



Global Solidarity, Shared Responsibility

ANNUAL REPORT 2020

National AIDS Council

Foreword

HIV, AIDS and viral hepatitis continue to cause ill health, deaths and human suffering in Seychelles. The HIV epidemic has evolved over the years and national response has adapted to changing and increasing needs and to honour national and global commitments.

The National AIDS Council (NAC) established by an act in 2013, is mandated to monitor the HIV epidemic and response and recommend to Government, policies, strategies and control measures.

This report highlights the status of the local HIV and viral hepatitis epidemics; the work done by NAC, the Ministry of Health (MOH) and NGOs in 2020; and the achievements and challenges.

It is now more than 30 years since the first case of HIV was identified in Seychelles, and despite remaining gaps and weaknesses, the country, and in particular, the MOH has invested a lot to provide testing, prevention and treatment and care services in line with global recommendations. Civil society has helped to strengthen government's efforts by mobilizing communities and supporting prevention and care services.

The COVID-19 pandemic in 2020 seriously disrupted availability and delivery of services. The number of testing for HIV, especially at community level decreased; triage tents posed additional barriers to access to services and public health measures led to reduced mobility and utilization of services. Despite the challenges, MOH ensured that all persons living with HIV received the treatment and care they needed. NAC, despite being relatively short-staffed, supported the COVID-19 response and continued to fulfil its role of coordinating and monitoring the HIV/AIDS epidemic and response in 2020.

The COVID-19 pandemic threatens the gains we have achieved so far and brings new challenges. There is an urgent need to implement new solutions for old persistent challenges – those gaps and weaknesses we had in the HIV response before the advent of COVID-19 and in parallel address new problems.

The theme for World AIDS Day in 2020 was “Global Solidarity, Shared Responsibility”. The health sector response to HIV is stronger and more likely to succeed when it is supported by a whole of government response and by the community.



Dr Agnes Chetty

Chairperson of the Board

National AIDS Council

Acknowledgement

The National AIDS Council (NAC) would like to thank all its stakeholders and collaborators for tirelessly playing their role to achieve the goals and targets stated in the 2019–2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis.

They include the National Strategic Plan Steering Committee members, the Ministry of Health (MOH), non-governmental organisations, the Agency for Prevention of Drug Abuse and Rehabilitation (APDAR), the private sector and the Prison Department.

Special thanks also go to all teams who participated and provided reports at the national evaluation workshop for HIV and Hepatitis on World AIDS Day 2020. The teams were led by the following persons:

Ministry of Health, Mrs Sabrina Mousbe

Youth and Education, Mrs Beryl Dodin

Employment Sector, Mrs Stephanie Boniface

Private Sector, Dr Veshna Pillay

Civil Society and HIV/AIDS Support Organisation, Ms Tessie Madeleine

Heartfelt gratitude also goes out to all contributed their ideas and expertise in the consultative and validation meetings.

APDAR, Ms Michelle Sabury

MOH Communicable Disease Control Unit (CDCU), Ms Georgette Furneau

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Prison Department, Mr Raymond St-Ange

Indian Ocean Tuna Limited (IOT) Dr Veshna Pillay

Additionally, recognition goes to CDCU heads, Dr Louine Morel and Ms Georgette Furneau who filed in the GAM indicators and provided much needed data and statistics.

The report would not have been completed without the keen support of the NAC Board members and Secretariat staff, including private secretary, Ms Estephanie Dodin and driver/messenger, Mr Kitson Julie.

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Acronyms and Abbreviations

ACP	AIDS Control Programme
ACPM	AIDS Control Programme Manager
APDAR	Agency for Prevention of Drug Abuse & Rehabilitation
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
ASSF	Alliance for Solidarity for the Family
BCC	Behavioural Change Communication
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CDCU	Communicable Disease Control Unit
ECSA	East, Central and Southern Africa (Health Community)
EMTCT	Elimination of Mother to Child Transmission
GDP	Gross Domestic Product
HASO	HIV and AIDS Support Organisation
HCA	Health Care Agency
HCV	Hepatitis C Virus
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ICCPR	International Covenant on Civil and Political Rights
ICPD	International Conference on Population and Development
IDU	Intravenous Drugs User
IEC	Information, Education and Communication
KAP	Knowledge, Attitude and Practices
M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MDGs	Millennium Development Goals
MEF	Monitoring and Evaluation Framework
MOE	Ministry of Education and Employment
MOF	Ministry responsible for Finance
MOH	Ministry of Health
MOYSC	Ministry of Youth, Sports and Community Development
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NGOs	Non-Governmental Organisations
NIHSS	National Institute of Health and Social Studies
NSB	National Statistics Bureau
NSEP	Needle Syringe Exchange Programme
NSP	National Strategic Plan
PEP	Post-Exposure prophylaxis
PHA	Public Health Authority
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother To Child Transmission
PREP	Pre-Exposure Prophylaxis
PWID	Person Who Injects Drugs
PWUD	Person Who Uses Drugs
SADC	Southern African Development Community
SBC	Seychelles Broadcasting Corporation
STC	Seychelles Trading Company
STIs	Sexually Transmitted Infections
SW	Sex Worker(s)
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization

I. THE REPORT

a. Objectives of the report

This report gives an insight into the work done by the National AIDS Council (NAC) during 2020 and highlights NAC's affiliation and cooperation with all its stakeholders and working partners to achieve its goals.

This report shows the improvements brought about during 2020 and the challenges faced. It also compiles the recommendations required for NAC to enhance its achievements in the future.

b. Intended audience

The target audience for this report is primarily national health policy makers at all levels of government and all health care providers. The report is also intended to inform legislators and the public about the work done by the NAC and its partners and stakeholders, the achievements secured and the remaining gaps.

c. Process of Report Development

Development of the annual report started with a national evaluation workshop on World AIDS Day, 1 December 2020, where stakeholders from both health and non-health government and non-governmental organisations reported on their HIV activities, achievements and challenges during 2020 (*see Annex 8*).

Starting December 2020, data and statistics were sourced simultaneously to develop both the NAC annual report and the Global AIDS Monitoring (GAM) report. The data used were primarily from routine reporting from the CDCU, AIDS Control Programme Unit, HASO, Prison, APDAR and NAC itself.

Report writing was initiated in January 2021 by NAC programme manager, Mrs Germaine Michaud.

A consultative meeting was held with stakeholders on 12 March, followed by validation on 26 March 2021. Meanwhile, the GAM indicators were filled in online by both the NAC secretariat and CDCU heads, Dr Louine Morel and Ms Georgette Furneau. Specific contributions were provided by Health Care Agency Pharmacy Section Ms Marie Michelle Lailam and Mr Claude Julienne, and Clinical Laboratory Mrs Joanne Michel.

The World AIDS Day workshop report was then integrated in the GAM narrative (*see II. Overview*). Programme Manager Mrs. Patricia Baquero joined on 1 April and provided assistance in both completing the GAM and addressing queries from UNAIDS. The GAM report was submitted online in April 2021 and its findings, together with MOH and CDCU annual reports were used by Mrs. Michaud to finalise the NAC annual report 2020.

Editorial support was provided by CEO Dr Anne Gabriel and Chairperson of the NAC Board, Dr Agnes Chetty.

II. OVERVIEW (FROM THE GLOBAL AIDS MONITORING REPORT 2020)

Seychelles is signatory to a number of global and regional commitments (see Annex 1).

Its global commitments include:

- 1) Lancet Commission;
- 2) Sustainable Development Goals;
- 3) WHO Guidelines on when to start ART and PrEP for HIV; and
- 4) UNAIDS: On the Fast-Track to End AIDS.

The regional commitments include addressing legal and policy barriers; ensuring financial commitments; community empowerment; addressing stigma, discrimination and vulnerability to violence; and ensuring the availability of and access to comprehensive health services.

The following gives a brief description of achievements and challenges based on the 2016 UNAIDS global commitments to end AIDS by 2030.

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, AIDS and Hepatitis 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 antiretroviral therapy (ART) making it 87% of patients on ART. During 2020, 92 persons (58 males and 24 females) started ART.

One hundred and sixty-five 165 (123M/42F) cases of drop out from treatment were recorded by CDCU during 2020.

There were 29 prisoners on ART out of 43 prisoners living with HIV (67%), compared with 37 out of 65 (57%) in 2019.

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 antiretroviral medications (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.

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.

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.

Harm reduction services were maintained and decentralised, including the 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 PLHIVs 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

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

In 2019, the Ministry of Health reviewed and developed a new National Guidelines on the Elimination of Mother to Child Transmission (EMTCT) of HIV 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

Seychelles participated with 20 delegates in a virtual workshop organised by SADC and UN on 14-17 September 2020 to strengthen HIV prevention in member states during the COVID-19 pandemic. The SADC/UN Prevention Scorecard (*see Annex 13*) was completed for Seychelles and recommendations made by participants to address existing gaps in prevention.

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*); of those 20 were for non-health exposure.

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.

For condom distribution, in 2020, a total of 223,447 male condoms were distributed by the Ministry of Health in Government Health facilities; NGOs including HASO and ASFF; and 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 COVID-19 programmes. Condoms are promoted in line with HIV / STI prevention and other reproductive health programmes.

Demand has still not been established for female condoms. Only 1635 were distributed during 2020 a reduction from 2019.

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

Harm Reduction Programmes:

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 by La Digue Health Centre.

The Opioid Substitution Therapy (OST) programme started in the Prison during 2019 and continued in 2020.

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 ARVs, Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), is freely and equally accessible to both male and female clients.

Condoms are promoted in line with HIV & other STIs and other reproductive health programmes but there was a decline in the distribution of both male and female condoms.

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 both Secondary and Post-secondary schools and a decrease in number of talks at school level.

Fortunately, IV 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, even if on a reduced scale.

There was no reported confirmed COVID-19 amongst known HIV patients in 2020.

The Public Health Authority (PHA) HIV / AIDS Prevention Task Force (HAPTF) 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.

The SADC/UN Prevention Scorecard indicated that whilst Seychelles scores reasonably high on service delivery, it still has gaps in coverage of prevention programmes (see *Annex 13*).

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 was 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, certain expenditure for COVID-19 preventive measures were not budgetted for 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 tuberculosis (TB) and vice-versa if they have any symptoms. Out of 9 patients diagnosed with TB, 2 were co-infected with HIV.

All HIV positive women are offered a Pap Smear test free of charge; yet only 27 of them had a par smear in 2020.

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.

Table 1. Summary of Core Indicators, 2020

Goals	Indicators	2020	2019	Difference
90% of PLHIV know their HIV status	Number of HIV tests done	21,689	27,904	↓ by 22%
	Number of new HIV cases diagnosed in 2020	84	109	↓ by 23%
	Total number of PLHIV at the end of 2020	934	864	↑ by 8%
90% of PLHIV who know their status receive treatment	Number of PLHIV starting /restarting ART in 2020	92 /11	172 /65	↓ by 46%
	Total number of PLHIV on ART at the end of 2020	746	755	↓ by 1%
	Number of PLHIV lost to follow-up after starting ART	165	49	↑ by 116
90% of PLHIV on ART virally suppressed	Number of patients tested for viral load in 2020	833	504	↑ by 65%
	Number of viral load tests done in 2020	665	504	↑ by 30%
	% of PLHIV on ART virally suppressed	Not available	87%	

Source: NAC Global AIDS Monitoring, 2020

III. INTRODUCTION / BACKGROUND

The first case of Human Immunodeficiency Virus (HIV) infection in Seychelles was diagnosed in 1987, and the first case of Acquired Immune Deficiency Syndrome (AIDS) was reported in 1992.

In 2000, there were 112 persons (cumulative total) on record as being HIV positive. At this point, the authorities decided that it was time to have a more structured way of addressing the problem. In 2000, the first HIV and AIDS policy for Seychelles was introduced.

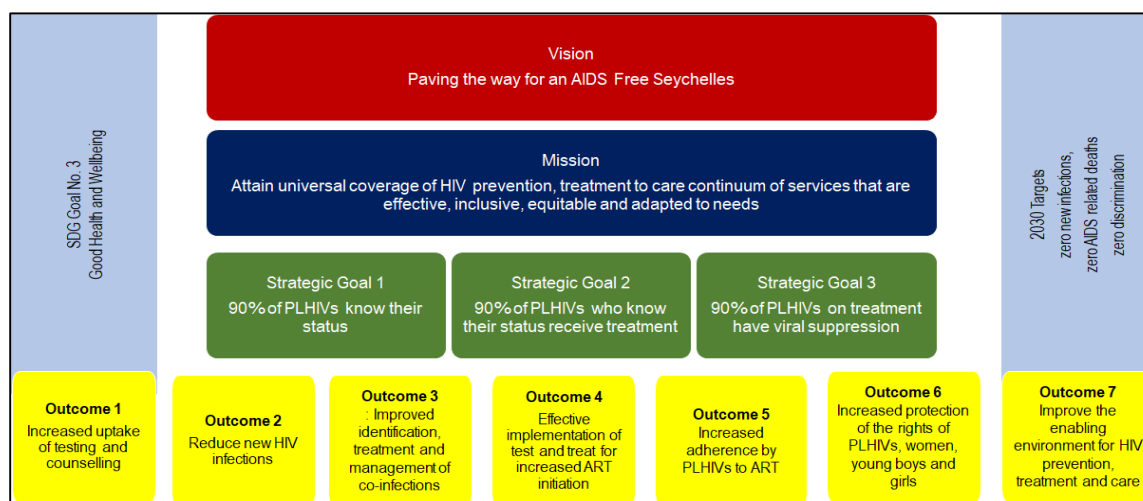
As at December 2020, the cumulative number of HIV cases was 1270 and AIDS cases was 385.

During 2020 there were 934 persons living with HIV (604 M/330F).

a. Mission, Vision and Goals

The 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis is designed around a results-based framework that reflects the commitments and 90-90-90 targets by 2023. The framework is based on a causal relationship between the vision, mission, goal and the strategic outcomes. The overview of the results framework is detailed in the figure below.

Figure 1. Seychelles 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis Results Matrix



b. Governance, Leadership and Management

Governance puts in place measures to strengthen the leadership and management structures at all levels of service delivery.

NAC has a policy, which is currently being revised, and it has its own National Strategic Plan.

i. Functions of NAC

Its founding National AIDS Council Act 13 of 2013 governs NAC.

The functions of the Council are to:

1. Recommend to the government policies and strategies and take measures to
 - o Combat HIV and AIDS

- Control and mitigate the effects of the HIV and AIDS epidemic; and
 - Promote, coordinate, monitor and evaluate the application of such strategies and policies;
2. Mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS;
 3. Act as the coordinating mechanism and secretariat for all national and international funding initiatives with respect to HIV and AIDS, Hepatitis-C, sexually transmitted diseases, tuberculosis and malaria and to ensure that all stipulations of these funding initiatives are followed subject to the provisions of this act;
 4. Enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to coordinate their responses;
 5. Encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents;
 6. Monitor and evaluate the effectiveness of the strategies and policies referred to in paragraph a. and generally, the national response to fight HIV and AIDS;
 7. Promote and co-ordinate research into HIV and AIDS and to ensure the effective dissemination and application of the results of such research;
 8. Disseminate, and to encourage the dissemination of information on all aspects of HIV and AIDS;
 9. Submit regular reports to the President through the minister, concerning HIV and AIDS epidemic;
 10. Allocate funds to organizations which in the opinion of the Board is eligible to receive funding subject to the availability of funds;
 11. Generally, to do all things which, in the Board's opinion, are necessary or appropriate to combat HIV and AIDS and to ameliorate the effects of those diseases; and
 12. Exercise such other functions that may be conferred on the Council by or under this act or any other enactment.

ii. Board

There is a board comprising of sixteen persons from various sectors of the Seychelles (see *Annex 3*).

At the National AIDS Council, there is a Board which is responsible for the management, formulation of the general policies of the Council and controlling its operation.

iii. NSP Steering Committee

There is also the NSP Steering Committee, which is a group of persons from various sectors to ensure that NAC is adhering to the NSP through its Operational Plan (see *Annex 2*).

iv. Other Sub-committees

- Finance /Audit Sub-Committee;
- Media Sub-Committee; and
- Resource mobilization Sub-Committee.

v. The Secretariat

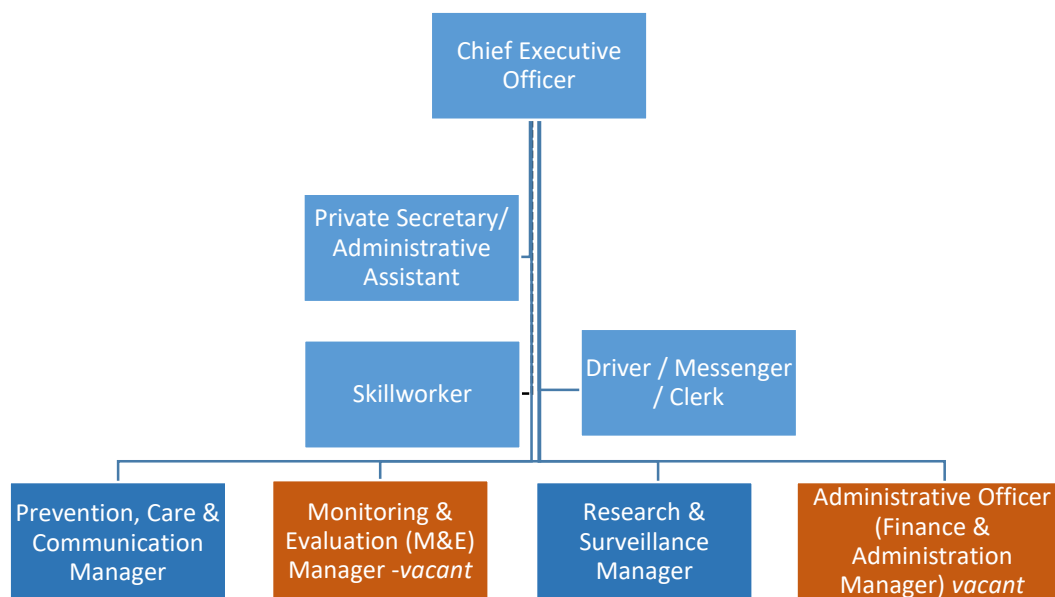
The Secretariat carries out the day to day functions of NAC. It consists of five members of staff: CEO, Private Secretary/Acting Administrative Officer, two Programme Managers, one driver/messenger (also performs basic clerical duties) and one part-time skillworker.

The executive leadership of NAC lies with its Chief Executive Officer. Subject to the control of the board, the Chief Executive Officer is responsible for the efficient management of the activities, funds and property of the council.

vi. Staffing

To achieve its goals as stated in the NSP 2019-2023, NAC’s organizational structure is made up of one CEO, one Private Secretary to the CEO, two programme Managers and one driver.

Figure 2. NAC Organogram 2020



One post which remains vacant, is that of a Monitoring and Evaluation Manager. It is vital that one is employed soonest. This person would process raw data for the use of the Programme Managers. It is also imperative that NAC gets the support of an administrative officer, the post of whom also remains vacant.

To maximize the impact of the response, the country will invest adequately and strategically, prioritising where, for which people and what to invest in to generate best returns. The priorities are based on what has been identified to work in local context.

Furthermore, these strategic outcomes will be articulated in terms of inputs, outputs and costs in the implementation plan. While there are several external and internal risks that may positively or adversely affect results, the combination of strategies adopted will be calibrated according to the epidemiological, health priorities and available resources.

vii. NAC budget for 2020

For 2020, the total budget of NAC was SCR 4,046,591.63, which included SCR 1 million for projects.

NAC also had to work on its budget in 2021. For the year 2021, the National Assembly has approved a budget of SCR 3,703,701.22.

IV. EPIDEMIOLOGICAL LOCAL SITUATION FOR HIV, AIDS AND VIRAL HEPATITIS IN 2020

General: During 2020, there were 934 persons living with HIV. However, most of the global and local indicators showed reduced numbers compared with 2019: 84 (58M/26F) 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.

The number of newly reported HIV cases each year reduced from 2018 through to 2020 (2020: 84), (2019: 109), (2018: 120) as shown in *Figure 1*.

Table 2. Summary of Statistics requested by WHO in 2020

Indicator	Level in 2016/2017 (baseline)	Level in 2019	Level in 2020
1. Know your epidemic (Number & % of people living with HIV)	687 (0.73% total population 2017)	864 (0.88% total population)	934 (0.95% total population) 604M/330F
2. Financing (% HIV response financed domestically)	95%	95%	95%
3. a. Prevention (% condom use among sexually active individuals)	KAPB-51% at last sex (2012)	unknown	unknown
b. Prevention (needles per person who injects drugs)	5.74 /year	11.1 /year	10.7 / year
c. Prevention (% negative infants born to HIV-infected women)	100% negative	95% negative (1 of 20 babies positive)	89% negative (2 of 18) babies positive)
4. Testing (% people living with HIV who have been diagnosed)	843 diagnosed by end 2017 (No estimation of PLHIV)	1183 diagnosed (No estimation of PLHIV)	1270 diagnosed (No estimation of PLHIV)
5. Linkage to care (Number and % in HIV care [including ART])	486 (70.7%) [2017]	796 (92.1%)	833 (89%)
6. Currently on ART (% on ART)	363 (61.3%)[2017]	755 (87%)	746 (80%)
7. ART retention (% retained and surviving on ART)	209 (68.3%)[2017]	699 (81%)	769 (82%)
8. Viral suppression (% on ART virally suppressed)	190 (90.9%)[2017]	653 (87%)	Not available
9. HIV deaths (Number and Ratio of HIV related deaths)	7 (7.4/100000 population)	16 (16.2/100000 population)	10 (10.2/100000 population)
10. New infections (Number & % of new infections)	75 (0.8/1000 population)	109 (1.1/1000 population)	84 (0.85/1000 population)

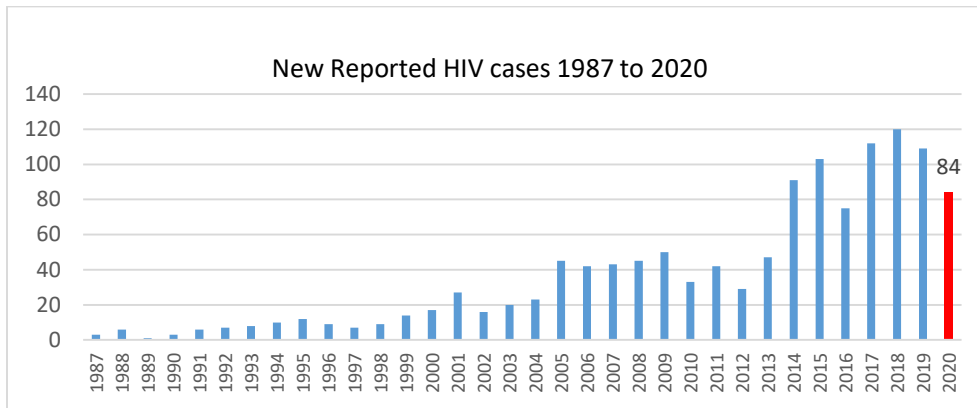
Source: NAC report for WHO Global Strategy 2016-2020

Incidence studies have not been conducted in Seychelles. The first 90 of the UNAIDS 90-90-90 strategy cannot be calculated because the tools normally used are not suitable for small populations below 100,000. However, number of persons newly infected annually are reported to all relevant authorities.

The over 50 age group contributed to 19% of new HIV infections (12M/7F) as shown in *Figure 4*. Three men were over 65 years. Six (5M/1F) of the 10 deaths were also recorded in that group.

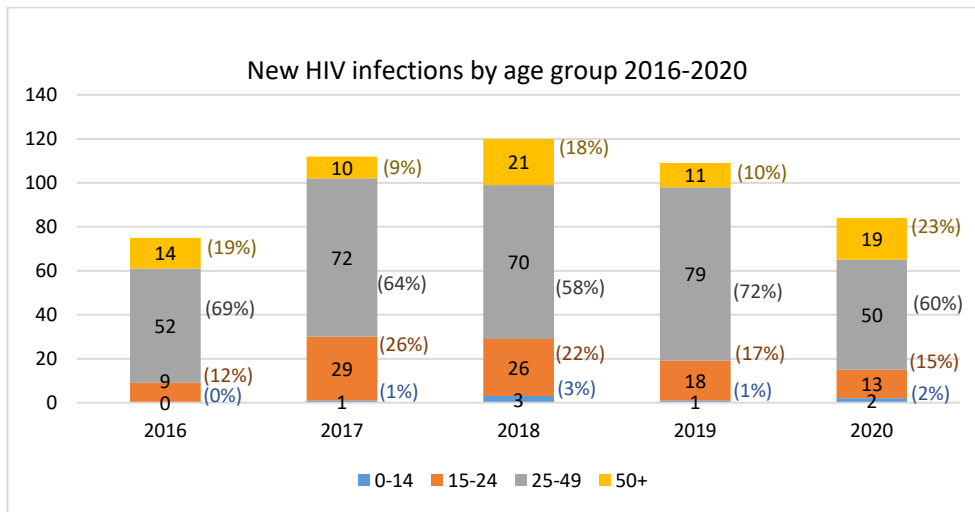
The age group 15-24 represented 15% of new infections, with adolescent girls and young women (AGYW) aged 15-24 years being disproportionately more affected than adolescent boys and young men (ABYM) of the same age (*Figure 5*).

