

## **Global AIDS Monitoring Narrative Report Seychelles 2020**

### **Overview**

In 2020, most of the indicators showed promising results: 84 new HIV cases compared to 109 in 2019, 14 new AIDS cases compared with 18 in 2019, AIDS mortality decreased from 16 in 2019 to 10 in 2020. Eighty-two (82) persons started on ART in 2020. Out of 18 new HIV positive pregnancies, there were 2 cases of mother-to-child transmission recorded.

Hepatitis C increased from 67 in 2019 to 92 in 2020.

However, the number of new Hepatitis B decreased from 44 in 2019 to 34 in 2020.

More HIV testing was done by HIV/AIDS Support Organization (HASO) during 2020 but it slowed down compared to 2019 due to COVID-19. The door to door outreach programme was done in collaboration with NAC using rapid tests (INSTI) purchased by NAC. Over 60 persons were trained in administering the INSTI. Self-tests were introduced by MOH using the assisted approach. A total of 21,689 HIV tests were carried out in 2020. The decrease from 2019 was due to COVID-19 restrictions during the pandemic; however there was an increase in community outreach screening tests.

Additionally, persons testing negative for COVID-19 were screened for HIV/Dengue/Leptospirosis.

The Opioid Substitution Therapy (OST) program continued to be offered to prisoners since it was started in 2019.

There are now 16 opioid distribution points on Mahe, 5 on Praslin and 1 on La Digue.

Needle & syringe programs were further decentralised to Hot Spots (ghettos).

In 2020 the main mode of HIV Transmission was heterosexual 51.1%, IDU 22.6%, and MSM 15.4% . It is possible that the decentralised interventions targeting IDUs are more effective and that heterosexuals may still be thinking that HIV is still mainly affecting the key populations.

Stigma and Discrimination are still our main enemies in the fight against AIDS and we urgently need the assistance of UNAIDS to establish a Stigma Index in the Seychelles. This could not be done during 2020 due to COVID-19, the experts could not travel to Seychelles.

Despite some good results we still envisage difficulty in reaching the 90/90/90 targets in 2021. We are still disabled by lack of knowledge of the first 90 and absence of estimation of the number of PLHIV in Seychelles. More surveys will be needed in the coming years to verify the status of our M&E indicators. In 2020, under the HIV Health Technical Advisory Committee, the sub-committee on HIV Data Management carried on some hard work to address data collection and support the Decision Making Process. Data from Private Sector are still difficult to collect.

**Commitment 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

All HIV and AIDS services are offered free of charge by the Government of Seychelles.

There were altogether 934 persons living with HIV in 2020 with 819 persons on ART making it 87% of patients on ART. During 2020, 92 persons (58 males and 24 females) started ART.

165 cases of drop outs (123M/42F) were recorded by CDCU during 2020.

There are 29 prisoners on ART out of 43 prisoners living with HIV.

During the COVID-19 pandemic, treating Doctors' and Nurses' consultations were still accessible on appointment basis and for emergencies and urgent referrals. There were no stock-outs of ARVs on the Essential Medicines List.

Treatment was dispensed for one month instead of 3 months, requiring more patient movement for refill of prescriptions.

An exercise started for 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 previously seeking treatment overseas) even if ARVs were still being imported from private sector and personal use. New suppliers were mobilized for medication, consumables and commodities

Task shifting allowed staff to develop new skills; however there was a longer turn-around time for non-urgent referrals and access to specialized services.

Procurement took a longer process due to revised export permit requirements, fewer available flights, increased freight charges and unstable foreign exchange rates. Suppliers and manufacturers overseas were under lockdown, hence could not maintain the regular supply.

Harm reduction services were maintained and decentralised, including such as Low Threshold Methadone Maintenance Programme, Outreach programme and Needle Syringe Programme.

In a very small society of less than 100,000 people where everyone knows each other, many PLHIV feel it very difficult to follow their treatment without their status becoming public knowledge. Only two persons have ever revealed their status in public and it was more than 10 years ago. Stigma and discrimination are main issues, whether real or perceived.

**Commitment 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

18 new HIV positive pregnancies were recorded during 2020; 2 out of the 18 mothers booked in late. Eleven out of the 18 were aware of their HIV status before pregnancy. They all followed the PMTCT programme. There were two cases of Mother to child Transmission (MTCT)

In 2019 the Ministry of Health reviewed and developed a new National Guidelines on the EMTCT to ensure a comprehensive approach in achieving the elimination targets. These were adopted during 2020.

