



WORLD AIDS DAY 2020

***GLOBAL SOLIDARITY, SHARED
RESPONSIBILITY***

**HEALTH SECTOR RESPONSE TO HIV/AIDS IN
SEYCHELLES**

WHAT IS A HEALTH SECTOR RESPONSE?

- refers to the HIV Health programme led by Ministry of Health and is at the centre of any national response
- encompasses organized public, private, civil society organizations and other institutions that directly input into the health system
- delivers basic HIV services in Prevention, Treatment, Care and Support as well as Harm Reduction
- carries out HIV surveillance
- manages health commodities
- undertakes Research, Monitoring and Evaluation
- contributes to promoting behaviour change, reducing stigma, mobilizing communities and addressing other social determinants

What went well during COVID-19 Pandemic? Restriction of Movement Period

PREVENTION

- Various media platforms were used to educate the public
- Uptake of condoms at service delivery points were still accessible
- Social media platforms were used to communicate with potential clients on a one to one basis
- Testing programme was still accessible at various service delivery points
- No stock out of preventive commodities as its distribution was well coordinated
- Task shifting allowed staff to develop new skills

CARE AND TREATMENT

- CDCU Doctor's and Nurse's consultation was still accessible on appointment basis and for emergencies
- No stock-out of Anti-Retroviral Treatments on Essential Medicines List
- Continuity of Harm reduction services such as Low Threshold Methadone Maintenance Programme, Outreach programme and Needle Syringe Programme
- Clearing of back logs for viral load and Implementation of HIV PCR confirmation for early infant diagnosis
- New patients were introduced into the national care programme (clients who were seeking treatment overseas)
- Urgent referral were maintained

What went well during COVID-19 Pandemic?

New Normal

PREVENTION

- Workplace and institutions sensitization were boosted
- All services were still available and accessible
- Introduction of self test using the assisted approach
- Increased screening tests in clinics including Outreach
- Negative COVID-19 cases were screened for HIV/Dengue/Lepto
- Task shifting allowed staff to develop new skills
- No reported confirmed COVID-19 amongst known HIV patients

CARE AND TREATMENT

- Harm reduction services were boosted such as Low Threshold Methadone Maintenance Programme and Outreach programme
- Anti-Retroviral Treatments were still being imported from private sector and personal use
- New patients were introduced into the national care programme (clients who were seeking treatment overseas)
- Clearing of back logs for viral load
- Mobilized new suppliers for medication, consumables and commodities
- Urgent referral were maintained
- Task shifting allowed staff to develop new skills

What went less well? Restriction of Movement Period and New Normal

PREVENTION

- Limited support from National coordination
- Some outreach programmes were affected eg. Hot spots visits
- Access and uptake of condoms were reduced due triage process
- Task shifting resulted in staff burn out

CARE AND TREATMENT

- Treatment was dispensed for one month instead of three months – more patient movement for refill of prescriptions
- Procurement took a longer process due to revised export permit requirements
- Less available flights resulted in increased Freight charges and Foreign exchange rates
- National budget cut restricted purchase of consumables and commodities
- Suppliers and manufacturers overseas were under lockdown, hence could not maintain the regular supply
- Longer Turn around time for Non-urgent Referrals and access to specialized services

Reasons why things did not go well

FACTORS LINKED TO CLIENTS/PATIENTS

- Conflict amongst Police and patients affected access to care and treatment (access to condoms, methadone, family planning, blood donation etc...)
- Patients and clients were reluctant to access essential services
- Public transportation was limited
- Socioeconomic hardship limited access to services eg. Loss of job amongst casual workers, limited household income
- Confidentiality was not maintained at triage site

FACTORS LINKED TO HEALTH SERVICES /PROVIDERS

- Weak coordination between COVID 19 and HIV response
- Prioritized COVID-19 over continuity of care
- Special leave reduced number of staff available to work
- Limited/delayed communication and decision making with leaders
- Limited funding to provide service
- New normal increased tasks for staff eg. Triage

What can we do to improve the HIV/AIDS Health Sector response?

- Roll out HIV self test programme
- Intensify media platform for education
- Further Decentralization of services including CSO involvement
- Training of Focal Person in various work places and maintain a list of trained focal person
- National Strategy must include contingency plan
- A Robust National Coordination to communicate with all stakeholders
- Strong Commitment from higher level – Decision makers should attend high level meetings rather than delegate a representative
- Redirect focus on continuity of care in line with the national and global targets and commitments

The Team

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Thank you for your attention