Figure 3. New reported cases of HIV from 1987 to 2020



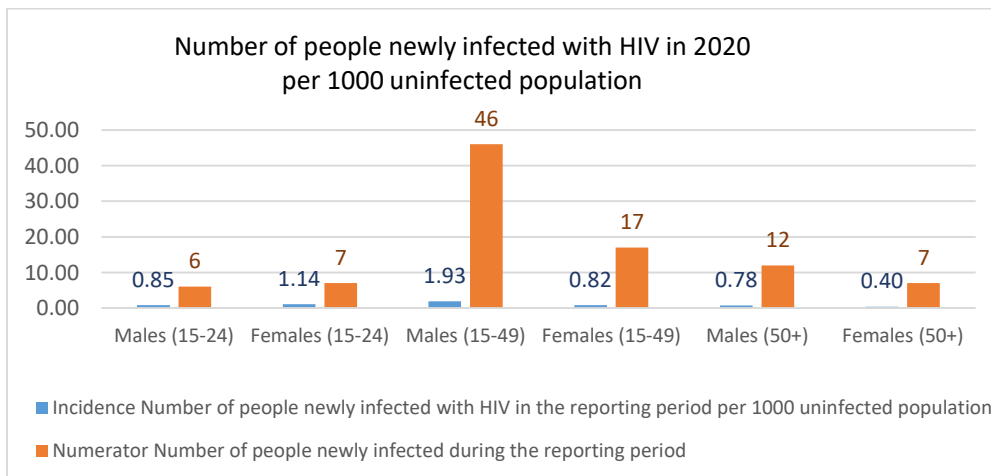
Source: CDCU, Public Health Authority

Figure 4. New HIV infections by age group, 2016-2020



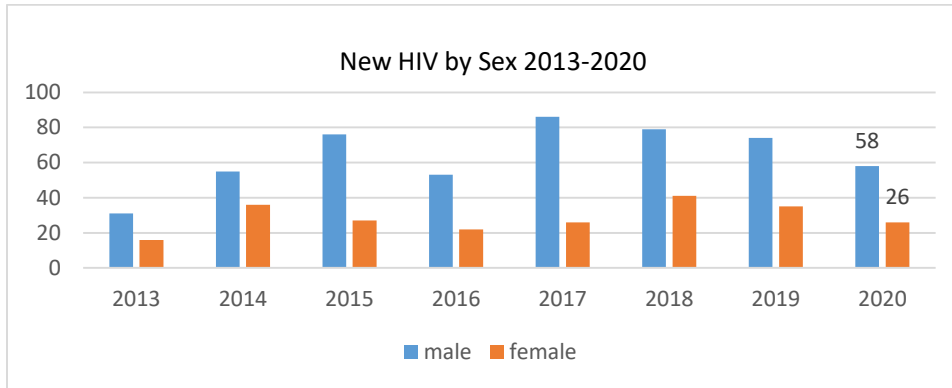
Source: NAC Global AIDS Reporting 2020

Figure 5. Number of people newly infected in 2020 per 1000 uninfected population



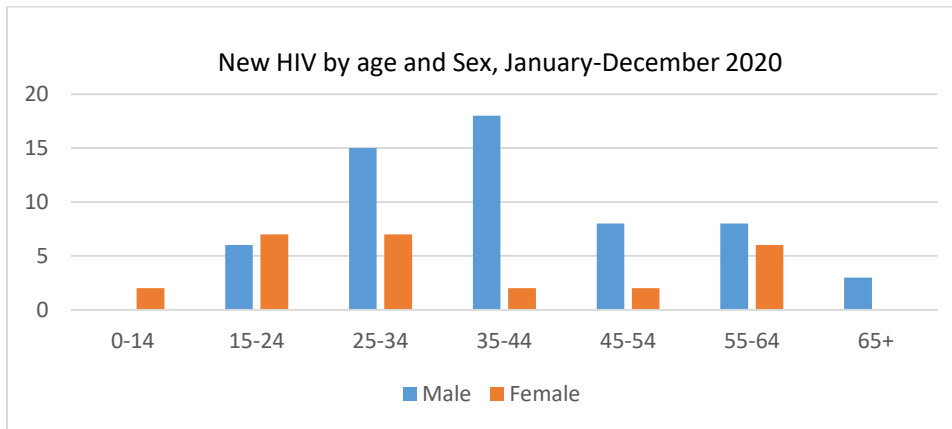
Source: NAC Global AIDS Reporting 2020

Figure 6. New HIV by Sex, 2013-2020



Source: CDCU, Public Health Authority

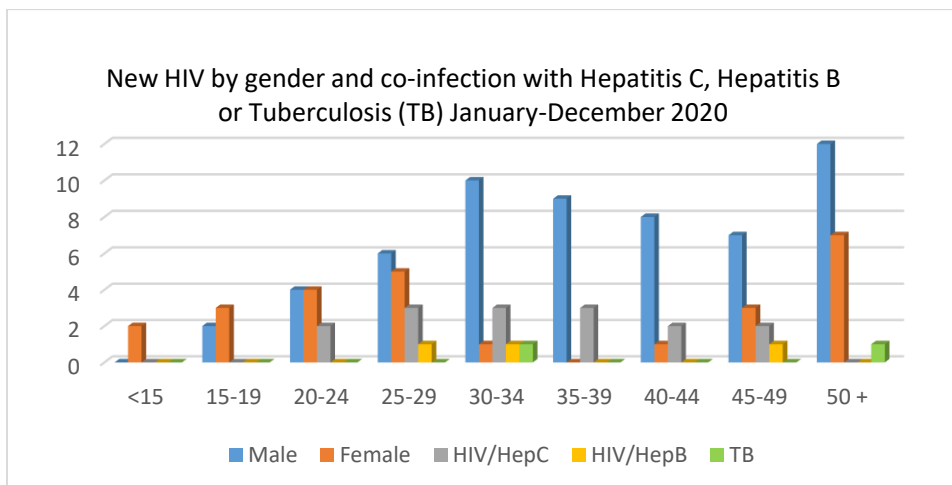
Figure 7. HIV diagnosis by age and gender, 2020



Source: CDCU, Public Health Authority

Co-infections: Of the 84 new persons reported with HIV, 15 were co-infected with Hepatitis C, 3 with Hepatitis B and 2 with Tuberculosis.

Figure 8. HIV Diagnosis by Age Group, Gender & Co-Infection



Source: CDCU, Public Health Authority

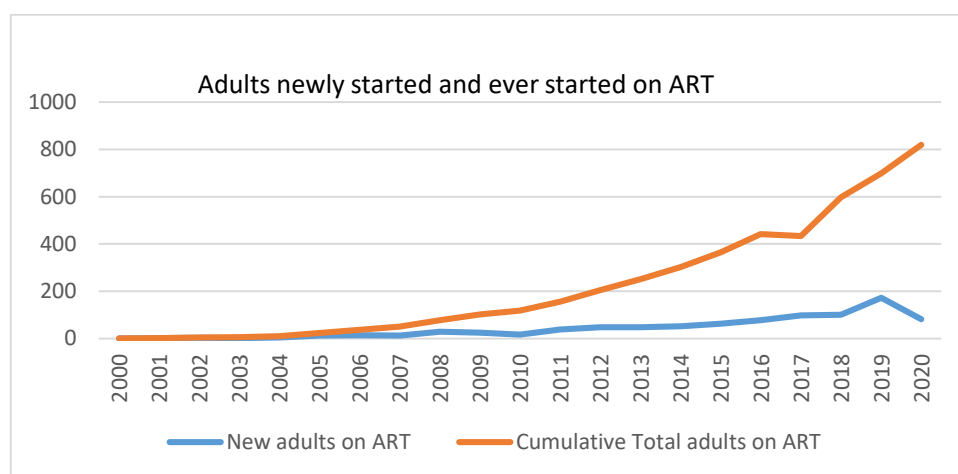
Antiretroviral Therapy (ART): Ninety-two (92) persons were started on ART in 2020, out of whom 11 were being re-initiated on treatment. Of the 934 PLWHAs, 833 were being followed up, but 746 patients were retained on ART in 2020; unfortunately, 165 of them dropped out for various reasons. All children below 15 years were on ART.

Table 3. People living with HIV who were on antiretroviral therapy in 2020

	Children (<15)	Males (15+)	Females (15+)	All
People living with HIV who know their HIV status	7	604	323	934
People on antiretroviral treatment	7	456	283	746
Percentage PLWHA on treatment	100%	75%	88%	80%
People initiating antiretroviral treatment	2	62	28	92
People reinitiating ART (among those initiating ART)	0	5	6	11

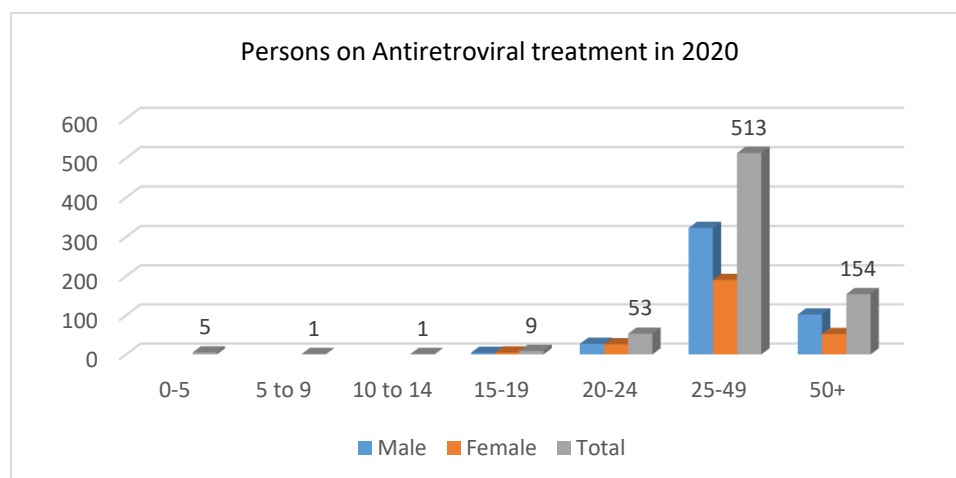
Source: CDCU, Public Health Authority; NAC Global AIDS Monitoring 2020

Figure 9. Persons who ever started on ART and remaining on antiretroviral treatment in 2020



Source: CDCU, Public Health Authority

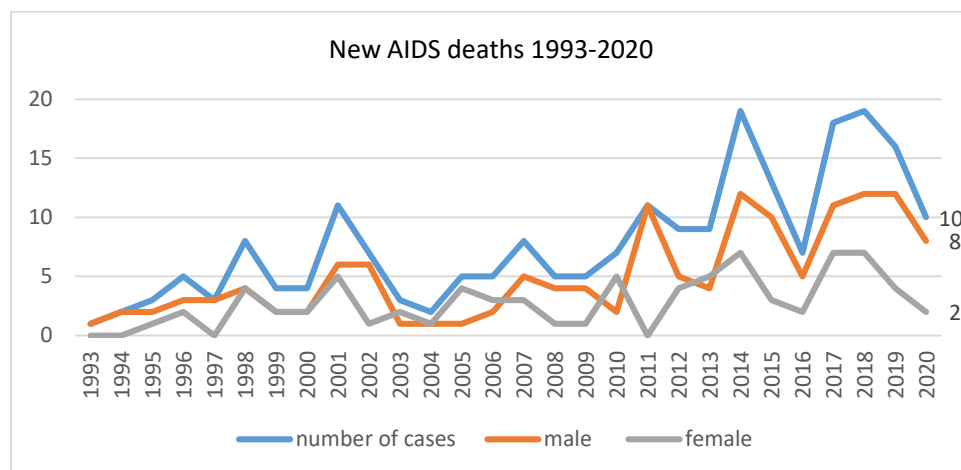
Figure 10. Persons who were on antiretroviral treatment in 2020



Source: CDCU, Public Health Authority

AIDS and AIDS Deaths: There were 14 new AIDS cases in 2020 (8M/6F) and a total of 10 AIDS related deaths (8M/2F). Six (5M/1F) or 60% out of those who died of AIDS were over 50 years old.

Figure 11. New AIDS-related deaths reported, 1993-2020



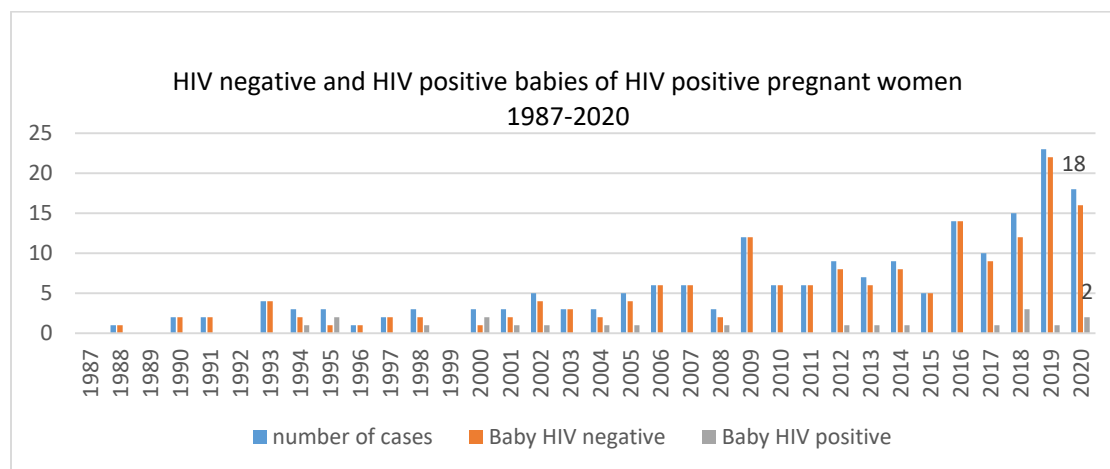
Source: Public Health Authority

Mother-to-Child Transmission: There were 1562 births in 2020. Among them, 18 mothers were HIV positive and 2 of these babies were born HIV positive.

It is to be noted that the Prevention of Mother to Child Transmission (PMTCT) is high up on the Seychelles' health agenda. All pregnant women who report to antenatal clinics are tested for HIV.

Out of 18 new HIV positive pregnancies, there were 2 cases of mother-to-child transmission.

Figure 12. HIV negative and HIV positive babies of HIV positive pregnant women, 1987-2020

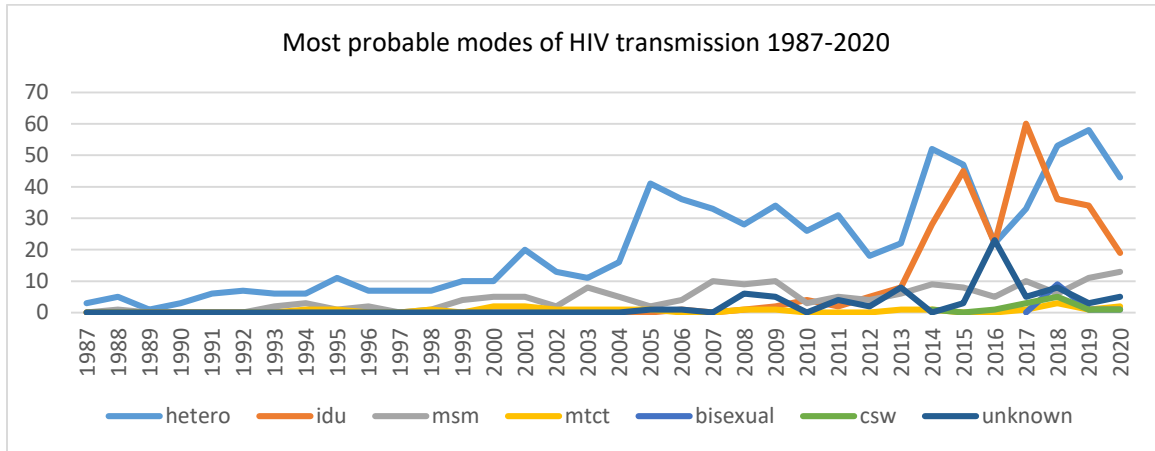


Source: CDCU, Public Health Authority

Sexual transmission also appears to have dominated the past three years.

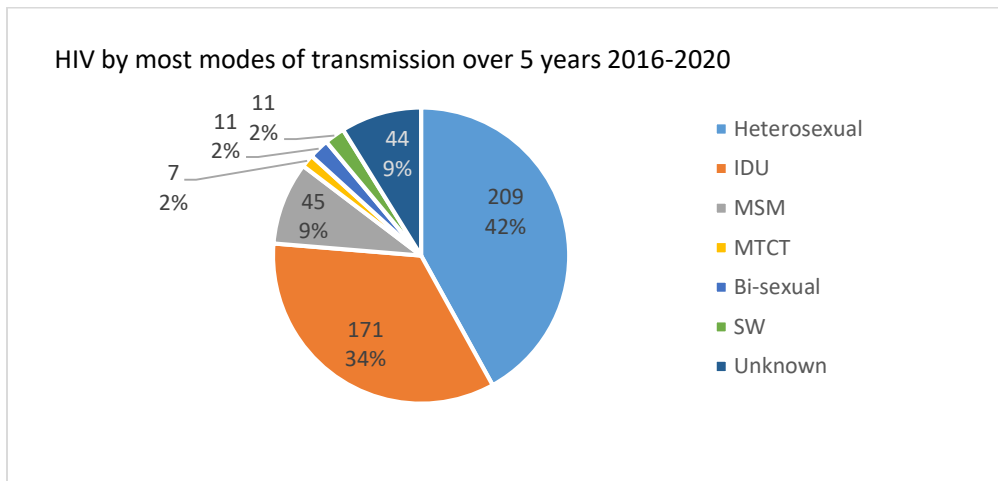
The main mode of HIV Transmission in 2020 was heterosexual 51.1%, IDU 22.6%, and MSM 15.4%. It is possible that the decentralised interventions targeting IDUs are more effective.

Figure 13. Most probable modes of transmission



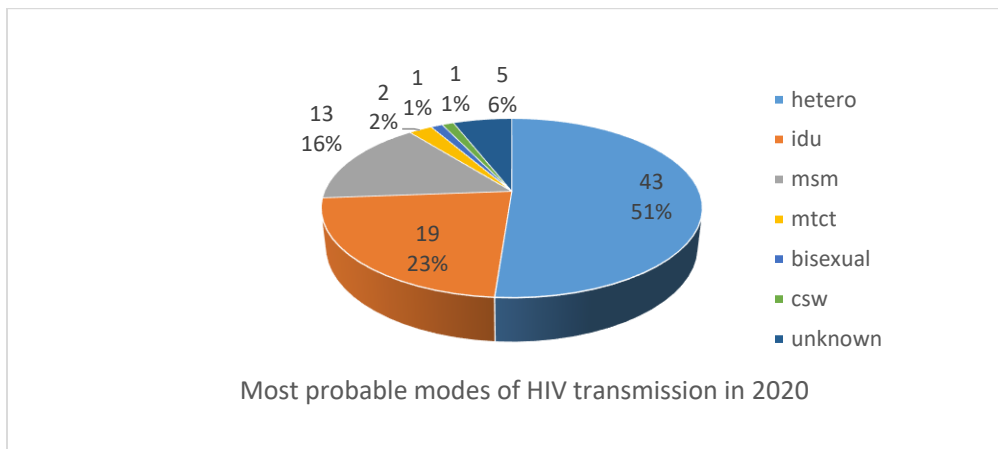
Source: CDCU, Public Health Authority

Figure 14. Most probable modes of transmission of new HIV infections, 2016-2020



Source: NAC Global AIDS Reporting 2020

Figure 15. Most probable modes of HIV transmission, January-December 2020



Source: CDCU, Public Health Authority

Hepatitis B and C were more prominent in the 25-39 age group and more in men than in women.

Hepatitis C decreased from 2018 to 2019 but increased again in 2020 (2020:92), (2019: 70), (2018: 87). Hepatitis C increased from 67 in 2019 to 92 in 2020. However, similar to HIV by intravenous drug use, Hepatitis C shows a downward trend since 2017. Three males aged between 50 and 65 years were newly diagnosed with Hepatitis C.

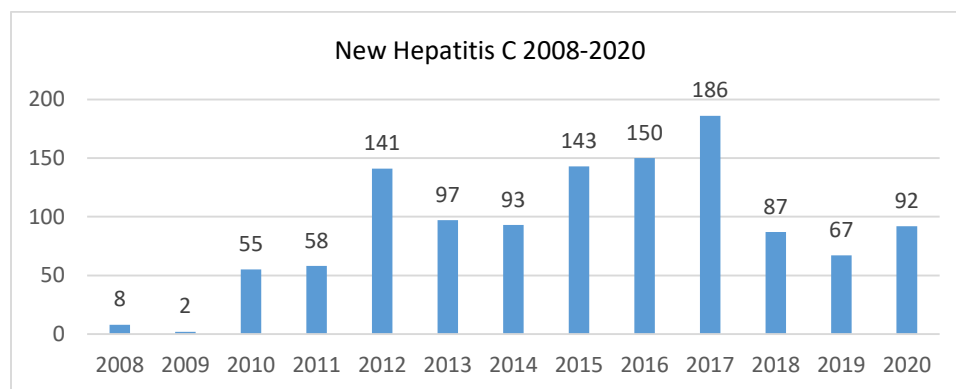
Twenty persons received treatment for Hepatitis C in 2020, compared with 33 in 2019.

Table 4. Viral Hepatitis B and C new infections, treatment and co-infection in 2020

	Male						Female						2020	2019
	0-14	15-19	20-29	30-39	40-49	>50	0-14	15-19	20-29	30-39	40-49	>50	Total	Total
New Hepatitis B	0	0	6	13	3	4	0	0	2	2	2	2	34	44
HIV/Hepatitis B co-infection	0	0	1	1	1	0	0	0	0	0	0	0	3	17
Hepatitis B treatment	0	0	7	2	2	2	0	0	0	0	0	0	13	
New Hepatitis C	0	3	33	36	6	3	0	2	7	1	1	0	92	67
HIV/Hepatitis C co-infection	0	0	5	5	5	0	0	0	0	0	0	0	15	23
Hepatitis C treatment	0	0	5	12	0	0	0	0	2	0	1	0	20	33

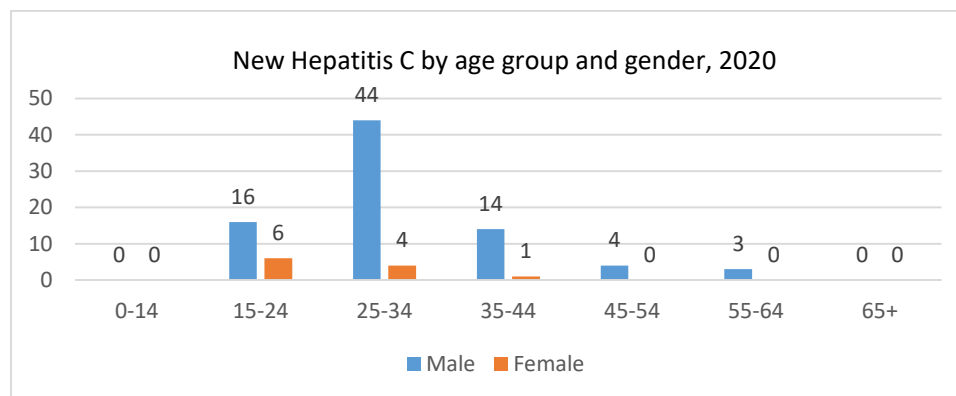
Source: CDCU, Public Health Authority

Figure 16. New Hepatitis C cases reported, 2008-2020



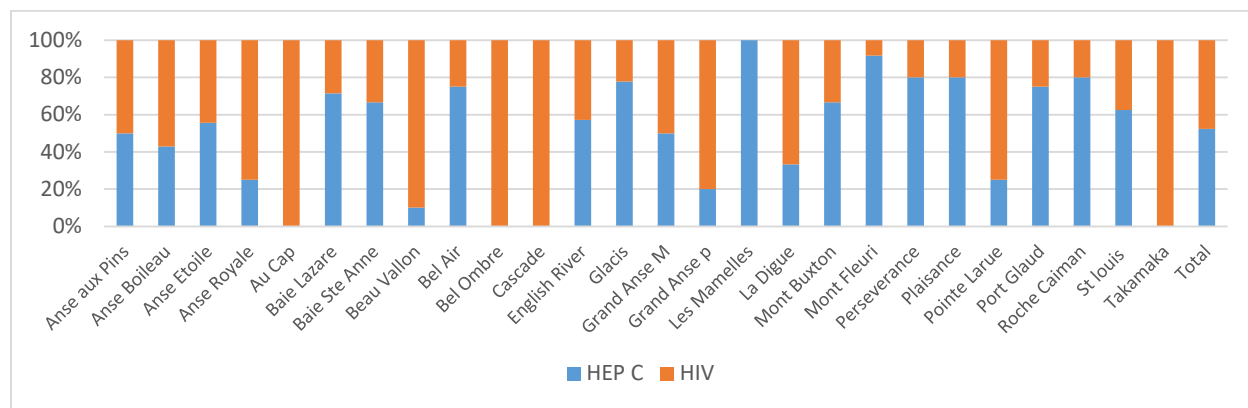
Source: CDCU, Public Health Authority

Figure 17. Hepatitis C diagnosis by age group and gender, 2020



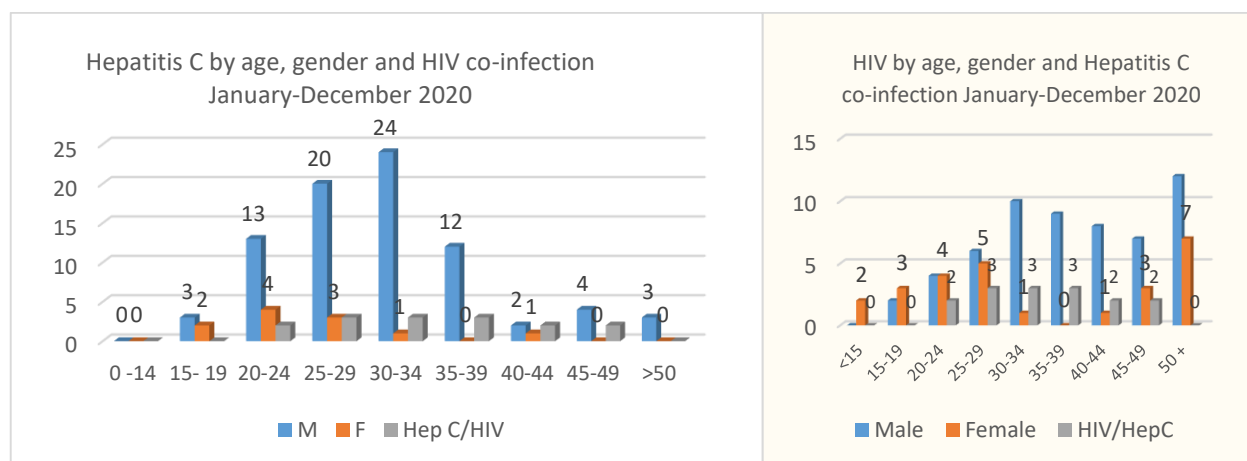
Source: CDCU, Public Health Authority

Figure 18. Percentage of HIV diagnosis v/s Hepatitis C in each district in 2020



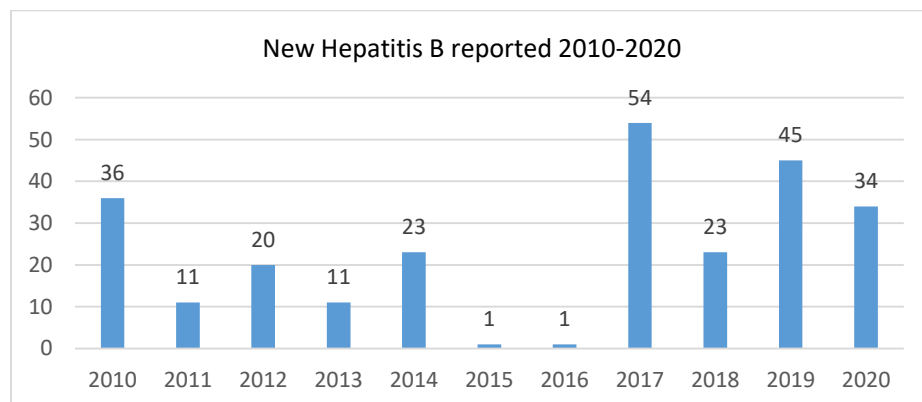
Source: 2020 Annual Report of Statistics Division of MOH/CDCU

Figure 19. Hepatitis C and HIV co-infection by age group and gender, 2020



Source: CDCU, Public Health Authority

Figure 20. New Hepatitis B cases reported, 2008-2020

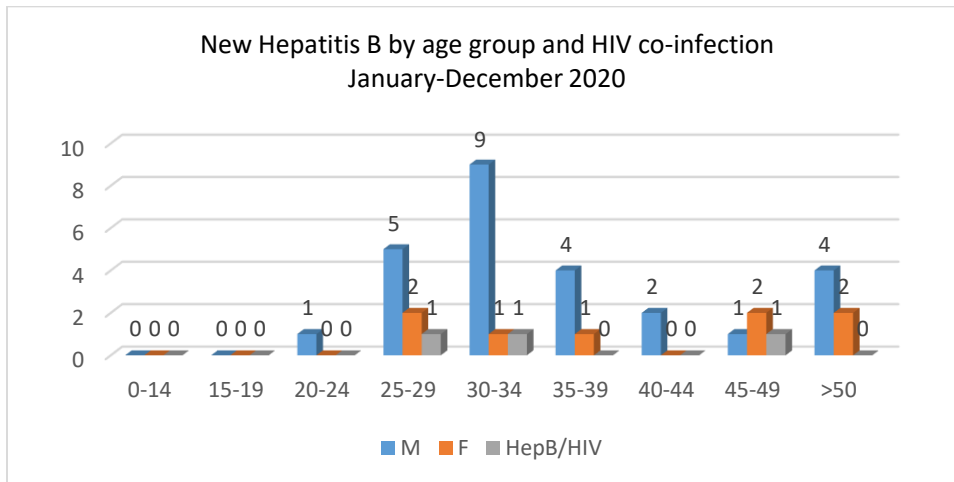


Source: CDCU, Public Health Authority

New Hepatitis B decreased in number from 44 in 2019 to 34 in 2020. Of those newly diagnosed, 21 (15M/6F) were Seychellois and 13 (11M/2F) were non-Seychellois.

