



# Evolution from an HIV PrEP clinic to a comprehensive sexual health service in a tertiary university hospital in southeast Asia

## Background

Delivery of sexual health services in some Asian countries where sex, sexual health and sexually transmitted infections are taboos, faces many challenges. In 2016, the HIV Pre-Exposure Prophylaxis (PrEP) clinics started in Singapore, but they all had a poor uptake of their services. BePrEP Clinic was established in 2016 in National University Hospital, a tertiary academic centre in Singapore. It initially focused exclusively on providing PrEP to men who have sex with men (MSM) and addressing the alarmingly high rate of late-stage HIV infections (53% of all new HIV diagnoses<sup>1</sup>). From 2016 through 2018 uptake of our service was very low with MSM forming vast majority of our clients (Figure 1 and 2).

## Objectives

In 2019, to address this disappointing uptake of our PrEP service, we decided to employ multiple interventions to increase it among MSM, and to reach other key populations (KPs).

## Intervention

In socially conservative Singapore where public healthcare institutions are not allowed to directly advertise their services, we employed multiple innovative practices to achieve the above objectives. They included: recruitment of a program manager and navigator from key populations, training of a female doctor to cater to female clients, provision of free HIV, syphilis and kidney function tests, and engagement of community groups in educational social media campaigns with linkage to our clinic. In addition, efforts were made to identify clinicians with interest in sexual health and staff who had LGBTQ+ background, fostering a more inclusive and welcoming clinic atmosphere. Training was provided to nurses and clinic service teams to enhance their cultural competence. Teleconsultation services were integrated to improve accessibility. Collaboration with family clinics and other hospitals through educational talks and convenient same-day referrals were established. We also developed an anonymous referral system for partners of female patients treated for STIs by gynaecologists and obstetricians in our hospital.

We initiated a social media campaign on our hospital's Instagram and Facebook platforms (Image 2) showcasing PrEP, HIV testing, and other sexual health topics. They were made available on social media, as paper brochures, or through *qr codes* (Image 4). These proved particularly useful as being seen with paper materials concerning sex or sexual health may lead to stigmatization. Finally, strong relationships were built with organizations serving KPs for collaborative events, educational workshops, and training. One such group was Project X, a nongovernmental organization offering social, emotional and health services to sex workers in Singapore. Together, we developed a social media campaign to reach sex workers (Image 1). We collaborated with an LGBT social activities Facebook group, *Out In SG* (>10,000 members) to organize informative events on PrEP and sexual health (Image 3). These activities were financed through collaboration with several pharmaceutical companies.

## Results

Between 2016 and 2018 there was a slow uptake of services in our clinic with only 11-14 new clients a year. Between 2019 and 2022, after the interventions and rebranding of the clinic, it increased to stable 92-114 new clients a year. Retention in clinic increased from 26% in 2019 to 56% in 2022. Percentage of non-MSM clients increased steadily from 12% in 2019 to 50% in 2022. Number of HIV and syphilis tests per client per year doubled in this period.

