



A Momentous Time to End HIV

Recounting the Progress in Managing HIV and AIDS on World AIDS Day

HIV/AIDS has been one of the most difficult and challenging public health issues in modern times. Key populations, such as men-who-have-sex-with-men (MSMs), sex workers and transgender persons, have been disproportionately impacted and affected by HIV.

The disease was first identified in 1981. It was believed to afflict only gay men and was initially termed GRID or gay related immune deficiency. Soon, it was realized that more than half of those infected were not homosexuals and many were, in fact, hemophiliacs, intravenous drug users and migrants.

In 1982, the disease was renamed Acquired Immune Deficiency Syndrome (AIDS) by the US Centre for Disease Control and Prevention (CDC). By 1983, it became clear that the disease could be transmitted via heterosexual sex as well. A mere two years later, there were cases in almost every part of the world. And by 1993, 2.5 million cases had been

recorded worldwide. Today, according to the World Health Organisation (WHO), more than 70 million people have been infected with HIV and 33 million have died of the disease.

HIV IN SINGAPORE

The first case of HIV in Singapore appeared in 1985. As was the case in many other countries at that time, Singapore had no ready response to this new fatal disease that was affecting increasing numbers of persons, and which had no obvious cause or treatment. With a paucity of information, the public response was one of fear and ignorance. Individuals and groups infected and affected by HIV were shunned and stigmatized. The fear surrounding the disease was so intense that a person dying of AIDS-related complications was not allowed a proper wake or funeral. Their bodies had to be cremated within 24 hours of death.

With little experience and knowledge of sexuality, sexual behaviours and attitudes, healthcare services were unable

to reach vulnerable communities and individuals effectively and quickly. They were denied much needed information and services. This was almost a global phenomenon.

To address the growing gaps in tackling HIV effectively, the WHO launched the Global Program on AIDS in 1987. The programme aimed to raise awareness, generate evidence-based policies and provide technical and financial support to help countries respond to the virus, in partnership with communities and persons living with HIV. It was agreed that this was critical to stem the tide of the epidemic. In Singapore, at around the same time (1988), Action for AIDS (AfA) was set up to reach infected and affected communities with information and services.

AFA'S ROLE AND MISSION

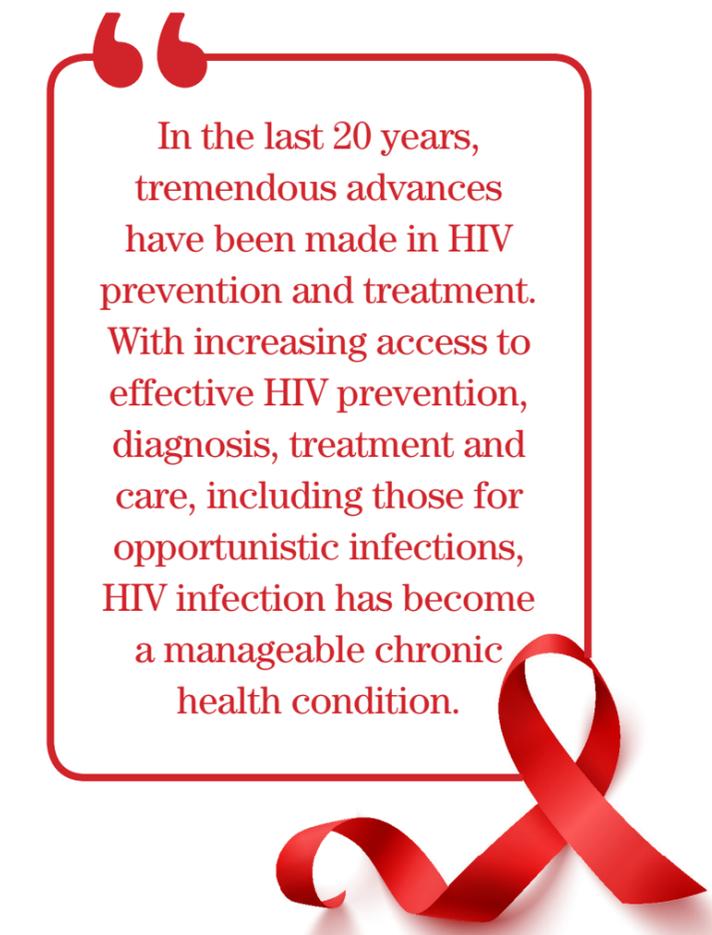
The global AIDS movement has been one of activism and community mobilization that catalyzed several advances in HIV prevention and management. It brought to the fore that HIV cannot be treated as merely a bio-medical problem. There is enough evidence to demonstrate the socio-ecological roots of HIV; the virus is fueled by inequality and inequity, putting a disproportionate burden on certain populations. There is also enough research and evidence to demonstrate that a successful response to HIV requires a community-centred approach. There needs to be participation by affected communities in designing and informing all aspects of related programmes and services to maximize uptake.

Since its inception, AfA's mission has been to lead and stretch the limits of HIV prevention; targeting key populations to advocate for the rights of persons living with HIV, increase awareness of the disease through adoption of innovative and creative strategies, and actively involve participation from the community. AfA has always believed that while advocacy to policy makers is critically important, mobilization of the community is equally important in increasing uptake of available services and understanding gaps in services. There has been no looking back for AfA and 30 years on, it remains the leading voice on HIV in the community.