A total of 64 (35M/29F) were vaccinated against Hepatitis B in the CDCU. Of those 55 (35M/20F) were PLWHAs and 9 (9M/0F) were contacts of Hepatitis B patients. Thirteen patients benefitted from Hepatitis B treatment at the CDCU.

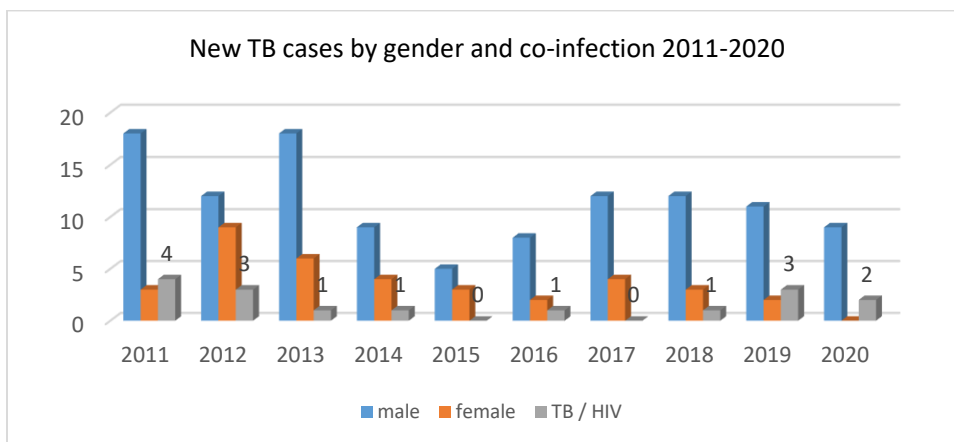
Figure 21. Hepatitis B by Age group, Gender & HIV Co-infection in 2020



Source: CDCU, Public Health Authority

Tuberculosis: Fewer cases of tuberculosis have been recorded the past four years; of the nine patients reported in 2020, 2 were co-infected with HIV, although TB is not specifically associated with HIV infection.

Figure 22. Tuberculosis (TB) by gender and co-infection, 2011-2020

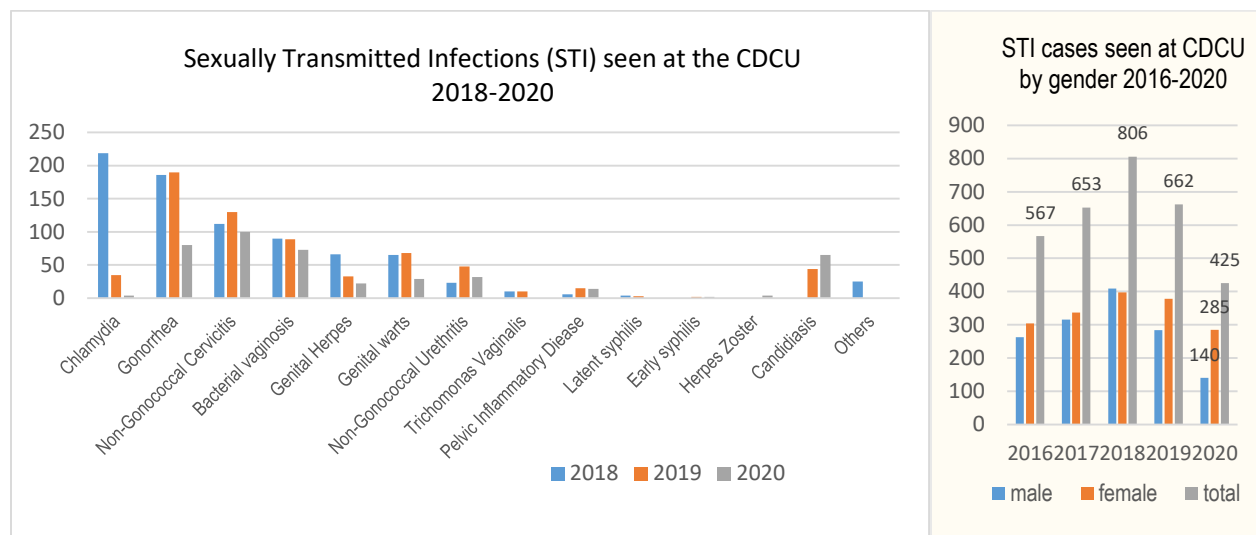


Source: CDCU, Public Health Authority

Sexually Transmitted Infections: There was a reduction of all sexually transmitted infections (STIs) seen in CDCU in 2020 (425), compared with 2019 (662), except for candidiasis. In particular, there were only 4 cases of Chlamydia compared to 35 in 2019 as laboratory reagents were not available until fourth quarter 2020. Eighty (80) cases of Gonorrhoea were diagnosed in 2020, compared to 190 in 2019. Of the 66 confirmed positive by culture, 14 (12M/2F) were resistant to cefixime, 41 (38M/3F) to ciprofloxacin, and 11 (10M/1F) to ceftriaxone.

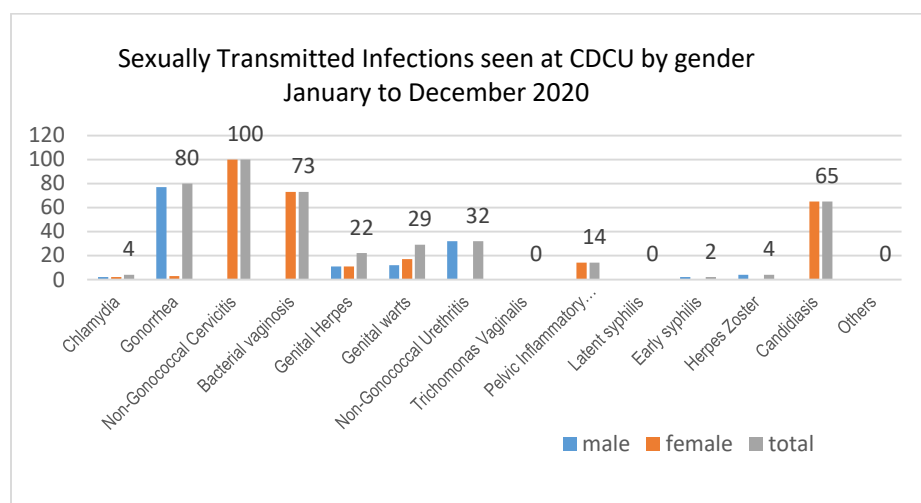
There were twice the number of females (285) compared with males (140) seen for an STI at the CDCU in 2020.

Figure 23. Sexually Transmitted Infections (STIs) seen at the Communicable Disease Control Unit (CDCU)



Source: CDCU, Public Health Authority

Figure 24. Sexually Transmitted Infections seen at the CDCU by gender in 2020



Source: CDCU, Public Health Authority

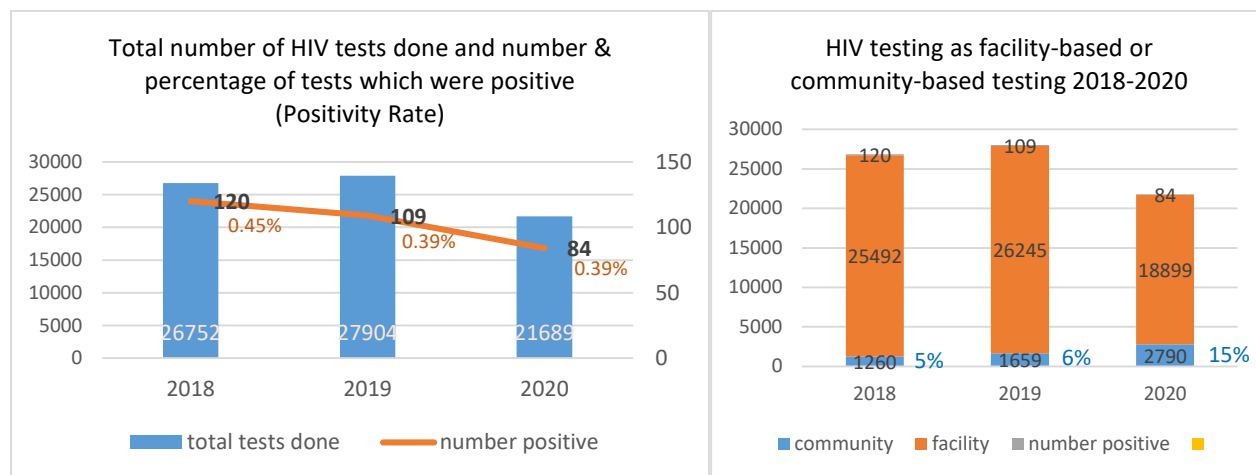
HIV Testing: A total of 21,689 HIV tests were carried out in 2020. The decrease from 2019 was due to COVID-19 restrictions during the pandemic; however, there was an increase in community outreach screening tests. Additionally, some persons testing negative for COVID-19 were screened for HIV, Dengue and Leptospirosis.

Facility based testing was still prominent, with 85% of HIV tests done. Six clients tested positive from private clinics, where a total of 5476 HIV tests were reported in 2020, compared to 7 out of 5378 tests done in 2019.

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 (see Annex 9).

Self-tests were introduced by MOH using the assisted approach in maternity and family planning clients.

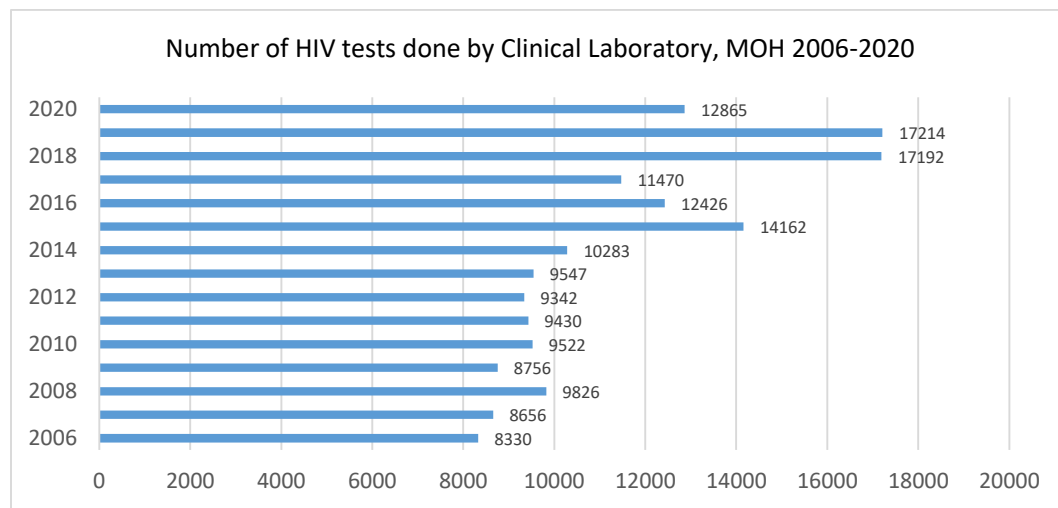
Figure 25. Total number of HIV tests done, 2018-2020



Source: NAC Global AIDS Monitoring

Community testing has increased in both numbers and yield from 2018 to 2020. It represented 15% of the total number of tests in 2020 compared with 6% in 2019. Seventeen (17) or 20% out of the total of 84 HIV positive cases were diagnosed through community based testing in 2020 compared with three (3%) in 2019.

Figure 26. HIV tests done at the Clinical Laboratory, Ministry of Health, 2006-2020

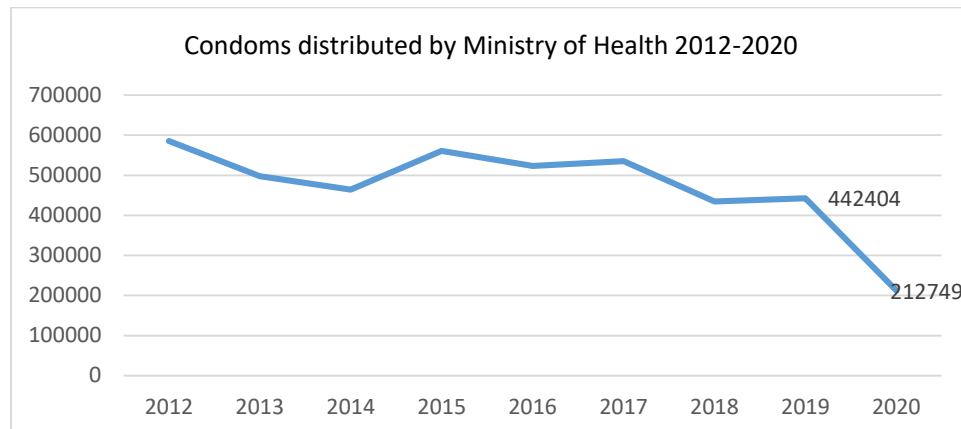


Source: Clinical Laboratory, Health Care Agency, MOH

Condom Distribution: In 2020, of the total 223,447 reported to have been distributed nationally, 212,749 male condoms were freely distributed by the Ministry of Health in Government Health facilities and the NGOs including ASFF. It is important to note that male condoms are sold in pharmacies and shops all around the islands, but that it is very difficult to obtain data from the private sector especially now that pharmacies are really busy with 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 1485 were distributed during 2020.

Condom distribution outlets include both health facilities and non-traditional non-health premises.

Figure 27. Male condoms distributed by MOH, 2012-2020

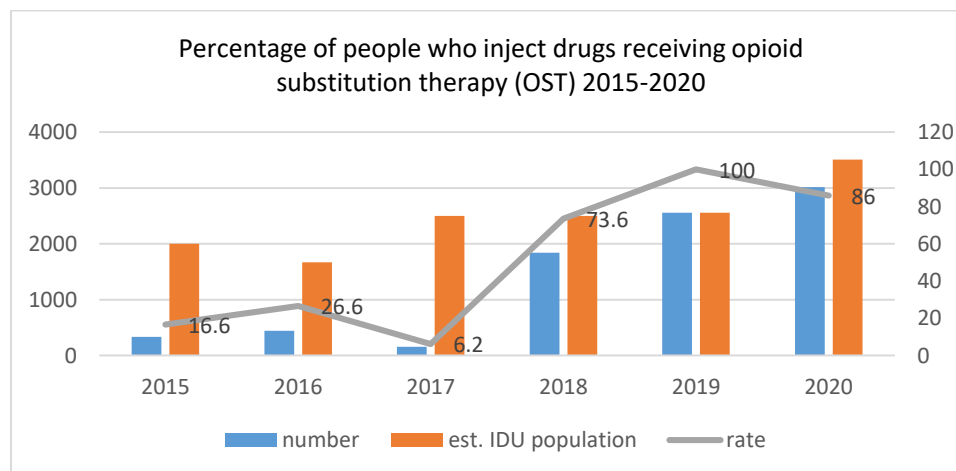


Source: Central Medical Stores, Health Care Agency, MOH

The Opioid Substitution Therapy (OST) programme 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. Of the total 3509 registered PWUDs, 86% were on OST in 2020. Figures need to be re-verified for 2019.

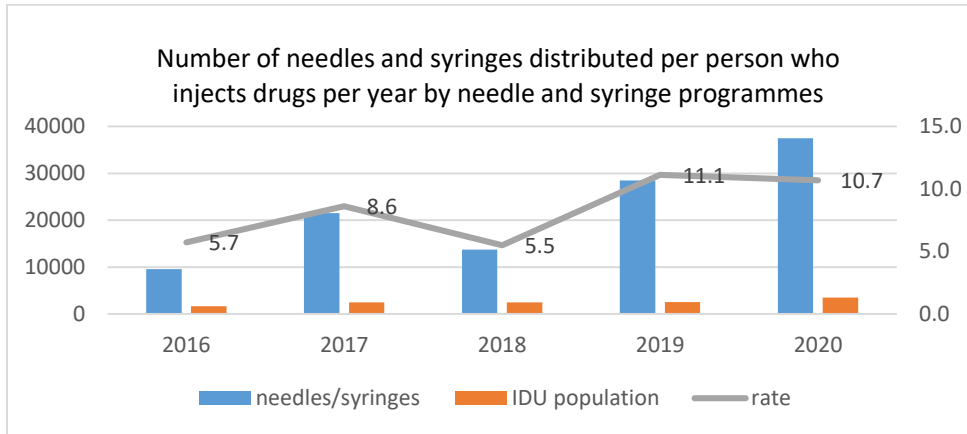
Figure 28. People who inject drugs receiving opioid substitution therapy (OST)



Source: NAC Global AIDS Monitoring Report

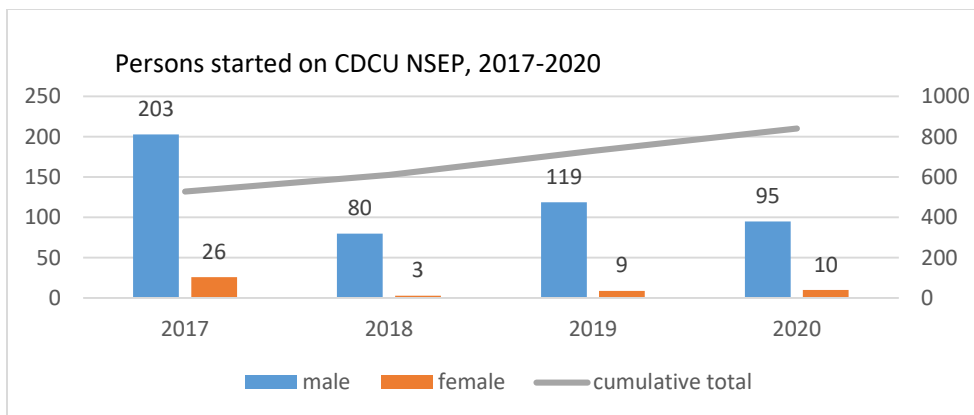
Needle syringe exchange programmes (NSEP) were further decentralised to Hot Spots (ghettos). The rate of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes run by both APDAR and MOH remained fairly constant in 2019 and 2020, whilst new clients were registered on NSEP. The NSEP needs to be further scaled up to increase coverage of PWUDs.

Figure 29. Needles and syringes distributed per person who injects drugs per year



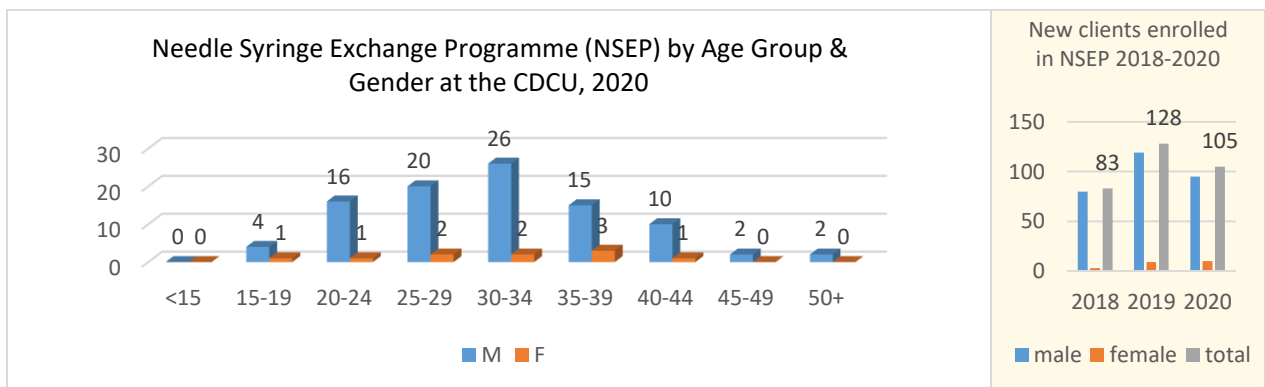
Source: NAC Global AIDS Monitoring Report 2020

Figure 30. Needle Syringe Exchange Programme (NSEP) at the CDCU, MOH



Source: CDCU, Public Health Authority; NAC Global AIDS Monitoring Report

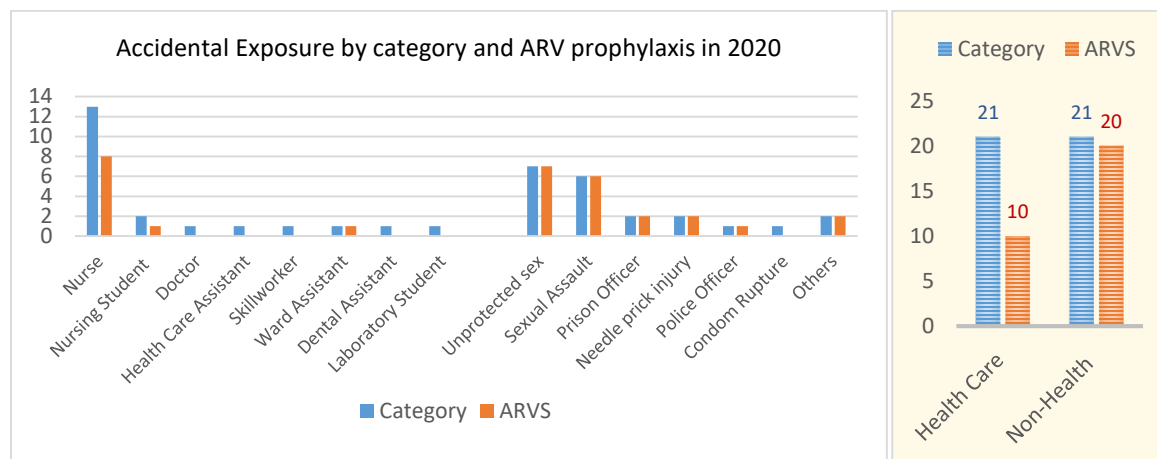
Figure 31. Needle Syringe Exchange Programme at the CDCU, MOH by age group and gender, 2020



Source: CDCU, Public Health Authority

Post Exposure Prophylaxis (PEP): Of the 42 reported cases of accidental exposure in 20 in 2020, 30 received ARV preventive treatment. Of note is that 50% of those requesting PEP were non-health workers; and except for one, they all received ARV prophylaxis.

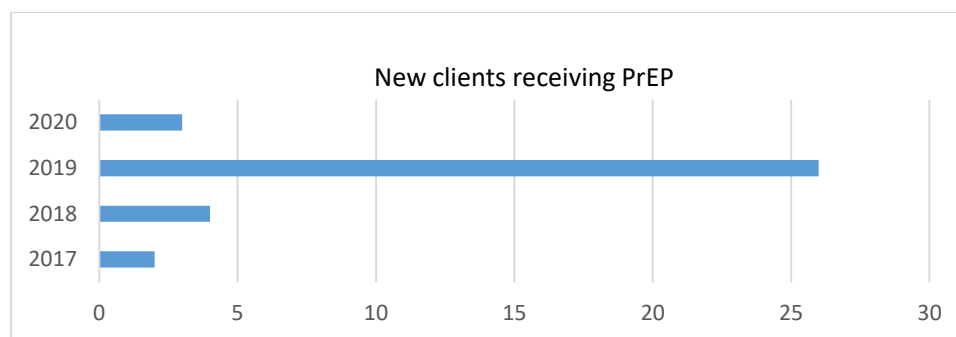
Figure 32. Accidental Exposure by category/occupation and ARV prophylaxis, January to December 2020



Source: CDCU, Public Health Authority

Pre-Exposure Prophylaxis (PrEP) is available free of charge but it was initiated by only 3 (1M, 2F) clients in 2020 compared to 26 clients in 2019.

Figure 33. Number of Clients accessing PrEP, 2017-2020



Source: CDCU, Public Health Authority

Prison: Various initiatives at the prison have facilitated improved services for prisoners as regards HIV and Hepatitis.

