



2021

End Inequalities. End AIDS.  
End Pandemics.



ANNUAL  
REPORT

National AIDS Council





## FOREWORD

The year 2021 marks 40 years since the beginning of the HIV/AIDS pandemic. Forty years is a long time to live with a pandemic. What did these 40 years look like?

Well, in the first years, there was fear, desperation and many lives lost, but this fortunately changed.

Today, we know how to prevent and treat HIV:

We have very effective and safe treatment that is easier to take;

We have a toolbox of HIV prevention interventions;

We know how to prevent mother to child transmission; and

There is renewed hope for an effective HIV vaccine using mRNA technology

However, despite amazing progress, the world was not on track to achieve its goal of ending AIDS by 2030, even before the Covid-19 pandemic. There are many reasons for this: one reason is that some countries and programmes have difficulties, or, are unwilling to translate sound scientific knowledge into practice; for example, we know pre-exposure prophylaxis (PrEP) works, but we do not implement it on scale. However, the root cause for the non-achievement of our goal of ending AIDS is – inequalities – the unfair, avoidable and remediable differences in health and health outcomes of different population groups.

Inequalities, including social injustice lead to health risks.

Inequalities lead to poor engagement in HIV programmes.

Inequalities lead to poor health outcomes, even when effective treatment is available.

Inequalities cost lives.

We are fortunate to live in a country where prevention, treatment and care services are available free of charge but even in this seemingly ideal environment, inequalities can and sometimes do fester.

We do not analyse our data enough to understand equity gaps, to see clearly which population groups or individuals have unmet needs or are being left behind. We need to change this. We have many old challenges to address, and today, there are new threats that can steer us even further off-track from our goals. For the last two years, we have been grappling with another pandemic – Covid-19. It has led to a shift of focus and resources away from other health problems. We have experienced disruptions in all health services including HIV prevention and care and some persons living with HIV have lost their life to Covid-19.

Additionally, there is fear that the loss of livelihood and economic austerity secondary to Covid will negatively influence health risks and health seeking behaviors.

We have been implementing HIV prevention and treatment interventions for years. What can we do more or do differently?

We endorsed the UN 2021 Political Declaration on HIV/AIDS with its 10 commitments:

1. Ending inequalities and engaging stakeholders to end AIDS
2. Effective implementation of combination HIV prevention
3. HIV testing, treatment and viral suppression
4. Vertical transmission of HIV and pediatric AIDS
5. Gender equality and empowerment of women and girls
6. Community leadership
7. Realizing human rights and eliminating stigma and discrimination
8. Investments and resources
9. Universal health coverage and integration
10. Data, science and innovation

We know what to do. Let of us deliver on our commitments. Let us end AIDS. Let us tackle both pandemics. On World AIDS Day 2021, NAC remembered those infected and affected by HIV, and renewed its support for the many people involved in the fight against HIV.

It has been 40 years, we have been fighting for a very long time, we cannot drop the ball on HIV, the fight must continue.



Dr. Agnes Chetty  
Chairperson of the Board  
National AIDS Council



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## ACKNOWLEDGMENTS

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 AIDS Council Board, National Strategic Plan Steering Committee members, and the Ministry of Health (MOH) including the Division for Substance Abuse Prevention, Treatment and Rehabilitation (DSAPTR), non-governmental organisations (NGOs), faith-based organisations (FBOs), the private sector and the Prison Department.

Special thanks also go to all teams who participated by provided reports on the World AIDS Day 2022, and to All those who contributed in finalizing the Global AIDS monitoring Report.

The teams were the following persons:

Mrs. Sabrina Mousbe (AIDS Control Programme, Public Health Authority)

Dr. Louine Morel & Ms. Georgette Furneau (CDCU)

Dr. Winnie Low-Wah & Ms. Brina Adonis (DSAPTR)

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Mrs. Barbara Carolus-Andre (Human Rights Commission)

Mr. Raymond St-Ange (Prison Division)

Ms. Celine Lucas & Ms. Jacintha Jean-Baptiste, Indian Ocean Tuna Limited (IOT)

Private Clinics (Euromedical, Le Chantier Dr. Jivan, Dr. Chetty)

Private Pharmacies (D'Offay Pharmacy, Good Health Pharmacy, Oya & Medix)

Mrs Jane Larue, Ms Gina Adelaide, Mr Gerald Kiwale, Family Affairs Department

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



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## ACRONYMS AND ABBREVIATIONS

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



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## THE REPORT

### a) Objectives

This report provides an in-depth overview of all the work undertaken by the National AIDS Council (NAC) during the year 2021. It emphasises NAC's collaboration and relationship created during the year with its different stakeholders and working partners to accomplish the national goals and vision.

The report will help understand our different challenges encountered, while also highlighting our improvements throughout 2021. In the report, NAC has also compiled recommendations on how we could move forward to achieve all our goals in the future.

### b) Intended Audience

The target audience for this report is primarily National Health Policy makers at all levels of the government, all health care providers, partners and stakeholders in the fight against HIV and AIDS. The report is also intended to inform legislators and the public about the work done by the NAC and its partners and stakeholders, the achievement secured and the remaining gaps.

### c) Process of Report Development

Development of the document started with the sourcing of data and statistics in December 2021 to develop both the NAC annual report and the Global AIDS Monitoring (GAM) report. The data used were primarily from routine reporting from the Communicable Disease Control Unit (CDCU), AIDS Control Programme Unit, HASO, Prison, DSAPTR, private practices and pharmacies, civil society and NAC itself.

Report writing was initiated in January 2022 by NAC programme manager for Monitoring and Evaluation, Mrs Marcelle Houareau. Programme Manager Mrs Patricia Baquero took responsibility for the National Commitments and Policy Instrument (NCPI).

A consultative meeting was held with stakeholders on 9 March, followed by preliminary validation on 26 March 2022. Meanwhile, the GAM indicators were filled in online by the NAC secretariat. Specific contributions were provided by Public Health Authority CDCU, AIDS Control Programme, Health Care Agency Pharmacy Section, and Clinical Laboratory. Further details on HIV testing and condom distribution were provided by the private sector and civil society.

GAM entries were used to compile the GAM narrative. The GAM report was submitted online in April 2021 and its findings, together with MOH and stakeholder annual reports were used to finalise the NAC annual report 2021. Following review by the UNAIDS Team, the GAM narrative report was further generated by UNAIDS and revised by NAC in June 2022.

Editorial support was provided by the Chairperson, Dr Agnes Chetty and Dr Anne Gabriel as both CEO and GAM Country Rapporteur.

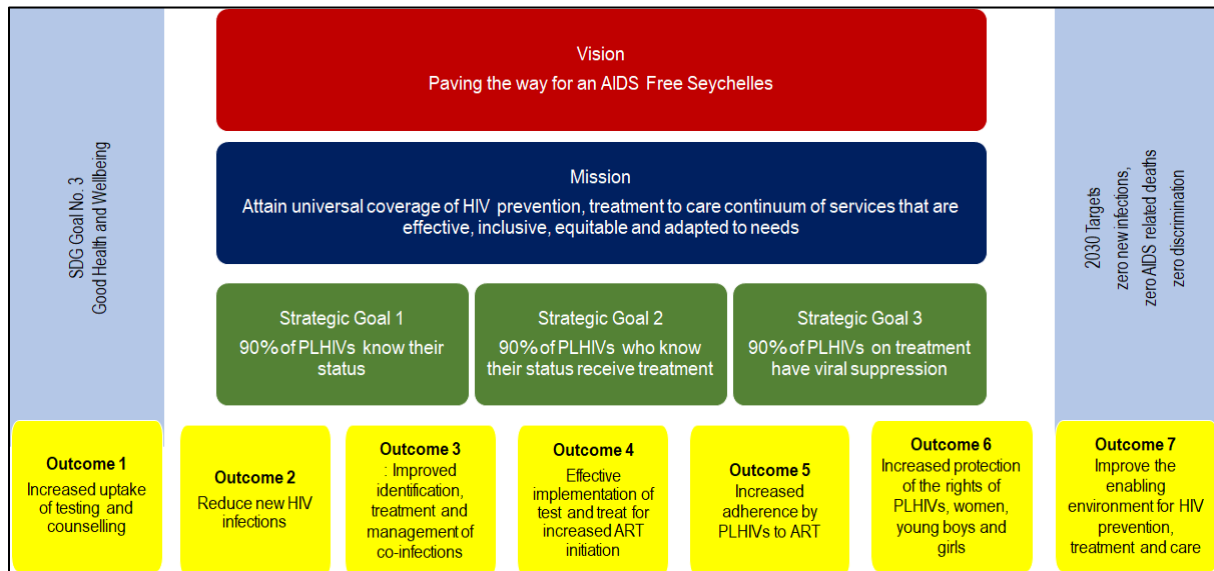
## INTRODUCTION

In 1987, Seychelles recorded its first case of Human Immunodeficiency Virus (HIV) infection, then later in 1992, the first case of Acquired Immune Deficiency Syndrome (AIDS) was recorded.

### 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. To maximize the impact of the response, the country needs to 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. While there are several external and internal risks that may positively or adversely affect results, the combination of strategies adopted are calibrated according to the epidemiological health priorities and available resources. The overview of the results framework is detailed in Figure below.

