the clinic.

HIV Positivity

The prevalence rate continued to decrease in 2019 from 2018. A total of 37 clients tested positive for HIV in 2019 as compared to 46 in 2018. This decrease is an indication that we are on the right track with our efforts. The reactivity rates among those 20-39 years of age continue to be the highest, particularly those who identify as MSM. Our HIV prevention efforts must continue to focus on this crucial group with targeted messaging to reduce infection rates among them.

In 2019, 25 out of 37 newly diagnosed cases went for the Western Blot test to confirm their serostatus. 12 were referred to local hospitals for further treatment via AfA. The remaining clients were either linked to treatment overseas or did not require AfA's assistance and linked themselves to their preferred treatment centres.

Moving forward

As the downward trend of HIV infection in Singapore continues, our clinic programme also continues to evolve to remain relevant and competitive. Several pilot projects are in the making, including adding Chlamydia and Gonorrhoea tests to our list of STI testing services and exploring the possibility of offering self-test kits to clients who prefer the convenience and privacy of their homes to do the HIV testing themselves.

While the demand for PrEP is on the rise, we can take the opportunity to strengthen our PrEP counselling and referral services at ATS.

Given the critical role of HIV testing for both prevention and treatment, we will continue to promote our service and win the trust of our clients through consistent support and care. ■

Figure 7

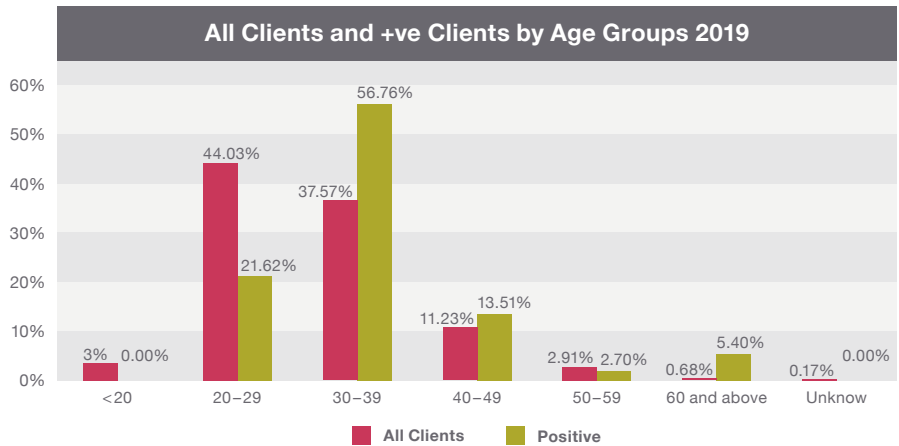
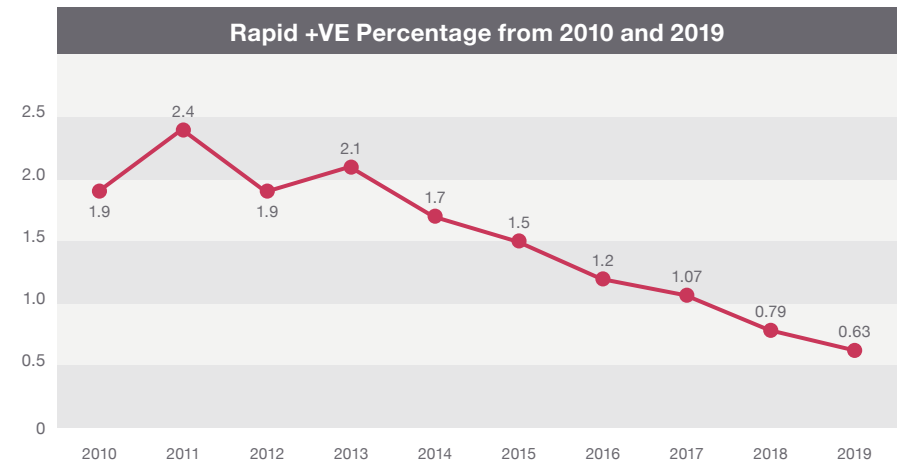


Figure 8

Linkage to Care Referrals 2011 to 2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV Rapid Test Positive	147	120	158	119	101	88	71	46	37
Western Blot Positive	87	85	64	73	76	65	49	23	25
Linkage to Care via AfA	40	39	47	43	40	49	37	16	12
#Linkage to Care via Self-arrangement	5	6	5	3	12	12	1	1	5
*Linkage to Care Overseas	10	8	12	21	14	2	8	6	8
Successful Linkage to Care	63.2%	62.4%	82.8%	91.7%	86.8%	97%	93.9%	100%	100%

Figure 9



MOBILE TESTING SERVICE (MTS)

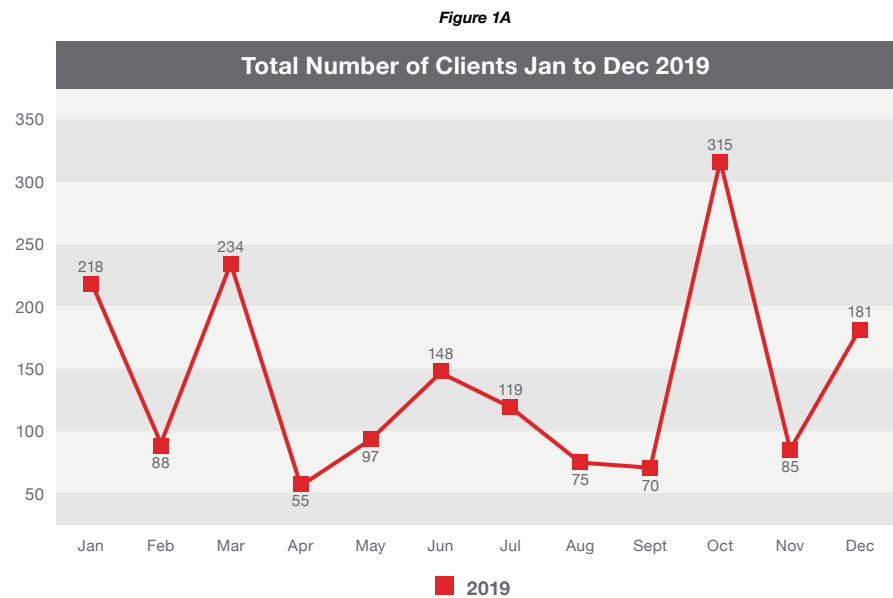
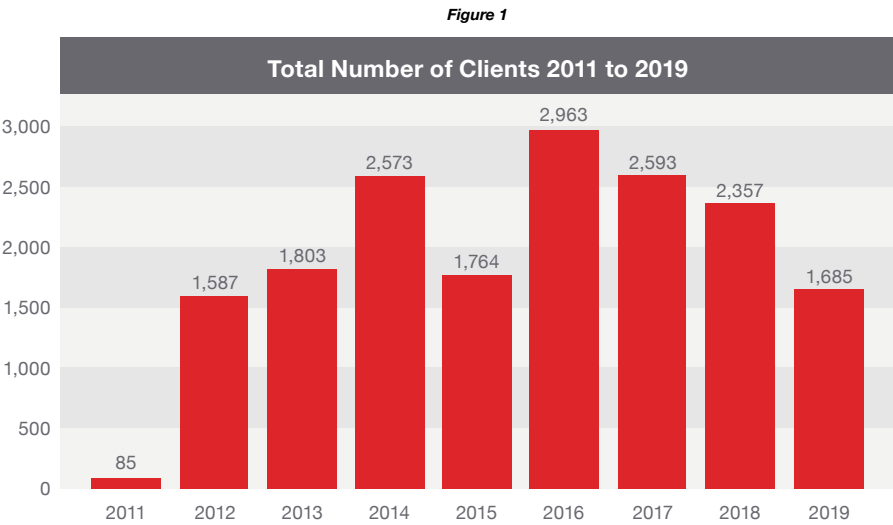
www.afa.org.sg/MTS