Table 5. Prison Programmes, 2019 and 2020

Indicator	2020	2019
Population at 31 December 2010	299	394
Number of clean needles distributed	0	0
Number of persons on Opioid Substitution Therapy	110	165
Number of condoms distributed	222	n.a.
Number tested for HIV / Number tested positive for HIV	104 / 5	101 / 10
Number of Persons living with HIV/AIDS	43	65
Number / % of PLWHA on ART	29 (67%)	37 (57%)
Number new cases with Hepatitis C	3	10
Number / % with Hepatitis C	55 (18%)	
Number / % co-infected with HIV and Hepatitis C	27 (9%)	48 (12%)
Number newly co-infected with HIV and Hepatitis B	1	5
Number diagnosed with TB	0	1

Source: NAC, Global Monitoring Report

Table 6. Diagnoses at the Communicable Disease Control Unit (CDCU), 2019 and 2020

Item	2020	2019
New Hepatitis B	34	44
Needle exchange (persons)	105	129
New ARVs Patients starting ART	92	172
PMTCT HIV infected pregnant women	18	23
MTCT of HIV	2	1
Accidental exposure	42	75
New HIV cases	84	109
New AIDS cases	14	18
AIDS related death	10	16
New Hepatitis C	92	67
New Hepatitis C - HIV co-infections	15	23
Hepatitis C treatment (new starting HCV treatment)	12	33
Pre-exposure Prophylaxis	3	26
Post-exposure Prophylaxis	30	75
New Sexually Transmitted Infections (STI) cases	425	662

Source: CDCU, Public Health Authority

Table 7. New cases of HIV, AIDS and Viral Hepatitis by district, 2020

District	AIDS	AIDS death	HEP B	HEP C	HIV	PEP	PREP
Anse aux Pins	0	0	1	5	5	3	0
Anse Boileau	1	0	2	6	8	2	0
Anse Etoile	0	2	2	5	4	1	0
Anse Royale	1	0	2	3	9	1	1
Au Cap	0	0	0	0	4	2	0
Baie Lazare	1	0	2	5	2	0	0
Baie Ste Anne	1	1	4	2	1	1	0
Beau Vallon	1	0	2	1	9	2	0
Bel Air	0	0	0	3	1	1	0
Bel Ombre	2	0	1	0	3	1	0
Cascade	0	1	1	0	6	1	0
English River	1	0	0	4	3	4	0
Glacis	0	0	1	7	2	0	0
Grand Anse M	1	1	2	3	3	0	0
Grand Anse P	0	0	0	1	4	0	0
Les Mamelles	1	0	1	3	0	1	1
La Digue	0	0	1	1	2	0	1
Mont Buxton	0	1	0	2	1	0	0
Mont Fleuri	0	0	2	11	1	1	0
Perseverance	0	0	1	8	2	1	0
Plaisance	0	2	2	4	1	1	0
Pointe Larue	2	0	4	2	6	2	0
Port Glaud	0	0	1	3	1	0	0
Roche Caiman	1	0	2	8	2	2	0
St Louis	0	2	0	5	3	2	0
Takamaka	1	0	0	0	1	1	0
Total	14	10	34	92	84	30	3

Source: 2020 Annual Report of Statistics Division of MOH/CDCU

Table 8. Diagnoses during 2020 disaggregated by age and gender

Diagnosis	Male								Female								GRAND TOTAL
	0-14	15-24	25-34	35-44	45-54	55-64	65+	total	0-14	15-24	25-34	35-44	45-54	55-64	65+	total	
AIDS	0	0	1	3	1	2	1	8	0	0	0	2	1	3	0	6	14
AIDS death	0	0	1	2	0	2	3	8	0	0	0	1	0	0	1	2	10
HIV	0	6	15	18	8	8	3	58	2	7	7	2	2	6	0	26	84
Hep B	0	1	13	6	5	1	0	26	0	1	2	1	3	1	0	8	34
Hep C	0	16	44	14	4	3	0	81	0	6	4	1	0	0	0	11	92
PEP	1	0	6	1	1	0	0	9	1	7	7	4	2	0	0	21	30
PREP	0	0	1	0	0	0	0	1	0	0	1	1	0	0	0	2	3

Source: Extract of the 2020 Annual Report of Statistics Division of MOH/CDCU

V. IMPLEMENTATION OF THE 2019-2023 NATIONAL STRATEGIC PLAN (NSP) FOR HIV, AIDS AND VIRAL HEPATITIS

a. Report on the National Strategic Plan with recommendations as at December 2020

The following table is based on activities aligned with the goals, outcomes and strategic priorities in the 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis during 2020.

NATIONAL STRATEGIC PLAN (NSP) FOR HIV, AIDS AND VIRAL HEPATITIS 2019-2023		
Strategic Priority	Status (December 2020)	Recommendations
NSP Goal 1: 90% of all PLHIVs know their status		
NSP Outcome 1. Increased uptake of counselling and testing services		
1.1 Scaling up of HIV testing and counselling for all with a specific focus on key populations and at-risk populations (youth and adolescents)	1.1.1 Total number of required HIV tests estimated at 69,000. 1.1.2 60 health personnel (mostly nurses) were trained in administration of rapid INSTI tests; include DOH Youth Health Centre, APDAR and prison staff 1.1.3 A total of 21,689 HIV tests were done in 2020: 12,865 by MOH clinical lab; 8024 by outside organisations including HASO 1295; IOT 2315; and APDAR 432 1.1.4 Community testing started in 2019 by HASO & partners; resumed in September 2020; kits were procured by NAC	1. Conduct a national KAPB survey to establish knowledge, attitudes and practices related to HIV 2. Train more persons for testing especially during outreach programmes 3. Increase HIV community testing
NSP Outcome 2. Reduced new HIV infections		
2.1 Reduced new HIV infections amongst key populations through sexual transmission	2.1.1 212,749 male condoms were distributed by MOH in 2020. IOT distributed 6850 during 2020. ASFF distributed 17709 male condoms. 2.1.2 Total male and female condoms distributed: 226104	1. Address sex workers, some work already being done by HASO and CDCU. 2. Conduct surveys to establish the extent of male sex work and update the estimates in MSM and sex workers
2.2 Implementation of advocacy, communication and social mobilisation programmes for uptake of counselling, testing and treatment	2.2.1 Creation of NAC Website 29 July 2020 2.2.2 Advocacy and awareness raising on Hepatitis by NAC and partners through press conference on 29 July 2.2.3 Capacity building and awareness raising on Hepatitis done by DOH HAPTF 2.2.4 World AIDS Day activities were carried out. <i>See Annex 8.</i> 2.2.5 Annual Indian Ocean Colloquium postponed to 2021	1. Need to visit workplaces to educate people. 2. Increase awareness and support programmes on testing and treatment for HIV and hepatitis
2.3 Reduced new HIV infections amongst key populations through injecting drug use	2.3.1 APDAR tested 359 clients for HIV in 2020 2.3.2 Opioid substitution treatment (OST) further helped reduce HIV infections through intravenous drug use. There were 3509 OST clients in 2020.	Further HIV and Hepatitis testing required.

Strategic Priority	Status (December 2020)	Recommendations
	2.3.3 Needle exchange programme also played its role in reducing infection.	
2.4 Reduced new HIV infections amongst people in closed (prison) settings	2.4.1 MOU signed between HASO and Prison in March 2020 2.4.2 Meeting held between NAC and Prison authorities in July 2020; concept paper being finalised with prison documents; 2.4.3 Health issues addressed with prison included counselling, testing and treatment of prisoners	1. Follow up actions in MOU and strategic paper 2. Stakeholders to work closely with AIDS programme to implement proposed actions
2.5 Reduced new HIV infections amongst youth and adolescents	2.5.1 200 peer educators have been trained 2.5.2 Peer Educators' programme being revived by SNYC with assistance from UNFPA 2.5.3 Youth Health Centre staff trained in HIV rapid testing 2.5.4 Youth forum was held in Feb 2020	Comprehensive Sexuality Education (CSE) programme postponed to 2021 because of COVID19 to be initiated
2.6 Elimination of mother-to-child transmission (EMTCT) of HIV and syphilis	2.6.1 EMTCT project with WHO on hold with COVID19: to be revived	EMTCT project to be revived by MOH /AIDS programme and NAC
NSP Goal 2: 90% of all PLHIVs who know their status receive ART		
NSP Outcome 3. Effective implementation of 'Test and Treat' for increased ART initiation		
3.1 Increased uptake of ART by PLHIVs	3.1.1 In 2020, 80% persons living with HIV were on ARV treatment. 3.1.2 There were 165 known cases of drop outs.	1. Conduct survey on status of persons living with HIV. 2. Conduct data review on dropouts
3.2 Strengthened linkages to care and support services	3.2.1 HASO conducted training in doctors in March and adherence in September 2020; 3.2.2 Employment Act to include ILO requirements /re-insertion of prisoners	Need to revise Employment Act accordingly; Work in progress
NSP Outcome 4. Improved identification, treatment and management of co-morbidities		
4.1 Diagnosis, treatment and management of PLHIVs with STIs	4.1.1 425 new cases of STIs in 2020 compared to 662 in 2019	Raise awareness on STIs
4.2 Diagnosis, treatment and management of PLHIVs with Hepatitis B & C	4.2.1 More hepatitis testing being done by APDAR; 432 this reporting year. 4.2.2 Vaccination of adults to be resumed by MOH	Raise awareness on Hepatitis treatment and Hepatitis B vaccination
4.3 Screening for Cancers	4.3.1 All persons diagnosed with HIV are screened for common cancers	Ensure annual screening of PLWHAs for cancers, including pap smears
NSP Goal 3: 90% of all PLHIVs on ART will be virally suppressed		
NSP Outcome 5. Increased adherence of PLHIVs to ART		
5.1 Increased retention on ART	5.1.1 Retention on ART increased in 2019 but appears to have reduced in 2020; to be monitored and confirmed.	Increase involvement of non-health actors and persons living with HIV

Strategic Priority	Status (December 2020)	Recommendations
NSP Goal 4: Zero stigma and discrimination		
NSP Outcome 6. Increased protection of the rights of PLHIVs, women, young boys and girls		
6.1 Responsiveness of the social and legal environment to the rights of PLHIVs	6.1.1 Project on determination of Stigma Index postponed because of COVID19. 6.1.2 Reports on key population monitoring submitted to SADC 6.1.3 Annual Candlelight Memorial and Zero Discrimination Day activities hosted by HASO, supported by NAC	Project on determination of stigma index to be done in 2021.
6.2 Implementation of gender responsive HIV programming	6.2.1 Gender document from Family Affairs /COMESA reviewed by NAC. 6.2.2 CEPS approached to look into issues and need to develop and sustain more programmes for men and boys	CEPS and Family Affairs will be requested to develop more programmes for men and boys.
NSP Goal 5: Facilitate a sustainable national response to HIV and AIDS		
NSP Outcome 7. Improved enabling environment for HIV prevention, treatment and care		
7.a Policies and Guidelines	7.a.1 HIV & AIDS Policy reviewed by NAC and PS Secretariat Policy Analyst 7.a.2 Hepatitis Testing & Treatment Policy being developed by DOH 7.a.3 Testing and Treatment guidelines developed by DOH in 2019; to be followed by SOPs	1. Facilitate the institutionalizing of a national quality management / improvement programme; 2. Make available more standards, guidelines and protocols for HIV service delivery; 3. Finalise HIV & AIDS policy 4. Ensure development of Testing and Treatment SOPs by MOH in 2021
7.b Health Systems	7.b.1 SOPs drafted by MOH for use of guidelines 7.b.2 MOH Technical Advisory Committee to be revived post-COVID19 7.b.3 Stocktaking Workshop on HIV, COVID19 and Key populations hosted locally on 14-16 September 2020 at Eden Bleu Hotel 7.b.4 SADC Ministers' virtual Meeting held in November 2020; attended by CEONAC	1. Build further capacity in use of guidelines 2. Revive MOH Technical Advisory Committee post-COVID19 3. Address human rights and gender issues.
7.c Community Systems	7.c.1 Decentralisation of testing and treatment and training of personnel to increase community testing being considered as part of guidelines	1. Educate the community to take their responsibility. 2. Increase peer education at district level.
7.d Coordination and Management of the National HIV Response	7.d.1 New secretary joined 1 June 2020 (previous one left February 2020) 7.d.2 Job descriptions written and posts obtained for M&E Officer and Administrative Officer to strengthen NAC secretariat 7.d.3 Programme managers included in relevant health/finance training for capacity-building 7.d.4 New NAC Board nominated in August 2020; 7.d.5 Review of NAC Act (2013) addressed with MOH	1. Review the Multisector Steering Committee for NSP Implementation created in 2019, its membership and Terms of reference. 2. Build capacity of programme managers in report writing skills, advanced Excel and HIV related matters 3. Review of NSP to be considered for 2021

Strategic Priority	Status (December 2020)	Recommendations
7.e Monitoring and Evaluation	7.e.1 Numerous reports compiled and sent to DOH, WHO, UNAIDS, SADC, UNDP 7.e.2 Recruitment procedures initiated for M&E Officer in NAC Secretariat 7.e.3 Development of M&E Plan from M&E Framework; shelved by UNAIDS because of COVID19 7.e.4 Data management strengthening discussed by Board 7.e.5 Data used for strategic decision making 7.e.6 HIV Prevention Scorecard compiled for Seychelles	1. Advocate for M&E Officer 2. Strengthen data management to at all levels 3. Develop an M&E Plan from M&E Framework 4. Create and sustain a Data Review Committee 5. Address gaps in prevention scorecard for Seychelles
7.f Costing and Financing the HIV Response	7.f.1 Budget received for 2020 adjusted because of COVID19; travel, conference and new staff recruitment budgets cut; 7.f.2 Former NATF documents and forms reviewed and disseminated; SCR 1 million allocated for HIV projects 7.f.3 No funds allocated for advocacy and awareness raising	Develop and Cost NSP operational plan for 2021

b. Main activities carried out during 2020 as part of the Operational Plan (*see Annex 11*)

Goal 1: 90% of all PLHIVs know their status

Outcome 1: Increased uptake of counselling and testing services

i. Use of rapid testing

At the request of HASO, NAC used part of the NAC fund to import 2500 Rapid test kits for its use during 2020. HASO carried out the tests in the community from door to door. The test campaign was working well. Rapid tests are more accepting by clients and results are received within 15 minutes. Testing by HASO had to stop for a while due to COVID-19.

ii. HIV testing

The total number of HIV tests reported was 21689. The number of HIV tests done in 2020 by the MOH clinical lab was 12,865 total for both rapid and Elisa tests. Testing by other entities (who have so far reported) totaled 8824. This is a **decrease compared the 27,000 done in 2019**. Community testing accounted for 2790 (13%) while facility-based testing recorded 18,899 tests.

iii. Capacity building in the use of rapid test kits

HASO trained some 60 nurses and other cadres on how to use the INSTI tests kits so that they could use in the health centres and during outreach programmes and train their subordinates.

Outcome 2: Reduced new infections

Advocacy, communication and social mobilisation programmes

i. Dissemination of information

As part of the dissemination of information and creating awareness to the youth of Seychelles, NAC organized a youth forum in February 2020. This brought together some 34 young boys and girls. It was a one-day forum. There were presentations and a Q&A session. The outcome was that the participants not only learned more about HIV/ AIDS but there was a sense of them being more serious about sex and its meaning (see Annex 4).

ii. Educational sessions for school children

NAC initiated and coordinated collaboration with the French School (EFS) and APDAR to organize Educational sessions on HIV related subjects (Drug and alcohol abuse, and Sexuality) for more than hundred teenagers and pre-teenagers, Secondary students (88) and over (14). This session was very interactive.

iii. Health Information

The MOH collects a lot of routine data. There is no electronic health information system yet. The Statistics Unit, the Diseases Surveillance and Response Unit (DSRU) and Communicable Disease Control Unit (CDCU) do data collation and processing. The data for HIV are then forwarded directly to NAC or to the AIDS Control Unit from where they are transmitted to NAC.

NAC annually compiles the Global AIDS Monitoring report as well as quarterly and annual reports which are forwarded to the President through the Minister for Health.

Some private operators such as private clinics, pharmacies and other profit making entities send us statistics upon request. There are those who do not respond.

iv. Launch of website

In July 2020, NAC launched its website with the main purpose of increasing communication and advocacy.

Elimination of Mother to Child Transmission (EMTCT)

The EMTCT programme is ongoing. All pregnant women who attend antenatal clinics are tested for HIV and offered treatment if positive. During 2020, 2 babies were born HIV positive of the 18 HIV positive mothers who gave birth. Eleven of those mothers already knew their status when they checked in for antenatal follow up. However, the transmission rate is above the target set for elimination and should be addressed by the MOH.

Prevention of new infections by sexual transmission and in key populations

i. Condom distribution

The Ministry of Health distributed 194,852, condoms while other entities, including both NGOs and profit making organisations that reported distributed 29,617 making it 224,469. There are other outlets but they have not reported.

ii. Post Exposure Prophylaxis (PEP)

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*).

iii. Pre-Exposure Prophylaxis (PrEP)

PrEP is available free of charge but it was initiated 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.

iv. Needle and Syringe exchange programme

To reduce infections among the 3,509 IDUs the needle and syringe exchange programme continued. In 2020, 14,400 were taken from CDCU.

The Praslin health centres distributed 3000 clean syringes and needles; La Digue health centre distributed 532 and the APDAR distributed 19,584 syringes and needles.

Key and Vulnerable Populations

i. Persons who use Drugs (PWUDs)

The AIDS programme in the Ministry of Health worked closely with PWUDs through its HIV/AIDS Prevention Task Force (HAPTF). NAC is represented on the HAPTF by Mrs Patricia Baquero. HASO also continued with work started on the “Support, Don’t Punish” campaign.

ii. Prisoners

The prison department signed a memorandum of understanding with HASO, a very active partner, in the combat of HIV/AIDS. The AIDS Control programme worked on a situational analysis and strategy to address prison specific issues and develop a programme of work.

iii. Sex Workers

HASO spearheaded advocacy on the decriminalization of sex work and conducted programmes with key stakeholders.

iv. Men who have Sex with Men (MSM)

NAC discussed with CEPS authorities on the possibility of civil society conducting outreach programmes to MSM and men in uniforms.

v. Youth

- ✘ Special attention was also given to the youth of Seychelles. At present, there are 200 peer educators. Peer education training programme will continue with the help of UNFPA after the COVID-19 pandemic.
- ✘ The Youth Health Centre nurses were among those trained in the use of rapid test kits.
- ✘ NAC hosted a youth forum on 27 February 2020. Its main objective was to educate the participants on HIV and Hepatitis modes of transmission and inform them on prevention, testing and treatment. The target participants were youth sportsmen and women and the

National Sports Council institutions. The facilitators were members of the NSP Steering Committee and partners. See report Annex 4 and photographs below.



▲Mrs Mousbe addressing the audience



▲Mr Julie breaking the ice....



▲Group Work during youth forum



▲Youth presenting their arguments

Goal 2: 90% of all PLHIVs who know their status receive ART

Outcome 3: Effective implementation of 'Test and Treat' for increased ART initiation

Initiation on ART increased in 2019 but appears to have reduced in 2020; the number of new cases reported were also reduced. There needs to be strengthening of testing and treatment campaigns and strategies in 2021. A total of 81 patients were initiated and 11 were re-initiated on ART in 2020. There was stock-out of only one medication (Truvada) in December 2020, resulting from a mix-up in procurement processes. The medicine had to be dispensed in short supplies to prevent a rupture of patient treatment.

Outcome 4: Improved identification, treatment and management of co-infections/co-morbidities

i. Viral Hepatitis

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 clients on the OST and / or needle-exchange programme.

APDAR carried on testing IDUs for Hepatitis B and C.

HEP B vaccination for adults will resume in 2021.

ii. Cancers

All persons diagnosed with HIV are screened for common cancers. All HIV positive women were offered a Pap Smear test free of charge. Twenty-seven women living with HIV had a Pap Smear in 2020.

iii. Tuberculosis

All persons testing positive for HIV are tested for TB and vice-versa if they have any symptoms. Two people newly enrolled in HIV treatment were treated for active TB disease in 2020.

Goal 3: 90% of all PLHIVs on ART will be virally suppressed

Outcome 5: Increased adherence of PLHIVs to ART

Retention on ART increased in 2019 but appears to have reduced in 2020; to be closely monitored and confirmed. Out of 934 PLWHAs, 833 were seen at CDCU, but only 746 were on treatment by December 2020.

CDCU recorded 165 cases of drop outs during 2020. Viral load testing was done in 833 patients, but only 655 results were returned by the laboratory, due to heavy work backlogs.

Goal 4 : Zero stigma and discrimination

Outcome 6: Increased protection of the rights of PLHIVs, women, young boys and girls

i. Stigma Index

The project to determine the stigma index supported by UNAIDS was postponed to 2021.

ii. Zero discrimination Day activity

The annual candle light memorial and zero-discrimination day activities were hosted by HASO and supported by NAC.

iii. Involvement of civil society including key populations and PWLHA

NGOs like HIV/AIDS support Organization (HASO), LGBTI Sey and Drug Utilization Response Network Seychelles (DURNS) are participating in most of our activities, they are present at the HIV & AIDS regional colloquium and they can request funding for projects under the NAC Fund.

iv. Participation in Training Workshop for Universal Periodic Review (UPR)

The Department of Foreign Affairs led the national training workshop for the development of the UPR, funded by UNFPA. NAC was represented by programme manager, Mrs Baquero.

v. COMESA gender experts meeting

The purpose of the meeting was to critically review and finalize the different gender related technical programme documents. Documents were to be presented and discussed during a ministerial meeting in February 2021. The discussions revolved around the following topics:

- Empowerment of women
- Women participation in key decision making structures.
- The inclusion of gender equity and inequality
- How to bring women from the informal sector to the formal sector

- To give specific attention to small island states as maritime transport greatly increases the price of raw materials, which are imported.
- On the HIV sector, it was recommended to have an outcome indicator which relates to the percentage of men and women who are receiving ARV treatment.
- On child marriage, it was suggested that the objective should read, 'stop child, early and forced marriage'.

(see Annex 6)

Goal 5: Facilitate a sustainable national response to HIV and AIDS

Outcome 7: Enabling environment for HIV prevention, treatment and care

i. National Testing and Treatment Guidelines

Testing and treatment guidelines developed in 2019 need to be followed up with standard operating procedures (SOPs) as well as further build capacity in use of the guidelines.

ii. Review of HIV and AIDS Policy

The legal and regulatory framework of NAC includes facilitating the process of institutionalizing a national quality management/improvement programme, including making available standards, guidelines and protocols for all aspects of service delivery to combat HIV.

The first National Policy (2001) was proposed by the Government of Seychelles to guide all partners involved in the fight against HIV and AIDS and STIs in the country.

This policy would address the deficiencies and foster a national response to combat the epidemic. The guidelines contained therein were to be collectively implemented and as a result slow down the spread of the HIV virus.

The Policy emphasised respect for the human rights and dignity of the infected, the affected and every citizen of this country, and took into consideration the social, cultural and religious norms of the Seychellois. Above all, the Policy gave priority to measures that were in the overall national interest of the Republic of Seychelles as a sovereign state.

The policy highlighted prevention, testing, treatment, awareness and advocacy, capacity building because it recognized that HIV and AIDS were a major development crisis that affected all sectors. Today in 2020, HIV is still spreading. During the year 2020 we saw 84 new cases of HIV compared to compared to 109 in 2019 and 120 in 2018.

At the time, when the 2001 HIV/AIDS policy was prepared, the epidemic was a serious threat to the country's social and economic development and had serious and direct implications on the social services and welfare. Today, treatment is more readily available and a larger percentage of infected persons are on treatment.

Another main consideration for the development of the National Policy were the major human rights instruments signed by the Seychelles. All of them have certain obligations that the country need to abide to once it ratifies the treaty. (See Annex 1).

The HIV/AIDS Policy of 2001 is under review. NAC has already met with the policy analyst from the MOH and other stakeholders. During this meeting, it was decided that the main points of the policy would remain because they are still very relevant currently. There will be additions due to the change in behaviour for example, the increase in IDUs that begs the increase in needle and syringe exchange programmes, and the COVID-19 pandemic.

The new version should be ready by mid-2021.

iii. Coordination of national events, workshops and conferences

HIV, AIDS and Viral Hepatitis Colloquium of the Indian Ocean

The Annual Indian Ocean Colloquium on HIV, AIDS and Viral hepatitis was supposed to be hosted by Seychelles. In view of the COVID-19 pandemic, the colloquium was postponed to 2021.

The SADC Regional Consultative Meeting (Virtual)

The Theme: Stock-Taking of HIV Response in SADC Region and protecting the HIV gains in the COVID-19 era. Annual SADC/UN meetings with high officials and NAC directors were held virtually for the first time on 14-16 September 2020 at the Eden Bleu Hotel, with financial support from UNFPA and SADC. NAC participated in the virtual SADC Regional Consultative Meeting to strengthen HIV and SRH programming for key and vulnerable populations in the context of Covid-19 in the SADC region with a delegation of 24 persons. Following this meeting, there were strategies for member states (MS) to overcome barriers and accelerate reduction of new HIV infections. Seychelles had its own strategies, which are presented later in this report (*Annex 5*).

World AIDS Day 2020 (Advocacy, Awareness raising, Monitoring and Evaluation activity)

- ✘ Although 2020, the world's attention was focused on the COVID-19 pandemic on health and how pandemics affect lives and livelihoods, NAC still strived to carry out its mission: to reduce HIV/AIDS in Seychelles. UNAIDS, a very close partner of NAC had the theme "Global Solidarity, Shared Responsibility!" for this year's WORLD AIDS Day.
- ✘ The district health workers carried out world AIDS Day activities in most districts. The activities included testing, counselling and raising awareness (*see Annex7*).
- ✘ As main activity to launch the day nationally, on 1st December 2020, NAC hosted a one-day workshop with various partners. It was one to Build National Capacity for HIV and Viral Hepatitis Prevention during the COVID-19 Pandemic (*see below*).

iv. Costing and Budgeting

Government allocated a regular budget of SCR 4,046,591.63 to NAC for the running of its office, including SCR 1 million for projects on the NAC Fund. With the COVID-19 response, travel and stationery budgets were cut for all agencies and a ban was imposed on all new recruitment; thus an administrative officer and new programme manager could not be employed.

UNFPA allocated USD 50,000 total for Seychelles, but activities had to be postponed due to COVID-19 movement restrictions. UNFPA funded the SADC/UN Prevention workshop (*see Annex 5*).

UNAIDS pledged USD 4,000 for World AIDS Day to Indian Ocean countries, including Seychelles.

ECSA Health Community extended its regional project to assist laboratories to include COVID-19.

v. Monitoring and Evaluation

Data collection from partners and stakeholders for NAC reporting and UNAIDS Surveillance on services disruption due to the COVID-19 pandemic was not easy.

A workshop was organized on WAD 2020 to sum up what went well and what were the challenges of 2020. The sectors which participated were: Health, non-health and workplace Youth, Private, and Civil Society organisations (*see Annex 8*).

The findings and recommendations are highlighted below in Sections VII and IX below.