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



## Leadership, Governance and Management

NAC has its own National Strategic Plan (NSP) as above and a policy, which is currently being revised.

### a. The functions of NAC

Its founding Act 13 of 2013 governs NAC. The functions of the Council are to:

- i. Recommend to the government policies and strategies and take measures to
  - o Combat HIV and AIDS
  - o Control and mitigate the effects of the HIV and AIDS epidemic; and
  - o Promote, coordinate, monitor and evaluate the application of such strategies and policies;
- ii. mobilize and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS;
- iii. 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;
- iv. enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to coordinate their responses;
- v. encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents;
- vi. monitor and evaluate the effectiveness of the strategies and policies referred to in paragraph and generally, the national response to fight HIV and AIDS;
- vii. promote and co-ordinate research into HIV and AIDS and to ensure the effective dissemination and application of the results of such research;
- viii. disseminate, and to encourage the dissemination of information on all aspects of HIV and AIDS;
- ix. submit regular reports to the President through the minister, concerning HIV and AIDS epidemic;
- x. allocate funds to organizations which in the opinion of the Board is eligible to receive funding subject to the availability of funds;
- xi. 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
- xii. exercise such other functions that may be conferred on the Council by or under this act or any other enactment.

b. **Board and Ministry of Health**

The board comprises of sixteen persons from various sectors. It is responsible for the management, formulation of the general policies of the Council and controlling its operations.

**The President is the Patron of the Council.**

**The Minister for Health** may give the Board such directions of a general character relating to the policy which the Council is to observe in exercise of its functions

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.



*First Meeting of the NAC Board September 2020, chaired by former President Mr Danny Faure*

c. **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.

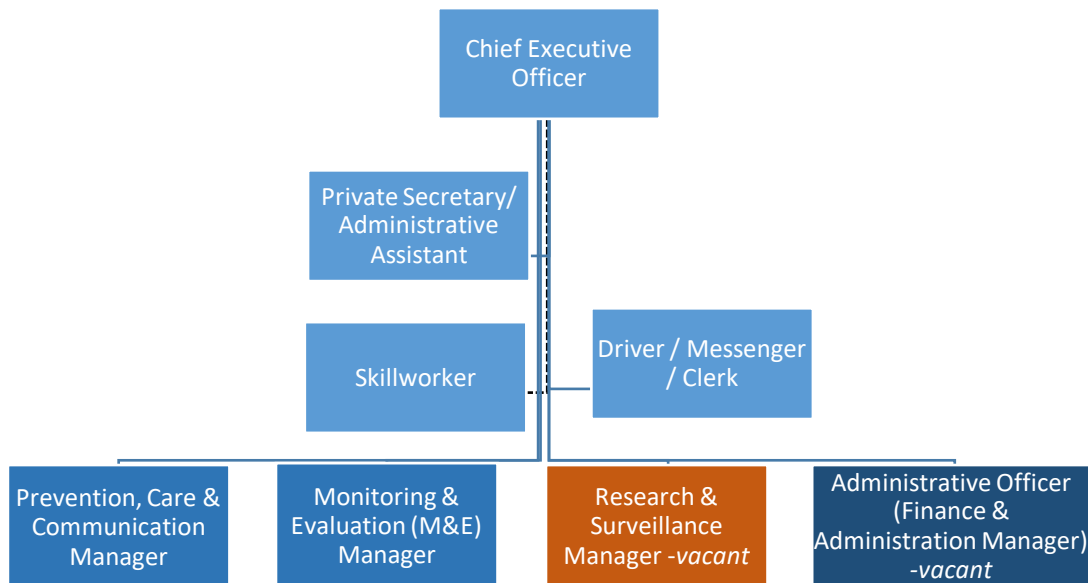
d. **Other Sub-committees**

- Finance
- Media
- Resource mobilization

e. **The Secretariat and Staffing**

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 and one part-time skill worker.

*Figure 2. NAC Organogram 2021*



f. NAC budget for 2021

For 2021, the total budget of NAC was SCR 3,703,701.22. NAC had to work on its 2022 budget, which the National Assembly approved for SCR 3,846,030.39.

g. Summary of main statistics

The following gives an overview of the level of the HIV epidemic in Seychelles the past five years.

Table 1. Summary of Statistics (Adapted from a report submitted to WHO in 2020)

	Indicator	Level in 2017	Level in 2018	Level in 2019	Level in 2020	Level in 2021
1.	Know your epidemic (Number & % of people living with HIV)	687 (0.73% total pop)	768 (0.79% total pop)	864 (0.88% total pop)	934 (0.95% total pop)	969 (0.98% total pop)
2.	Financing (% HIV response financed domestically: NASA)	-	98%	95%		94%
3.	a. Prevention (% condom use among sexually active individuals)	unknown	unknown	unknown	unknown	unknown
	b. Prevention (needles per person who injects drugs)	8.62/year	5.51/year	11.1 /year	10.7 / year	4.9 / year
	c. Prevention (% negative infants born to HIV-infected women)	90% negative (1:10 babies positive)	80% negative (3:15 babies positive)	95% negative (1:20 babies positive)	89% negative (2:18 babies positive)	91% negative (1:23 babies positive)
4.	Testing (% PLHIV who have been diagnosed) <b>No estimation of PLHIV done</b>	960 (604M/356F)	1080 (683M/397F)	1183 (759M/424F)	1267 (817M/288F)	1326 (861M/465F)
5.	Linkage to care (Number and % in HIV care [inc. ART])	Not available	601 (78%)	796 (92.1%)	833 (89%)	881 (91%)
6.	Currently on ART (% on ART)	442 (62%)	554 (72%)	755 (87%)	746 (80%)	846 (87%)
7.	ART retention (% retained and surviving on ART)	209 (68.3%)	91%	699 (81%)	769 (82%)	894 (92%)
8.	Viral suppression (% on ART virally suppressed)	96%	505 (91%)	653 (87%)	515 (67%)	Not available
9.	HIV deaths (Number and Ratio of HIV related deaths)	17 (18/100000)	19 (20/100000)	16 (16/100000)	10 (10/100000)	29 (29/100000)
10.	New infections (Number & % of new infections)	112 (1.0/1000 population)	120 (2.2/1000 population)	109 (1.1/1000 population)	84 (0.85/1000 population)	59 (0.90/1000)

## BACKGROUND



WAVEL RAMKALAWAN, President of Seychelles, praised his country's record in HIV/AIDS prevention, treatment and care. "In the face of health and economic hardships, and in the advent of the COVID-19 pandemic, we left no one behind," he stressed, spotlighting the country's commitment to the Sustainable Development Goals, the UNAIDS Strategy to end AIDS, the WHO Health Sector Strategy on HIV and its own pledges to its people.

"I do not deny, nonetheless, that there is still a lot more for us to do," he said. Seychelles will continue to address remaining legal and policy barriers, meet required financial commitments, provide resources and make investments where needed. It will also continue to foster greater community empowerment, and above all else, strengthen respect for human rights by ensuring that HIV/AIDS services remain free and all people have access to them. Turning to the impacts of the COVID-19 pandemic — which "has shown the world just how fragile health gains are" — he said progress can quickly erode when the availability of services, access to them and their continuity are at risk. "Countries and leaders must rise to the occasion," he said, calling for them to innovate, fund opportunities, embrace data and inspire hope.

Source: UNAIDS 10 June 2021

On 8 June 2021, President Ramkalawan praised Seychelles' record in HIV/AIDS prevention, treatment and care. "In the face of health and economic hardships, and in the advent of the COVID-19 pandemic, we left no one behind," he stressed, spotlighting the country's commitment to the Sustainable Development Goals, the UNAIDS Strategy to end AIDS, the WHO Health Sector Strategy on HIV and its own pledges to its people. This was during a recorded message sent for the occasion of the United Nations General Assembly High-Level Meeting on HIV and AIDS, taking place in New York, USA (*please see Annex 1*).

In fact, on 8-10 June 2021, at that auspicious conference, United Nations Member States adopted a set of new and ambitious targets in a political declaration to prevent 3.6 million new HIV-infections and 1.7 million AIDS-related deaths by 2030. The aim is to get the world on track to end AIDS as a public health threat by 2030 and accelerate progress towards achieving the Sustainable Development Goals, in particular Goal 3 on good health and well-being. Heads of State and Government and representatives of States and Governments reaffirmed international resolve and recommitted to ending AIDS by 2030.

The high-level meeting was attended in-person and virtually by heads of state and government, ministers and delegates in New York, people living with HIV, civil society organizations, key populations and communities affected by HIV, international organizations, scientists and researchers and the private sector. UNAIDS supported regional consultations and the participation of civil society in the high-level meeting.

**The Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030** calls on countries to:

- provide 95% of all people at risk of acquiring HIV within all epidemiologically relevant groups, age groups and geographic settings with access to people-centred and effective HIV combination prevention options.
- ensure that 95% of people living with HIV know their HIV status, 95% of people who know their status to be on HIV treatment and 95% of people on HIV treatment to be virally suppressed.