By Ong Hui Min

In 2019, MTS saw 1685 clients as opposed to 2357 in 2018 (Fig. 1 and 1A). This decline in numbers at MTS could be due to a number of reasons including staff turn-over leading to a slight hiatus in operations. Another reason could be due to no HSO educational and outreach activities at the 2019 getai and no outreach initiatives aligned to educational radio shows. However, the number of syphilis tests done in 2019 increased to 596 tests, a 59.36% increase compared to 374 tests that were done in 2018. This indicates that the efforts made to encourage syphilis testing and increasing knowledge of syphilis are showing progress.



ONG HUIMIN Executive,
Mobile Testing Service



The number of male clients testing continued to outnumber female clients similar to previous years with 84.15% being male clients and 14.24% being female clients. However, there was a decrease in the number of women coming to MTS for HIV testing in 2019 compared to 2018 (See Fig. 2). The number of female clients in 2019 added up to 240 as opposed to 460 in 2018 (See Fig. 2). One of the reasons for the decrease in female clients in MTS might be due to the ladies' night in ATS which provides free testing for women every Wednesday.

HIV-positivity Statistics

In 2019, there were 7 reactive results as compared to 8 in 2018. The number of reactive results have decreased compared to previous years. The decrease of reactive results is a positive sign indicating that we are on the right track in reducing new HIV infections. 83.33% of the cases were successfully linked to treatment; the remaining of the cases were linked to treatment overseas (See Fig. 9). All 7 positive cases were identified as MSM (See Fig. 3), which makes it essential to reach out to the MSM group with HIV knowledge and services. However, given the low national rates of voluntary testing among heterosexuals, there could still be heterosexuals who are engaging in high-risk behaviours but are not coming to get tested. Therefore, it is important to reach out to them with HIV knowledge and services as well. The majority of the clients with reactive results were from age range 20–29 (See Fig. 4), which makes it necessary to reach out to young adults such as university students, with testing services as well as sexual health knowledge. A total of 1367 Singaporean/PR came for testing in 2019, which makes Singaporean/PR the majority of the clients. All reactive cases were Singaporean as well (See Fig. 6).

Figure 2

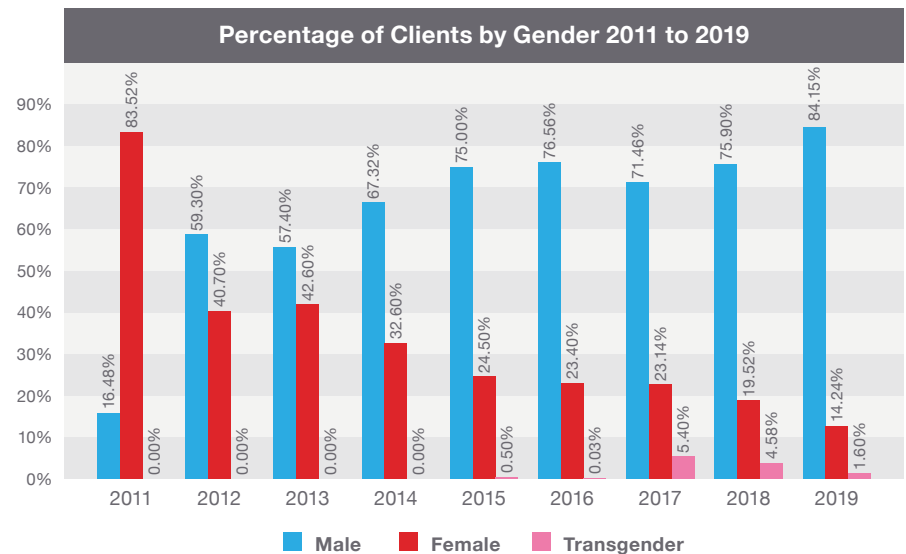


Figure 3

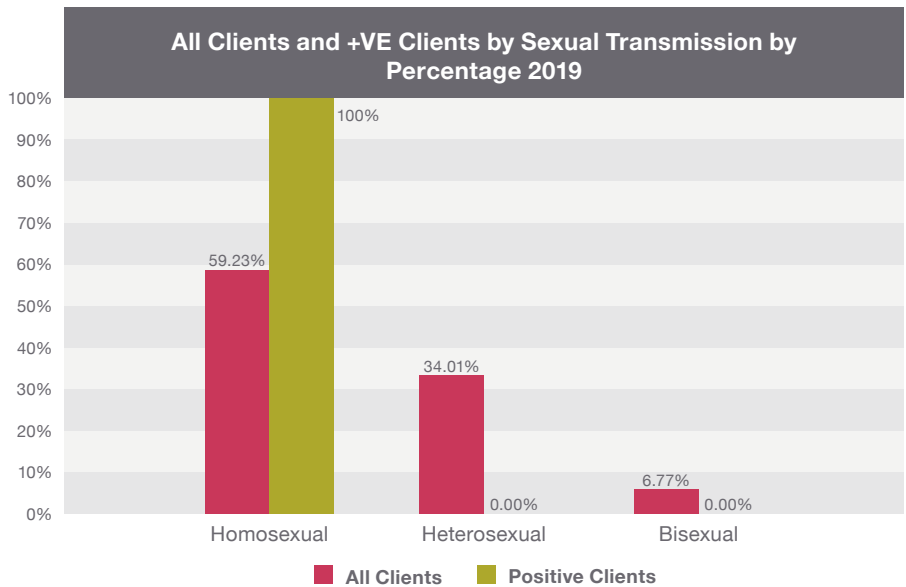
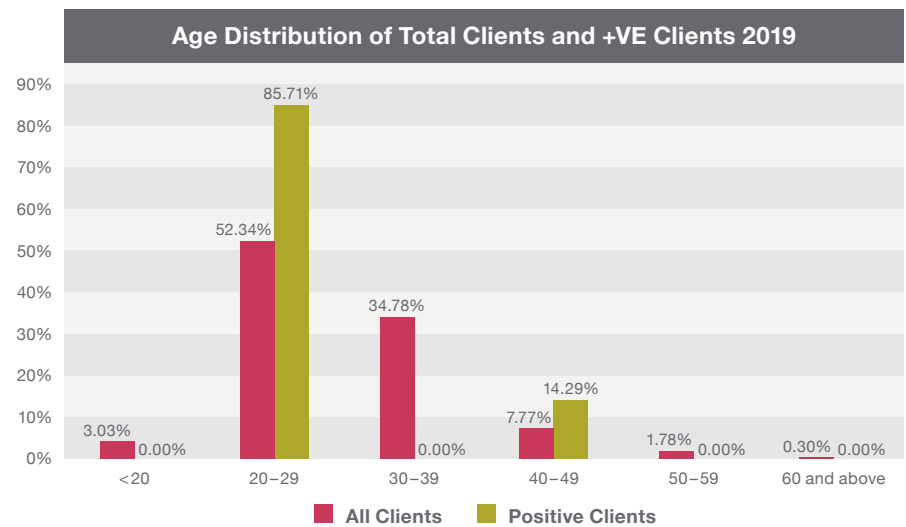


