

COMMUNITY BLUEPRINT

Ending HIV Transmission and AIDS in Singapore by 2030

An Initiative Of



THE BEGINNING OF THE END THE GETTING TO ZERO MARK

Singapore has come a long way since the first case of HIV was reported in 1985. Today with the tremendous biomedical advances in HIV prevention and treatment, there is unanimous agreement among HIV advocates, physicians, researchers and others that this is the most opportune time to stop new infections and every effort should be made to do so. Many countries and cities have pledged their support to ending HIV and AIDS and have put in place measures to make this a reality.



The Getting to Zero mark represents a ground-breaking initiative as 30 different organisations serving a myriad of communities come together for a common goal.

The five linked circles represent the **Regulators, Funders, Community Based Organisations, Private Sector and Communities/Individuals**. As more stakeholders come on board, as well as more initiatives are rolled out, we should also see a wider adoption of this mark. It is a symbol to unify our efforts to join the ranks of fast track cities that are committed to ending the transmission of HIV and AIDS by 2030.

WHAT IS THE COMMUNITY BLUEPRINT?

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. Drawing inspiration from a similar blueprint produced by the Australian Federation of AIDS Organisations (AFAO); **60 individuals from 30 organisations met in June 2018 leading to an agreement on the development of the community sections of the blueprint.**

The blueprint contains 10 thematic areas reflecting the realities of Singapore and each area has been led by a lead focal organisation supported by a team representative of individual interests and organisations.

FAST TRACK CITIES

The Fast Track Cities Initiative was launched in Paris on World AIDS Day in 2014. Today, more than 70 cities around the world have signed the Paris Declaration on Fast-Track Cities Ending AIDS; engaging political leadership, affected communities, civil society, city health officials, clinical and service providers, and other stakeholders to accelerate their local AIDS responses

Cities that have joined this movement have put in 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.

AFRICA Abidjan (Côte d'Ivoire) Accra (Ghana) Algiers (Algeria) Bamako (Mali) Bangui (CAR) Blantyre (Malawi) Brazzaville (Congo) Casablanca (Morocco) Cotonou (Benin) Dakar (Senegal) Dar es Salaam (Tanzania) Djibouti (Djibouti) Douala (Cameroon) Durban (South Africa) Entebbe (Uganda) Freetown (Sierra Leone) Johannesburg (South Africa) Kampala (Uganda) Kigali (Rwanda) Kinshasa (DRC) Lagos (Nigeria) Libreville (Gabon) Lilongwe (Malawi)	Lubumbashi (DRC) Lusaka (Zambia) Makeni (Sierra Leone) Maputo (Mozambique) Maseru (Lesotho) Nairobi (Kenya) Ouagadougou (Burkina Faso) Ouesso (Rep. of Congo) Pretoria (South Africa) Windhoek (Namibia) Yaoundé (Cameroon)	São Paulo (Brazil) Santa Fe (Honduras) Santiago (Chile) San Miguelito (Panama)	EUROPE Almaty (Kazakhstan) Amsterdam (Netherlands) Athens (Greece) Barcelona (Spain) Bergamo (Italy) Berlin (Germany) Bordeaux (France) Brighton and Hove (England) Brussels (Belgium) Bucharest (Romania) Cascais (Portugal) Chisinau (Moldova) Cork (Ireland) Dublin (Ireland) Ekaterinenburg (Russian Federation) Galway (Ireland) Geneva (Switzerland)	Glasgow (UK) Kyiv (Ukraine) Limerick (Ireland) Lisbon (Portugal) Liverpool (UK) London (UK) Lyon (France) Madrid (Spain) Manchester (UK) Milan (Italy) Minsk (Belarus) Monaco (Monaco) Montpellier (France) Nice (France) Odessa (Ukraine) Paris (France) Porto (Portugal) Rotterdam (Netherlands) Seville (Spain) Tbilisi (Georgia) Utrecht (Netherlands) Valencia (Spain) Vienna (Austria)	MIDDLE EAST Beirut (Lebanon) Tel Aviv (Israel)	ASIA-PACIFIC Bangkok (Thailand) Bishkek (Kyrgyzstan) Delhi (India) Jakarta (Indonesia) Ho Chi Minh City (Vietnam) Manila (Philippines) Melbourne (Australia) Mumbai (India) Quezon City (Philippines) Taipei (Taiwan)	Chicago (USA) Columbia (USA) Dallas (USA) Denver (USA) Durham (USA) Mexico City (Mexico) Miami (USA) Minneapolis (USA) Montréal (Canada) New York City (USA) New Orleans (USA) Oakland (USA) Phoenix (USA) Providence (USA) San Antonio (USA) San Francisco (USA) Washington, DC (USA)
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KEY STATISTICS FOR HIV IN SINGAPORE AS OF 2017