The 2021 Political Declaration on AIDS is based on the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS, a bold new approach that uses an inequalities lens to identify and close the gaps that are preventing progress towards ending AIDS. It also ensures that the global HIV response works for everyone and leaves no one behind. The focus of the Global Strategy is to reduce the inequalities that drive the AIDS epidemic by prioritizing people who are not yet fully benefitting from life-saving HIV services and to remove the structural barriers that create or maintain those inequalities and prevent access to services. The Strategy sets out evidence-informed priority actions with ambitious 2025 targets to reduce inequalities and get every country and every community on track to end AIDS as a public health threat by 2030.

The Declaration highlights the importance of identifying inequalities in order to end AIDS as a public health threat by 2030. It calls on the international community to achieve the full range of set targets in all geographic areas and across all populations. A successful AIDS response will be measured by the achievement of concrete, time bound targets, accompanied by careful monitoring of the progress in implementing the political commitments. Although governments have adopted the 2021 Political Declaration on AIDS, its vision extends far beyond the government sector, reaching community-led organizations, people living with HIV, young people, key populations, women in all their diversity, private sector, labour groups, faith-based organizations and other nongovernmental organizations. Their involvement ensures that inequalities in the AIDS response are identified, noted and addressed.

The new Global AIDS Monitoring (GAM) tool and framework are designed to help structure and organize collective global monitoring efforts in line with the Global Commitments. As shown in Table 2. Below, the key strategic areas of focus are:

1. Combination HIV prevention for all
2. 95–95–95 for HIV testing and treatment
3. End paediatric AIDS and eliminate vertical transmission



4. Gender equality and empowerment of women and girls
5. Community leadership
6. Realize human rights and eliminate stigma and discrimination
7. Universal health coverage and integration
8. Investments and resources



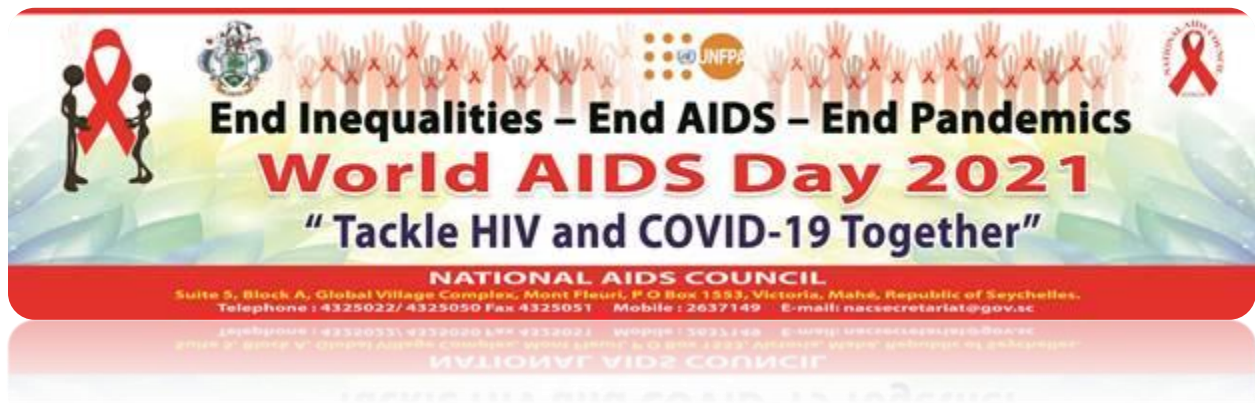
Cross-cutting areas are: Political Declaration 1. Ending inequalities and engaging stakeholders to end AIDS; and Political Declaration 10. Data, science and innovation.

Table 2. The 2021 Political Declaration on AIDS used for the GAM Monitoring Framework

2021 Political Declaration on AIDS used for the GAM monitoring framework		
Strategic focus areas	AIDS strategic priorities	Examples of inequality
1. Combination HIV prevention for all	Maximize equitable and equal access to HIV services and solutions	<b>Insufficient resources and inequitable focus on preventing new HIV infections</b> among key populations and their sexual partners and adolescent girls and young women
2. 95–95–95 for HIV testing and treatment		<b>Inequalities in resource allocation and treatment access and outcomes</b> to meet specific needs of underserved populations
3. End paediatric AIDS and eliminate vertical transmission		<b>Inequitable service provision, engagement and access</b> for pregnant women, newborns and children
4. Gender equality and empowerment of women and girls	Break down barriers to achieving HIV outcomes	<b>High level of gender-based violence, unequal gender norms and poor access</b> to sexual and reproductive health services
5. Community leadership		<b>Community-led organizations are not able to meaningfully participate</b> in programme development, implementation and monitoring
6. Realize human rights and eliminate stigma and discrimination		<b>Restrictive legal and policy frameworks</b> and stigma and discrimination that pose barriers to services
7. Universal health coverage and integration	Fully resource and sustain efficient and integrated HIV responses	<b>Multiple structural barriers and health issues</b> produce a cumulative negative effect for people living with and affected by HIV
8. Investments and resources		<b>Low investments in the AIDS response and key population programmes</b> , and high drug prices and out-of-pocket expenditures for health

Below is an overview of the local HIV situation in Seychelles based on the **2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030** used in the 2022-2026 Global AIDS Monitoring (GAM) Framework.

In spite of the Covid-19 pandemic that continued to ravage our small island paradise, the National AIDS Council had to engage on several different approaches in keeping up with their monitoring and evaluation strategies. With the help of different stakeholders in the Ministry of Health (MOH), Public Health Authority (PHA), Health Care Agency (HCA), non-governmental Organisations (NGO) and the Private Sector, NAC managed to keep an updated statistical operation. All the findings from our different sources will be presented in various graphical forms such as pie charts, columns and tables for ease of analysis.



## SITUATION OF THE EPIDEMIC AS AT 31 DECEMBER 2021

### Overview: Ending inequalities and engaging stakeholders to end AIDS

During the year 2021, our health care system faced many challenges. Some of these challenges had a direct impact on the routine services provided by the Ministry of Health. Services such as HIV testing, Needle exchange programme and Opioid substitution therapy have seen some changes.

The total number of HIV tests done during the year 2021 decreased by almost half. In 2020, Seychelles recorded a total of 21000 HIV tests, 5000 more tests done compared to the year 2021 which was almost 16000. These figures are both from the government and few private sector facilities including NGO. The decrease in HIV tests may be due to the COVID-19 restricted movements imposed by the Public Health Authority to control the spread of the virus.

Despite the fact that the testing rate was low, we did however record 59 positive cases, which included one mother to child transmission out of 23 babies born from HIV positive mothers. All the newly diagnosed HIV patients started on antiretroviral therapy, contributing to a total of 881 people currently on treatment out of the 969 people living with HIV. Some of the modes of transmission of the newly diagnosed HIV cases are from 13% men who have sex with men (MSM), 17% persons who inject drugs (PWIDs) and 41%, which the greatest value is still being recorded, through heterosexual transmission. This may be because people are still having misconceptions on HIV transmission by which they strongly think that only key populations are being affected. It may also reflect the efficacy of programmes for PWUDs.

Our country has a cumulative total HIV/AIDS diagnosed of 1326 that is 861 males and 465 females; considering the fact that we are a very small country of approximately 99 258 populations (NSB mid-year population 2021), it means that Seychelles has about 1.3% of its

population affected with HIV/AIDS. With a population less than 100 000 people, it has been a bit difficult to achieve a spectrum analysis, however, the coming year 2022 HIV prevalence among pregnant women attending Antenatal Clinic (ANC) will be our principal data source to determine the trends in the epidemic. Over the years, services such as prevention in key population and voluntary counselling and testing have been one of our major data collection opportunity on HIV prevalence; still stigma and discrimination in our society have had some major influences in our data collection methods.

Seychelles recorded a total of 29 deaths in persons living with HIV or AIDS during the year 2021, 19 more cases compared to 2020. The mortality in 5 recorded cases were actually due to COVID-19 complications; the rest were those who had terminal stage cancer, followed by poor compliance to ARV treatment. The graph shows that the year 2021 was the highest recorded number of AIDS-related death compared to the past 5 years.

As for people on Opioid Substitution Therapy (OST), in 2021 this figure continued to increase. The recorded amount of people on OST was 3372, about 356 more people started on OST during the year. Even though the number of people on OST increased, the government had to cut back on the total number of Opioid distribution points from 16 to 12 points across Mahé, Praslin and La Digue.

With the many challenges encountered with the daily routine, it had an impact on the needle syringe exchange programme (NSEP) in the country. The number of syringes distributed in 2021 was 18044, less than half compared to the previous year. With the restricted movement, staff was unable to distribute syringes within the hot spots (ghettos). All NSEP was carried out at the Communicable Disease Control Unit (CDCU) in Ministry of Health premises, hence it seems that many people barely had the time to show up for collection or bothered to turn up to exchange a clean needle.

Despite some difficulties during the year 2021, we still envisage in reaching our target in 2022. With the decreased numbered in covid-19 and the fact that the country is trying to get back to normal, we will double the effort and introduce a different approach in database collection through our partners' collaboration. The monitoring and evaluation programme will work closely with different stakeholders in gathering the necessary tool in maintaining a properly up to date database system to record and disaggregate the different types of data.