Figure 4



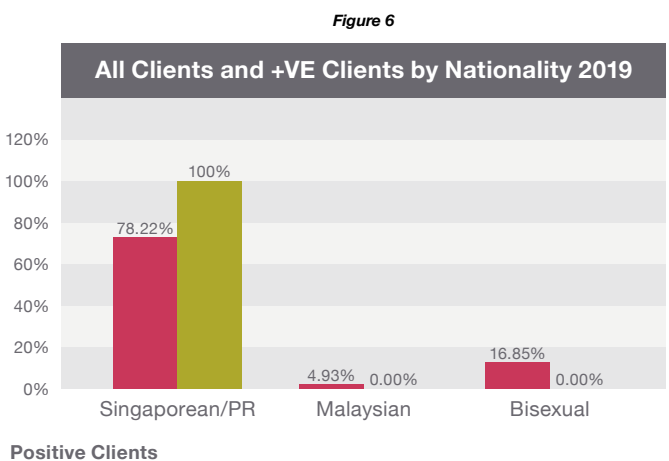
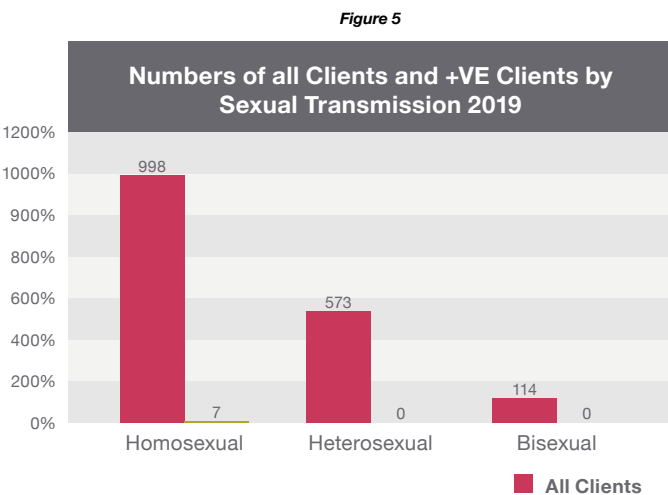


Figure 7

Test Results 2019		
	HIV Blood Tests	Syphilis
Total	1673	569
Positives	7	3
%	0.42%	0.50%



MTS van at SMU

University Outreach

In 2019, MTS was again invited to do anonymous HIV testing in both Yale-NUS and Singapore Management University (SMU). A total of 253 young adults were tested, with 199 tests at Yale-NUS and 54 tests at SMU. Discussions are ongoing for such collaborations in the future which can be done every year.

The university outreach initially started in October 2017 and is greatly appreciated by the universities. Yale-NUS was the first university that accepted the initiative back in 2017. In 2018, testing started in SMU as well. The number of testing amongst university students has increased over the years (See Fig. 10).

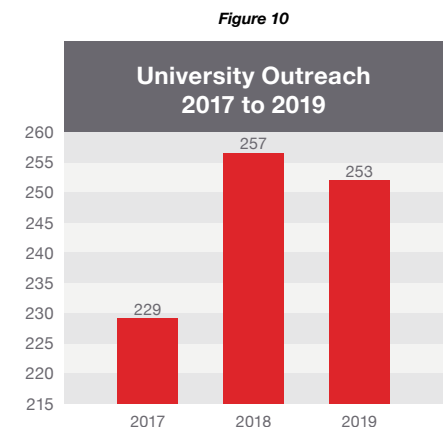


Figure 8

Syphilis Rapid Test Results 2011 to 2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
# of Syphilis Test Done	0	0	0	422	367	613	337	374	596
Rapid Syphilis +VE	0	0	0	14	14	24	4	5	3
Positivity Syphilis	0	0	0	3.3	3.8	3.9	1.19	1.34	0.50

Figure 9

MTS Linkage to Care 2011 to 2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV RapiC Test Positives	0	7	14	22	15	19	20*	8	7
Western Blot Positive	0	4	13	10	14	10	9	2	6
Linkage to Care via AfA	0	1	2	6	9	8	5	1	5
Linkage to Care via Self-arrangement	0	0	0	0	0	0	1	2	0
Linkage to Care Overseas	0	3	7	3	4	1	11	4	1
Successful Linkage to Care (D%C)	0%	57.14%	64.28%	40.91%	85.67%	47.37%	85.00%	87.50%	85.71%