AFA'S PROGRAMMES AND SERVICES

AfA provides a wide array of HIV programmes and services. This includes educational outreach for key populations affected by HIV in Singapore, which includes MSM and high risk heterosexual men with multiple partners (HSO). We run the largest anonymous voluntary HIV testing site in Singapore as well as a mobile testing service for hard to reach persons. We also provide a linkage to care subsidy programmes; support groups for newly diagnosed persons and those living with HIV, and financial subsidy schemes to offset some of the costs of living with HIV for needy beneficiaries. Additionally, AfA runs programmes for young persons and women as well as educational awareness programmes at workplaces and higher learning institutes.

Throughout our journey, we have been fortunate to forge effective partnerships with multiple stakeholders and keep HIV high on the public health agenda in Singapore. This



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has helped kept the prevalence of HIV low in the country. Some of our key advocacy accomplishments include:

- The successful advocacy for the removal of the requirement to cremate the bodies of persons dying of HIV within 24 hours of death.
- Highlighting the plight of HIV infected spouses of Singaporeans and taking up their cause with relevant authorities. This resulted in the removal of the requirement of automatic repatriation of HIV-infected foreign spouses of Singaporeans upon positive diagnosis.
- In 2015, after sustained efforts and advocacy, Singapore removed the ban on foreign PLHIVs (People Living with HIV/AIDS) from entering the country. They are now allowed to enter for social visits. However, the ban continues for those who may want to work in Singapore and for long term visit passes.
- Actively advocating for government financial support for HIV medications. HIV medications are currently subsidized by the Ministry of Health for up to 50-75%, depending on the patient's means-test status.

We have also played a key role in highlighting new biomedical options that are recommended by the WHO and making these available in Singapore, including PEP (Post Exposure Prophylaxis) and PrEP (Pre Exposure Prophylaxis). While PrEP is now available in Singapore for persons at a higher risk of HIV infection, we continue to strive to make these



more affordable to increase uptake by persons who may need it.

ADVANCES IN HIV PREVENTION AND TREATMENT

In the last 20 years, tremendous advances have been made in HIV prevention and treatment. With increasing access to effective HIV prevention, diagnosis, treatment and care, including those for opportunistic infections, HIV infection has become a manageable chronic health condition. This has enabled people living with HIV to lead long, healthy and productive lives. As a result of concerted international efforts to respond to HIV, coverage of services has been steadily increasing. In 2019, 68% of adults and 53% of children living with HIV globally were receiving lifelong antiretroviral therapy (ART). In Singapore, out of the 72% of PLHIVs who know their status, 89% of them are on treatment. HIV medications have also become much more effective with fewer side effects. There are now around 30 licensed HIV medications. Combination therapy that is needed to prevent drug resistance used to entail taking 20 tablets a day in the 1990s. Nowadays, it comes banded into one or two tablets a day.

Increasing HIV treatment coverage also has an impact on HIV prevention and control. A HIV positive person who is on treatment and has acquired viral load suppression (undetectable viral load) cannot transmit the virus to his/her partner. This not only has tremendous implications on the quality of life of PLHIVs, it also impacts on efforts to control the spread of HIV infection.

Another huge advancement has been in the realm of HIV prevention. Prevention has moved on from relying on condoms, safer sex and behavioural change to include medical male circumcision, and the use of anti-HIV medications for PEP and PrEP. In particular, PrEP, if brought to scale and implemented in a systematic manner for high risk persons, will reinvigorate primary prevention and bring possible end to HIV transmissions. And with regards to HIV diagnosis, self-testing has made it easier for hard to reach persons to know their HIV status and seek care.

Given these immense advancements in HIV prevention, testing and treatment, many cities have fast tracked their HIV responses by putting into place effective partnerships between government, community, and local health departments. They have adopted strategies that produce

the greatest impact, are most cost-effective, and target those who are most vulnerable and marginalized. As a result, many cities like London and New York are now recording significant reductions not only in the number of cases of AIDS, but also in the number of new HIV infections.

ENDING THE HIV EPIDEMIC

Singapore, with its small but 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. With this vision in mind, AfA convened 60 representatives from 30 community organizations and institutions to plan and lead work on a roadmap to end HIV in Singapore. This process, which took almost 24 months, culminated in the launch of the Community Blueprint Towards Ending HIV and AIDS in Singapore by 2030 in November 2019. The roadmap outlines, in detail, strategies and recommendations needed to end HIV in the country. Ending HIV would have been unimaginable 20 years ago. Now, it can be a foreseeable reality; but this will require coordination, collaboration and commitment, with greater support for communities working to end HIV transmission. **PRIME**



Ms Sumita Banerjee

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Sumita has almost 20 years' experience in public health and has been leading the team at Action for AIDS as its Executive Director for over 5 years. Prior to joining AfA, Sumita worked as a global advisor for Plan International UK's sexual and reproductive health programs based out of their office in London. Before that she worked in Toronto with the International Council of AIDS Service Organizations, accredited to the UN's ECOSOC, leading their HIV programmes globally. During her career, Sumita has led HIV programmes and provided policy guidance to over 30 countries working in close partnership with national governments and civil society. She has an MSc in Health policy and a Masters' in Social Science.