Table 3. Summary of Core Indicators, 2021

Goals	Indicators	2021	2020	2019
<b>90% of PLHIV know their HIV status</b>	Number of HIV tests done	<b>15,638</b>	21,689	27,904
	Number of new HIV cases diagnosed in 2021	<b>59</b>	84	109
	Total number of PLHIV at the end of 2021	<b>969</b>	934	864
<b>90% of PLHIV who know their status receive treatment</b>	Number of PLHIV starting /restarting ART in 2021	<b>89/32</b>	92 /11	172 /65
	Total number of PLHIV on ART at the end of 2021	<b>881</b>	746	755
	Number of PLHIV lost to follow-up after starting ART	<b>220</b>	165	49
<b>90% of PLHIV on ART virally suppressed</b>	Number of samples taken for viral load testing in 2021	<b>826</b>	833	504
	Number of viral load tests done in 2021	<b>465</b>	665	504
	% of PLHIV virally suppressed	<b>n.a.</b>	67%	87%



*As we fight the double pandemic we need special efforts directed towards maintaining essential HIV prevention and treatment services that the COVID-19 pandemic and response have weakened.*

**Mrs Peggy Vidot, Minister for Health**  
**World AIDS Day message**  
**1 December 2021**

### Strategic Focus Area 1. Combination HIV Prevention for All:

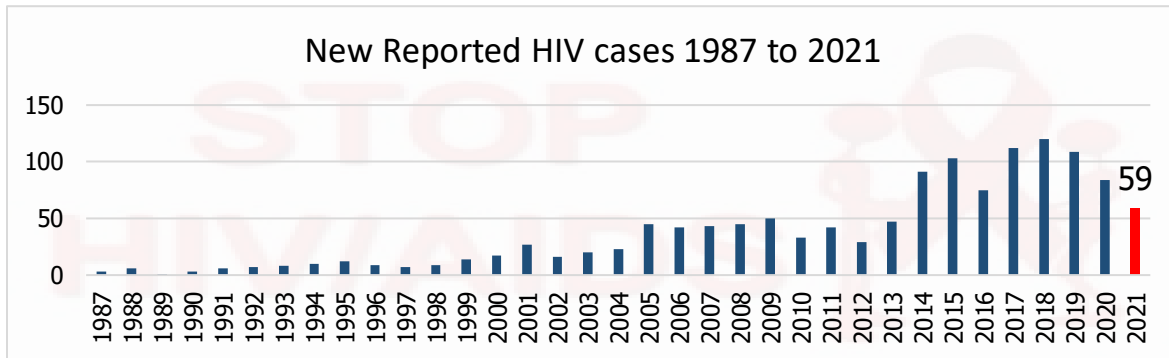
#### HIV Incidence:

HIV prevention programmes are available and free of charge for all groups of people including the key population. However, we need more surveys to fully capture the total numbers from key populations directly being exposed or affected by HIV, and thus improve the coverage of HIV prevention among key populations. During 2021, a total of 59 new HIV cases was reported by the Communicable Disease Control Centre (CDCU), making it a cumulative total of 969 people living with HIV who know their HIV status. This number shows a reduction of 30% in the total new cases as compared to 2020 and a 50% reduction from 2019 reported cases as presented in Figure 3. However, these numbers do not indicate our actual situation in Seychelles.

With the imposed restriction in the country and fear of the pandemic, many of our people refrained from visiting their local clinic for routine primary care such as HIV testing.



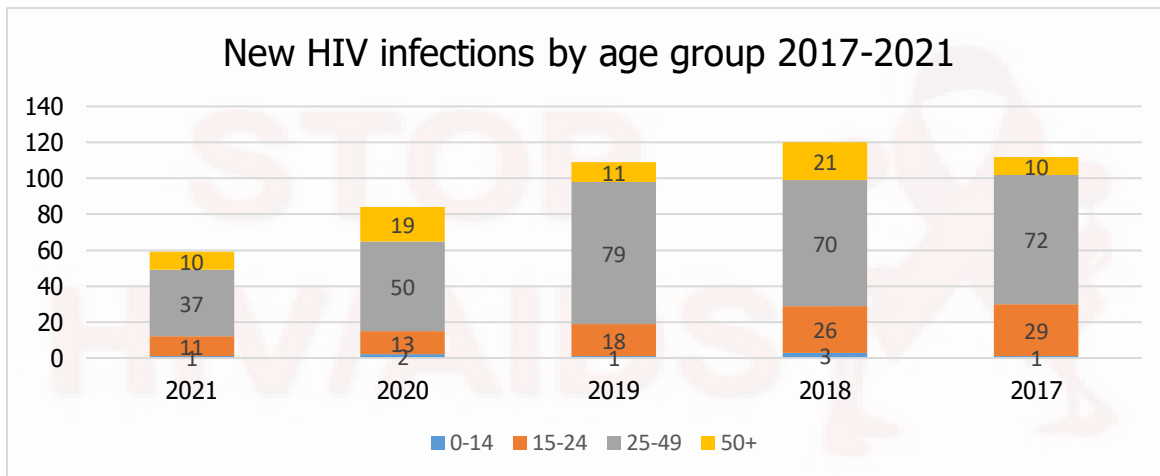
Figure 3. New reported cases of HIV, 1987 to 2021



Source CDCU; Public Health Authority

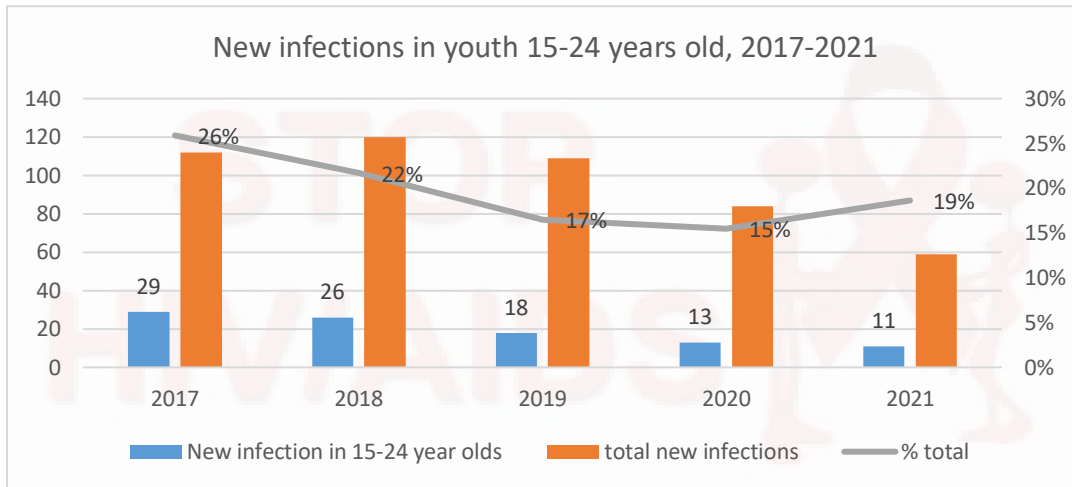
All the new infected individual cases not initially tested at the CDCU have been referred to the CDCU by different authorities for follow-up care and confirmation testing. The majority of HIV infected persons are from the age group 15 to 49 years, making a total of 48 (81%) new infections (34 males and 14 females). The age group 50+ follows with a total of 10 (17%) new infections, 9 males and 1 female. This year we have seen a reduction of new infections by almost half among that age group, from 19 new infections in 2020.

Figure 4. New HIV infections by age group, 2017-2021



Source NAC, Global AIDS Reporting, 2021

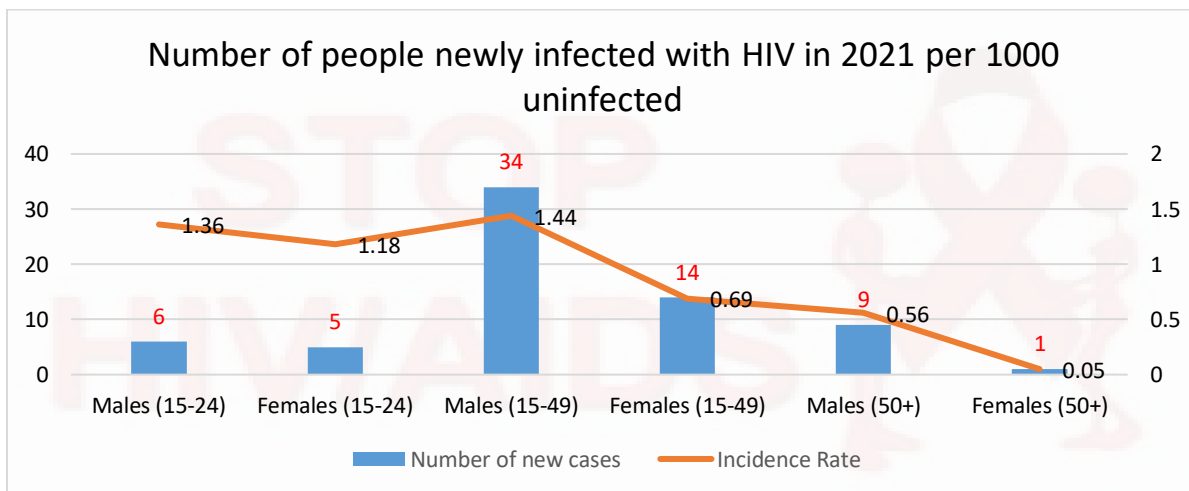
Figure 5. New HIV infections in youth 15-24years, 2017-2021



Source: NAC, Global AIDS Monitoring Report

Turning the tide against HIV/ AIDS will require more concentrated focus on our young people. Despite the reduction in the number of new infections within the age group 15-24 years in 2021, the trend in new infection among this age group remains quite alarming as 19% of all newly reported infections, as shown in Figure 5. This figure is also a proxy indicator for new infections occurring in the general population in the absence of other estimates. More effort is needed to ensure that young people are reached with information and adequate education to avoid acquiring HIV, more programmes must be tailored to the specific needs of young people.