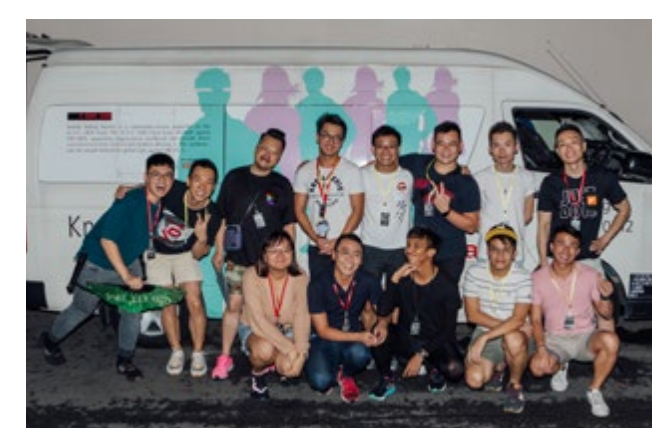
MTS van in Yale-NUS

Mobile Testing Service Sites

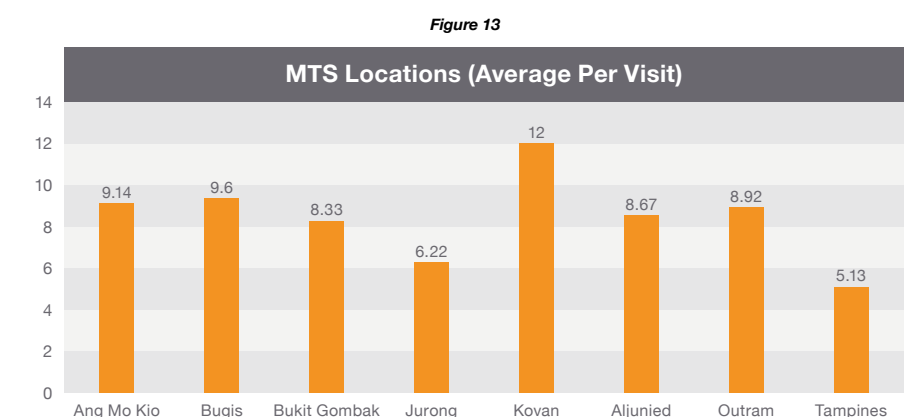
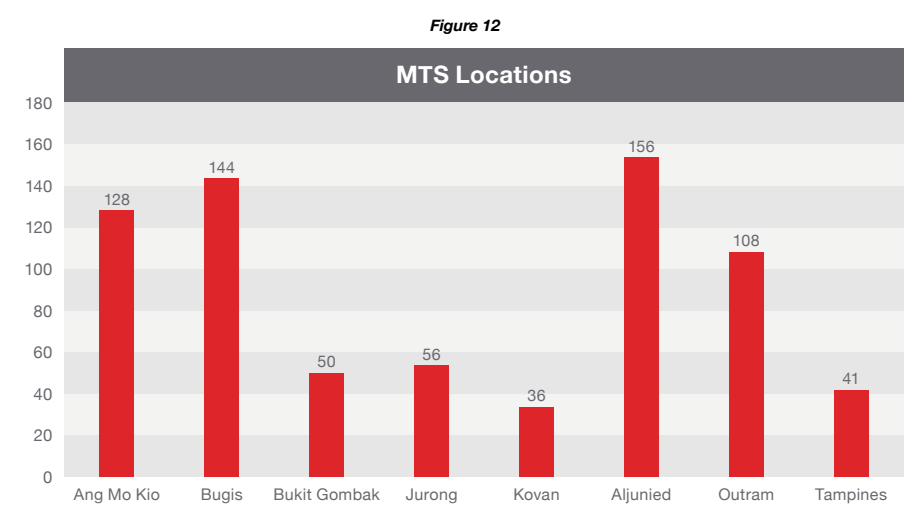
All MTS sites are chosen based on accessibility, where it is nearer to an MRT station. This will allow clients to locate the MTS site with ease. The AfA website will also include the postal code of the location, making it easier to access. MTS is always open to suggestions on new sites to provide clients with accessibility and yet discretion. Fig. 12 shows the number of clients we received for each location and Fig. 13 shows the average number of clients per visit. The graphs show the locations with higher numbers of clients, which are Kovan, Outram, Bugis, and Ang Mo Kio. The MTS van will continue to break the barriers to testing and be available on-site where feasible to promote the uptake of HIV testing, especially among high-risk persons. ■

Figure 11

MTS Prime Location 2019			
EAST	CENTRAL	NORTH	WEST
♦ Tampines MRT	♦ Bugis	♦ Kovan	♦ Jurong Central Park
♦ Aljunied MRT	♦ Outram MRT	♦ Ang Mo Kio	♦ Bukit Gombak MRT



MTS van at Outram Park MRT (Teo Hong Rd)



By Anwar Hashim and Ben Leong

In 2019, a total amount of \$60,155.56 of direct financial assistance was dispensed to assist 96 People Living with HIV (PLHIV) and their family members to offset the cost of financing their medication.

The bulk of the assistance was dispensed under the Care for Family Fund which continues to receive applications from PLHIV and family members, and has dispensed a total of \$32,500.00 to 40 applicants. There was only one application for the HIV+ Pregnant Mothers programme. Although Medishield and Medifund exist to help provide accessibility and affordability, there are still groups of people who currently do not meet any of the funding criteria and fall through the cracks within the system.

The Paddy Chew Patient Welfare Fund continued to remain active, with a total of \$21,400.00 that was given to applicants from support groups. Eligibility for the fund hinges on the commitment of members to participate in HIV prevention and support activities. A total of 1310 GIPA hours were clocked by members through support group participation as well as outreach activities.

Figure 1

Funds Type	2015	2016	2017	2018	2019
Paddy Chew Patient Welfare	\$43,200	\$46,950.00	\$20,861.35	\$16,938.10	\$21,400
Prison Medication	NA	NA	NA	NA	NA
HIV+ Pregnant Mothers	\$1,700.00	\$775.00	\$0	\$0	\$450.00
Care for Family	\$10,600.00	\$19,600.00	\$14,800.00	\$29,600.00	\$32,500.00
Linkage to Care	\$8,172.16	\$12,348.32	\$10,480.21	\$6,834.90	\$5,805.56
Total	\$63,672.16	\$79,673.32	\$46,141.56	\$53,373.00	\$60,155.56

In 2019, a total of \$5,805.56 was dispensed to 33 persons under Linkage to Care to subsidize the initial cost of treatment at local hospitals for those who were newly diagnosed with HIV.

Revive Empowerment Programme

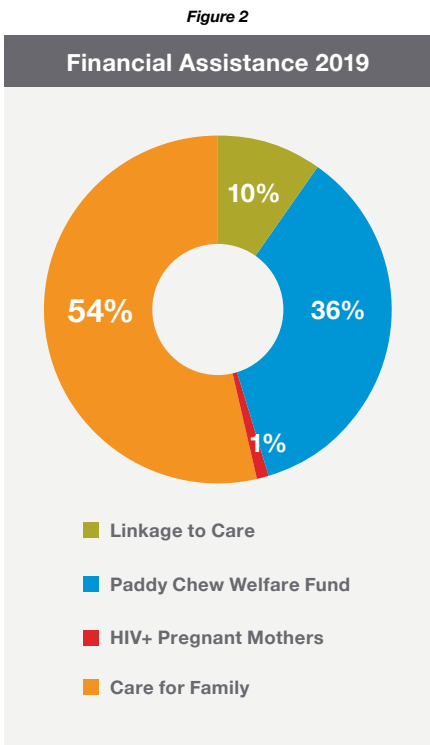
In 2019, 16 participants attended REVIVE, an empowerment programme that aims to provide emotional and other support to PLHIVs as they come to terms with issues related to their HIV status by connecting them to a peer network. The sessions are conducted over 4 weeks and support is thereafter extended to them through a closed group chat for 12 months. Ten of the participants were referred through AfA's testing sites while six were from referrals from medical social workers and walk-ins.



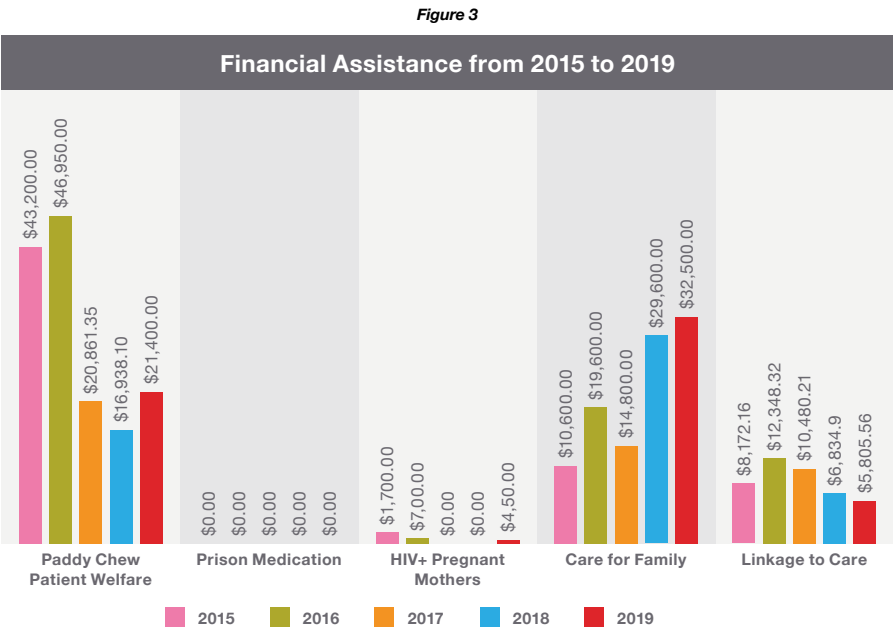
ANWAR HASHIM Senior Manager, Coordinated Care, Donor and Volunteer Management



BEN LEONG Senior Coordinator, Coordinated Care, Donor and Volunteer Management



The programme applies GIPA principles and involves PLHIVs in programme planning and implementation. Participants of the support group are often linked to service positions at the clinic, various outreach programmes, research participation, and providing critical feedback for services that they access. 5 participants were trained to volunteer on a regular basis at our clinical services and outreach activities.