**Commitment 3: Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high prevalence countries and key populations – gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

Post Exposure Prophylaxis (PEP) is freely accessible to all. It is especially offered to health workers and other service providers exposed to potentially HIV positive material as well as victims of rape and sexual violence. It was used by 30 persons in 2020 (Source: CDCU Annual Report).

Pre-Exposure Prophylaxis (PrEP) is available free of charge but it was used by only 3 clients (1 male / 2 Females) in 2020, compared with 26 in 2019 (Source: Hospital Services Annual Report). It is especially recommended to sero-discordant couples.

In 2019 the PrEP guidelines were reviewed and in 2020, they were adopted and implemented.

In 2020, 223,447 male condoms were freely distributed by the Ministry of Health in Government Health facilities, NGOs including HASO and ASFF, private companies and private clinics. It is important to note that we do not have all data from the private sector especially now that pharmacies are really busy with the COVID-19. Condoms are promoted in line with HIV & other STIs and other reproductive health programmes.

Demand has still not been established for female condoms. Only 1635 were distributed during 2020.

Uptake of condoms at service delivery points were still accessible despite COVID-19 restrictions.

37516 clean needle & syringes distributed by the Government on the three most populated islands. Of those, 19584 were distributed by APDAR. 14,400 by CDCU, 3000 by the two Praslin Health centres and 532 La Digue Health Centre.

OST program started in the Prison during 2019 and continued in 2020.

Seychelles participated with 20 participants in a virtual workshop organised by SADC and UN on 14-17th September 2020 to strengthen HIV prevention in member states during the COVID-19 pandemic.

**Commitment 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

All treatment, including Post Exposure Prophylaxis (PEP), is freely accessible to all. PEP is especially offered to health workers and other service providers exposed to potentially HIV positive material as well as victims of rape and sexual violence. It was used by 30 persons during 2020. (Source: CDCU Annual Report).

Pre-Exposure Prophylaxis (PrEP) is also available free of charge but it was used by only 3 persons (M1/ F2). (Source: Hospital Services Annual Report). It is especially recommended to sero-discordant couples.

Condoms are promoted in line with HIV & other STIs and other reproductive health programmes.

There is still difficulty in accessing reports on gender based violence.

**Commitment 5: Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

Various media platforms were used to educate young people and the public and social media platforms were used to communicate with potential clients on a one-to-one basis.

Despite limitations due to the COVID-19 pandemic, effective networking and cooperation of partners took place and reproductive health and counselling services were provided to the targeted groups. Parents were able to collect contraceptives for their teenagers through set refilling procedures and counselling was done one to one and by phone. Psychosocial support was provided to the vulnerable and other groups.

However, the pandemic brought about an increase in drop outs, restricted access to restricted both Secondary and Post secondary schools and a decrease in number of talks at school level.

HIV and Hepatitis Testing programmes were still accessible at various service delivery points during the COVID-19 restrictions.

There was no stock out of preventive commodities as their distribution was well coordinated

Sensitisation at Workplaces and institutions were boosted and all services were still available and accessible.

There was no reported confirmed COVID-19 amongst known HIV patients.

The Public Health Authority (PHA) HIV / AIDS Prevention Task Force was not able to conduct talks in schools due to COVID-19 during 2020, but remained active on all its social media platforms.

NAC hosted a one day workshop for young sportspersons 15 to 18 years of age in February 2020 in collaboration with the National Sports Council; its objective was to educate them on HIV and Hepatitis. The outcome was successful despite limited attendance. .

During 2020, the National AIDS Council launched its own website.

A new KAP survey on adolescent sexual behaviour needs to be conducted in the foreseeable future as the last youth survey was in 2015.

**Commitment 6: Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV – sensitive social protection by 2020**

Social protection is readily available for vulnerable populations but not specific to PLHIV.

During the COVID-19 pandemic, the government initiated new schemes (e.g. Seychelles Employee Transition Scheme or SETS) to protect those who has lost their jobs and maintained support for adults, children and the elderly on Social Security Scheme for social protection.