▲ Song of Hope by Christopher Philoe of Seychelles National Youth Council



▲ Members of the MOH Senior Management and NAC Board



▲ Registration Desk



▲ Pascal Basthilde of civil society reciting a poem

VI. COORDINATION AND MANAGEMENT OF THE NATIONAL HIV RESPONSE AS PER NAC ACT 2013

The general aim of the National AIDS Council is to combat the spread of HIV, AIDS and related matters and promote implementation, co-ordination, monitoring and evaluation of programmes and measures to limit or prevent their spread through long-term driven strategic objectives at national level, along with international backing of stakeholders.

The highlights of 2020 were the historical meetings of the National AIDS Council Board with its Patron, President Danny Faure at State House, on 27 February and 25 September respectively, where pertinent issues were highlighted and discussed.

The programme managers, in collaboration with the Steering Committee for the implementation of the operational plan dedicated work to the organization of a young sportspersons' forum, Global AIDS Monitoring and National AIDS Spending Assessment (NASA), and World AIDS Day.

The second quarter was marked by the COVID-19 national and international restrictive measures and cancellation of activities. The CEO was requested to assist with Department of Health actions against COVID-19 and was engaged as Team Leader for Case Management and Faith-Based Technical Working Group. The NAC Board Vice-Chairperson, Rev Christine Benoit, also representing SIFCO, was actively involved in the faith-based technical working group.

The NAC website was officially launched on Hepatitis Day 29 July during a press conference held for the occasion. A new Board was appointed in August, chaired by Dr Agnes Chetty.

World AIDS Day 2020 was used as an opportunity to evaluate HIV and Hepatitis activities during the COVID-19 pandemic. A one-day workshop with stakeholders analysed the situation and came up with recommendations for prevention and care in the new normal.

NAC pursued with its PPBB mandate for advocacy, awareness-raising and coordination of the national response of HIV and AIDS. Its main goals were:

1. To ensure the efficient management of the activities, funds, staff and property of the National AIDS Council; and
2. To mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS.

Additionally, during the COVID-19 pandemic, NAC assisted with the following (see Annex 13):

3. To strengthen the Case Management and Infection Prevention and Control (IPC) pillars, resulting in mitigation of the impact of the COVID-19 outbreak on the country
4. To ensure safe faith-based gatherings, ceremonies and rituals at places of worship and funerals

Below is an account of the objectives and activities as per NAC roles and functions outlined in the NAC Act 2013.

Current issues are written in blue font and possible solutions highlighted in gold.

Activity	Progress of Activities undertaken
<p>Goal 1: Ensure the efficient management of the activities, funds, staff and property of the National AIDS Council</p>	
<p>Objective 1.1: Recommend to the Government policies and strategies and take measures to ---</p> <p>a. combat HIV and AIDS;</p> <p>b. control and ameliorate the effects of the HIV and AIDS epidemic; and</p> <p>c. promote, co-ordinate, monitor and evaluate the application of such strategies and policies</p>	
<p>Manage and strengthen NAC Secretariat and its resources</p>	<p>In the new normal riddled by movement restrictions and budget cuts, the National AIDS Council (NAC) kept afloat despite reduced activities and limited performance.</p> <p>Running of the office and maintenance of NAC property were prioritized. The vehicle was maintained and serviced; the GPS tracking system monitored; and payments made for fuel. Payments for rent, electricity, water and telephone were processed regularly. Air-conditioning maintenance was effected by Contractor NL Cooling Services (Norris Lucas).</p> <p>Five staff were on the payroll until 16 February 2020 when Ms Sheila Vidot, NAC Private Secretary/Acting Administrative Assistant left MOH. She was replaced by Ms Estephanie Dodin, who transferred from Health Care Agency on 1 June 2020. Driver Mr Kitson Julie was confirmed in post, effective 9/1/20 in view of satisfactory performance and behaviour. Mrs G Michaud replaced Ms S Vidot as Information Officer as of 1 January 2020. Queries from members of the public were addressed and clients referred to appropriate facilities or officers.</p> <p>Management of secretarial, administrative and human resources was tackled as required. Funding and personnel issues were addressed with relevant MOF and DPA officials. Relevant files were processed and followed up with DPA, with records kept accordingly. The audit process for 2019 was facilitated.</p> <p>Two posts of administrative officer and programme manager respectively were granted but not funded; the case was taken up with MOF through SS Health, Mrs MP Lloyd but all funding of posts frozen in view of the COVID-19 pandemic. Additional posts were again requested under Scenario B of the Programme Performance Based Budgetting (PPBB).</p> <p>The project to institute an electronic Health Information System (HIS) was resumed by the MOH in 2020. CEONAC was included in one of the discussions, and NAC will be integrated into the system, once established. CEO also participated in Senior Coordination Meetings of the Ministry of Health.</p> <p><i>NAC, as a small organization, faces the challenges of human resource constraint and requiring multi-skilled staff. All new recruitment was banned due to COVID-19. Issues with internet connectivity continually shrouded communication despite being addressed by DICT. Furthermore, the Airtel Router procured to improve the situation had to be disconnected in November 2020 as further budget cuts were effected by the Ministry of Finance (MOF).</i></p> <p>The NAC structure needs to be aligned with new NSP pending government restructuring of agencies.</p>
<p>Conduct regular NAC Board meetings, not less than 3 times a year</p>	<p>Both the NAC Second Board and Third Board were honoured by the hosting of one meeting each by the NAC Patron and then Minister for Health, President Danny Faure, on 27 February 2020 and 25 September respectively.</p> <p>Four (4) regular meetings were held by the Second Board, i.e. February, March, June and August, until the end of its mandate. The Third Board was appointed on 21 August 2020 with 7 new members out of the sixteen, including the Chairperson, Dr Agnes Chetty. Its first meeting was held on 25 September and regular meetings held on 4 November and 17 December</p>

	<p>Sub-committees of the NAC Board were reviewed. Terms of Reference (TORs) for Finance/Audit, Resource Mobilisation & Media sub-committees were drafted and reviewed by respective members.</p> <p>Meeting schedules and proceedings were reviewed in light of the COVID-19 new normal and minutes were disseminated to members.</p> <p>Relevant issues related to HIV and AIDS were flagged to the authorities concerned.</p> <p><i>Achieving a quorum for the Board has not always been feasible but email has been used to assist in communication.</i></p>
Prepare and disseminate quarterly & annual reports	<p>Annual and Semi-Annual Reports were prepared by NAC Secretariat and submitted to the Minister, Board Chairperson & members.</p> <p>Reports were also submitted to UNAIDS, WHO and SADC.</p>
Ensure the submission and dissemination of the Global AIDS Report (GAM) and National AIDS Spending Assessment (NASA)	<p>As part of its Monitoring and Evaluation (M&E) function, the NAC annually compiles the Global AIDS Monitoring Report. Required information was obtained from partners and stakeholders by PM Mrs Baquero and the GAM report was completed on schedule in April 2020. The GAM data was further compiled in graphic form and powerpoint presentations prepared for advocacy, education and awareness raising. The GAM narrative was further elaborated into a report and shared with stakeholders. Of note in 2020 was that UNAIDS required countries to enter data on a monthly basis in a new tool available online. The AIDS programme manager produced an Excel data sheet which was helpful in tracking essential monthly data.</p> <p>The National AIDS Spending Assessment (NASA) was conducted by PM Mrs Michaud.</p> <p><i>It is worth noting that both the GAM and NASA reports are quite lengthy and web-based and are further complicated by difficulty in obtaining information from partners.</i></p> <p>NAC and its partners should participate in future webinars and online training by UNAIDS; The GAM should be used more widely in decision making by NAC and its partners and stakeholders.</p>
Disseminate and promote the 2019-2023 NSP and M&E framework	<p>The 2019-2023 NSP and M&E documents were further disseminated to stakeholders; the Operational Plan 2019-2020 is being reviewed to address emerging issues.</p> <p>Some legal aspects which have arisen will be addressed in national policy updates</p>
Review National Policy 2001	<p>A first draft of the National HIV policy was attempted with a format to align with NSP. Later on, the HIV draft policy was sent to MOH Policy Analyst in line with ministerial procedures and work on it is outstanding, pending COVID-19 preoccupations.</p>
Review NAC Act 2013	<p>The proposed review of the NAC Act was discussed with DOH Coordination and it was agreed that it would be taken up as part of review of all DOH agencies' acts.</p> <p><i>Of particular concern were NAC membership and functions being too wide.</i></p>
Meet regularly with NSP Steering Committee	<p>The NSP Steering Committee created in 2019 was further established in 2020 and main activities included organization of the youth forum, SADC/UN virtual meeting and World AIDS Day workshop. Committee meetings were held in January, February, June, August, September, October and November (x2); and members remobilised in the new normal environment. With the new Board appointment, the membership is being reviewed to avoid duplication with Board membership.</p> <p>The AG Office nominated Mr Adam Furneau on the Steering Committee and the Prison Superintendent participated as a member of the Committee.</p> <p>Data collection/ management was one key issue addressed with members.</p> <p><i>Other meetings were cancelled due to COVID-19 restrictions.</i></p>
Discuss technical matters with the MOH Technical	<p>PM Mrs Baquero represents NAC on the TAC, as the one responsible for key population programmes. TAC was expected to meet monthly but only one meeting was held on 28 October 2020 (minutes still awaited) after a previous regular meeting</p>

<p>Advisory Committee (TAC) for HIV/AIDS/STIs</p>	<p>in August 2019. This was after a review of the TAC membership and functions was done by the CEO NAC and presented to the MOH Senior management in April 2019. TAC Data management and EMTCT sub-committees' meetings were also postponed indefinitely, having last met in October 2019. The Seychelles UNAIDS & WHO for Elimination of Mother to Child Transmission (EMTCT) process initiated in 2018 remains pending. <i>COVID-19 restrictions caused much disruption and cancellation of meetings.</i></p> <p>MOH needs to review the cases of 2 babies on the HIV PMTCT programme who tested positive in 2020</p>
<p>Follow up on HIV Workplace Policy</p>	<p>Activities on the Workplace Action Plan were postponed by the Employment sector in view of COVID-19 restrictions. However, the Transparency & Good Governance workshop held by the Employment sector was attended by NAC Vice-Chair, CEO and PM Mrs Michaud in June 2020 <i>The Employment Department expressed that it has limited budget for implementation of HIV activities and has been trying to integrate them with its other activities. It is also partnering with relevant stakeholders for implementation.</i></p>
<p>Objective 1.2 Disseminate, and to encourage the dissemination of, information on all aspects of HIV and AIDS</p>	
<p>Create NAC Website and Facebook Page</p>	<p>After several drawbacks and restarts, the new NAC website was finally launched on World Hepatitis Day, just after a press conference to mark that day. The project of SCR 58,000 was allocated to Unified Technologies, and a maintenance and support contract was signed with them. The project was funded by both the Dept of Information (SR 50,000) and NAC (SCR 8000). Board proposals were discussed with the contractor and mapping to construct the website performed with the assistance of the media sub-committee. The website is linked to a Facebook page.</p>
<p>Advocate to and raise awareness in other sectors</p>	<p>a) <i>The advocacy and awareness functions of NAC were further addressed by the Media Sub-Committee, whose Terms of Reference (TORs) were developed by its members; the Sub-Committee also met to discuss World AIDS Day activities.</i> b) <i>A meeting was held with the Prison Superintendent and managerial staff on 16 July 2020, after several postponements. Several Board members participated including Vice Chair, Rev Christine Benoit, Mr Justin Freminot, Ronny Arnephy, Mrs Beryl Dodin, and Mr Emmanuel Fideria. Secretariat was represented by both the CEO and PM, Mrs Baquero.</i> c) <i>The meeting with PS Community Development was postponed indefinitely, after several failed attempts.</i> d) <i>The Ministry of Education (MOE) was consulted on the UNFPA Comprehensive Sexuality Education Proposal and the PS MOE pledged to put it on their 2021 calendar of activities.</i></p> <p>There is need to develop a media plan and strategy and create awareness in all districts</p>
<p>Produce and disseminate new Information, Education and Communication (IEC) materials</p>	<p>New Radio/TV Spots on HIV testing were aired on radio and TV whenever possible, but certain radio programmes planned to fit into DOH slots were postponed because of COVID-19 new priorities. However, the chairperson of the Media sub-committee facilitated the airing of media interviews and messages. In addition, IEC materials were disseminated to forum participants and other partners, including an NSP/M&E summary. Reprinting of older and still relevant materials was organized with private printing houses. Spots and programmes were aired and a new banner produced for World AIDS Day. One leaflet on "Positive Living" was translated from French to English and Creole and sent to CDCU for comments. PM Mrs Baquero assisted with delivery of talks at schools.</p> <p>With all the IEC produced and disseminated, there is a need to conduct surveys to evaluate corresponding change in behaviour</p>

Source and disseminate articles on HIV & AIDS at least once a week	Relevant articles were sourced and sent out to stakeholders at least weekly by email. Regular communications received online from WHO, CDC, HIV and AIDS Alliance, CDC HIV@gov, MSH and Medscape as well as links to articles on HIV and COVID-19 were shared with NAC Board members and partners. <i>Poor internet connectivity at times hampers the download of articles.</i>
Objective 1.3 Enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to co-ordinate their responses	
Conduct Annual Forum	The Forum conducted for young sportspersons at Maison Football on 27/02/2020; 80 were invited, 55 confirmed but only 34 attended. Following the youth forum, the information obtained was used to develop youth strategies and an action plan drawn up to include youth targeted actions. Youth issues were brought up and discussed at World AIDS Day Workshop.
Consult and work in collaboration with key implementing partners for NSP (Health & Non-Health)	The NSP Sector Responsibilities were reviewed and letters were to be sent to stakeholders to mobilise support for implementation and explain their expected roles and reporting. A Mapping Exercise of available local services for HIV and Hepatitis was started. NAC further worked in collaboration with other agencies be it on reporting or input in their discussions and reports. <i>Presumably due to COVID-19, some stakeholders were not available or not interested.</i>
Support key population initiatives	NAC representative, PM Mrs Baquero attended meetings of the HIV/AIDS Prevention Task Force (HAPTF). She also rendered support to the new DURNS committee. A visit to prison was also undertaken by NAC Board and secretariat.
Work with Parliamentarians on key HIV/SRH issues	A workshop for Parliamentarians was supported by NAC on 12 August 2020 at the ICCS; one presentation made by PM Mrs Baquero. The workshop report is still awaited from National Assembly. Even if a new Assembly was appointed in November 2020, several members of the committee are still in post.
Objective 1.4 Encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents;	
Follow up on issue of treatment adherence of PLHIVs	CDCU shared its annual report and its treatment statistics were further analysed and presented at various fora. In particular, the presentation of statistics was made at a half day workshop for doctors by HASO on 14 March 2020 at the Coral Strand. Its objective was to reach out to doctors as regards HIV and AIDS.
Ensure availability of treatment guidelines	NAC obtained the soft copy of national testing and treatment guidelines developed by the AIDS programme through a WHO mission in 2019 and adapted for local purpose.
Advocate for patient management	NAC addressed queries pertaining to patient treatment, follow up and wellbeing. One near stick out of medications due to procurement issues was promptly addressed and patient treatment maintained. A booklet on patient treatment was translated from French to English and Kreol and forwarded to CDCU.
Objective 1.5 Monitor and evaluate the effectiveness of the strategies and policies referred to in paragraph (a) and, generally, the national response to fight HIV and AIDS;	
Develop Monitoring & Evaluation (M&E) Plan	Terms of Reference were developed for a UNAIDS consultant to assist with M&E Plan and NSP costing, but the mission was aborted pending further review to include prevention programming and due to COVID-19 restrictions. <i>There seems to be a weakness in organizational planning on HIV/Hepatitis prevention by individual sectors.</i>
Strengthen the M&E function of NAC	A post of M&E programme manager granted by DPA was not funded by MOF despite an appeal sent through SS Health, as all posts were frozen in the COVID-19 new normal. Despite this gap, NAC continued with its M&E functions.

Evaluate national response during COVID-19 pandemic	A Stakeholder Workshop for 60 participants was held at the Seychelles Trading Company (STC) Meeting Room on 1 December 2020 to evaluate and build national capacity for the prevention of HIV / Viral Hepatitis during the COVID-19 pandemic. (see Annex 8). An action plan was drafted from the recommendations.
Objective 1.6 Promote and co-ordinate research into HIV and AIDS and to ensure the effective dissemination and application of the results of such research	
Follow up on survey done in prison	The 2019-2023 NSP strategy and 2017 National Action Plan to remove legal barriers for HIV and AIDS for prison were again sent to Prison Superintendent and discussed at the joint meeting on 16 July 2020. The 2018 prison survey report remains outstanding but draft findings have been used to develop an action plan. A situational analysis was conducted by the AIDS programme and new strategies proposed. A new MOU was signed between the Prison Dept and HASO in March 2020 to facilitate ARV treatment in prisoners. <i>It remains, nevertheless that HIV and Health are not core businesses of prison and much support is required on these issues.</i>
Submit concept paper conducting one survey	A proposed survey in MSM and male sex workers was resubmitted both to MOF on annual budget and to UNAIDS. The concept paper was presented to the NAC Board. <i>Pending funding</i>

Activity	Progress of Activities undertaken
Goal 2: Mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS	
Objective 2.1 Act as the coordinating mechanism and Secretariat for all national and international funding initiatives with respect to HIV and AIDS, Hepatitis-C, sexually transmitted diseases, tuberculosis and malaria and to ensure that all stipulations of these funding initiatives are followed subject to the provisions of this Act	
Prepare, finalise and implement annual budget	NAC planned activities were implemented as per budget; some were postponed/cancelled due to COVID-19 restrictions. Payments were processed and followed up on. Queries were addressed and the budget for 2021-23 was initiated. NAC Board members and secretariat were remunerated; Budget Section 31 and Mid-Term Review reports were completed in a timely manner and records were kept accordingly. Budget meetings were attended by the CEO and Acting Administrative Officer on 22 December 2020 with Ministers for Health and Finance. The PPBB process was completed for 2021 and a proposed budget submitted for a ceiling of SCR 2,595,131.21 for Goods & Services. The PPBB document was simplified in Excel format and assistance rendered by MOF official Ms Emma Sham-Mane. Proper budgeting and cash flow were ensured and audit queries addressed. <i>Budget for travel and SCR 1 million for Colloquium were cut and further cuts were effected by MOF after the mid-term review to accommodate COVID-19 reforms.</i> NAC continues to advocate for a higher ceiling despite COVID-19 restrictions; and adjust to budget cuts despite increased prices of commodities
Track funding sources for HIV and AIDS	The National AIDS Spending Assessment (NASA) was conducted online and eventually completed after the computer crashed, was repaired and a new software received from UNAIDS was installed. The NASA 2018 and 2019 were re-entered and finalized with assistance from UNAIDS and installation of new software. Expenditure for 2019 was SCR 60,057,739 including social protection programmes. <i>The difficulty obtaining getting data from partners remains a perpetual problem.</i> There is a need to develop more effective M&E mechanisms to facilitate the processes.

<p>Follow up on regional projects being funded by Global Fund through</p> <p>a) ECSA b) ARASA</p>	<p>a) <i>The NAC, as Country Coordinating Mechanism (CCM), endorsed extension of the ECSA-HC regional project to support countries to reinforce the response to COVID-19 (July 2020-June 2021) through: <i>Reducing burden on laboratory systems for TB, HIV and Malaria; & reinforcing and improving health and community systems in response to COVID-19.</i> The regional project originally endorsed in 2015 was to strengthen laboratories in ECSA region. In Seychelles, it was used to upgrade, support and monitor the Public Health lab in TB diagnosis. The virtual monitoring meeting was attended in October 2020 by the Board Vice-Chair, CEO NAC, and Public Health Laboratory Director Dr Leon Biscornet and Senior Technologist Mrs Brigitte Pool.</i></p> <p><i>COVID-19 restrictions prevented set monitoring and training visits by project officials</i></p> <p>b) ARASA funded one person from Seychelles to attend training in 2020. <i>The actions of the 2017 National Action Plan (NAP) on removing legal barriers supported by ARASA and UNDP was followed up. Main stakeholders include MOH, Employment Dept and Prison. Most of the activities to be implemented by Prison and MOH have been conducted (see Annex 12).</i></p> <p><i>The Employment Act is not yet finalized to incorporate recommendations of the NAP to remove legal barriers.</i></p>
<p>Coordinate implementation of SADC projects</p>	<p>A new regional project with Indian Ocean countries was endorsed and submitted to SADC for HIV Fund Round 3; to be administered by Madagascar as Principal Implementer. It is entitled <i>Prévention multisectorielle intégrée de la transmission du VIH auprès de la population générale, plus particulièrement les adolescents, les jeunes femmes et les jeunes hommes, et renforcement de la prise en charge globale des personnes vivant avec le VIH au niveau des Etats Membres de la SADC dans la zone de l’Océan Indien (Comores, Madagascar, Maurice et Seychelles).</i></p> <p>UNAIDS Madagascar pledged technical assistance for the project implementation. <i>Of note is that regional projects rely on common needs of participating countries and not necessarily individual country needs. Nothing further was heard from SADC on implementation arrangements of the regional project.</i></p>
<p>Objective 2.2 Allocate funds to organisations which in the opinion of the Board is eligible to receive funding subject to availability of funds</p>	
<p>Allocate budget funds to appropriate activities</p>	<p>The funding mechanisms of the former National AIDS Trust Fund (NATF) were further reviewed and NAC Fund Procedures re-disseminated to Board members. Funding requests were processed and follow up on payments was done. Projects were circulated prior to Board meeting; and signed during meeting to avoid going around with document for signature.</p> <p>Seven (7) Projects were discussed and approved by the NAC Board and payments were processed accordingly. These included 2500 INSTI test kits procured for community testing by HASO, amounting to almost SCR 300,000. SCR 1 million budget for the Annual Indian Ocean Colloquium was cut by MOF (COVID-19 reforms). <i>Payment by MOF was at times long or delayed, with suppliers expecting payment within limited days.</i></p>
<p>Objective 2.3 Collaborate with partners in the planning and implementation of national programmes and events</p>	
<p>Coordinate the UNFPA programme for Seychelles</p>	<p>PM Mrs Baquero attended a virtual training workshop on the Universal Periodic Review (UPR) on Human Rights hosted by UNFPA and Foreign Affairs Dept in September.</p> <p>The 2020 UNFPA annual workplan was signed by SS Lloyd but had to be revisited and reprogrammed in view of COVID-19.</p>
<p>Organise and host the Annual Indian Ocean Colloquium</p>	<p>a) <i>A report was submitted for participation in the Annual Indian Ocean Colloquium held from 18-20 November in Reunion with 16 Seychelles’ participants including 8 persons sponsored by NAC for total SCR 220,000.</i></p> <p>b) <i>The Annual Colloquium 2020 was postponed; a virtual colloquium was proposed by Board members but not approved by the new Board in view of prevailing COVID-19 situation globally and regionally.</i></p>

	To start planning for annual colloquium first quarter 2021
Follow up on UNAIDS and other UN projects including HIV and AIDS	<p>The Plan of Action for technical assistance submitted to UN partners in August (Mauritius) and decisions made at a side-meeting with UNAIDS and SADC officials in November 2019 (Reunion) were deferred because of COVID-19 constraints.</p> <p>Proposed missions include:</p> <ul style="list-style-type: none"> ➤ SPECTRUM training ➤ Stigma Index Exercise ➤ Mapping exercise ➤ Costing of Operational Plan and Prevention Programming ➤ Study Visit to harm reduction facilities in the region ➤ Mode of Transmission (MOT) study (never conducted locally) <p>Seychelles should participate in the next SPECTRUM virtual training for concentrated epidemics; and UNAIDS to consider conducting the MOT in the future.</p>
Collaborate with SADC on regional matters	<p>Seychelles participated in a virtual technical meeting on HIV prevention on 14-16 September 2020 at Eden Bleu (20 persons), jointly organised by SADC, regional UN offices and member states. In Seychelles, the meeting logistics were prepared by NAC PM Mrs G Michaud and the contents by the Steering Committee. Several documents were reviewed by NAC and its partners, including MOF. The CEO also participated in the virtual SADC Ministers' Meeting on 17-18 November. PM Mrs Michaud participated in a virtual COMESA gender workshop in August.</p> <p>Among other SADC/UN recommendations, Seychelles should strengthen social contracting as a strategy.</p>
Objective 2.4 Coordinate and support national and local campaigns for HIV	
Conduct and support national HIV campaigns including the World AIDS Campaign	<p>a) <i>The "Communities make a Difference" campaign</i> could not be conducted as planned by NGOs and MOH due to COVID-19 restrictions. However, the World AIDS Day 2019 Report was submitted to the Board and the Minister</p> <p>b) <i>The WHO/UNAIDS Treat All strategy</i> was included in the new country guidelines by WHO in 2019. Following the development of national testing and treatment guidelines, Standard Operating Procedures (SOPs) were being developed by the MOH AIDS programme in 2020. Self-test kits were procured by the Public Health Authority for use in antenatal attendees and family planning clinics.</p> <p>c) <i>The availability of test kits</i> was ensured through procurement of 2500 HIV INSTI test kits by NAC for community testing. These were stored by Health Care Agency and made available to health facilities. Over sixty (60) nurses and others trained by HASO in the use of the kits. However, the "Test and Treat" campaign could not be conducted as planned by NGOs and MOH due to COVID-19 restrictions.</p> <p>d) <i>The Condom distribution</i> activity was handed over to MOH and the NAC distribution list shared with the AIDS programme.</p> <p>e) <i>World AIDS day 2020</i> campaign was launched through Stakeholder Workshop for 60 participants held at the STC Meeting Room on 1 December 2020, organized by the NAC Secretariat in collaboration with the Steering Committee and NAC Board (See Annex 8).</p> <p>The testing policy will be included in the national policy. There is a need to elaborate a condom distribution strategy through UNFPA</p>

VII. ACHIEVEMENTS AND CHALLENGES

a. What went well during 2020 (COVID-19 pandemic)

Goal 1: 90% of all PLHIVs know their status

Testing and Counselling

- Testing programmes were still accessible at various service delivery points
- Introduction of self-test using the assisted approach
- Increased screening tests in clinics including outreach
- Client testing negative for COVID-19 were screened for HIV/ Dengue/ Leptospirosis
- Reproductive health and counselling services were provided to the targeted groups
- One to one counselling was provided by telephone
- HIV testing were readily available in private clinics and results were quickly available
- Periodic medical tests for monitoring were still available although on a reduced scale
- No reported confirmed COVID-19 among known HIV patients in 2020

Prevention

Media/Education

- Various media platforms were used to educate the public
- Uptake and distribution 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
- On line communication and use of other media were optimised
- There was no stock out of preventive commodities as their distribution were well coordinated

Work environment and workplace interventions

- Workplace and institutions sensitization were boosted
- Task shifting allowed staff to develop new skills
- Staff worked on strict appointments to avoid grouping during COVID-19
- Counselling for HIV Positive employees was maintained

Goals 2 and 3: 90% of all PLHIVs who know their status receive ART; and 90% of all PLHIVs on ART will be virally suppressed

Antiretroviral therapy, care and counselling

- Service delivery continued albeit on a smaller scale
- CDCU Doctor's and Nurse's consultations were still accessible on appointment basis and for emergencies
- There was no stock out of anti-retroviral treatment on essential medicines list
- Backlog for viral load was cleared and HIV PCR confirmation testing implemented for early infant diagnosis as per guidelines
- New patients were introduced into the national care programme (clients who were seeking treatment overseas)
- Urgent referrals were maintained
- Anti-Retroviral Treatment were still being imported from private sector and personal use
- Clearing of back logs for Viral load tests
- New suppliers were mobilized for medication, consumables and commodities

- Urgent referrals were maintained

Harm Reduction

- There were continuity and boosting of harm reduction services such as Low Threshold Methadone Maintenance programme, outreach programme and needle syringe programme.