What Is GIPA?

The Greater Involvement of People Living with HIV (GIPA) is a guiding principle that was formally adopted at the Paris AIDS Summit in 1994. It aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In these efforts, GIPA also aims to enhance the quality and effectiveness of the AIDS response and is critical to progress and sustainability. (UNAIDS, 2007).

In practice, GIPA involves scaling up the active and meaningful participation of PLHIV in all aspects of the response to HIV from decision making to program conceptualization and delivery by creating an environment that is conducive to such participation. ■

ADVOCATE

Since its inception, AfA has been a visible advocate for the fair treatment of persons living with HIV/AIDS (PLHIV).

Today, we continue our efforts to seek access to affordable treatment for all PLHIV, and sit on the National HIV/AIDS committee as a Civil Society Organisation (CSO) representative.

ADVOCACY AND PARTNERSHIPS

www.afa.org.sg/advocate

By Avin Tan



AVIN TAN Manager,
Advocacy and Partnerships

In 2019, AfA along with our community partners launched a new strategic plan that maps out the blueprint to end HIV transmission and AIDS by 2030 (See p.10). As reflected in the community blueprint, our vision is a Singapore where all people living with HIV, and key affected populations are free from stigma and discrimination, have access to information, treatment and care. AfA's advocacy efforts have sought to lower the barriers to the uptake of HIV prevention, testing, treatment and care services, thereby reducing late diagnosis and improving overall quality of life for all.

HIV Data Leak and Workplace Pledge

In Jan 2019, the HIV community was gripped by the unauthorised possession and disclosure of information from the National HIV Registry. Personal details, such as addresses, identification number and contact details of 14,300 individuals, were leaked online, causing widespread panic. Without clear laws that protect HIV positive persons, people were worried if their employers, insurers, friends and families will come to learn of their HIV status.

In response to the data leak, AfA along with NCID (TTSH) and NUH quickly developed strategies including setting up of a hotline to address the concerns of affected individuals and to stand by those whose information was leaked. AfA also called upon the Ministry of Health to review some of its policies and to ensure vulnerable members of society are protected.

AfA also highlighted the structural factors that perpetuate stigma and discrimination and impede HIV prevention, control and access to treatment at various platforms. The main laws that contribute to stigma and discrimination include:

- ♦ Criminalization of HIV Transmission and Non-disclosure
- ♦ Travel and Employment Restrictions
- ♦ Mandatory Notification of HIV Infection
- ♦ Lack of an Anti-HIV Discrimination Law

These structural changes must be made if we truly want to end HIV in Singapore.

AfA's recommendation can be found at <https://afa.org.sg/time-for-change-to-reduce-stigma/>

This unfortunate event helped strengthen our resolve to challenge stigma and put in place strategies to end discrimination based on HIV status. This culminated in a pledge to end HIV discrimination at the workplace led by AfA and its partners, and a Singapore wide education programme led



Panel of guest speakers for the Q&A session during The Community Blueprint

by the National HIV programme (NHIVP), Singapore National Employer Federation (SNEF) and the Health Promotion Board (HPB).

In an effort to bring peace of mind in a time of crisis, Action for AIDS, Oogachaga, Project X, The T Project, in collaboration with Be Inclusive, called on business leaders in Singapore to demonstrate their commitment to workplaces that are inclusive. At the end of 2019, there were a total of 200 signatories to the Pledge from SMEs, as well as many MNCs in Singapore.



Signatories were asked to pledge that:

- ♦ HIV status alone cannot be used as a ground for a person's dismissal from employment;
- ♦ Support will be provided to any employee who suffers harassment or discrimination at the workplace because of their HIV status;
- ♦ Education initiatives that reduce HIV stigma and discrimination in Singapore will be undertaken, such as the Guidelines for Managing HIV/AIDS in the Workplace from the Singapore National Employers Federation.

← The pledge can be found here:
<https://be-inclusive.com/employers-pledge-on-hiv>

Having a job is at the top of everyone's mind, whether or not the person is living with HIV. While HIV may seem like an uncommon and distant condition that has little to do with workplaces, it is, in fact, a very important workplace issue. Increasing the awareness of HIV, and the acceptance of persons with HIV can have an impact on any company's wider framework of diversity and inclusion. Towards this, we encourage individuals to report unfair and discriminatory practices through AfA or the Tripartite of Fair Employment.

Each report will be brought up to the ministry, which will trigger an investigation, carried out in a manner that is respectful and safe.

← To make a report:
<http://afa.org.sg/mohhivregistryincident/#what-you-can-do>



Volunteer Management Programme

It will be impossible to reach our goal and mission by 2030 if we do not develop and build on the capacity of our community and professional medical workforce. They are critical to the development of policies, guidelines, and backbone resources that are required to expand on current services and programmes.

Our continued engagement with various corporate partners bore fruit last year. We had the opportunity to deploy a pro bono new volunteer engagement system with support from Salesforce. The new volunteer engagement system is part of our efforts to improve how we manage our valuable volunteer resources, while improving capacity building in order to maximize our efforts.

This would not have been possible without the commitment and continued support of the Salesforce Team.

Since the implementation of this system, AfA has been able to track its engagement with volunteers and generate detailed reports and analysis that has helped us deepen our engagement with our volunteers and stakeholders.

Public Education and Advocacy

As Singapore's leading team of HIV experts, AfA continues to develop evidence based programmatic responses to HIV-related stigma and discrimination. Working with specialists, we have jointly fronted a large-scale education programme to address myths about HIV transmission at workplaces with NHIVP, SNEF, and HPB. These campaigns are part of our ongoing efforts to educate and reduce stigma in the general population through education and engagement.



Volunteer training on Sexual Health 101

The campaign is a multi-year campaign targeted to address myths directly, through fun and brightly coloured images. Although, the campaign might be considered by many to be too simple, it is reflective of just how hard it is for the general public to retain information with regards to HIV and AIDS. Preconceived notions and ignorance about HIV and persons living with HIV are particularly challenging areas to change.

In 2019 AfA conducted a total of 17 HIV awareness talks: 6 with corporate partners, 8 talks at tertiary and international school and 3 sessions with health care professionals. In addition, AfA was invited to be a keynote speaker at corporate regional meetings on topics ranging from HIV prevention to the Community Blueprint for ending HIV in Singapore. AfA was also invited to participate in a regional roundtable on Building a Stronger HIV Prevention Movement in Asia organized by Wilton Park.

Finally, our Executive Director was featured among women change makers by the popular band U2 in their Joshua Tree Concert in Singapore. At the concert, held on World AIDS Day, U2 commended the work of HIV advocates, highlighted the advances in HIV treatment access and the need to continue to break the barriers that hinder access.