## **Commitment 7: Ensure that at least 30% of all service delivery is community – led by 2020**

In December 2020, all partners and stakeholders were invited to a workshop. The objective was to review activities performed in 2020 during movement restrictions and make recommendations to government and stakeholders on continuing care and services during the COVID-19 pandemic. Due to COVID-19 restrictions, the NSP Steering Committee met partners and stakeholders in small groups representing various sectors (health, civil society, private, workplace and youth). The final presentations were delivered on World AIDS day. Following the workshop an action plan has been drafted for 2021 and its implementation will be ensured by the Steering Committee.

The active HIV/ AIDS Prevention Task Force (HAPTF) of the Public Health Authority, includes PLHIV, LGBTI, and PWUDs representatives.

A number of community activities were organized to commemorate World AIDS Day 2020, including HTC in different communities. It is to be noted that the activities were not as widespread as in previous years due to COVID-19.

With the attention given to COVID-19 nationally and movement restrictions, there was limited support to HIV programmes. Some community outreach programmes were affected e.g. Hot spots visits and access and uptake of condoms at community health facilities were reduced due to triage processes. Although task shifting brought about new skills, it may also have resulted in staff burn out at all levels.

During restrictions, access to essential services for prevention, care and treatment (e.g. condoms, methadone, family planning, blood donation etc...). was affected by limited public transportation, potential/real conflict between the police and patients/clients and socioeconomic hardship e.g. loss of job amongst casual workers, limited household income. Furthermore, confidentiality breaches were apparent at triage sites.

As regards service provision itself, there was weak coordination between COVID- 19 and HIV response, as COVID-19 gained priority over continuity of care and other work programmes. In addition, quarantine or special leave reduced number of staff available to work; whilst increased workload were imposed on remaining staff.

Civil society was active during restrictions to assist clients/patients. Services delivery continued but on smaller scale and strict appointment systems with preventive health measures in place were maintained to avoid grouping

Online communication and use of other media (social or messenger) were initiated and employees and volunteers had to work from home.

A communication centre was established by the Citizens' Engagement Platform (CEPS) and home visits organised where required once restrictions were eased. Greater collaboration among agencies was enhanced for outreach programmes and helped reduce the financial constraints, pressure on human resources and disruption of planned activities

The most impact was felt by clients/patients who were confined to remaining at home, often idle with no supervision, decreased productivity and self motivation, and high risk of relapse or drop-out. Those who dared leave their home ended up in conflict with police as permission was for essential services only. Reduced access to condoms possibly also led to more engagement in risky sexual behaviour.

**Commitment 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

During the COVID-19 pandemic, all government budgets for travel and training workshops were cut, except for Ministry of Health. However, non-essential services were reduced and services overall were re-prioritised.

Despite limited funding to provide programmes and procurement of consumables and commodities, remaining services were sustained.

However, expenditure for COVID-19 preventive measures were not budgetted and had to be catered for through donations.

Furthermore, budgetted activities e.g. UNFPA comprehensive sexuality education could not be implemented and had to be postponed.

Over 95% of HIV and AIDS interventions are funded by domestic sources, mainly the country's national budget.

The economy was heavily affected as hotels closed and the tourism industry collapsed for several months with no tourist arrivals from March to October 2020.

**Commitment 9: Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

Human rights and reduction of violence, stigma and discrimination are main interventions which are integrated into the 2019-2023 National Strategic Plan for HIV and Viral Hepatitis. During 2020, UNAIDS was supposed to assist Seychelles with the establishment of the stigma Index. This did not happen because of COVID-19, and the experts could not travel to Seychelles.

However, a virtual workshop was hosted by the Department of Foreign Affairs to assist partners in developing the Universal Periodic Review (UPR) on Human Rights, with the assistance of UNFPA.

NGOs like HIV/AIDS support Organization (HASO), LGBTISey and Drug Utilization Response Network Seychelles (DURNS) participated in most of government activities, and they can request funding for projects under the NAC Fund.

**Commitment 10: Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

All persons testing positive for HIV are tested for TB and vice-versa if they have any symptoms.

All HIV positive women are offered a Pap Smear test free of charge.

All HIV positive persons are asked about drug use and tested for Hepatitis B and C. They can be treated for Hepatitis C and vaccinated for Hepatitis B like the clients on the OST program and / or NSP. Injecting drug use appears to be still driving both epidemics of HIV and Hepatitis.

A series of Integrated bio-behavioural surveys (IBBS) were conducted in the last 10 years to understand risk and health seeking behaviours linked to HIV and HCV but need to be repeated: It has never been conducted for Transgender population and Male Sex workers.