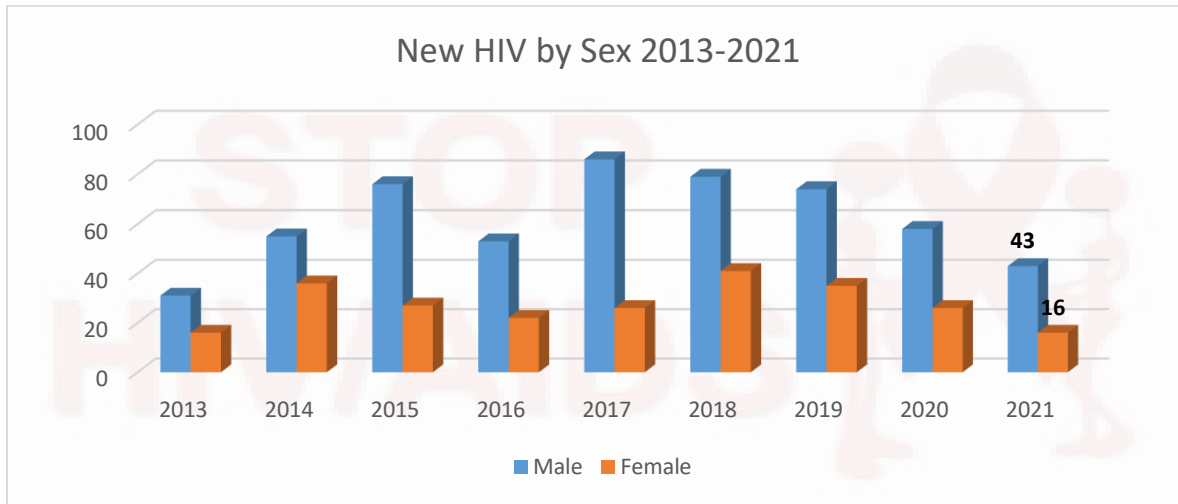
Figure 6. Number of people newly infected in 2021 per 1000 uninfected population



Source; NAC Global AIDS Reporting 2021

As compared to the previous year 2020, the male gender still surpasses the female gender when it comes to new HIV infection. Despite a reduction in 2021, still the number of males infected is more than half as compared to females; 15 fewer than in 2020, it gives us a total of 43 (73%) new HIV infections among the male gender as shown in Fig 6 and 7.

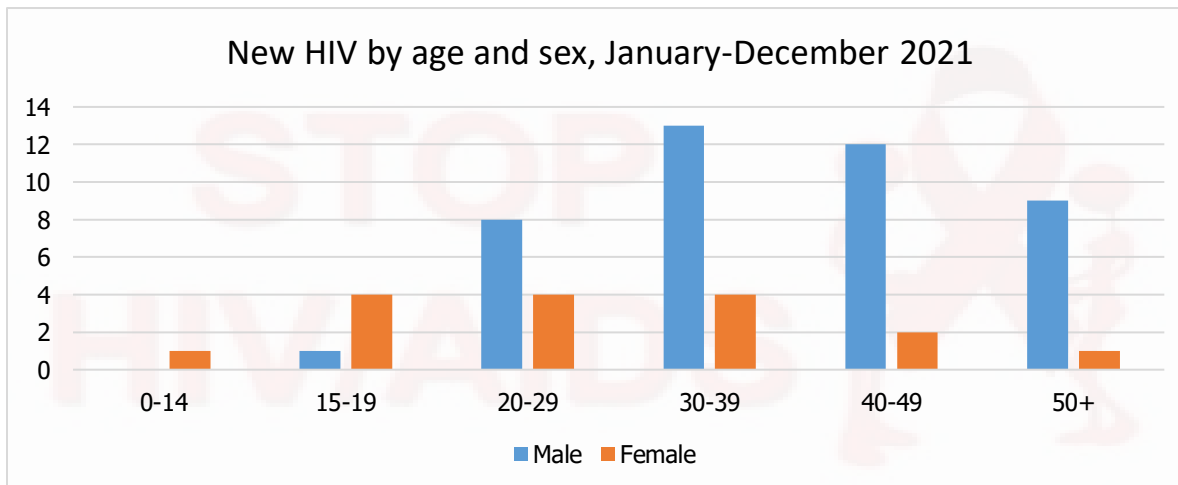
Figure 7. New HIV by sex, 2013-2021



Source; CDCU, Public Health Authority

In our continuous effort in preventing mother to child transmission (PMTCT), in 2021 out of 23 babies born from a HIV positive mother, only one female baby tested HIV positive, falling under the age group of 0 to 14.

Figure 8. New HIV by age and sex, January-December 2021



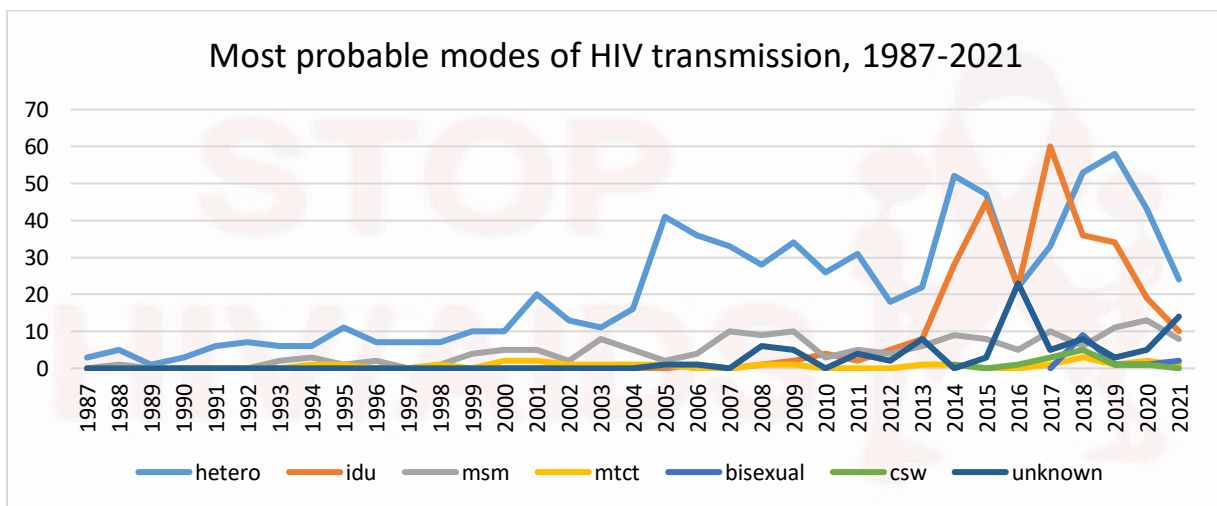
Source; CDCU, Public Health Authority

### The main modes of HIV transmission

Like in previous years, heterosexual transmission continues to be at the head on modes of transmission in Seychelles with 41% in 2021. Following behind at 24% is the unknown group, then at 17% is intravenous drug use and at 13% are through men who have sex with men. The lowest percentage in the main mode of transmission recorded is the bi-sexual group at 3% and MTCT at 2%.

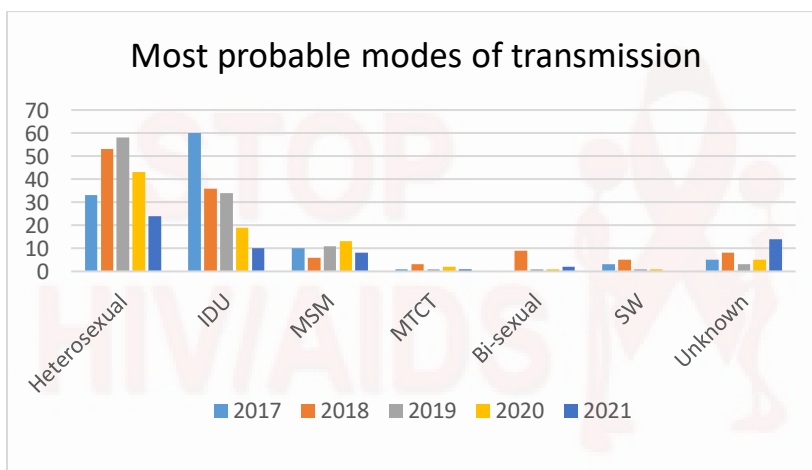
More effort should be made in disaggregating and categorising those who fall in the unknown group. It is worth noting that given individual modes of transmission may overlap and are not mutually exclusive.