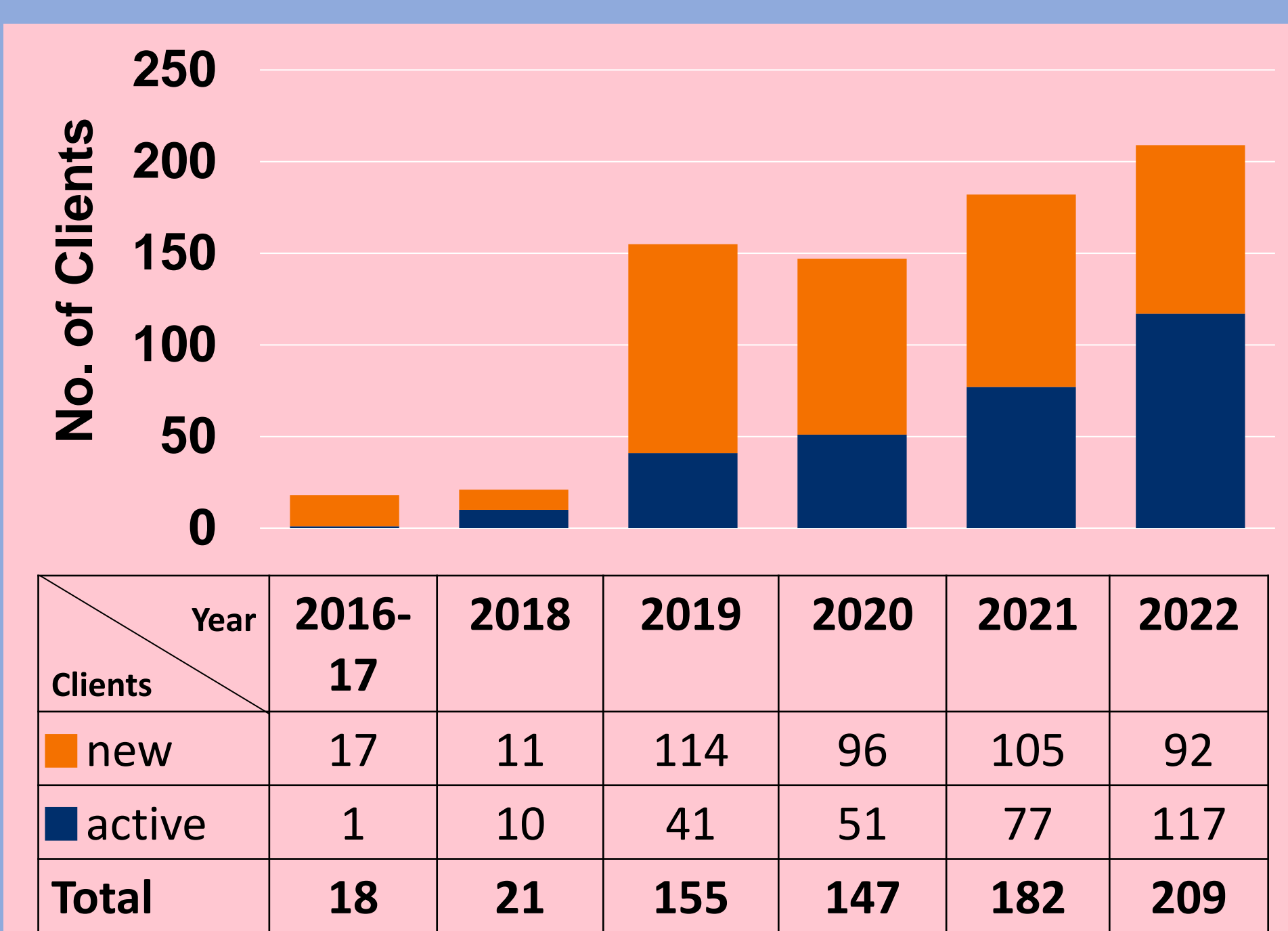


Figure 1: Number of BePrEP Clinic Clients (new, active and total) between 2016 and 2022