Goal 4: Zero Stigma and Discrimination

- Stocks of anti-retroviral treatment were replenished on essential medicines list as other medicines

Goal 5: Facilitate a sustainable national response to HIV and AIDS

- All services were still available and accessible
- Service delivery was maintained for all services albeit on a smaller scale
- Budgets for health services were not cut
- Harm reduction services were further decentralized
- There was no stock out of preventive commodities as its distribution was well coordinated
- There was effective networking and cooperation of partners though limitations due to COVID-19 pandemic

b. What did not go too well during the COVID-19 pandemic in 2020 and why

Goal 1: 90% of all PLHIVs know their status

Testing and Counselling

- All positive results from private clinics needed to be referred to the Ministry of Health for confirmation and clients may be lost to follow up.
- After confirmation, results from MOH were not always relayed back to private clinics

Prevention

- PrEP and PEP are still not available in the private sector
- Disruption of planned activities
- Awareness sessions in workplaces on the impact of HIV/AIDS in the workplace and HIV testing & counselling in tourism establishments were planned but could not be conducted.
- Most tourism establishments were closed or operating with minimum staff.
- Condom distribution in the workplace was not sufficient
- Less access to condoms and more engagement in risky behavior
- Access to school compounds was restricted for both secondary and post-secondary schools
- Decrease in number of talks at school level.

Goals 2 and 3: 90% of all PLHIVs who know their status receive ART; and 90% of all PLHIVs on ART will be virally suppressed

- Treatment was dispensed for one month instead of three months. More patient movements were required for refill of prescription
- Suppliers and manufacturers overseas were under lockdown, hence could not maintain the regular supplies of goods
- Delay in medical supplies due to lock down in supplier countries
- Longer turnaround time for non-urgent referrals and access to specialized services.
- Clients/ patients remained at home due to restriction of movement with no supervision and risk of relapse.
- Number of days providing services was reduced
- Treatment services are still centralized
- Patients and clients were reluctant to access essential services
- In some instances, priority was given to COVID-19 over continuity of care

Goal 4: Zero Stigma and Discrimination

- Confidentiality was not maintained at some triage sites.
- A stigma index study supported by UNAIDS during 2020 was cancelled as the experts were not able to travel to Seychelles to assist due to COVID-19.

Goal 5: Facilitate a sustainable national response to HIV and AIDS

Health systems

- Procurement took a longer process due to revised export permit requirements
- Less available flights resulted in increase to freight charges
- Special leave reduced number of staff available to work and resulted in staff burn out.
- Limited/ delayed communication and decision making with leaders
- There is no central information system as establishment of health information system were further postponed due to COVID-19 restrictions in India
- Task shifting resulted in staff burn out.
- 'New normal' protocols increased tasks for staff

Community systems

- Conflict among police and patients affected access to care and treatment (condoms, methadone, family planning, blood donation)
- Public transportation was limited
- Emphasis was placed on developing SOPs related to COVID-19.
- Restriction of movement for part of the year meant not having free access to people and services.
- Some outreach programmes were affected e.g. hot spots visits
- Access and uptake of condoms were reduced as a result of the triage process

Costing and Financing

- Less tourism business lead to an increase in foreign exchange rates
- National budget cut restricted the purchase of consumables and commodities

- Socio economic hardship limited access to services e.g. loss of jobs which limited household income
- Limited funding to provide services by certain partners

Coordination

- Weak coordination between COVID-19 and HIV response
- Limited support from national coordination

VIII. CONCLUSION

Despite COVID-19, we have been able to achieve some of the goals for 2020.

Stigma and Discrimination are still enemies in the fight against AIDS. Some people refuse to be tested in case they are HIV positive and feel stigmatized. The fact is, should they be HIV positive, they can get treatment and live a normal life. HIV is no longer a death sentence. With this in mind, we urgently need the assistance of UNAIDS to establish a Stigma Index in the 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.

More effort needs to go into strategies to:

1. Increase communication, education and awareness-raising to the key and general populations on the risks of HIV, Viral Hepatitis and other related diseases;
2. Increase numbers and quality of sexual reproductive health programmes; produce and disseminate targeted IEC and SBCC strategies and programmes;
3. Conduct policy review and promote legal reforms;
4. Strengthen partnership with all stakeholders; encourage networks and collaborative effort among stakeholders to promote advocacy, awareness, and implementation of good HIV services & programmes;
5. Address gender and human rights issues;
6. Train peer educators and support peer-based education programmes;
7. Train focal persons at work places;
8. Support treatment and care programmes; increase the number of PLHWAs who are virally suppressed

IX. RECOMMENDATIONS

NAC and its partners and stakeholders should carry on focusing on the following to be able to achieve their goals outlined in the 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis:

Goal 1: 90% of all PLHIVs know their status

Reducing new infections

- Promote HIV testing, early diagnosis and treatment;
- Promote safer sex through behavioral change and condom use
- Increase distribution of condoms using non-traditional outlets
- Increase condom outlets for key populations
- Increase youth access to condoms
- Increase community access to harm reduction services and scale up outreach to target more PWUDs
- Achieve elimination of mother-to-child transmission (EMTCT) of HIV
- Eliminate infection in children through sexual abuse;
- Increase demand for PrEP

Advocacy, Communication and Social Mobilisation

- Upgrade testing and awareness sessions
- Increase printing and distribution of IEC materials
- Increase media sensitization through TV and radio adverts
- Increase the use of social media platform
- Develop creative ways to pass on information
- Conduct training of peer educators
- Have parenting sessions to sensitize parents on the different services available

Goal 2: 90% of all PLHIVs who know their status receive ART

- Establish sustainable referral and linkage mechanisms
- Develop differentiated model of service delivery for HIV treatment and care
- Establish sustainable links between HIV services and community to facilitate contact tracing, capture the loss to follow up and managed adherence

Goal 3: 90% of all PLHIVs on ART will be virally suppressed

- Ensure viral load test is done for all persons on ART at least twice a year
- Develop treatment literacy IEC material for patients
- Develop formal adherence support interventions
- Involve NGO in adherence support

Goal 4: Zero Stigma and Discrimination

- Determine stigma index.
- Develop and sustain more programmes for men and boys
- Address the vulnerability of adolescent girls and young women to get infected with HIV

Goal 5: Facilitate a sustainable national response to HIV and AIDS

- Create & Sustain an enabling environment for access to HIV & other health programmes
- Decision makers should involve clients when taking decisions concerning them.
- Address confidentiality issues by service providers
- Decentralize services
- Develop and sustain more effective networking among partners
- MOH to engage all its partners in the combat against HIV and AIDS and get civil society and private sector to feel that they are being engaged by government sector
- Community needs to understand its role as an important stakeholder.
- Commission and conduct sero-prevalence and behavioural studies in general and key populations

In particular, the Ministry of Health, in addition to supporting other organisations, should:

- ✘ Promote HIV and Viral Hepatitis testing, early diagnosis and treatment;
- ✘ Promote condom use and increase condom distribution and access;
- ✘ Increase and scale up community access to harm reduction and outreach services;
- ✘ Achieve elimination of mother-to-child transmission (EMTCT) of HIV;
- ✘ Promote and provide pre-exposure prophylaxis (PrEP);
- ✘ Increase information, education and communication (IEC) through mass media sensitization, production and dissemination of materials, and use of social media platforms;
- ✘ Revamp and sustain the Youth Health Centre;
- ✘ Involve clients when taking decisions concerning them and address confidentiality issues by service providers;
- ✘ Investigate why clients drop out and, improve and support treatment programmes;
- ✘ Decentralize services;
- ✘ Commission and conduct sero-prevalence and behavioural studies in general and key populations;
- ✘ Create and sustain an enabling environment for access to HIV & other health programmes; and
- ✘ Engage all its partners in the combat against HIV and AIDS and get civil society and private sector to feel that they are being engaged by government sector.

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XI. ANNEXES

Annex 1 : Conventions and Commitments

Conventions and commitments

1. At national level, the 1993 Constitution of the Third Republic guarantees the following rights in the Seychellois Charter of Fundamental Rights and Freedoms: life, work, health, education, clean environment and freedoms of movement, speech, expression, thought and conscience. The Constitution also provides protection from violations of rights through various mechanisms, such as the courts, National Human Rights Commission, the Ombudsman and the Public Service Appeal Board.
2. The International Covenant on Civil and Political Rights (ICCPR), which give all citizens of all countries the right to self-determination. All citizens are equal before the law and have the right to a fair and public trial before a competent tribunal. All citizens have the right to marry and form families with whomever they want, have freedom of thought, expression, conscience, movement and can dispose of personal assets as seen fit by the individual. All citizens have the rights to freely associate with others and form groups. These rights are enshrined in the Covenant. The non-discrimination principle on the basis on race, colour, nationality, religion, status and gender is also expressed therein.
3. The International Covenant on Economic, Social and Cultural Rights (ICESCR) gives all citizens of all signatory countries the right to work in decent conditions, with equal pay for equal work. It gives the right to education, especially primary which should be free, compulsory and accessible to both genders, the right to decent standard of living, environment and health, and freedom to promote and express their cultural values and identity.
4. The Convention on the Rights of the Child (CRC) stipulates that children have special rights. It gives them the right to play, to have their best interests given primary consideration, to protection from abuse and exploitation and to be provided with alternative care when families cannot provide it.

Other major instruments are:

1. The Convention on the Elimination of All Forms of Discrimination
2. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
3. The International Convention on the Protection of the Rights of All Migrant Workers and their families.

Annex 2 : Terms of Reference for the NSP Steering Committee



NATIONAL AIDS COUNCIL
Suite 5, Block A, Global Village, Mont Fleuri
P O Box 1553, Victoria, Mahé, Republic of Seychelles
Telephone 4325022/ 4325050 Fax 4325051; E-mail: nacsecretariat@gov.sc



Terms of Reference of the Steering Committee on the Seychelles National Operational Plan on HIV, AIDS and Viral Hepatitis (July 2019)

1. Objectives of the Steering Committee

The primary objective of the National Operational Plan Steering Committee shall be to provide strategic guidance on the preparation, implementation, monitoring and evaluation of the National Operational Plan in order to promote a coordinated, multisectoral and inclusive response in combating HIV, AIDS and Viral Hepatitis in Seychelles.

2. Overall Mission

The overall mission objective is to prepare the operational plan and ensure the implementation, monitoring and evaluation of the programmes and activities that will achieve expected outcomes stated in the 2019- 2023 National Strategic Plan to facilitate meeting the 90-90-90 targets.

3. Role and Functions of the Steering Committee shall include, to:

- 1) Develop the draft operational plan from the 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis (NSP);
- 2) Develop the roadmap for achieving the goals and ensure that the roadmap is followed;
- 3) Guide and review the National Operational Plan in accordance with the NSP and recommended direction, including the Monitoring and Evaluation (M&E) Framework;
- 4) Provide ongoing technical support to the implementation of the National Operational Plan for HIV, AIDS, Sexually Transmitted Infections (STIs) and Viral Hepatitis;
- 5) Oversee and monitor the National Operational Plan through each stage of the process in accordance with the 2019-2023 M&E Framework, ensuring that indicators are relevant;
- 6) Put forward relevant sub-projects, including surveys, and lobby for support and resources;
- 7) Assess the monitoring and evaluation systems for the existing programmes and link to a broader Health Information System which is being discussed; and
- 8) Report on the outcomes of the process to the National AIDS Council Board.

4. Expected Deliverables will be as per given outcomes and indicators in the 2019-2023 National Strategic Plan and M&E Framework for HIV, AIDS and Viral Hepatitis

NSP Outcome	Description
1	Increased uptake of testing and counselling
2	Reduced new HIV infections
3	Improved identification, treatment and management of co-infection
4	Effective implementation of test and treat for increased ART initiation
5	Increased adherence by PLHIVs to ART.
6	Increased protection of the rights of PLHIVs, women, young boys and girls
7	Improved enabling environment for HIV prevention, treatment and care, including Monitoring and Evaluation

5. Membership

Membership of the National Operational Plan Steering Committee shall be in a representative capacity and shall comprise representatives from the following institutions, sectors or groups:

- Chief Executive Officer of the National AIDS Council or representative
- AIDS Programme Officer of the Health Ministry
- Representatives of relevant health programmes
- Representatives of government ministries and entities (i.e. Health, Education, Employment, Family Affairs, Community, Media and Youth)
- Representatives of civil society and affected populations
- Attorney General's Office
- Representative of the Private Sector
- Representative of Faith Based Organizations

6. Secretariat

The National AIDS Council (NAC) will provide the secretariat function for the Steering Committee.

7. Communication and meetings

Meetings of the Steering Committee will be held at least quarterly.

Communications between meetings will be conducted primarily through email.

Original Members of the NSO Steering Committee	
Name	Organisation / Sector
1. Dr. Anne Gabriel	NAC
2. Dr. Agnes Chetty	MOH
3. Mrs. Germaine Michaud	NAC
4. Mrs. Sabrina Mousbe	MOH AIDS Control Programme Public Health Authority
5. Mr. Raymond St-Ange	Prison
6. Dr Louine Morel	MOH Public Health Authority CDCU
7. Mr. Morison Julie	MOH Clinical Laboratory
8. Mr. Gerard Kiwale	Family Affairs
9. Mrs. Peggy Azemia	MOH Reproductive Health Programme, HCA, MOH
10. Ms. Tara Roseline	Employment
11. Ms. Tessy Madeleine	Civil Society HASO
12. Mrs. Nichole Barbe	APDAR
13. Mrs Sheryn Raoul	Private Sector
14. Ms. Marie-Michelle Lailam	MOH HCA Pharmacy
15. Ms. May Malcouzane	MOH Community Health HCA
16. Mr. Adam Furneau	Attorney General Office (replacing Mr Khalyaan Karunakaran)
17. Dr. Valentina Seth	SIFCO
18. Mrs. Beryl Dodin	SNYC Youth
15. Ms. Chantal Melanie	MOH Health Promotion
16. Mrs. Maryline Lucas	NIHSS
17. Mrs. Georgianna Marie	MOH School Health
18. Mrs. Hafsah Figaro	Civil Society HASO
19. Ms. Lyn Vidot	MOH HIV Health Promotion
20. Mrs. Marina Jacques	MOE (replacing Mrs Brigitte Labonte)
21. Mrs Myra Bijoux	Public Health Dept

Annex 3 : National AIDS Council Board Membership

Second Board: July 2017- August 2020

Name	Organisation	Position
1. Mrs Peggy Vidot	Individual (Retired Executive)	Chairperson
2. Rev Christine Benoit	Seychelles Inter-Faith Council (SIFCO)	Vice-Chairperson
3. Dr Bernard Valentin	Ministry of Health	Member
4. Dr Jude Gedeon	Public Health Authority	Member
5. Ms Jacqueline Paulin	Seychelles Nurses' and Midwives' Council	Member
6. Dr Louine Morel	Seychelles Medical and Dental Council (SMDC)	Member
7. Mrs Brigitte Pool	Health Professionals' Council	Member
8. Ms Thelma Pool	Citizens' Engagement Platform of Seychelles (CEPS)/Media	Member
9. Mrs Beryl Dodin	Seychelles National Youth Council	Member
10. Mr Justin Freminot	HIV and AIDS Support Organisation (HASO)	Member
11. Mrs louana Pillay	Seychelles Chamber of Commerce & Industry (SCCI)	Member
12. Mr Ronny Arnephy	Citizens' Engagement Platform of Seychelles (CEPS)	Member
13. Ms Tessa Henderson	Seychelles Media Association	Member
14. Mr Emmanuel Fideria	Trade Union	Member
15. Dr Anne Gabriel	National AIDS Council	Member (CEO)

Third Board August 2020-August 2023

Name	Organisation	Position
1. Dr Agnes Chetty	Ministry of Health (HIV and Health Consultant)	Chairperson
2. Rev Christine Benoit	Seychelles Inter-Faith Council (SIFCO)	Vice-Chairperson
3. Dr Bernard Valentin	Ministry of Health	Member
4. Dr Jude Gedeon	Public Health Authority	Member
5. Ms Farida Andre	Seychelles Nurses' and Midwives' Council	Member
6. Dr Winnie Low-Wah	Seychelles Medical and Dental Council (SMDC)	Member
7. Mr Morison Julie	Health Professionals' Council	Member
8. Ms Thelma Pool	Citizens' Engagement Platform of Seychelles (CEPS)/ Media	Member
9. Mrs Beryl Young Dodin	Seychelles National Youth Council	Member
10. Mr Justin Freminot	HIV and AIDS Support Organisation (HASO)	Member
11. Mrs Lucy Chow	Seychelles Chamber of Commerce & Industry (SCCI)	Member
12. Mrs Françoise Larue	Citizens' Engagement Platform of Seychelles (CEPS)	Member
13. Ms Tessa Henderson	Seychelles Media Association	Member
14. Mrs Barbara Kilindo	Information Department	Member
15. Mrs Stephanie Boniface	Employment Department	Member
16. Dr Anne Gabriel	National AIDS Council	Member (CEO)

Annex 4 : Youth Forum of February 2020

Youth Forum February 2020

The main objective of the forum was to educate the participants on HIV / AIDS, means of HIV and hepatitis transmission and inform them on prevention, testing and treatment.

The participants were to be mainly sportsmen and women and the National Sports Council had confirmed 55 persons. Come 27th February, only 34 persons turned up and they were students aged between 15 and 18 years from various secondary and post-secondary institutions.



Invited guests for the opening ceremony



Plenary session

The outcome of the forum was that 34 young men and women, had an increased and true knowledge of HIV / AIDS and hopefully will share with family and friends.

They were given a bookmark each which contains a lot of information. It is an exercise that proved to be a success in as far as educating the youth was concerned. It will have to be repeated using a different method. Instead of taking them away, we will have to go to them.

We believed that bringing the youth away from their classroom or place of work would be a welcome change for them. We were proven wrong when out of over 80 invitees, 55 confirmed, but only 34 turned up on the day itself.

Although the participants present learned a lot and the facilitators and organizers pleased with the outcome. The return on investment financially was not up to standard.

We could not cancel 20 tea breaks and lunches. It was too late for cancellations. Money wasted.

The personnel of the National Sports Council spent time to get the invitations to the youth and their release arranged from their different organizations.

From the organizers, there was some leniency on time management. This was because the participants were very enthusiastic to answer questions and ask questions during the session by Mr Morison Julie.

Annex 5 : SADC Regional Consultative Meeting

SADC Regional Consultative Meeting

SADC Regional Consultative Meeting to strengthen HIV and SRH programming for key and vulnerable populations in the context of COVID-19 in the SADC region was held virtually from 14th to 16th September 2020. The theme of the meeting was 'Stocktaking of HIV response in SADC region and protecting the HIV gains in the COVID-19 era. The conference was held in collaboration with UNAIDS and UNFPA. Seychelles participated with a 24 men/women strong delegation. In Seychelles, NAC was the organizing body in Seychelles and selected the Eden Blue Hotel for the conference. The venue had all the required facilities.

The reason why such a conference was called was because there was concern by the three organizing partners due to the fact that the Southern African Development Community remains the region most affected by the AIDS epidemic. More than 17 million PLHIV in 2019 or 44% of the HIV global population.

Like the rest of the world, SADC member states have been confronted by the by the unprecedented epidemic of COVID-19. By august 2020 all countries in the region had reported at least one case of the virus.

The objectives of the meeting were:

1. To receive an update on the state of HIV in the context of the COVID-19 pandemic in the SADC region;
2. To discuss the implications of COVID-19 to sustaining HIV response in the SADC region
3. To propose actions to accelerate HIV prevention in light of the COVID-19 disruption and drafting a roadmap.
4. To agree on agenda items for discussion at the ministers' meeting.

Each member state had to draw a roadmap to achieve its objective. The Seychelles' indicated all its barriers and made proposals to reach the targets.

The strategies to overcome barriers and accelerate reduction of new HIV infections during this period of COVID-19 were clearly stated after very fruitful discussions among its delegates.

Barriers to implementation / increasing the pace of reduction of new HIV infections

1. Inadequate & insufficient access to quality HIV prevention and treatment services/programmes
2. High levels of stigma and institutionalized discrimination
3. Lack of Human rights approach in services
4. Gender inequity and inequality
5. Poor resource management and mobilization

Proposed solutions as we advance towards the targets

1. Generate & focus on evidence-based interventions for maximum impact
2. Improve targeting of critical interventions to KPs and Vulnerable Populations
3. Improve Quality of services
4. Promote Service Integration
5. Adopt Multi-Sectoral Inclusion
6. Enhance Community Engagement
7. Address Human Rights and Gender issues
8. Address stigma and discrimination
9. Implement monitoring & evaluation

The proposed strategies to overcome the barriers and accelerate reduction of new HIV infections were as follows:

- Conduct sero-prevalence and behavioural studies
- Create & Sustain an enabling environment for access to HIV & other health programmes
- Raise awareness on risk of HIV and other related diseases and release of targeted IEC and SBCC strategies and programmes
- Establish sustainable links between HIV services and community to facilitate contact tracing, capture the loss to follow up and managed adherence
- Establish sustainable referral and linkage mechanisms
- Encourage networks and collaborative effort among stakeholders to promote advocacy, awareness, and implementation of good HIV services & programmes
- Achieve elimination of mother-to-child transmission (EMTCT) of HIV;
- Eliminate infection in children through sexual abuse;
- Promote HIV testing, early diagnosis and treatment;
- Increase the number of people who are virally suppressed;
- Support Peer based education programmes
- Promote safer sex through behavioral change and condom use
- Increase community access to harm reduction services
- Promote legal reforms

These were proposals to be put forward to the relevant authorities.

SADC HIV Progress Report
Group Work
SEYCHELLES

To reduce new HIV infections

The Issue

Number of new HIV cases reported 2013-2019

Most likely Modes of HIV transmission 2017-2019

Significant progress was made in SADC to reduce new HIV infections in the last decade; however, Member States will not reach the 75% target to reduce new infections by 2020.

Barriers to implementation / Increasing the pace of reduction of new HIV infections?	Proposed solution as we advance towards the targets
1. Inadequate & insufficient access to quality HIV prevention and treatment services/programmes	1. Generate & focus on evidence-based interventions for maximum impact
2. High levels of stigma and institutionalized discrimination	2. Improve targeting of critical interventions to KPs and Vulnerable Populations
3. Lack of Human rights approach in services	3. Improve Quality of services
4. Gender inequality and inequality	4. Promote Service Integration
5. Poor resource management and mobilization	5. Adopt Multi-Sectoral Inclusion
	6. Enhance Community Engagement
	7. Address Human Rights and Gender Issues
	8. Address stigma and discrimination
	9. Implement monitoring & evaluation

1. **Proposed Strategies for MS to overcome barriers and accelerate reduction of new HIV infections**

- Conduct sero-prevalence and behavioural studies
- Create & Sustain an enabling environment for access to HIV & other health programmes
- Raise awareness on risk of HIV and other related diseases and release of targeted IEC and SBCC strategies and programmes
- Establish sustainable links between HIV services and community to facilitate contact tracing, capture the loss to follow up and managed adherence
- Establish sustainable referral and linkage mechanisms
- Encourage networks and collaborative effort among stakeholders to promote advocacy, awareness, and implementation of good HIV services & programmes
- Achieve elimination of mother-to-child transmission (EMTCT) of HIV;
- Eliminate infection in children through sexual abuse;
- Promote HIV testing, early diagnosis and treatment;
- Increase the number of people who are virally suppressed;
- Support Peer based education programmes
- Promote safer sex through behavioral change and condom use
- Increase community access to harm reduction services
- Promote legal reforms

2. **HIV prevention programmes for AGYW**

The Issue

New HIV by Age and Sex in 2019

Quantity and Collection by Age Group and Gender

3. Most Member States have developed plans to implement HIV prevention programmes for AGYW

Barriers to implementing an AGYW combination prevention package	Capacity needed to translate the package to actionable and achievable plans
No comprehensive programme	1. Develop and implement a comprehensive adolescent HIV & STBIH youth friendly package and services for AGYW & their partners to include: <ul style="list-style-type: none"> o Access to good quality male & female condoms & lubricants including information on proper use o Outreach, existing network and mass and social media programme o Sexuality education in all private & public institutions, and out of school youth o Education and promotion of HIV and other STIs screening and testing o Trained health service providers working with youth to service package o Care and support programme o Access for unaccompanied person o HIV education for young girls o Integrated services in shelter activities o Continuity of care services for youth living with HIV / other related diseases and support to those at higher risk of exposure to HIV / other related diseases o Monitoring and appropriate action to allegations of HIV related human right and GBV to ensure protection o Workplace programme for access to condoms and other services

4. **Voluntary Male Medical Circumcision to reduce new HIV infections**

The Issue

Circumcision at Seychelles Hospital 2014-2019

total circumcision

Disclaimer: Seychelles does not conduct Voluntary Male Medical Circumcision to reduce new HIV infections

5. Priority Member States were expected to reach the target of Voluntary Male Medical Circumcision to reduce new HIV infections. A few Member States have reached the target; however, many have not.

Barriers to implementation	Proposed solution as we advance towards the targets
No programme for circumcision as a HIV prevention programme	Conduct a survey to establish acceptance in the population

6. The reports submitted on the SADC HIV Score Card required data for key populations. Many Member States were unable to provide HIV prevention program data for sex workers, men who have sex with men, transgender people, as well as people who inject drugs.