Figure 9. The most probable modes of HIV transmission, 1987-2021



Source CDCU, Public Health Authority

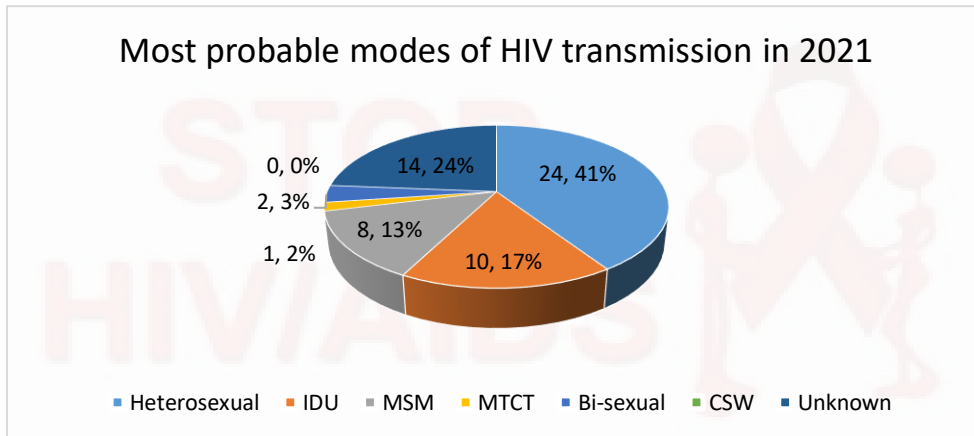
Figure 10. Five-year probable modes of transmission, 2017-2021



Sources: CDCU, Public Health Authority



Figure 11. Modes of Transmission, 2021

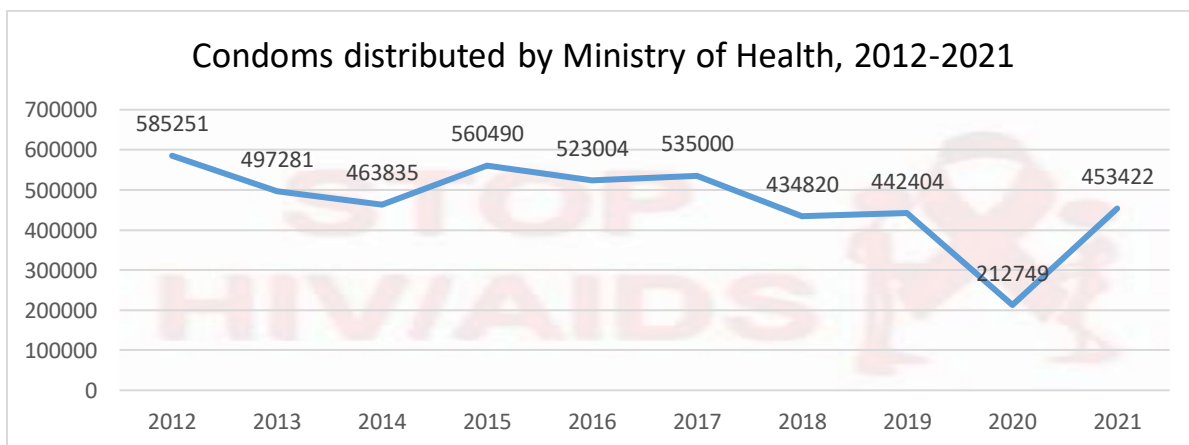


Sources: CDCU, Public Health Authority

### Condom Distribution

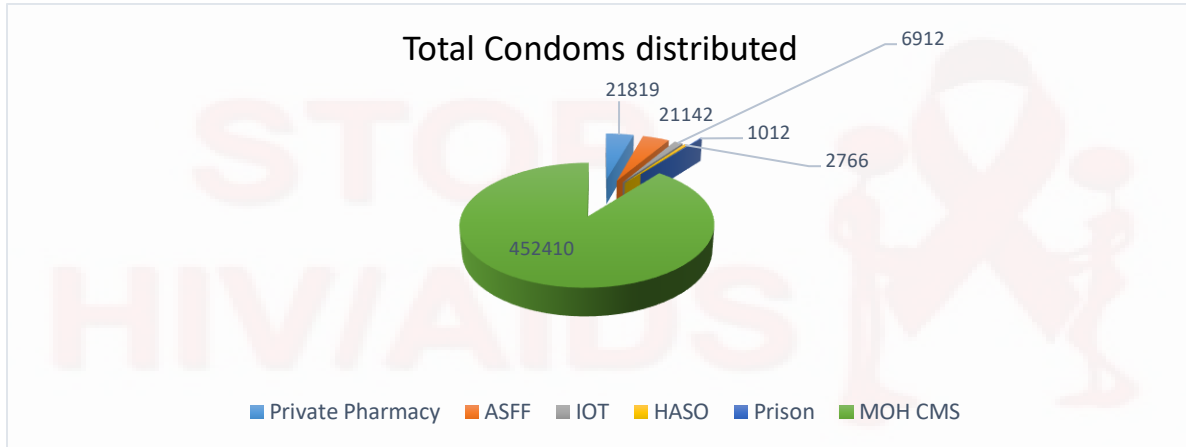
Condom distribution increased in 2021 compared to 2020. The total number of condoms (male and female condoms) distributed throughout the year was 507,830, of which 453,422 male condoms and 1292 female condoms were freely distributed by the Ministry of Health within the Government health facilities. The rest 53,116 were from NGOs such as HASO, ASFF and private clinics. These data are not from all the private organisations providing these services; some were unable to provide the estimates due to poor data keeping system or confidentiality agreements within their organization. It is important to note that more effort is needed to retrieve more data from the private sector that is also working hard to contribute with the HIV prevention, and more than doubled its sales of male condoms in 2021 compared with 2020. All these HIV prevention services are accessible from government facilities and free of charge; yet people are still not taking advantage on some of these services.

Figure 12. Male Condoms distributed by MOH, 2012-2021



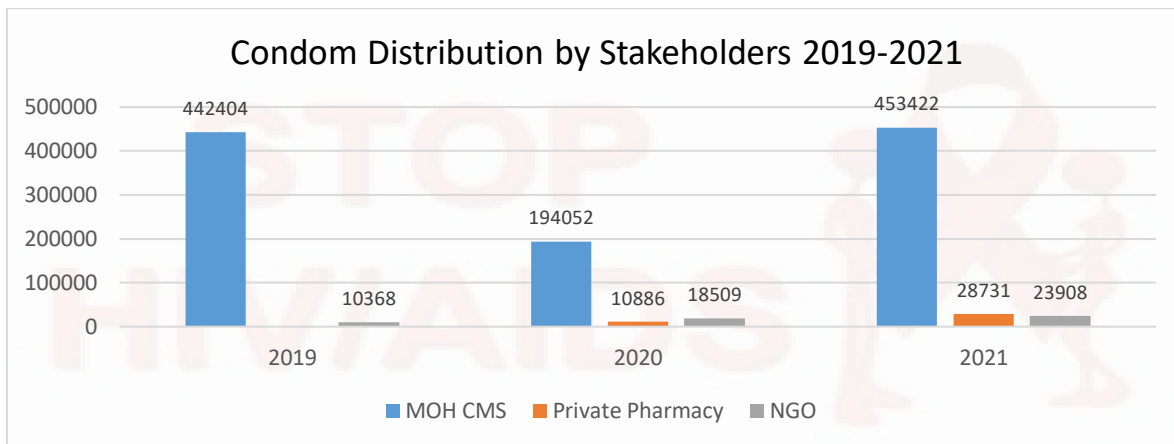
Source: MOH, Health Care Agency, Central Medical Store