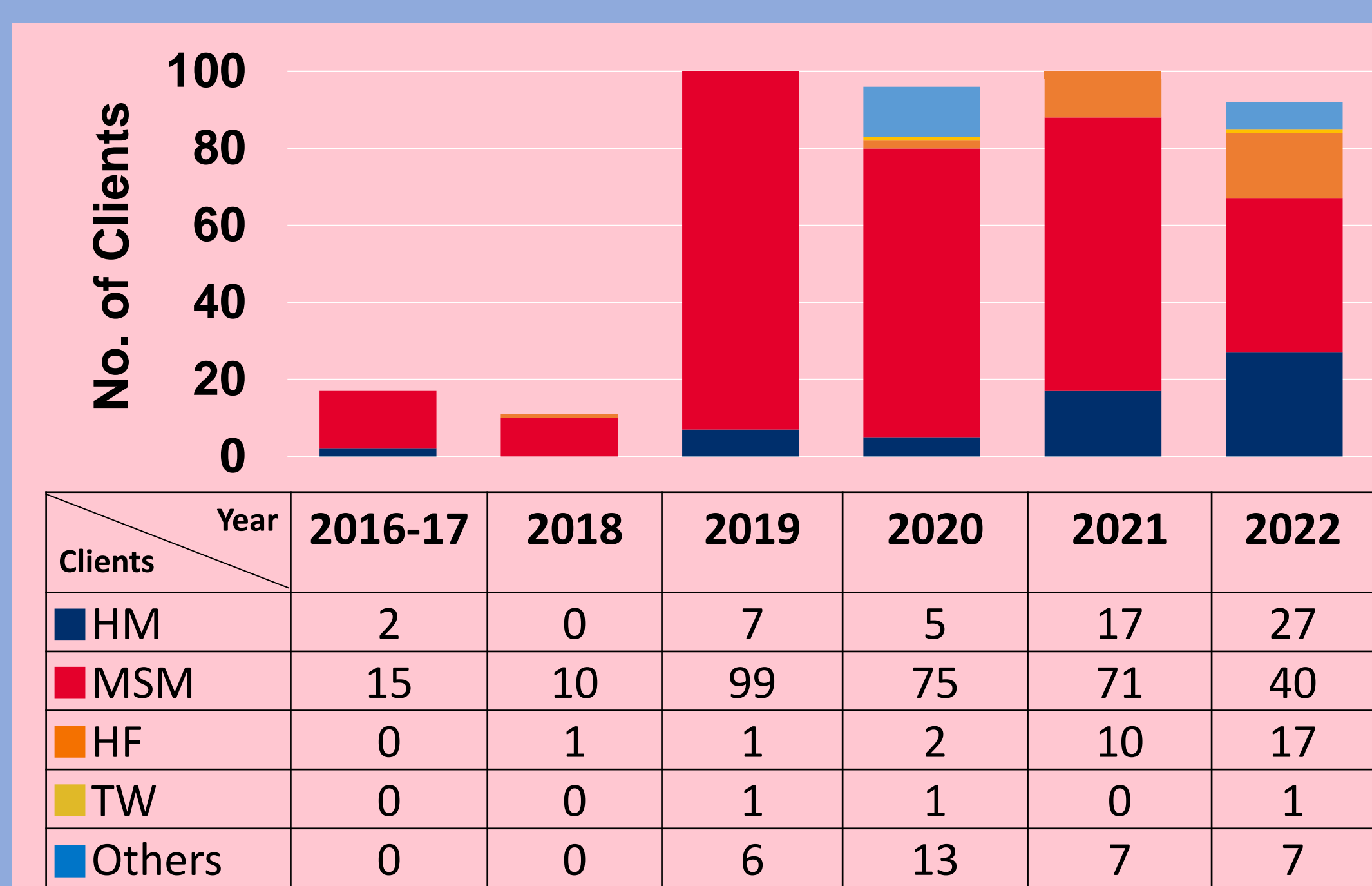


Figure 2: Demographics of New Clients (2016 – 2022) (HM: Heterosexual Men; MSM: Men Have Sex with Men; HF: Heterosexual Females; TW: Transgender Women)

## Lessons Learned

We demonstrated how a sexual health/PrEP service can successfully grow, transform, and increase its scope through employing innovative solutions based on inclusion of key population staff, collaboration with other healthcare providers as well as key population community groups.

Our experience highlights the crucial role of community-based staff in fostering a safer and more inviting clinic atmosphere. Collaboration, within our institution, with external healthcare providers and community organizations, was key in increasing referrals to our clinic and achieving these goals.