Total Persons living with HIV: **7982**
Total deaths: **1960**

New Infections among MSM: **262 (60%)**

New Infections among Heterosexual men: **155 (35.7%)**

Medical Care Provision: **45%**

Typically at the late stage of HIV infection

Diagnosis through Routine programmatic HIV screening: **27%**

Self-initiated HIV screening i.e. voluntary screening: **23%**

KEY AND HIDDEN POPULATIONS AND SIZE ESTIMATES IN SINGAPORE

The blueprint examines the current state of the epidemic in detail and the populations most affected by it and at risk including:

Men who have Sex with Men: approx. **210,000** *(Current Reach: 63,000, 30%)*

High Risk Heterosexual Males: approx. **360,155** *(Current Reach: 83,400, 23%)*

Sex Workers: **4,200**

Transgender Persons: **Not Available**

IVDUs: **11,000**

People who use drugs: **Not available**

Persons Living with HIV/AIDS: **6,022**

Print copies are available from Action for AIDS Singapore. Please contact **Avin Tan** at avin.tan@afa.org.sg. For digital version please visit afa.org.sg/endingHIV

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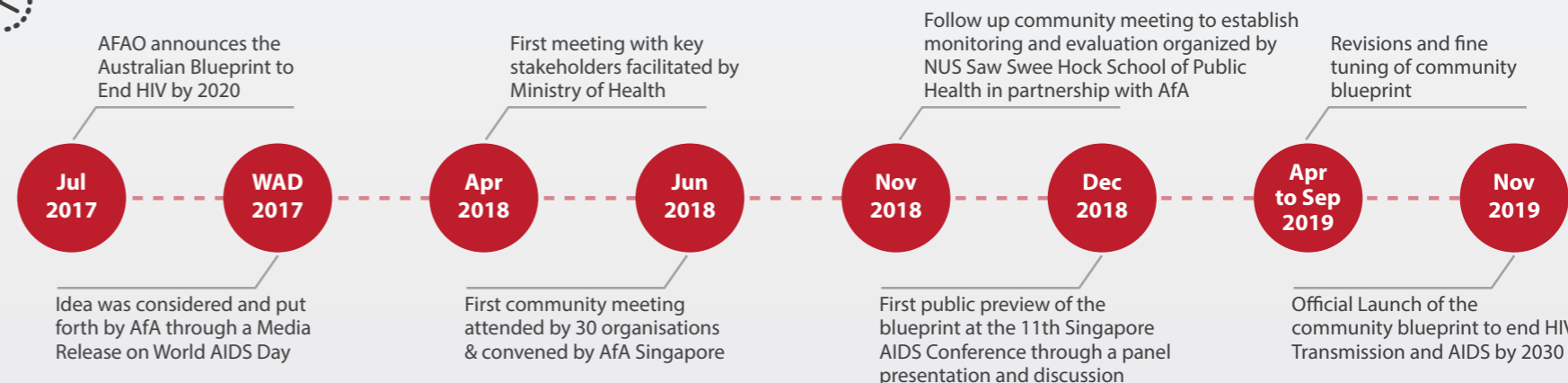
ENDING HIV TRANSMISSION & AIDS IN SINGAPORE BY 2030

This blueprint describes the current issues within each key area, outlines gaps in services and proposes additional efforts and investment needed across community organisations, research and the clinical workforce to end HIV transmission and AIDS in Singapore by 2030.