Barriers and Challenges to implementation	The proposed solution as we advance towards the targets
Programmes for KPs are lacking and fragmented → data is fragmented	Put in place comprehensive programmes for KPs and Strengthen National Coordination Mechanism
Indicators are not standardised and integrated → difficult to collect data	Standardise and integrate indicators and ensure collection of data. Align data collection with reporting requirements
No National M&E system in the country	Ensure effective implementation of National M&E plan for HIV
Lack of meaningful representation of KP-led organisations in the National Response for HIV in Seychelles	Include meaningful KP-led organisations in the National Response for HIV in Seychelles

7.

8.

9.

Annex 6 : COMESA Gender Experts Virtual Meeting

COMESA Virtual meeting

The first virtual meeting of the COMESA Gender Experts took place on 21 - 22 September 2020 via the Zoom platform. The meeting was attended by representatives of Member States, coming from the Ministries of Gender, Health, Labor and Social Development and Industry. In Seychelles NAC was represented and the ministry of Family Affairs was also present.

The purpose of this meeting was to critically review and finalize the different gender and related technical program documents in readiness for the Technical and Ministerial Meeting on Gender and Social Affairs which is tentatively scheduled for February 2021 during which the documents will be considered for adoption.

All the documents presented during the meeting have been drafted by the Secretariat following the decisions of the Council of Ministers, and those of the Ministers responsible for Gender and Women's Affairs made during the meeting held in Khartoum, Sudan in February 2018.

The documents/materials were developed with view to strengthen the mainstreaming of gender in the different sectors of COMESA, as well as Member States.

Member States were to provide their inputs on the HIV/AIDS Plan of action and Tracking Matrix for documents, which were shared in track changes by 15 December 2020;

Member States were to write directly to the Secretariat with regards to any further comments that they may have, either for rephrasing the words or adding more columns to the documents; and

Secretariat to share the Report and work on the comments received for the different documents.

NATIONAL AIDS COUNCIL

ACTIVITIES FOR WORLD AIDS DAY 2020 BY ALL STAKEHOLDERS

Theme: Global Solidarity, Shared Responsibility

	Day/Date	Activity	Venue / Media	Target	Health Facility /Organisation	Responsible Person
1.	Tue 24 November	Bonzour Sesel	TV	All Audience	NAC	Dr Gabriel
2.	Thu 26 to Fri 27 November	Talk on HIV Praslin	Secondary school Praslin	Secondary school students	ASFF	
3.	Sat 28 November	Talk on HIV & other health issues	Baie Ste Anne & G/ Anse Praslin	Senior citizens	ASFF	
4.	Mon 30 November @11 am	An awareness session	K Radio	All Audience	AIDS Control programme	Mrs Sabrina Mousbé
5.	Mon 30 November 8am to 4pm	HIV Testing at both health centers	Les Mamelles meeting room and Mont Fleuri family planning Room	-(50-100) Walk-in clients for different services -Staff	Les Mamelles and Mont Fleuri health centers	Ms Monette Ernesta & Ms Flavia Morel
6.	Mon 30 November	Outreach HIV/ AIDS and Hep. C Education, Condom & mask distribution	Corgate Estate	PUD, partners and family	DURNS	Mr Fady Banane
7.	Mon 30 November to Fri 4 December	-All clients / pts offered HIV test at screening point. -Family members of home visit patients offered the test. All program sections have test kits at their disposal for clients	Anse Royale hospital and Family homes	All clients and Family members	Anse Royale Hospital	All staff
8.	Mon 30 November to Fri 4 December	Ribbon distribution and contribution box	All sections: ANC, MCH, FP, Pharmacy, Reception	All clients and Family members	Anse Royale Hospital	All staff
9.	Mon 30 November to Fri 4 December	HIV / AIDS Corner	A. Royale Secondary School	Secondary Student	School health nurse, teachers, students	
10.	Mon 30 November to Fri 11 December	Rapid HIV testing at unit level for 2 weeks	CDCU	CDCU customers	CDCU	All Staff
11.	Mon 30 November for 1 week	Sensitization on HIV/AIDS & voluntary testing	Anse Aux Pins HC & Reproductive health clinic	All staff and walk in patients	AAPHC	Mrs J. Arissol Miss T. Marie Miss J. Balette Miss C. Mathiot
12.	Tue 1 December	Bonzour Sesel	TV	All Audience	NAC & HASO	Mr. Fréminot

13.	Tue 1 December	Workshop to build national capacity for HIV & viral hepatitis prevention during covid-19 pandemic	STC Conference Room	HIV & Viral Hepatitis Stakeholders	NAC	Mrs G Michaud Dr Gabriel
14.	Tue 1 December	HIV testing in workplaces	SCAA unit	(100 tests) Staff & General public	Les Mamelles & Mont Fleuri health centers	Ms Flavia Morel Ms Jerina Adelaide Ms Amelie Richmond
15.	Tue 1 December onwards	Radio giggles for HIV treatment compliance	Radio	All Audience	HASO	Mr Fréminot
16.	Tue 1 December	WAD Message	National Assembly, NA Website & NA FB Page	All Audience	Committee for Communicable Diseases, HIV/AIDS & SRHR	Hon Rosie Bistoquet Committee Members Ms Genevieve Morel Mrs Petra Tirant Ms Elna Etienne
17.	Tue 1 December	Distribution of condoms & Red Ribbons	National Assembly	Members, staff & visitors	Committee for Communicable Diseases, HIV/AIDS & SRHR	Ms Genevieve Morel Ms Petra Tirant Ms Elna Etienne
18.	Wed 2 December	HIV testing at SFA	SFA	Staff & visitors	Mont Fleuri health centre	Ms Flavia Morel
19.	Wed 2 December	HIV session with prison inmates	Montagne Posée Prison	Inmates	HASO	Mr Fréminot
20.	Wed 2 December 9am-1pm	Voluntary testing of intravenous drug users	Pointe Larue District administration office	intravenous drug users.	AAPHC	Miss J. Balette, Miss C. Mathiot, Mrs J. Arissol Miss T. Marie
21.	Wed 2 December	HIV testing In schools	Both Plaisance secondary & primary schools	50 Staffs	Les Mamelles & Mont Fleuri health centers	Ms Sophia Lafortune Ms Christabelle Roucou
22.	Thu 3 & Fri 4 December	Voluntary testing to the community	Anse aux Pins Chetty Flat 9am-2pm DA office & market 9am-3pm	General Public	AAPHC	Mrs J. Arissol Mrs B. Mills Miss. J. Balette Miss C. Balette
23.	Fri 4 December	Voluntary testing and sensitization on HIV/AIDS	Au Cap Junction	General Public	AAPHC	Mrs J. Arissol Mrs B. Mills Miss J. Balette Miss C. Balette
24.	Fri 4 December	HIV sensitization workshop with religious leaders	STC conference centre	Religious leaders	HASO	Mr Fréminot
25.	Fri 4 December	Testing for staff	ABSA Capital City	Staff ABSA Capital City	AIDS Control programme	Mrs Sabrina Mousbé
26.	Fri 4 December	HIV Testing & Counseling	SPTC work place		ASFF	
27.	Mon 7 December	"HASO HIV/AIDS prevention activities in the community"	SBC Radio	All Audience	HASO	Mr Fréminot
28.	Tue 15 December	Bonzour Sesel	TV	All Audience	NAC	Dr Gabriel
29.		Sensitize patients/clients on WAD theme	CDCU	All customers	CDCU	All Staff
30.		Regional Council Forum	Eden Island		ASFF	

Annex 8 : Report on World AIDS Day (WAD) 2020 workshop

Report on Workshop for World AIDS Day 2020

The main activity was a workshop hosted by NAC and organized by the Steering committee for the NSP Operational plan. It was one to Build National Capacity for HIV and Viral Hepatitis Prevention during the COVID-19 Pandemic. The main objective of the workshop was to build capacity for HIV/AIDS and viral Hepatitis prevention and care during the COVID-19 pandemic.

Participants

Group 1: Ministry of Health by Mrs Sabrina Mousbe, AIDS Control Programme, Public Health Authority

Group 2: Civil Society by Ms Tessie Madeleine, HIV / AIDS Support Organisation (HASO)

Group 3: Youth & Education by Mrs Beryl Dodin, Seychelles National Youth Council (SNYC)

Group 4: Non-Health Government & Workplace by Mrs Stephanie Boniface, Employment Department

Group 5: Private Sector by Dr Veshna Pillay, Indian Ocean Tuna Ltd

Plenary Discussion: there were pertinent questions and answers during the session.

Recommendations from the workshop

- Increase testing, counselling
- Increase treatment
- Increase access to condoms
- Introduce creative ways to pass on information/ intensify media platform for education.
- Introduce sex education earlier in schools.
- Sensitize parents on different services available
- Train peer educators
- Train focal persons in various work places and maintain database of trained persons.
- Organize awareness sessions on the impact of HIV/AIDS in the workplace
- Have more confidentiality when dealing with youth
- Roll out HIV self-test programme
- Have a robust national coordination to communicate with all stakeholders.
- Must be strong commitment from higher level. Decision makers should attend meetings instead of representatives.
- Redirect focus on continuity of care in line with national and global targets and commitments.
- NGOs, private sector should be given to feel that the government is engaging them.
- Community needs to understand its role as an important stakeholder
- Capacity building for the provision of rapid testing.
- Focus services on Key population
- NAC should fulfill its mandate as the main regulator and fulfill the targets it set itself in the NSP.
- Involve Civil Society Organizations in the treatment delivery (prepack)
- Increase printing and distribution of IEC materials.
- Scale up outreach activities to reach more PWUDs

These recommendations will be included in the operational plan when revised.

A number of community activities were organized to commemorate World AIDS Day 2020 including HTC in different Communities.

Presentations



Presentation Health sector.pdf



Presentation for WAD workshop NGI



Presentation for WAD workshop you



Presentation for workshop Workplac



Presentation for WAD workshop -pri

Annex 9 : Persons trained by HASO in the Use of HIV INSTI Test

Personnel trained in the use of HIV INSTI rapid test (2020)				
	Name	Designation	Health Centre	Training Date
1.	Jean Paul Almaze	Senior Nursing Officer	Accident & Emergency	Jan-20
2.	Benedicta Mills	Senior Staff Nurse	Anse Aux Pins HC	Aug-20
3.	Jourdane Letourdie	Senior Staff Nurse	Anse Aux Pins HC	Aug-20
4.	Juliette Balette	Nursing Officer	Anse Aux Pins HC	Aug-20
5.	Nesta Claire Mathiot	Senior Staff Nurse	Anse Aux Pins HC	Aug-20
6.	Pamela Dubignon	Nurse Manager	Anse Aux Pins HC	Jan-20
7.	Tania Marie	Senior Staff Nurse	Anse Aux Pins HC	Aug-20
8.	K. Viveganander	Senior Medical Officer	Anse Boileau HC	Nov-20
9.	Lorna Vidot	Nurse Manager	Anse Boileau HC / West Region	Jan-20
10.	Magdalena Ogundella	Emergency Medical Technician	Anse Royale HC	Aug-20
11.	Merenda Lenclume	Senior Staff Nurse	Anse Royale HC	Aug-20
12.	Michette Morel	Nursing Officer	Anse Royale HC	Aug-20
13.	Sheila Bacco	Senior Staff Nurse	Anse Royale HC	Aug-20
14.	Stephanie Belmont	Nursing Officer	Anse Royale HC	Aug-20
15.	Michelle Fred	Acting Nurse Manager	Anse Royale HC /South Region	Jan-20
16.	Vicky Rosine	Senior Staff Nurse	Baie Lazare HC	Aug-20
17.	Christina Olivia	Senior Staff Nurse	Beau Vallon HC	Aug-20
18.	Eline Hoareau	Health Care Assistant	Beau Vallon HC	Aug-20
19.	Elmonda Ernesta	Senior Nursing Officer	Beau Vallon HC	Aug-20
20.	Jenifer Bristol	Nursing Officer	Beau Vallon HC	Aug-20
21.	Joyceline Servina	Nursing Officer	Beau Vallon HC	Aug-20
22.	Lizz Agricole	Senior Staff Nurse	Beau Vallon HC	Aug-20
23.	Marlene Joubert	Health Care Assistant	Beau Vallon HC	Aug-20
24.	Stephanie Adolph	Senior Staff Nurse	Beau Vallon HC	Aug-20
25.	Tracey Volcere	Health Care Assistant	Beau Vallon HC	Aug-20
26.	Lusie Estico	Nurse Manager	Beau Vallon/Glakis HC	Jan-20
27.	Jeanne Fred	Nursing Officer	English River HC	Aug-20
28.	Marie Antoinette Didon	Nursing Officer	English River HC	Aug-20
29.	May Malcouzane	Nurse Manager	English River HC	Jan-20
30.	Rose Jeremie	Nursing Officer	English River HC	Nov-20
31.	Shamla Mangroo	Nurse	English River HC	Nov-20
32.	Nadia Aglae	Senior Staff Nurse	Female Surgical	Jan-20
33.	Flora Ahkon	Nursing Officer	Haemodialysis	Jan-20
34.	Prisca Denis	Senior Staff Nurse	ICU	Jan-20
35.	Monette Ernesta	Nurse Manager	Les Mamelles /Mont Fleuri HC	Jan-20
36.	Lucine Mathiot	Nursing Officer	Male Medical	Jan-20
37.	Lynzie Jeremie	Senior Staff Nurse	Male Surgical	Jan-20
38.	Merna Gabriel	Senior Nursing Officer	Maternity 1	Jan-20
39.	Daniella Rose		MOH	Nov-20
40.	Dora Mousbe		MOH	Nov-20
41.	Meltanne Herminie		MOH	Nov-20
42.	Natalie Mathiot		MOH	Nov-20
43.	Natalir Ngene		MOH	Nov-20
44.	Shelly Hoareau		MOH	Nov-20
45.	Sofia Beauchamp		MOH	Nov-20
46.	Clarance Jeremie		NIHSS	Nov-20
47.	Khadijah Alphonse		NIHSS	Nov-20
48.	Lorna Dorothe	Nursing Officer	Oncology	Jan-20
49.	Noella Mellie	Senior Nursing Officer	Operating Theatre	Jan-20

50.	Jeline Michel	Senior Nursing Officer	Operating theatre (Anesthesia)	Jan-20
51.	Elizabeth Houareau	Senior Nursing Officer	Ophthalmology Unit	Jan-20
52.	Maylene Baker	Senior Nursing Officer	Paediatric Unit	Jan-20
53.	Lydwine Payette	Senior Nursing Officer	Perseverance	Jan-20
54.	Myra Ernesta	Acting Nurse Manager	Praslin/La Digue	Jan-20
55.	Abdul Karim	Methadone Admin	Prison	Jan-20
56.	Wilna Laurette	Methadone Admin	Prison	Jan-20
57.	Monique Monthy	Nurse	Prison	Jan-20
58.	Rose May Poiret	Nurse	Prison	Jan-20
59.	Cindy Dogley	Senior Staff Nurse	Psychiatric Unit Les Cannelles	Jan-20
60.	Merenda Quatre	Senior Nursing Officer	SOPD	Jan-20
61.	Christina Helene	Nurse Manager	Youth Health Centre	Jan-20

Annex 10 : Indicator tables from the National Strategic Plan (NSP)

Indicator tables from National Strategic Plan

Table 1: Estimates of tests required among different population groups to achieve first 90%

PRIORITY	Pregnant Women	General Population	Youth and Adolescents ¹	KPs - IDU	KPs - SW	KPs - MSM
Total Population	1645	98,477 ²	27,349	2,560	586 ³	1084 ⁴
Number of HIV tests required for 95% coverage	100%	90,820	25,981	2,432	556	1,029
Number of HIV tests required for scale up of 90% coverage	100%	86,040	24,614	2,303	527	975

Table 2: Targets for HIV Testing 2019 – 2023 in Seychelles

PRIORITY	Baseline	2020	2021
Estimated number of PLHIVs	676 (2017) ⁵	2217	TBD
% of pregnant women attending antenatal clinics (ANC) and/or had a facility-based delivery and were tested for HIV during pregnancy and know their results	100% / 1645 (2017) ⁶	100%	100%
Number and % of people 15–49 years tested and know their status	12,535 (2016) ⁷ (number of tests in 2016)	N/A	80,000 (90%)
Number and % of youth and adolescents tested and know their status	649 or 10.8% (antenatal attendees 15-24 MOH 2013)	N/A	24,614 (90%)
Number and % of PWIDs tested and know their status	29.4% ⁸ (2017)	N/A	1920 (75%)
Number and % of Sex Workers tested and know their status	53.8% ⁹ (2015)	N/A	527 (90%)
Number and % of MSM tested and know their status	59.1% ¹⁰ (2011)	N/A	975 (90%)
Number and % of PWIDs living with HIV	8% (IBBS Heroin users, 2017)	N/A	5.5%
Number and % of Sex Workers living with HIV	4.6% (IBBS FSW, 2015)	N/A	3%
Number and % of MSM living with HIV	13.2% (IBBS MSM, 2011)	N/A	10%
Number and % of transgender persons living with HIV	N/A	N/A	TBD
Number and % of prisoners living with HIV	28 (end 2017) or 6.35 %		5%

¹The [Seychelles National Youth Council](#) defines youth as persons between 15 to 30 years of age, June 2014

²Population figures are estimates by Countrymeters ([countrymeters.info](#)) based on the latest United Nations data, 30 April 2018

³IBBS, FSW, 2015

⁴IBBS, MSM 2011

⁵Local Situation Report, December 2017

⁶GARPR, 2017

⁷MOH Health Strategy, 2016

⁸IBBS, PWID 2017

⁹IBBS, FSW 2015

¹⁰IBBS, MSM 2011

Table 3: Targets for Management of Condoms and Sexual Reproductive Health 2019–2023 in Seychelles

INDICATORS	BASELINE	2020	2021
Management and distribution of condoms			
% of female sex workers reporting condom use with most recent client	81.3% ¹¹	N/A	90%
% men who have sex with men reporting condom use at last anal sex with a male partner	54.5% ¹²	N/A	70%
% of people who inject drugs, reporting condom use at last sex	44.1% ¹³	N/A	60%
Development of a comprehensive condom strategy through broad based consultation by target date	0%		31 Dec 2020
HIV Prevention and sexual reproductive health programmes			
% of youth and adolescents (15-24) reached with HIV prevention programmes (define package of services)	88% (IBBS 2013)	N/A	90%
% of PWID reached with HIV prevention programmes (HTC and condoms as defined package of services)	64% (IBBS, 2017)	N/A	70%
% of SWs reached with HIV prevention programmes (HTC and condoms as defined package of services)	51% (IBBS, 2015)	N/A	60%
% of MSMs reached with HIV prevention programmes (HTC and condoms as defined package of services)	96% (IBBS, 2011)	N/A	96%
Update school curriculum on Personal and Social Education to include Prevention & Early Intervention, HIV prevention and SRH by target date	N/A	N/A	2020
Number and % of schools implementing the updated school curriculum on life skills education, HIV prevention and SRH in last academic year	N/A		100%

Table 4: Targets for Advocacy, Communication and Social Mobilisation

INDICATORS	BASELINE	2020	2021
Social behavior change communication			
Number and % of PWIDs reached with SBCC	75.4%	N/A	80%
Number and % of MSM reached with SBCC	N/A	N/A	60%
Number and % of SWs reached with SBCC	N/A	N/A	60%
Number and % of prisoners reached with SBCC	N/A	N/A	60%
Number and % of transgender persons reached with SBCC	N/A	N/A	60%
Number and % of youth and adolescents reached with SBCC	N/A	N/A	60%

Table 5: Targets for reducing HIV transmission through injecting drug use 2019–2023 in Seychelles

PRIORITY	Baseline	2020	2021
% of youth and adolescents who inject drugs of those surveyed ¹⁴	43.8%	N/A	Reduce by 50%

¹¹ IBBS, FSW 2015¹² IBBS, MSM 2011¹³ IBBS, PWID 2017¹⁴ IBBS, PWIDs 2017

PRIORITY	Baseline	2020	2021
% of people who inject drugs receiving opioid substitution therapy (OST)	6.2% (GARPR 2017)	3500 pax	75 % (National Drug Control Master Plan, 2012)
Number of facilities providing OST	8	22 + prison	TBD with APDAR
Number of facilities providing comprehensive NSP package	3		TBD
Number of sterile needles–syringes distributed in past 12 months by needle–syringe programmes.	21,550	105	TBD
% of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	74.8% (IBBS Heroin Users, 2017)	N/A	80%
Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes	5.7 (GARPR, 2016)	14400	TBD

Table 6: Targets for reducing HIV transmission amongst Prisoners

PRIORITY	Baseline	2020	2021
Number and % of prisoners tested and who know their results	246 (GARPR 2016)	104 (100%)	90%
% of prisoners who tested HIV positive	6.35% (Prison Record 2017)		5%
% of prisoners who are HIV positive receiving ART	69.4% (GARPR 2016)	29 persons receiving ART	80%

Table 7: Targets for reducing HIV transmission amongst youth and adolescents

PRIORITY	Baseline	2020	2021
Number and % of youth in schools reached with HIV prevention messages	N/A	N/A	90%
Number and % of youth reached with HIV prevention messages	88% (IBBS 2012)	N/A	90%
Number of peer support groups for young people with drug use behaviour established	0		TBD
Number and % of youth and adolescents tested for HIV and who know their results	N/A	N/A	90%

Table 8: Targets for eliminating mother to child transmission of HIV and Syphilis

INDICATORS	BASELINE	2020	2021
Provision and uptake of PMTCT			
% of pregnant women who have been tested for HIV and know their results	100%	100%	100%
Number and % of pregnant women living with HIV giving birth in the past 12 months (as % as all pregnant women in that year)	10 (0.6%)	15 0.96%	10 (0.6%)
Estimated % of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	1% (MOH, 2017)	2 13%	0%

INDICATORS	BASELINE	2020	2021
% of HIV-positive pregnant women who receive antiretroviral medicine to reduce the risk of Mother-To-Child-Transmission	100%	100%	100%
Final MTCT transmission rate	10 %	13%	0%
Testing and counselling			
% of infants born to women living with HIV receiving a virological test for HIV within two months of birth	91.7% (GARPR, 2016)	100%	100%
Coverage of syphilis testing in women attending antenatal care services at any visit	100%	100%	100%
% of pregnant women attending ANC whose male partners were tested for HIV during pregnancy	3.8% (GARPR, 2014)		90%

Table 9: Targets for scale up and uptake of ART

INDICATORS	BASELINE	2020	2021
Uptake of ART services			
Estimated number and % of people living with HIV who are on ART	434 (CDCU 2017) 62%	833 89%	805 (90%)
Number and % of people living with HIV who initiate ART	907 (MOH, 2017) 80%		85%
% of PWIDs living with HIV who are receiving ART	42% (IBBS, 2017)	N/A	80%
% of SWs living with HIV who are receiving ART	57% (IBBS, 2015)	N/A	80%
% of MSMs living with HIV who are receiving ART	N/A	N/A	80%
% of prison inmates living with HIV who are receiving ART	69.4%	N/A	80%
Number of facilities providing ART	3	3	5
% of facilities with stock-outs of antiretroviral drugs	0	0	0

Table 10: Targets for linkages to care and support for PLHIVs on ART

INDICATORS	BASELINE	2020	2021
Linkages to care and support for ARVs			
Number and % of PLHIVs not on treatment identified	242 (MOH, 2017) 63%	N/A	80%
Number and % of newly diagnosed people linked to HIV care	98 (GAM, 2017) 88%	85 92%	90%
% of HIV positive adults receiving HIV care whose partner's status is known	TBD		TBD
Psychological support			
Number and % of PLHIVs receiving psychosocial support	TBD		30%

Table 11: Targets for identification, treatment and management of co-infections

PRIORITY	Baseline	2020	2021
STIs assessment and treatment			
% of men reporting an STI in the past 12 months	1% (CDCU 2017)	106	TBD
% of PWIDs screened for STIs	15.7% (IBBS 2017)		60%
% of SWs screened for STIs	26% (IBBS 2015)		60%
% of individuals seropositive for syphilis	0.02		TBD
Hepatitis C screening and treatment			
% of people starting anti-retro viral therapy who were tested for hepatitis C virus (HCV)	47.6%		70%
% of PWIDs starting anti retro viral therapy who were tested for hepatitis C virus (HCV)	44.4%		70%
% of people co-infected with HIV and HCV starting HCV treatment	8.6%		70%
% of PWIDs co-infected with HIV and HCV starting HCV treatment	8.1%		70%
% of people co-infected with HIV and HBV receiving combined treatment	66.7%		70%
% of PWIDs co-infected with HIV and HBV receiving combined treatment	36.4%		70%
% of people in HIV care (including PMTCT) who were screened for TB in HIV care and treatment settings	60%		80%
% of people living with HIV and newly enrolled in HIV care who have active TB disease	0% (MOH 2017)		0%
% of women living with HIV 30-49 years old who report being screened for cervical cancer using any of the following methods: visual inspection with acetic acid (VIA), Pap smear or human papilloma virus (HPV) test	84.6% (MOH 2017)		90%
Number of male circumcisions performed	70 (MOH 2017)	62 (MOH 2020)	500

Table 12: Targets for PLHIVs on ART who are virally suppressed

INDICATORS	BASELINE	2020	2021
ART Retention			
Number and % of people living with HIV and on ART	434 or 62%		80%
Number and % of people living with HIV and on ART who are retained on ART 12 months after initiation	98 or 95% (GAM 2016)		95%
Establish standard operation procedures for referral and feedback by target date	0		2020
Number of NGOs and CSOs trained in advocacy and adherence support	0	0	5

Viral load testing			
% of all PLHIVs on ART will be virally suppressed.	62% (Annual Health Report, 2017)		80%
% of people living with HIV and on ART who have virological suppression (<1000 copies/ml) at 12 months after initiating treatment	83% MOH, 2017		90%
% of people (children and adults) on ART with viral load test results at 12 months	100%		100%
% of people living with HIV with the initial CD4 cell count <200cells/mm ³ during the reporting period	16.1%		TBD
AIDS Mortality			
Rate: Total number of people who have died from AIDS-related causes per 100 000 population	19 %		15%
Rate: Total number of people(aged 15+ years) who have died from AIDS-related causes per 100 000 population	0 %		0 %

Table 13: Targets for Zero Stigma and Discrimination

INDICATORS	BASELINE	2020	2021
Social and legal protection			
% of people aged 15–49 with discriminatory attitudes towards people living with HIV	82% (GARPR, 2013)	N/A	0%
Stigma index score	N/A	N/A	TBD
% of sex workers who avoided seeking HIV testing because of fear of stigma	N/A	N/A	0%
% of men who have sex with men who avoided seeking HIV testing because of fear of stigma	14% (IBBS, 2011)	N/A	5%
% of people who inject drugs who avoided seeking HIV testing because of fear of stigma	6% (IBBS, 2011)	N/A	0%
% of people from key populations who have experienced discrimination by health workers	N/A	N/A	0%
% of health facility staff observations of stigmatizing or discriminatory behaviour against people living with HIV	N/A	N/A	0%
Gender responsive programmes			
Number of interventions implemented to address gender inequalities and gender-based violence (including young and adolescent boys)	N/A	N/A	TBD
Number of facilities providing clinical and social services to survivors to mitigate the harms associated with GBV	N/A	N/A	TBD
Number of people who received PrEP at least once during the reporting period	2	N/A	TBD
Number and % of health facilities where PrEP is available	1	1	3
Number and % of health facilities where PEP is available	100%	1	100%