Figure 13. Condoms distributed by site from January to December 2021



Source: NAC, Global AIDS Monitoring 2021 data received from stakeholders

Figure 14. Condom distribution by Stakeholders, 2019-2021

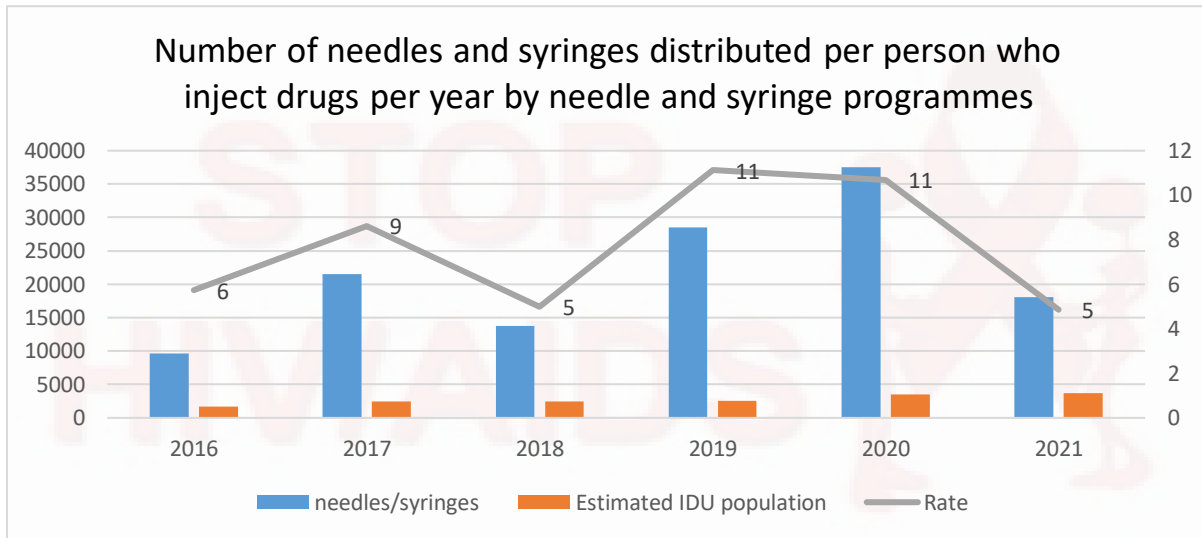


Source: NAC, Global AIDS Monitoring

### Needle Syringe Exchange Programme (NSEP)

The Needle Syringe Exchange Programme (NSEP) was really affected in 2021, and we have observed a decline in the numbers of needles and syringes distributed, from 37,516 in 2020 to 18,044 in 2021. The total number of needles and syringes' distribution recorded was that from CDCU only on Mahe, Grand Anse Praslin clinic and Logan Hospital on La Digue. The NSEP was also previously being run by DSAPTR, former APDAR in 2020, but in 2021 with the pandemic at hand, this service was only reportedly being done from CDCU, hence the decrease in distribution. Other services such as outreach programmes were also affected, but the cumulative numbers of persons newly registered on the NSEP has gradually increased.

Figure 15. Needles and Syringes distributed per PWID per year, 2016-2021

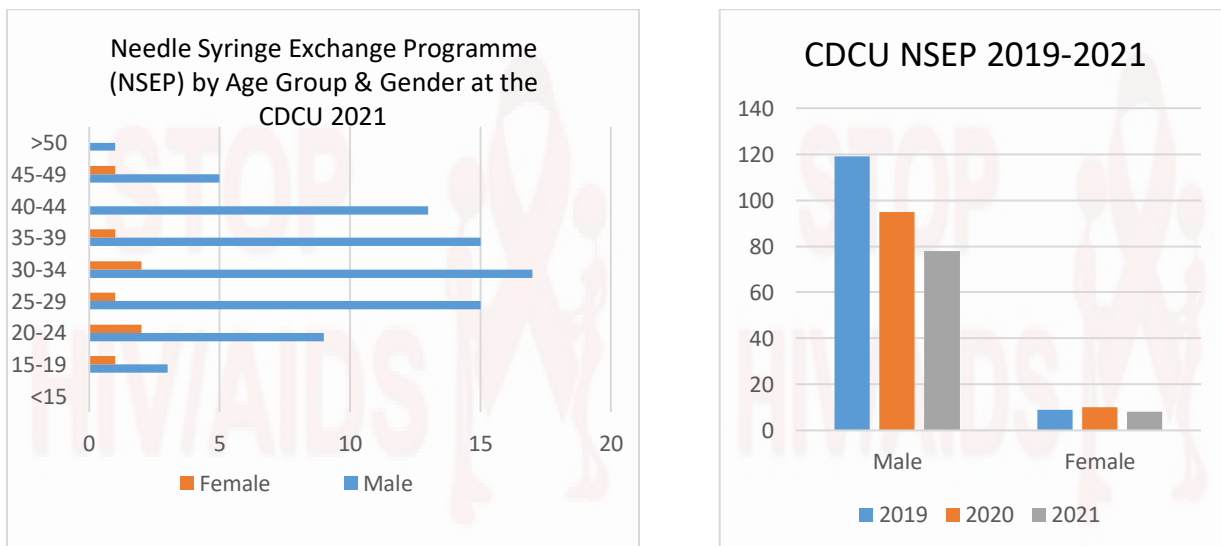


Source: NAC Global AIDS Monitoring report, 2021

The estimated IDU population used in the graph above is the number of persons who inject drugs (PWIDs) who were enrolled in the national surveys in 2011 and 2017, and those registered in DSAPTR programmes in 2020 and 2021.

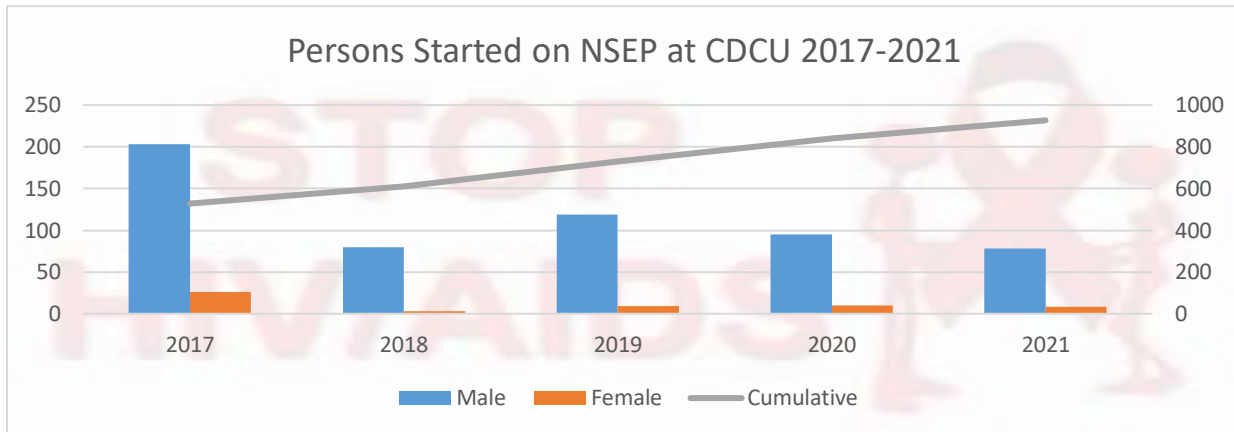
As in previous years, the numbers of male PWIDs registered in OST and NSEP programmes continue to surpass those of females. As in other programmes, the rate of needle/syringe distribution gradually declined from 2019 to 2021. The main concern is that we are not giving the recommended number of clean needles and syringes. Although the required number is at least 200, we should aim to reach at least 20 needles/syringes per person per year.

Figure 16. Needle Syringe Exchange Programme (NSEP) by age group & gender at the CDCU, 2021



Source: CDCU, Public Health Authority

Figure 17. Cumulative and Annual number of persons started on NSEP at CDCU, 2017-2021

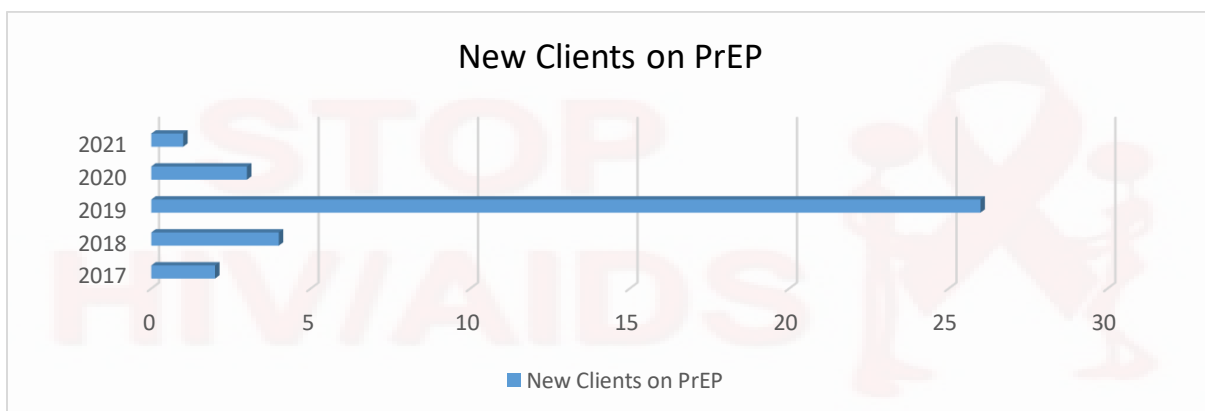


Source: CDCU, Public Health Authority

### Pre- Exposure Prophylaxis (PrEP)

We know that Pre-Exposure Prophylaxis (PrEP) is highly efficient and cost effective, but we have very limited number of people accessing that service which the government provides free of charge. In 2021, only one new person accessed PrEP compared with three in 2020. When we compared to 2019, the total number of people accessing this service has decreased enormously. This may be due to lack of education or awareness. An internal analysis with stakeholders will be done to determine the real cause of the decline and together we will look for ways to promote the service. There is dire need for MOH to create demand for PrEP and to decentralize service delivery to community health facilities.