HOW THIS WILL BE USED

The community blueprint is a roadmap on what communities delivering HIV programmes and services feel needs to be done to end HIV and AIDS in Singapore. It is envisioned to be a living document to be updated and refreshed as new information and strategies becomes available.

TIMELINE



POPULATIONS AFFECTED BY HIV

High Risk Heterosexual Men, Men who have Sex with Men, Unregulated Sex Workers, Transgender Persons, Persons who use Drugs and Late Presenters

Objective

To scale up reach and effectiveness of HIV prevention testing and linkage to treatment efforts for populations at risk of HIV

Proposed Activities

- Expansion of educational and awareness raising initiatives
- Increase uptake of HIV and other STI screening, condom use, PEP and PrEP
- Develop innovative peer led and digital interventions that are culturally and linguistically appropriate for each specific population
- Develop and integrate monitoring and evaluation tools to survey attitudes, behaviour and service adoption as part of on-going programming efforts

Impact

The proposed activities will promote early diagnosis and linkage to prevention, testing, treatment and care. A decrease in HIV transmission among those at risk and the pool of untreated HIV infections will reduce health care costs. Further early diagnosis will improve the quality of life for PLHIVs

TACKLING HIV RELATED STIGMA AND DISCRIMINATION

Objective

To reduce HIV-related stigma and discrimination which are barriers to the uptake of HIV prevention, testing, treatment and care services.

Proposed Activities

- Measuring quality of life of persons living with HIV to establish baselines
- Mobilization and deepening engagement of persons living with HIV in the policy development, programme design and implementation process
- Reducing stigma in the general population, with special attention to workplaces and healthcare settings through education and awareness activities
- Build sustainable support networks and increase personal resilience of persons living with HIV

Impact

The proposed activities and investment will reduce stigma and discrimination associated with HIV, thereby benefitting the quality of life for PLHIV. Further, it will facilitate early and timely diagnosis and treatment adherence, which will improve health outcomes of PLHIV in the long term.

THE COMMUNITY WORKFORCE

General Practitioners and Community Groups Providing HIV Services to Affected Populations

Objective

To build the capacity of the HIV community-based medical workforce in Singapore and develop policies, guidelines and backbone resources to focus on expanding HIV anonymous testing facilities, education and outreach, expanding access to PrEP and support treatment for PLHIV.

Proposed Activities

- Set up a medical advisory committee to develop policies, guidelines and backbone resources
- Train a pool of medical directors to oversee medical providers, conduct audits and ensure quality of care.
- Increase the number of clinics designated to be HIV anonymous testing sites
- Provide formal and structured training for more GPs to be able to dispense PrEP and co-manage PLHIV with their specialists.

Impact

With higher awareness, knowledge and standardized protocols, for the management of HIV, PEP, PrEP, and other prevention technologies, the healthcare sector will improve adoption of newer technologies, adherence and quality of life of persons living with HIV, as well as reducing the load on the public sector. The initiatives will also help reduce real and perceived stigma at healthcare setting, to improve testing and screening for HIV and STIs.

NORMALIZING AND SCALING UP THE USE OF PREP

Objective

To scale-up the adoption of PrEP for persons at high risk of contracting HIV.

Proposed Activities

- Expand access to PrEP by training more healthcare professionals
- Improve affordability of PrEP
- De-medicalize the use of PrEP through implementing tighter protocols

Impact

With proper engagement with the government, community pharmacists, nurse clinicians, key populations, and pharmaceutical companies, PrEP can be a powerful tool for reducing HIV transmission rates.

MONITORING & EVALUATION OF HIV PREVENTION PROGRAMMES

Objective

To create capacity to routinely evaluate programmes and services in order to maximise reach and impact and ensure that resources are effectively deployed.

Proposed Activities

- Planning and integrating monitoring and evaluation tools within programme design
- Ensuring funding for monitoring and evaluation programmes

Impact

Creating dedicated capacity for programme monitoring and evaluation will enable the collection and analysis of meaningful data not currently available, which in turn will enable the workforce to design and deliver tailored and impactful interventions.