Annex 11 : Operational Plan 2019-2021

Operational Plan 2019-2021

Sector	Activity	NSP Outcome	Target group	Indicator	Time Frame					Lead agency	Partnering agency	Estimated cost	Remarks
					19	20	21	22	23				
Legal/Policy Changes	1. Introduce legislation on ART adherence	5	General population	Law in place			x			2021	NAC	AG Office/ MOH propose study	
Legal/Policy Changes	2. National policy on HIV /AIDS to turn into an Act	7	General population	Policy in place			x			2021		AG Office	
Legal/Policy Changes	3. update the Employment Act so that it is in line with the HIV/AIDs workplace policy.	7	General population	Revised Employment Act in place			x			2021	Employment Dept	AG Office	
Legal/Policy Changes	4. Introduce law for compulsory tests entry for prisoners as entry into prison services. Law has to change	7	Prisoners	Law in place		x				2020	NAC	AG Office	
Legal/Policy Changes	5. Introduce Law to protect PLHIV against discrimination. Stigma index study to be carried out	3	PLHIV	Law in place		x				2020	NAC	AG Office	
Legal/Policy Changes	6. organize forums for harmonizing of policies	7	General population	Forum done		x				late 2019	NAC	AG Office	
Legal/Policy Changes	7. Legal mandate to enforce reporting by all entities.	M&E	General population	Law in place		x				2020	NAC	AG Office/ NAC has the power	
Legal/Policy Changes	8. Consolidate existing guidelines into one	7	General population	Consolidated guidelines in place		x				2020	MOH	MOH	
Testing and counselling	1. Voluntary testing and counselling	1	General population	Number of persons tested	x					2019	MOH	HCA	
Testing and counselling	1. Voluntary testing and counselling		CWS staff		x					12 April	CWS	MOH	
Testing and counselling	1. Voluntary testing and counselling		SPTC		x					April	SPTC	MOH	
Testing and counselling	1. Voluntary testing and counselling		SCAA		x					March	SCAA	MOH	

Sector	Activity	NSP Outcome	Target group	Indicator	Time Frame					Lead agency	Partnering agency	Estimated cost	Remarks
					19	20	21	22	23				
Testing and counselling	1. Voluntary testing and counselling				x					19-Nov			
Testing and counselling	1. Voluntary testing and counselling		YHC staff		x					Q2	SNYC/ YHC	MOH	
Testing and counselling	1. Voluntary testing and counselling		Post sec		x	x	x	x	x	Quarterly	MOE	MOH	
Testing and counselling	1. Voluntary testing and counselling		STC staff		x					Week 1 March	ERHC	STC	
Testing and counselling	2. Test all clinic attendees for HIV/AIDS	1	General population	Policy in place	x					2019	NAC	MOH	
Testing and counselling	3. do outreach on hotspots	1		number of tests done & treatment given	x					2019 ongoing	MOH	NGOs	
Testing and counselling	4. EMTCT/ Medical tests to migrant employees.	1	General population	Policy in place	x					2019	MOH	MOH	
Raise Awareness	Health promotion awareness /IEC materials inform and educate/ communicate	2	General population	Sessions done/ surveys done		x				2020	MOH	NGOs	
Raise Awareness	2. specific modules for young people / Comprehensive sexual reproductive health education		Youth	Modules available						To be reviewed & developed	MOH/ MIN of Educ		
Raise Awareness	3. Targetted IEC materials , media spots	2	General population	Production of IEC materials	x					2019	NAC	HASO/ Educ/ Media com	
Raise Awareness	4. Use of role models to transmit key messages	2	General population	Exercise done		x				2020			
Capacity Building	1. Training, capacity building, exposures for health and non-health service providers	2	Treatment givers and trainers	Training done and number of people trained.	x					2019	NAC	MOH trainers	
Capacity Building	2. Capacity building for teachers on a new approach to teach sexuality	3	General population	Number of teachers trained	x					2019	MOH		

Sector	Activity	NSP Outcome	Target group	Indicator	Time Frame						Lead agency	Partnering agency	Estimated cost	Remarks
					19	20	21	22	23					
Capacity Building	3. To increase number of professionals working with HIV / AIDS programmes	5	General population	Refresh and retrain			x			2021	MOH	Training Agent		
Capacity Building	4. Development of SOPs and guidelines	M&E	General population	Revised and new SOPs	x					2019	MOH	Training agent		
Decentralization and improved service delivery	1. Decentralizing of HIV services.	2	General population	Number of new centres delivering services		x				2020	MOH management team	Other stakeholders		
Decentralization and improved service delivery	3. Provision of infrastructure to expand service delivery	5	General population	Number of new centres			x			2021	MOH	MOH management team		
Decentralization and improved service delivery	5. carry out a survey on HIV service delivery. Are clients satisfied? What is not satisfactory?	5	General population	Number of surveys carried out and results analysed				x		2022	NGOs	MOH		
Advocacy	1. Hold human rights sensitization sessions	2	General population	Number of sessions held	x					2019	NGOs	NAC		
Advocacy	2. Strengthen relations between MOH and civil society (MOU)	3	General population	Number of MOUs and agreements	x					2019 to start	MOH	NAC & stakeholders		
Information availability	Setting up of M&E system										NAC UNAIDS	All stakeholders		
Information availability	1. Access to info , documentation and monitoring	6	M&E	channel of info established and easily disseminated			x			2021	NAC	MOH/ private		
Information availability	2. Accountability	6		Reporting system established			x			2021	MOH			
Information availability	3. More reporting required	M&E		Reporting system established		x				2020	MOH			
Information availability	4. Quarterly conference on M&E	M&E		Calendar of meetings established & meetings held			x			2021	MOH	M&E Group		

Sector	Activity	NSP Outcome	Target group	Indicator	Time Frame						Lead agency	Partnering agency	Estimated cost	Remarks	
					19	20	21	22	23						
Information availability	5. Integrate HIV related targets into health reports	M&E		Actual integration done			x				2021	NAC	MOH/private		
Information availability	6. Define AIDs related deaths	M&E		Definition agreed on.	x						2019				
Information availability	7. Reduce duplication of reports. SOPs required for best practice	M&E		Preparation of SOPs		x					2020	NAC	MOH/private		
Information availability	8. Need data from partners	M&E		Reporting system established		x					2020	NAC	MOH		
Information availability	9. Data to be disaggregated by demography	M&E		Establish the demography		x					2020	MOH	M&E group		
Information availability	10. Need improved dissemination of HIV/AIDS related info via all channels to public and leaders.	M&E		Establish channels for dissemination of info.			x				2021	NAC	MOH		
Information availability	11. Indicators and targets to reflect local and international parameters.			Set indicators		x					2020	MOH	M&E Group		
Prevention	1. Condom distribution	2	General population	Number of condoms distributed	x	x	x	x	x		on going	MOH	NGOs		
Prevention	2. Use of NGOs to test, mentor, adhere to ART, buddy system	2	General population	Projects done by NGOs	x						2019	MOH	NGOs		
Prevention	3. Strengthen integration of HIV in sexual reproductive health & EMTCT	2	General population	number of people educated on such	x						2019	MOH	MOH		

Annex 12 : Seychelles HIV & AIDS National Action Plan for Removing Legal Barriers 2017

SEYCHELLES HIV & AIDS NATIONAL ACTION PLAN FOR REMOVING LEGAL BARRIERS 2017			
Goal	Objective	Lead Agency	Status in 2020
Goal 1: Ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases	<ul style="list-style-type: none"> • Objective 1.1: To guarantee access to services, treatment and care of HIV and associated diseases without discrimination 	MOH	Ongoing
	<ul style="list-style-type: none"> • Objective 1.2: To ensure non-discrimination in relation to immigration procedures and in the workplace 	Immigration and Employment	Ongoing; Employment Act being finalised
	<ul style="list-style-type: none"> • Objective 1.3: To provide legal protection against discrimination and violence and other violation of rights faced by vulnerable and most at risk key populations including sex workers and MSM 	Attorney General	
	<ul style="list-style-type: none"> • Objective 1.4: To develop an understanding of stigma and discrimination in relation to HIV and AIDs in the country vis-a-vis vulnerable and key populations 	NAC Dept of Foreign Affairs	UPR report done Stigma index exercise postponed
Goal 2: Provide prevention and rehabilitation programmes for remandees and prisoners in all prison settings with a view of reducing HIV and related infections	<ul style="list-style-type: none"> • Objective 2.1: To develop policies, strategies and plans, and implementing programmes to reduce HIV and Hepatitis rates for remandees and prisoners 	Prison	<ul style="list-style-type: none"> - Survey conducted in 2018 by APDAR, MOH & Prison - Strategies reviewed - Methadone introduced in prison 2019 - New health facility built and staff allocated
	<ul style="list-style-type: none"> • Objective 2.2: To provide prevention information and enhance knowledge of sexually transmitted infections, as well as other prevalent diseases in prisons, emphasising legal and health rights within the prison setting 		
Goal 3: Ensure unrestricted access to health services for vulnerable populations	<ul style="list-style-type: none"> • Objective 3.1: To create an enabling legal and policy environment to reduce the vulnerability of young people to HIV, sexually transmitted infections and early pregnancy 	Youth Family Affairs	Ongoing
	<ul style="list-style-type: none"> • Objective 3.2: To protect the right to equality and non-discrimination of people with disabilities in accessing HIV related health care services 		
	<ul style="list-style-type: none"> • Objective 3.3: To protect the right to equality and non-discrimination of MSM and sex workers in accessing HIV related health care services 	Civil Society Attorney General	Training sessions conducted
	<ul style="list-style-type: none"> • Objective 3.4: To further amend the Misuse of Drugs Act 2016 to support the appropriate implementation of harm reduction measures 	APDAR	Laws amended further

Annex 13 : NAC Extra Duties during COVID-19 Redeployment by DOH

Goal 3: Strengthen the Case Management and Infection Prevention and Control (IPC) pillars, resulting in mitigation of the impact of the COVID-19 outbreak on the country (as per WHO guidance)		
<p>Early diagnosis and isolation of COVID-19 cases, with effective application of IPC measures are crucial for prevention of escalation from sporadic cases to widespread community transmission of COVID-19. Having a multidisciplinary team trained in the aspects of case management and IPC response to the outbreak is an essential part of effective response. The Case Management and IPC Team aims at enabling the country to strengthen the case management capacity and IPC pillars, resulting in mitigation of the impact of the outbreak on the country.</p>		
Proposed Activities	Progress of Activities undertaken	Constraints / Comments
<p>Objectives</p> <p>3.1 Assess baseline for existing capacity and practices in Health and Public Facilities.</p> <p>3.2 Equip a multidisciplinary case management team with knowledge and skills to respond to COVID-19 in the context of Case management and IPC pillars.</p> <p>3.3 Strengthen the capacity of the Case management and IPC response for COVID-19.</p> <p>3.4 Ensure business continuity for health care services.</p> <p>3.5 Strengthen monitoring and evaluation capacity for IPC and Case management.</p>		
1) Map vulnerable populations and public and private health facilities (including traditional healers, pharmacies and other providers) and identify alternative facilities that may be used to provide treatment	<ul style="list-style-type: none"> -Public and private health facilities identified -Vulnerable populations (home for elderly, populations with existing chronic medical conditions) identified -Local capacity for investigation of persons with symptoms and isolation of COVID-19 patients assessed -IPC training held with home-carers -National Workshop held with HIV/Hepatitis Stakeholders 	<ul style="list-style-type: none"> -Private facilities poorly equipped in some areas -Traditional healers not yet targeted Need to -Consolidate training & address challenges through on-site visits to health facilities -Conduct evaluation of Triage recording & reporting tools and their implementation
2) Identify Intensive Care Unit (ICU) capacity	-ICU bed/ventilator capacity established on Mahe, Praslin & La Digue	
3) Continuously assess burden on local health system, and capacity to safely deliver primary healthcare services	<ul style="list-style-type: none"> -Regular assessments conducted by IPC and clinical teams -Recommendations made by stakeholders for improving HIV/Hepatitis services 	<i>Difficult to convince HCWs to maintain their guard when there are no active cases</i>
4) Ensure that guidance is made available for the self-care of patients with mild COVID-19 symptoms, inc. guidance on when referral to healthcare facilities is recommended	-Guidelines for home care developed in local context (Planning team) and health care providers trained on its use	Personnel from Home Care Programme in Family Affairs invited to workshop
5) Disseminate regularly updated information, train, and refresh medical/ambulatory teams in the management of severe acute respiratory infections and COVID-19-specific protocols based on international standards and WHO clinical guidance;	<ul style="list-style-type: none"> -Medical teams (doctors, nurses, nutritionists, health care assistants, mortuary technicians, security personnel) trained in case management and triage strengthening -Triage and screening areas set up at all public and private health facilities assessed by IPC and clinical teams 	<ul style="list-style-type: none"> -Venues required for adequate physical distancing -No defined Budget Training conducted in -Orientation for 60 HCWs (doctors, nurses, HCAs, nutritionists) -Triage Strengthening: (20) Community & Hospital Nurse managers; 9 security firm personnel;

		79 doctors; 81 IPC and other nurses, Pharmacists, HCAs, Mortuary attendants)
6) Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co-morbidity	-SOPs for transport of suspected and confirmed cases developed by IPC team -Clear referral system of severely ill patients developed by Planning Team used in training	-CIC Physician Dr Mahmoud involved in guideline development
7) Ensure comprehensive medical, nutritional, and psycho-social care for those with COVID-19	-Nutritional team and Psychosocial team involved in case management	
8) Participate in clinical expert network to aid in the clinical characterisation of COVID-19 infection, address challenges in clinical care and foster global collaboration	-Team linked with WHO and Reunion Island clinical experts	-One telephone meeting held with Reunion doctor treating COVID-19; -Regional ZOOM conference attended
9) Evaluate implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, immunocompromised), and adjust guidance and/or address implementation gaps as necessary	-Regular review done with team members and health facility staff -Triage Tools reviewed with health facility staff and adjusted accordingly	Need to update clinical guidelines
Objective 3.6 Support Infection Prevention and Control (IPC) activities		
1) Develop and implement a plan for monitoring of healthcare personnel exposed to confirmed cases of COVID-19 for respiratory illness	-Plan developed for monitoring & management of exposed HCW -Staff trained in procedures for ill HCWs	Training for remaining 30 IPC focal persons planned for 23-24 th July at ICCS; funded by HCA
2) Identify IPC surge capacity (numbers and competence)	Surge capacity evaluated and staff training supported by WHO at Avani	
3) Engage trained staff with authority & technical expertise to implement IPC activities	-IPC focal persons trained by IPC team	
4) Record, report, and investigate all cases of healthcare-associated infections	-Prompt and regular screening/ investigation of frontline workers and exposed HCWs established	Thankfully, no HCW infected with COVID-19 until December 2020
5) Disseminate IPC guidance for home and community care providers	-IPC guidance materials prepared and disseminated by IPC team	
6) Implement triage, early detection, and infectious-source, administrative and engineering controls; implement visual alerts in Creole and English for family members and patients to inform triage personnel of respiratory symptoms and to practise respiratory etiquette	-Two Risk communication posters produced and displayed in all health facilities	
7) Monitor IPC and WASH implementation in selected healthcare facilities and public spaces using IPC Assessment Frameworks and Tools	-IPC monitoring tool/ checklist developed by IPC team to regularly monitor IPC implementation -IPC focal persons trained in its use	

8) Provide prioritized tailored support to health facilities based on IPC risk assessment and need; and address any skills and performance deficits	-Onsite training conducted at health facilities by IPC and clinical teams according to needs -Data forms reviewed & re-disseminated	
Objective 3.7 Support Surveillance and Rapid Response Teams		
1) Disseminate case definition in line with WHO guidance and investigation protocols to healthcare workers (public and private sectors)	-Collaborated with Surveillance & Response Teams to update case definition and testing strategy -Updated case definitions and investigation tools disseminated to both public and private health facilities and healthcare workers trained on their use	
2) Activate active case finding and event-based surveillance for influenza-like illness (ILI), and severe acute respiratory infection (SARI)	-Healthcare workers trained on case-finding of ILI and SARI	
3) Assess gaps in active case finding and event-based surveillance systems	Training in active case finding and event-based surveillance systems not yet done	
4) Train & equip rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours	Proposal submitted by Surveillance team but training not yet conducted	

Goal 4: Ensure safe faith-based gatherings, ceremonies and rituals at places of worship and funerals (as per MOH guidance)		
<p>The Seychellois people are mostly a very religious society and a house of worship is the natural place to go for comfort and support in the face of a crisis. However, gathering with other people in the same physical space and performing certain rituals and practices in places of worship may increase the risk of transmission of the COVID-19 and other infectious diseases.</p> <p>With the detection of the first case of COVID-19 in Seychelles on 14th March 2020, faith-based organisations (FBOs) found it necessary to suspend all gatherings. With the easing of restrictions starting 4th May 2020, resuming services in a ‘new normal’ way will involve adoption of safe practices and adjustments during the month of May and beyond to innovative and unfamiliar ways of doing things in a culture enshrined over a several centuries.</p>		
Proposed Activities	Progress of Activities undertaken	Constraints / Comments
Objectives: 4.1 Develop and share guidance on preventive measures 4.2 Sensitize FBO leaders 4.3 Engage health and safety officers 4.4 Monitor adherence to preventive measures 4.5 Ensure DoH preparedness		
1) Establish a Technical Working Group (TWG)	-TWG created; First meeting 27/4/2020	-Funerals started in first week, before measures for handwashing and physical distancing established
2) Reflect on the experience and impact of the COVID-19 epidemic on the nation, faith based organisations and places of worship,	-Met with FBO leaders and made presentations to <ul style="list-style-type: none"> o discuss new normal; o review policies, objectives, processes and procedures 	-Resistance by some leaders for installation of handwashing basins on their premises

<p>and vision the new normal and reality for this sector</p> <p>3) Review the policies and objectives of faith based organisations and places of worship and determine where changes/ adjustments need to be made</p>	<ul style="list-style-type: none"> o determine where adjustments need to be made <p>Meetings held:</p> <ul style="list-style-type: none"> - 29/4/20 RCC Clergy - 29/4/20 Anglican Clergy - 5/5/20 Seychelles Evangelical Alliance (SEA) leaders - 30/5/20 SEA focal persons - 4/5/20 Funeral directors/ attendants - 12-22/5/20 Pastoral Groups at Places of Worship 	<p><i>-No budget for implementation</i></p> <p><i>-Weekend worship services started officially on 22nd May 2020 by most FBOs</i></p> <p><i>-Adjustments made to accommodate non-touch practices by FBOs</i></p> <p><i>-Lack of physical distancing at funerals a major threat</i></p>
<p>4) Identify the key roles to be played by the leadership, operational staff, partners, ministers and worshippers in the preparation and implementation of the “return to new normal” plan</p> <p>5) Review important processes and procedures of faith based organisations and places of worship and identify the changes and adjustments that are needed</p>	<p>Met with SIFCO to identify</p> <ul style="list-style-type: none"> - key roles to be played by different actors; - infrastructure adjustments for preparation and implementation of the “return to new normal” - Guidelines adapted or developed and disseminated for <ul style="list-style-type: none"> o Resuming worship o Conducting funerals; o Cleaning and disinfection; o If a person falls ill at a place of worship o Traditional celebrations o Home visits <p>Met with Police on 12 August to re-mobilise support</p>	<p><i>Police identified as key partner, but so far, little support received from them</i></p> <p><i>Focal persons appointed by most FBOs</i></p>
<p>6) Identify the infrastructure adjustments and developments that need to be implemented for the successful “return to new normal”</p>	<ul style="list-style-type: none"> - Visits conducted by PHOs - Handwashing facilities and sanitisers installed at all places of worship - Physical distancing measures established at most places of worship 	<p><i>-Funerals still problematic</i></p> <p><i>-Most difficulties encountered at mortuary and cemetery</i></p>
<p>7) Create/strengthen the inspection, monitoring and reporting mechanisms that need to be put in place to ensure success</p>	<p>Monitoring and reporting mechanisms developed and disseminated by DOH</p>	<p><i>-Some FBOs did not return monitoring forms</i></p>
<p>8) Develop and plan the implementation of training/ retraining of supervisory and operational staff</p>	<ul style="list-style-type: none"> - Plan for training /retraining of supervisory and operational staff developed; not yet implemented - Guidelines developed - IEC materials & messages developed and disseminated - Radio messages changes 	<p><i>-Members involved in other groups</i></p> <p><i>-Poor support from risk communication teams</i></p>
<p>9) Finalise “return to normal” plan</p>	<p>Interim Plan finalized and disseminated to all FBOs and places of worship</p>	<p><i>-Poor adherence to funeral guidelines</i></p> <p><i>-Funeral guidelines constantly being changed to accommodate new measures which may work</i></p>
<p>10) Implement, monitor and evaluate, report back</p>	<p>Initial and monitoring visits conducted to most places of worship</p>	<p><i>Need to go back to FBOs and support their initiatives</i></p>

Annex 14 : Seychelles Prevention Scorecard 2020

Seychelles		2020	Based on most recent available data.	Version	2.01.	NOT VALIDATED		
Output (coverage)	→	Outcome (service use/behaviour)			→	Impact	Summary	
Condoms							Scores AGYW&MPs 0 SW 6 MSM 6 PWID 5 Condoms 0 VMMC 0 PrEP 4	
Number of condoms distributed and sold / year (in millions) ¹	0.5	Condom use with non-regular partners (%) ⁴	Women 15-49	52.2				
Number of condoms distributed and sold per man 15-64 /year ^{1,2}	13.1		Men 15-49	50.9				
% of condom distribution need met for 15-64 ³	68.7							
Voluntary medical male circumcision (VMMC)								
Number of VMMCs performed / year (in thousands) ⁴	na	% of 2020 VMMC target achieved ^{4,5}	Men	na				
% of annual VMMC target achieved ^{4,5}	na	National male circumcision prevalence (%)	Men 15-24 ⁶	4.3				
			Men 15-49 ⁵	3.9				
ARV-based prevention								
Composite PrEP score (0-10) ^{5,7,8}	4.0	% of national PrEP need met ⁹	All pop.	id				
Number of people who received PrEP at least once in the past 12 months ⁷	na	% of PLHIV virally suppressed ⁸	Women 15+	#N/A				
% of PLHIV on ART ⁸	87.4	% of PLHIV virally suppressed ⁸	Men 15+	#N/A				
Key populations						HIV prevalence		
<i>Sex workers (SW)</i> ^{4 if not indicated otherwise}								
Population size estimate for sex workers (in thousands) ^{4,10,11}	0.6	Condom use / last paid sex (%)	Sex workers	16.0	Sex workers <25 years	id		
% of SWs who received at least two HIV prevention interventions (past 3 mo) ^{4,10,11}	97.4	Condom use / last paid sex (%) ⁶	Men 15-49	61.8	Sex workers all ages	5		
Prevention strategy includes core elements of SW prevention package ¹	All	% of PLHIV on ART	SWs LHIV	N/A /A				
<i>Gay men and other men who have sex with men (MSM)</i> ^{4 if not indicated otherwise}								
Population size estimate for men who have sex with men (in thousands) ^{4,10,11}	1.1	Condom use / last anal sex (%)	MSM	54.5	MSM <25 years	1		
% MSM who received at least two HIV prevention interventions (past 3 mo) ^{4,10,11}	98.9	% of PLHIV on ART	MSM LHIV	N/A /	MSM all ages	13		
Prevention strategy includes core elements of MSM prevention package ¹	All							
<i>People who inject drugs (PWID)</i> ^{4 if not indicated otherwise}								
Population size estimate for people who inject drugs (in thousands) ^{4,10,11}	2.6	% with safe injecting practices	PWID	58.5	PWID <25 years	11		
% PWID who received at least two HIV prevention interventions (past 3 mo) ^{4,10,11}	75.4	% on opioid substitution therapy	PWID	73.6	PWID all ages	8		
Prevention strategy includes core elements of PWID harm reduction package ¹	All	% of PLHIV on ART	PWID LHIV	N/A /A				
Structural barriers and enablers								
Criminalization of selling sex ¹	Yes	% of people who avoided health care because of stigma and discrimination ⁴	Sex workers	id				
Criminalization of same sex relations ¹	No		MSM	14.1				
Criminalization of drug use/consumption or possession for personal use ¹	No		PWID	6.1				
Adolescent girls, young women (AGYW) & partners in high-HIV incidence settings								
% of priority locations/districts with dedicated programs for AGYW & partners ^{8,12}	id	Condom use with non-regular partners (%) ⁶	YW 15-24	44.5	Young women 15-24 ⁸	1.6		
% of girls who completed lower secondary education ¹³	99.0		YM 15-24	52.4	Young men 15-24 ⁸	3.0		
Educational policies on HIV & sexuality education (secondary school) ¹	Yes	% who had multiple sexual partners ⁶	Men 15-49	16.4	Adults 15-49 ⁸	2.1		
Laws requiring parental consent for adolescents to access SRH services ¹	Yes	% of women experienced physical or sexual violence from husband/partner ⁶	YW 15-19	id				
Provider-initiated condom promotion integrated into SRH services ¹	yes		Women 15-49	id				
HIV testing services integrated with SRH services ¹	Yes							

Acronyms na ... not applicable;

PLHIV ... people living with HIV; LHIV ... living with HIV; YW ... young women; YM ... young men; OST ... opioid substitution therapy; SRH ... sexual and reproductive health.

Very good
Good
Medium

Low
Very low
id Insufficient data

Sources (see 'Validation' sheet for any country specific additions)

1. NCPI
 2. World Population Prospects: The 2015 Revision
 3. Condom needs estimation tool
 4. GAM
 5. 2020 fast-track target
 6. DHS / population-based survey
 7. Reporting to UNAIDS
 8. UNAIDS 2018 HIV estimates
 9. PrEP needs estimation (not yet available)
 10. Global Fund
 11. COP2020
 12. Global Fund and PEPFAR (DREAMS)
 13. UNICEF
- Note: Based on the validation by countries, other sources might have been used.

Please address any queries on the National AIDS Council 2020 Annual Report to the Chief Medical Officer



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