Moving Forward

In 2020 and beyond, the advocacy and partnerships programme will focus on implementing aspects of the HIV blueprint to further our goal of ending HIV by 2030. A Key area of work will continue to be to address the stigma and ensuing discrimination associated with HIV. ■



HIV Awareness Talk at workplace

SINGAPORE AIDS CANDLELIGHT MEMORIAL

www.afa.org.sg/SACM

By Anwar Hashim and Avin Tan

Since its inception in 1983, the AIDS Candlelight Memorial is one of the world's oldest and largest grassroots mobilization campaigns for HIV awareness in the world. The International AIDS Candlelight Memorial takes place every third Sunday in May and is led by a coalition of some 1,200 community organizations in 115 countries.

With the advances in HIV management and treatment over the last decade, its purpose has evolved. Today, the memorial serves as an important event to remind people that HIV is still a serious issue and the fight against HIV and AIDS must continue.

The Singapore AIDS Candlelight Memorial provides opportunities such as:

- ◆ To commemorate loved ones who have lost their lives to HIV
- ◆ To show solidarity with people living with HIV
- ◆ To raise awareness of HIV within society
- ◆ To reduce HIV-related stigma and discrimination
- ◆ To reduce stigma and discrimination against key populations, including men who have sex with men, people who use drugs, sex workers and young people.

This year's theme was **"Tunes of Order and Chaos"**.

The 2019 memorial was our fourth year into a virtual service. We remembered the lives of those who have departed due to AIDS, and also celebrated people living with HIV (PLHIV) and their supportive loved ones who have triumphantly pressed on in the face of stigma and challenges.

We built on the previous year's initiative by collecting more stories of how people's lives have been affected by HIV/AIDS. This included contributions from PLHIV as well as those whose loved ones are PLHIV. An extensive variety of themes were present in the stories, from recollections of struggles with despair, sadness, and regret, to encouraging messages of hope, perseverance, and empowerment. Accompanying these stories were songs chosen by the contributors for being meaningful to their experiences with dealing with grief and recovery. Thus, the theme for this year was **"Tunes of Order and Chaos"**.

During the week leading to May 19th, the stories and songs were shared through our social media pages, reaching out to the eyes, ears and hearts of many people with their messages of strength and healing. ■



FUNDRAISING EFFORTS

www.afa.org.sg/donate

By Anwar Hashim and Ben Leong

With the kind generosity and sustained support of our donor community, AfA raised a total of \$417,440 in 2019 through donations. We also remain thankful to our corporate partners who supported many AfA programmes in 2019 including Linkage to Care, Pink Carpet Youth, Mobile Testing among others.

Fund For The Arts: OktoberSnatch

This fundraiser was organized by AfA volunteers and some members of the Executive Committee to support our latest initiative - the Fund for the Arts. This Fund was set up in 2018 and aims to combat stigma and discrimination that act as a barrier to the uptake of HIV services. AfA believes that art can be a powerful medium to change societal mindsets and attitudes. The Fund aims to provide support to artists whose works are directed towards alleviating the various forms of stigma and discrimination associated with HIV/AIDS, PLHIV, as well as other key affected populations—including gay and other men who have sex with men, transgender women, and sex workers.

A total of \$46,300 was raised through ticket sales, open-mike song requests and outright donations. All net proceeds raised from this fundraising event went to the Fund for the Arts. The Fund is administered by AfA but all aspects are managed by an independent Fund for the Arts Committee. ■



Marijn De Vries, Dawn Mok, Roy Chan and Charlton Ong were our guests at OktoberSnatch



Staff on-duty at our reception desk



Wei entertains at the OktoberSnatch



The host Victoria entertains the crowd at OktoberSnatch, and snapshots of our fundraising event



VOLUNTEERING WITH ACTION FOR AIDS

www.afa.org.sg/getinvolved

By Anwar Hashim and Ben Leong

In 2019, AfA welcomed a total of 160 new volunteers into our family through the five induction programmes we conducted for the year. It is relatively refreshing and exciting as we embark on a new platform for our volunteer management system. This initiative was made possible with our staff working with a dedicated Salesforce team. After 12 months of brainstorming and discussions around customising a design that suits AfA's needs, we rolled out a comprehensive and intuitive volunteer management system that made coordinating of volunteer shifts much more effective and convenient. The initial phase of the course is running smoothly with minor adjustments, and we are looking forward to starting work on expanding into the community portal for the second phase.

AfA conducted a total of ten sessions of volunteer induction and Sexual Health 101 trainings in 2019. A total of 256 volunteers attended the programme in total. At the Induction, 160 participants were introduced to AfA's history, vision and mission, as well as the various programmes and volunteering opportunities. Following the Sexual Health 101 trainings 96 volunteers were trained on essential HIV/AIDS-related knowledge to increase their awareness, demystify any pre-existing myths and misconceptions, and empower them to become our advocates.

Once the new volunteers have developed a broad understanding of AfA and its work, they can then specify the roles that they are interested in to offer their volunteer services. These include the Clinical Services, Pink Carpet programme, HIV Counselling, and Educational Outreach activities. Thereafter, they undergo further training on their specified roles.



Staff and volunteers



New Volunteers at the Induction on 12 Jul 2019



New volunteers at Induction on 29 Nov 2019

AfA conducts the induction programme every ten weeks to yield a steady influx of new volunteers. This help to ensure that we have at least 20% of our volunteer pool actively volunteering over 12 months.

Volunteers make it possible for us to further our cause and carry out our work in all corners of Singapore. In 2019, they clocked a total of 8600 manhours through their various activities.

To express our heartfelt gratitude, we held our Volunteer Appreciation Dinner on 21 Nov 2019, at 21 on Rajah at Days Hotel. Volunteers are one of our most important resources. They come from all walks of life and are of diverse nationalities and backgrounds. They give their time and energy selflessly without any expectation despite their busy schedules. They are the livewire of all our programmes and the heart and soul of our organisation. Without their dedication and hard work, nothing we do would be possible. Thank you, to our dear volunteers!

In 2019...



160
new volunteers



8,600
man-hours



Induction every
10 weeks

GOVERNANCE

The AfA Board’s role is to provide strategic direction and oversight of AfA’s programmes and objectives and to steer it towards fulfilling its vision and mission through good governance.

As part of its role, the following matters require Board’s approval

- ◆ Approve budget for the financial year and monitor expenditure against budget.
- ◆ Review and approve quarterly financial statements.
- ◆ Regularly monitor the progress of the charity’s programmes.

Term Limit of Board

The following Board members have served more than 10 consecutive years:

Name	Reason
Prof Roy Chan	He has significant local and international experience, extensive technical knowledge and extensive connections with stakeholders, policy makers and funders.
Prof. Paul Ananth Tambyah	He is a senior ID physician in NUH. He brings to the Exco his invaluable experience in HIV care as well as advocacy and governance.
A/Prof. Lee Cheng Chuan	He brings to the Exco his knowledge as an ID physician at TTSH with many years of experience in HIV care programmes including overseeing the Patient Care Centre.
Mr. Thomas Ng	He is a lawyer with long-standing experience in laws and policies that affect persons living with HIV. It is critical to have someone with that knowledge who can support and provide legal advice to our beneficiaries, as well as legal advice to AfA.
Ms. Dawn Mok	Dawn Mok is a champion of staff welfare and well-being. She is a valuable member of the HR committee as she knows and understands staff very well. She plays an important role in interpersonal relations.