Image 1: Instagram posts in collaboration with Project X targeting sex workers



Image 2: BePrEP Clinic publicity post on NUH Facebook page



Image 3: Facebook post of our team in an MSM community engagement

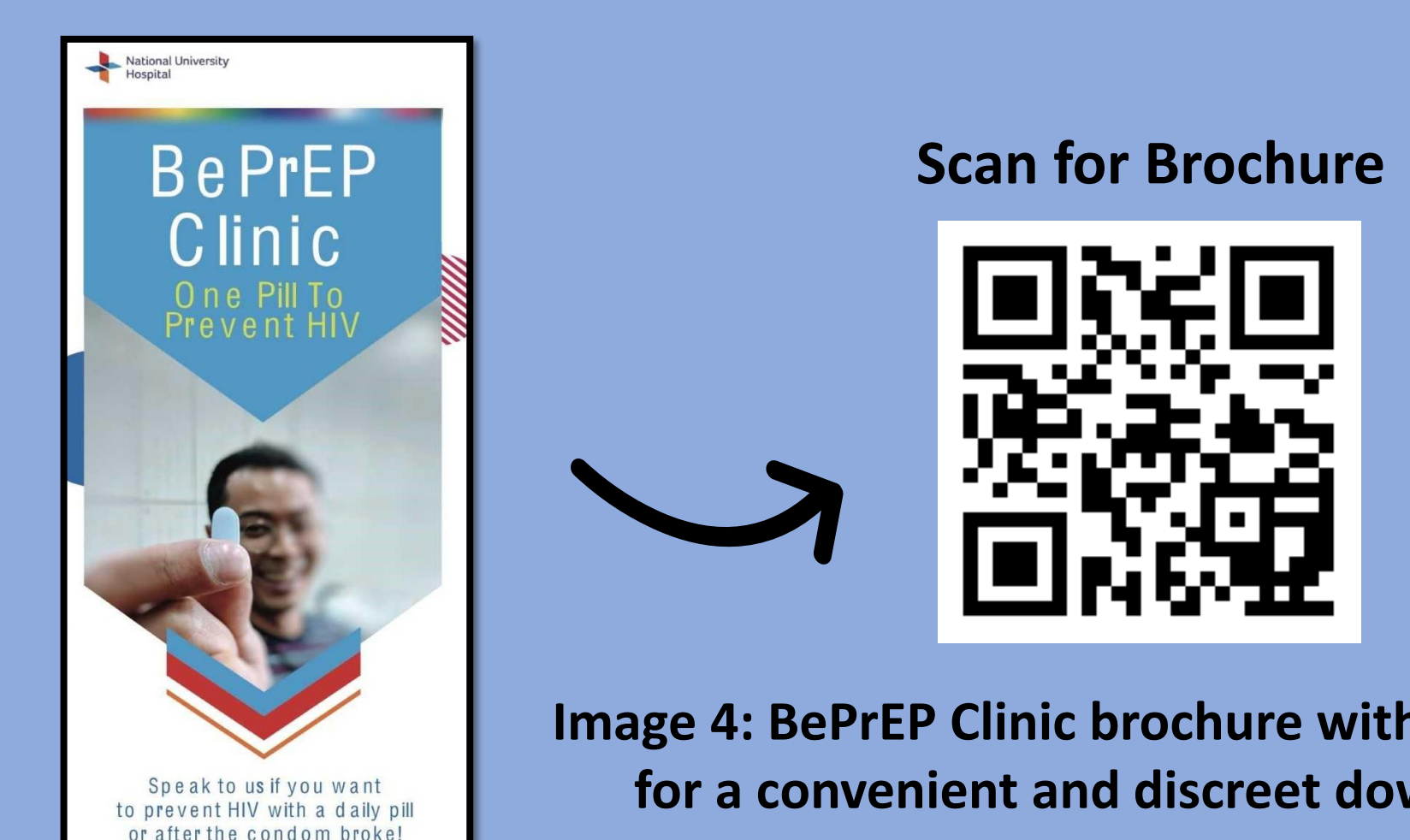


Image 4: BePrEP Clinic brochure with a qr code for a convenient and discreet download