BOARD MEETINGS AND ATTENDANCE: A total of four Board meetings and one AGM were held during the financial year. The following sets out the individual Board member’s attendance at the meetings:

Name	Position On Board	ATTENDANCE (TOTAL 4 Board Meeting + AGM)
ROY CHAN	President	4/4 + AGM
SAXONE WOON	Vice President	3/4 + AGM
TERENCE NG	Treasurer	3/4
CHERLY YEO	Hon. Secretary	4/4 + AGM
THOMAS NG	Hon. Asst. Secretary	3/4 + AGM
LEE CHENG CHUAN	Member	3/4 + AGM
DAWN MOK	Member	2/4
PAUL ANANTH TAMBYAH	Member	3/4 + AGM
DAVID LYE	Member	2/4
BENEDICT THAMBIAH	Member	2/4
WONG CHEN SEONG	Member	3/4 + AGM
BENSON YEO	Member	3/4 + AGM

DISCLOSURE OF REMUNERATION AND BENEFITS RECEIVED BY BOARD MEMBERS: No Board members were remunerated for their Board services in the financial year.

DISCLOSURE OF REMUNERATION OF PAID STAFF: Only one staff was paid over \$100,000 in FY19. None of the staff (including the above) serve in the Board of the charity. The charity has no paid staff, who are close members of the family of the Executive Head or Board members.

Conflict of Interest Policy

All Board members and staff are required to comply with AfA’s conflict of interest policy. The Board has put in place documented procedures for Board members and staff to declare actual or potential conflicts of interests on a regular and need-to basis. Board members also abstain and do not participate in decision-making on matters where they have a conflict of interest.

Whistle Blowing Policy

AfA has in place, a whistle-blowing policy to address concerns about possible wrongdoing or improprieties in financial or other matters within the charity.

Reserves Policy

See Audited Financial Statements Section

HELP US REACH MORE



Become an Advocate

Volunteers are one of the most important resources for our organisation. They come from all walks of life and are of diverse nationalities.

To learn more about volunteering or to sign up, please visit our website at: www.afa.org.sg/getinvolved

You are our best answer to slow down the spread of HIV.



Donate

Only with your wholehearted support, we are able to continue our aim of achieving the three Zeros.

Donation via Credit/Debit card or SGGives:
please visit our website at www.afa.org.sg/donate

Cheque donations:
Kindly issue a crossed cheque payable to "Action for AIDS Singapore" and mail to our address.

Cash donations:
If you would like to make a cash donation, please drop by our office.

All donations above \$50 are tax deductible. Please include your NRIC/ FIN/RVB, mobile number, company, or your full name when making a donation.



Mailing and Contact Information

Mailing Address
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Singapore 208628

Contact Information
Tel: (65) 6254 0212
Fax: (65) 6256 5903
Email: info@afa.org.sg

Social Media
facebook.com/afasingapore
youtube.com/afaspore

Name of Organisation
Action For AIDS (Singapore)
UEN: S88SS0126A
IPC No: HEF0006/G
Date of Charity Registration:
7 October 1994

LOVE
is our raison d'être

ACTION
makes things happen

CHANGE
will realise our vision to see
the end of HIV in Singapore

ACTION FOR AIDS (SINGAPORE)

(REGISTRATION NO. : S88SS0126A)

**ANNUAL FINANCIAL STATEMENTS
31 DECEMBER 2019**

UNITY ASSURANCE PAC
*PUBLIC ACCOUNTANTS AND
CHARTERED ACCOUNTANTS*

ACTION FOR AIDS (SINGAPORE)

GENERAL INFORMATION

The Society is a non-profit organisation. The principal activities of the Society are to prevent transmission of human immunodeficiency viruses (HIV) or acquired immunodeficiency syndromes (AIDS) through continuous education targeted at vulnerable groups; to advocate for access to affordable care and against HIV or AIDS discrimination; and to provide support for People with AIDS (PWAs), caregivers and volunteers.

Address

9 Kelantan Lane
#03-01
Singapore 208628

Action for AIDS (Singapore) Executive Committees

Professor Roy Chan	- President
Mr. Saxone Woon	- Vice President
Mr. Terence Ng	- Honorary Treasurer
Ms. Cheryl Yeo	- Honorary Secretary
Mr. Thomas Ng	- Assistant Honorary Secretary
Associate Professor David Lye	- Committee Member
Professor Paul Anantharajah Tambyah	- Committee Member
Associate Professor Lee Cheng Chuan	- Committee Member
Ms. Dawn Mok	- Committee Member
Dr. Wong Chen Seong	- Committee Member
Mr. Benedict Thambiah	- Committee Member
Dr. Benson Yeo	- Committee Member

Auditor

Unity Assurance PAC

ACTION FOR AIDS (SINGAPORE)

STATEMENT BY EXECUTIVE COMMITTEES FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

In our opinion:

- (a) the accompanying financial statements are drawn up so as to give a true and fair view of the financial position of Action for AIDS (Singapore) (the "Society") as at 31 December 2019 and the financial performance, changes in accumulated funds and cash flows of the Society for the year ended on that date in accordance with the provisions of the Societies Act, Chapter 311 (the "Societies Act"), the Charities Act, Chapter 37 and other relevant regulations (the "Charities Act and Regulations") and Singapore Financial Reporting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Society will be able to pay its debts as and when they fall due.

On behalf of the Executive Committees



Professor Roy Chan
President



Mr. Terence Ng
Honorary Treasurer

Singapore
27 August 2020

ACTION FOR AIDS (SINGAPORE)

INDEPENDENT AUDITORS' REPORT FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ACTION FOR AIDS (SINGAPORE)

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Action for AIDS (Singapore) (the "Society"), which comprise the statement of financial position as at 31 December 2019, and the statement of income, expenditure and comprehensive income, statement of changes in accumulated funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Societies Act, Chapter 311 (the "Societies Act"), the Charities Act, Chapter 37 and other relevant regulations (the "Charities Act and Regulations") and Financial Reporting Standards in Singapore ("FRSs") so as to present fairly, in all materials respects, the state of affairs of the Society as at 31 December 2019 and the results, changes in funds and cash flows of the Society for the year ended on that date.

Basis for Opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements of the Society for the financial year ended 31 December 2018, were audited by another auditor who expressed an unqualified opinion on those statements on 23 June 2019.

Other Information

Management is responsible for the other information. The other information comprises the General Information and Statement by Executive Committees but does not include the financial statements and our auditors' report thereon.

ACTION FOR AIDS (SINGAPORE)

INDEPENDENT AUDITORS' REPORT FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

Other Information (cont'd)

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Societies Act, the Charities Act and Regulations and FRSs, and for such internal controls as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

**INDEPENDENT AUDITORS' REPORT
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

Auditors' Responsibilities for the Audit of the Financial Statements (cont'd)

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**INDEPENDENT AUDITORS' REPORT
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

Report on Other Legal and Regulatory Requirements

In our opinion:

- (a) the accounting and other records required to be kept by the Society have been properly kept in accordance with the provisions of the Societies Regulations enacted under the Societies Act, the Charities Act and Regulations; and
- (b) The fund-raising held during the year have been carried out in accordance with Regulations 6 of the Societies Regulations issued under the Societies Act and proper accounts and other records have been kept of the fund-raising appeals.

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

- (a) the Society has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Society has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

Unity Assurance PAC
Unity Assurance PAC
Public Accountants and
Chartered Accountants

Singapore
27 August 2020

ACTION FOR AIDS (SINGAPORE)

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2019

	Note	2019 \$	2018 \$
Assets			
Non-current assets			
Plant and equipment	4	26,830	77,123
Right-of-use assets	5	168,300	-
Other receivables	6	14,200	14,200
		<u>209,330</u>	<u>91,323</u>
Current assets			
Other investments	7	1,426,304	1,237,109
Grant receivables		129,364	222,112
Other receivables	6	50,269	125,644
Cash and cash equivalents	8	4,455,125	3,466,927
		<u>6,061,062</u>	<u>5,051,792</u>
Total assets		<u><u>6,270,392</u></u>	<u><u>5,143,115</u></u>
Liabilities			
Current liabilities			
Other payables	9	269,408	91,278
Lease liabilities	10	82,394	-
		<u>351,802</u>	<u>91,278</u>
Non-current liabilities			
Lease liabilities	10	87,165	-
		<u>87,165</u>	<u>-</u>
Total liabilities		<u>438,967</u>	<u>91,278</u>
Funds			
Unrestricted fund		<u>2,922,698</u>	<u>2,392,325</u>
		<u>2,922,698</u>	<u>2,392,325</u>
Restricted funds			
Endowment fund		2,694,691	2,456,923
Trust funds		214,036	202,589
	11	<u>2,908,727</u>	<u>2,659,512</u>
Total funds		<u>5,831,425</u>	<u>5,051,837</u>
Total liabilities and funds		<u><u>6,270,392</u></u>	<u><u>5,143,115</u></u>

The accompanying notes form an integral part of these financial statements.

ACTION FOR AIDS (SINGAPORE)

STATEMENT OF INCOME, EXPENDITURE AND COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019

	Note	2019			2018		
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		funds	funds		funds	funds	
		\$	\$	\$	\$	\$	\$
Income							
Anonymous blood testing income	13	199,666	-	199,666	214,550	-	214,550
Care for family fund		7,289	29,158	36,447	6,528	-	6,528
Donations and sponsorships	14	231,608	-	231,608	199,492	-	199,492
Endowment fund income		-	246,713	246,713	-	161,690	161,690
Fund for the arts		-	46,500	46,500	10,384	47,866	58,250
Grant income	15	1,361,394	-	1,361,394	965,104	-	965,104
HIV/AIDS workshop/conference income		-	-	-	105,719	-	105,719
Mobile testing site income		32,762	-	32,762	56,004	-	56,004
Paddy Chew medical subsidy fund		-	-	-	26,000	104,000	130,000
Pregnant mother's fund		-	-	-	1,440	-	1,440
Pre-exposure Prophylaxis fund		-	-	-	8,000	32,000	40,000
World AIDS Day		14,885	-	14,885	13,000	-	13,000
Other income		9,189	-	9,189	28,575	-	28,575
		<u>1,856,793</u>	<u>322,371</u>	<u>2,179,164</u>	<u>1,634,796</u>	<u>345,556</u>	<u>1,980,352</u>

The accompanying notes form an integral part of these financial statements.

ACTION FOR AIDS (SINGAPORE)

STATEMENT OF INCOME, EXPENDITURE AND COMPREHENSIVE INCOME AS AT 31 DECEMBER 2019

	Note	2019		Total	2018		Total
		Unrestricted funds	Restricted funds		Unrestricted funds	Restricted funds	
		\$	\$	\$	\$	\$	\$
Expenses							
Administrative expenses	16	(994,409)	-	(994,409)	(982,074)	-	(982,074)
Endowment expenses		-	(8,945)	(8,945)	-	(4,449)	(4,449)
Project and programme expenses	17	(328,807)	(64,211)	(393,018)	(582,486)	(53,066)	(635,552)
Finance costs	18	(3,204)	-	(3,204)	-	-	-
		<u>(1,326,420)</u>	<u>(73,156)</u>	<u>(1,399,576)</u>	<u>(1,564,560)</u>	<u>(57,515)</u>	<u>(1,622,075)</u>
Surplus before tax		530,373	249,215	779,588	70,236	288,041	358,277
Tax expense	19	-	-	-	-	-	-
		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Surplus for the year representing total comprehensive income for the year		<u>530,373</u>	<u>249,215</u>	<u>779,588</u>	<u>70,236</u>	<u>288,041</u>	<u>358,277</u>

The accompanying notes form an integral part of these financial statements.

ACTION FOR AIDS (SINGAPORE)**STATEMENT OF CHANGES IN ACCUMULATED FUNDS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

	Unrestricted fund \$	Restricted funds \$	Total \$
At 1 January 2018	2,322,089	2,371,471	4,693,560
Surplus for the year, representing total comprehensive income for the year	70,236	288,041	358,277
At 31 December 2018	2,392,325	2,659,512	5,051,837
Surplus for the year, representing total comprehensive income for the year	530,373	249,215	779,588
At 31 December 2019	2,922,698	2,908,727	5,831,425

The accompanying notes form an integral part of these financial statements.

ACTION FOR AIDS (SINGAPORE)**STATEMENT OF CASH FLOWS****FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

	Note	2019 \$	2018 \$
Cash flows from operating activities			
Surplus before tax		779,588	358,277
Adjustments for:			
Depreciation of plant and equipment	4	50,293	39,607
Depreciation of right-of-use assets	5	82,426	-
Net fair value (gains)/losses on other investments		(189,195)	75,304
Net loss on disposal of other investments		-	11,828
Dividend income		(31,253)	(23,086)
Interest income		(20,420)	(49,458)
Provision for unconsumed leave	9	12,623	-
Finance costs	18	3,204	-
		<u>687,266</u>	<u>412,472</u>
Changes in working capital:			
Grant receivables		92,748	282,022
Other receivables		75,375	(104,172)
Other payables		165,507	(67,707)
Net cash generated from operating activities		<u>1,020,896</u>	<u>522,615</u>
Cash flows from investing activities			
Acquisition of plant and equipment	4	-	(85,483)
Acquisition of other investments		-	(806,830)
Proceeds from disposal of other investments		-	336,372
Dividends received		31,253	23,086
Interest received		20,420	49,458
Net cash generated from/(used in) investing activities		<u>51,673</u>	<u>(483,397)</u>
Cash flows from financing activities			
Repayment of lease liabilities		(84,371)	-
Net cash used in financing activities		<u>(84,371)</u>	<u>-</u>
Net increase in cash and cash equivalents		988,198	39,218
Cash and cash equivalents at beginning of the year		3,466,927	3,427,709
Cash and cash equivalents at end of the year	8	<u>4,455,125</u>	<u>3,466,927</u>

The accompanying notes form an integral part of these financial statements.

ACTION FOR AIDS (SINGAPORE)

**STATEMENT OF CASH FLOWS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2019**

Reconciliation of liabilities arising from financing activities

	31.12.2018	Adoption of FRS 116	01.01.2019	Financing cash flows	Non-cash changes Interests	31.12.2019
	\$	\$	\$	\$	\$	\$
Lease liabilities	-	250,726	250,726	(84,371)	3,204	169,559

The accompanying notes form an integral part of these financial statements.