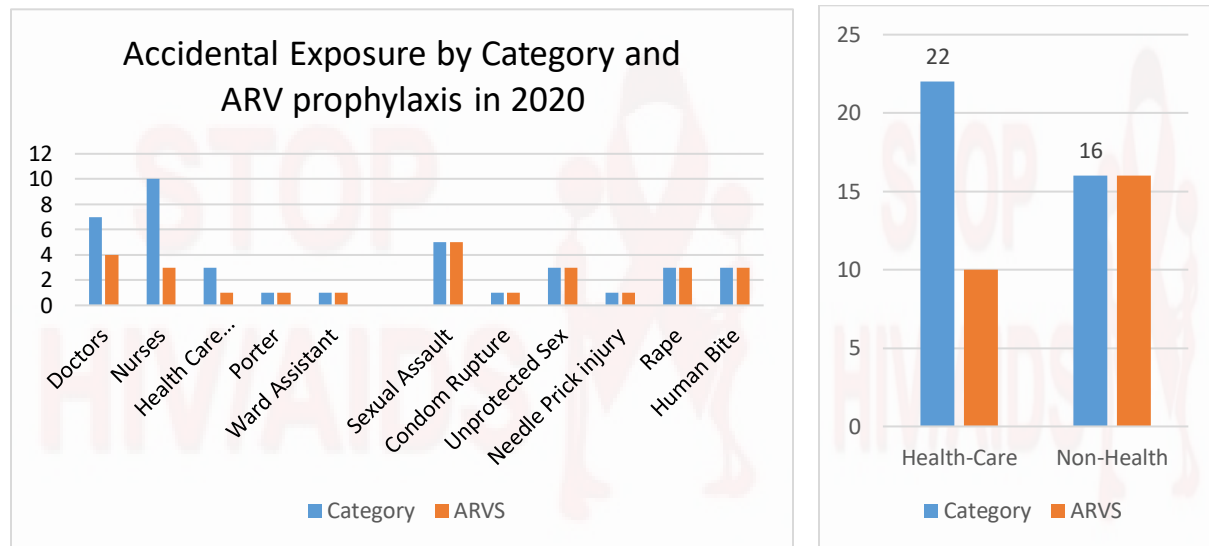
Figure 18. Number of Clients accessing PrEP, 2017 to 2021



Source: CDCU, Public Health Authority

## Post Exposure Prophylaxis (PEP)

Figure 19. Accidental Exposure by category and ARV prophylaxis



Source: CDCU, Public Health Authority

Twenty health care workers reported accidental exposure and 10 (45%) of them were treated with ARVs as PEP. Post-exposure prophylaxis was offered to all 16 non-health persons accidentally exposed to HIV.

It is important to review the existing services of PEP, and ensure its availability in all community services on both Mahé and Inner Islands. Furthermore, all new staff and pre-service students including NIHSS must be introduced to the use of PEP.

### Prison Services

Various initiatives have been undertaken by different stakeholders to improve our prison services in regards to HIV and Hepatitis. We have 26 prisoners living with HIV, but only 16 (62%) are on actively on ARV. Despite the fact that condoms are accessible free of charge in prison, inmates should be educated on the right for these services such as VCT, ARV and PrEP (should one feel like being exposed to risky practices). Emphasis will be done during 2022 to augment the number of routine HIV tests in the prison services. In addition, prison must be explicitly mentioned in all national guidance documents for treatment services and the prison doctor and nurses trained in the use of the guidelines.

Table 4. Prison programmes, 2019-2021

<b>Indicator</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>
Population at 31 December 2021	286	299	394
Number of clean needles distributed	0	0	0
Number of persons on Opioid Substitution Therapy	103 (36%)	110 (37%)	165 (42%)
Number of condoms distributed	1012	222	n.a.
Number tested for HIV	28	104	101
Number tested positive for HIV	3 (11%)	5 (5%)	10 (10%)
Number of Persons living with HIV/AIDS	26 (9% total)	43 (14% total)	65 (16% total)
Number / % of PLWHA on ART	16 (62%)	29 (67%)	37 (57%)
Number new cases with Hepatitis C	10	3	10
Number / % with Hepatitis C	50 (16%)	55 (18%)	
Number / % co-infected with HIV and Hepatitis C	16 (5.5%)	27 (9%)	48 (12%)
Number newly co-infected with HIV and Hepatitis B	1	1	5
Number diagnosed with TB	0	0	1

Source: NAC, Global Monitoring Report

### Education and Awareness Raising

Health education and awareness are a must in Seychelles. Being on a small island where most people know one another holds its advantages, however, it does not free us from judgement and occasional critics. That may be why people living with HIV prefer to remain anonymous to preserve their social status and that of their family members.

### **Main Recommendations: Strategic Focus Area 1. Combination HIV Prevention for All**

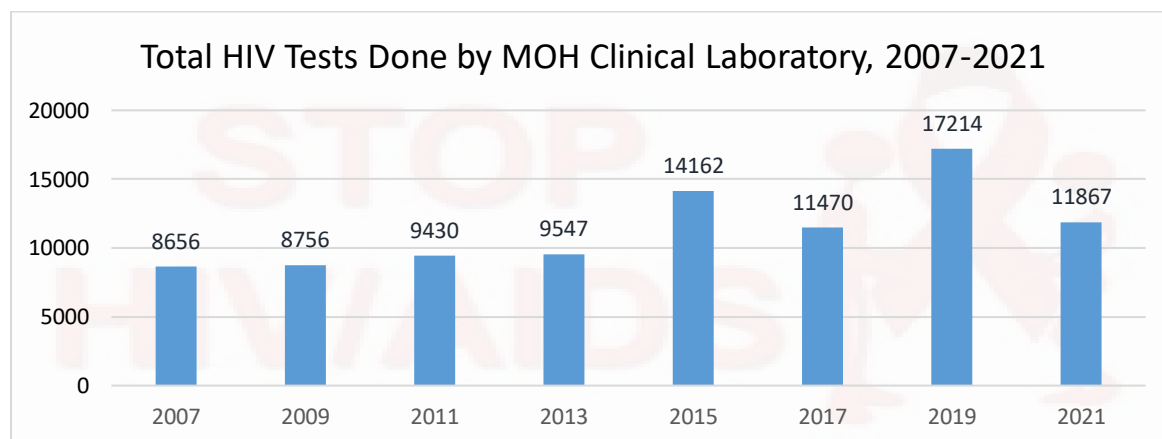
- Promote HIV testing, early diagnosis and treatment;
- Promote safer sex through behavioral change and condom use;
- Increase youth access to condoms;
- Increase distribution of condoms using outlets which are non-traditional and targetting key populations;
- Increase community access to harm reduction services and scale up outreach to target more PWUDs;
- Increase needle/syringe distribution to at least 20 per person per year;
- Investigate NSEP in the private sector;
- Achieve elimination of mother-to-child transmission (EMTCT) of HIV;
- Eliminate infection in children through sexual abuse;
- Increase demand for PrEP;
- Review the existing services of PEP to improve access and reporting ;
- Ensure availability of PEP in all community services ( Mahe and Inner Islands); and
- Train all new staff and pre service students including NIHSS on PEP
- Address prison HIV and Hepatitis programme issues

## Strategic Focus Area 2. 95–95–95 for HIV Testing and Treatment:

### HIV Testing

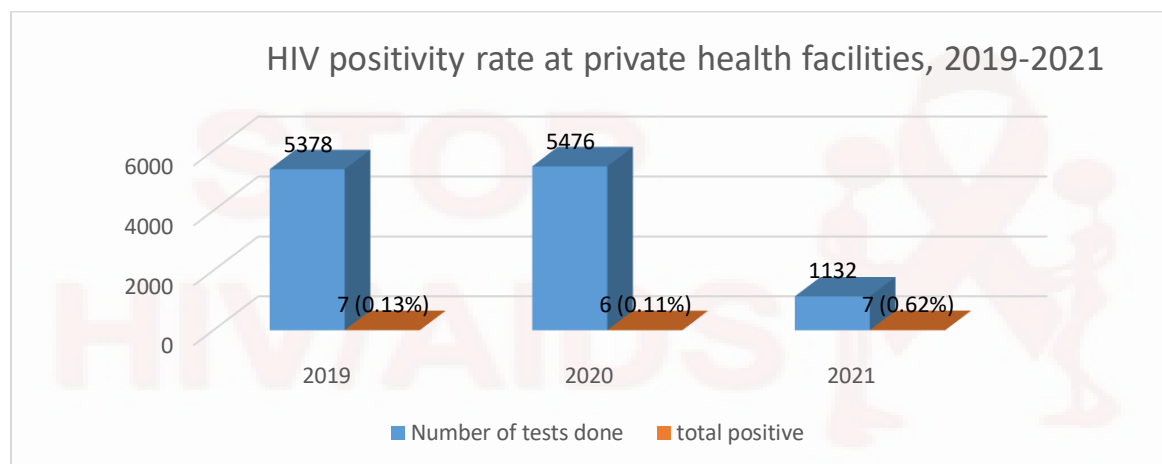
Overall, HIV testing decreased in 2021 compared to 2020 by about 5000 tests. A total of 15,638 HIV tests were done in 2021. With the imposed restriction of movement due to covid-19, the number of routine services was reduced to cater to the ongoing pandemic menacing the country. Despite the decrease in the numbers, a total of 59 new HIV positive cases were recorded by the CDCU from different sectors which included prison services, private clinic, NGO, DSAPTR and other public health facilities; showing great improvement in provider-initiated testing (48 in age group 15-49 years, 10 in age group 50+, and 1 in age 0-14 years). Reactive cases detected within each of the mentioned services were followed by a confirmatory test. The total number of people known to be living with HIV was 969 as at 31 December 2021.

Figure 20. Total HIV tests done by Ministry of Health HCA Clinical Laboratory, 2007-2021



Source: Clinical Laboratory, Health Care Agency, MOH

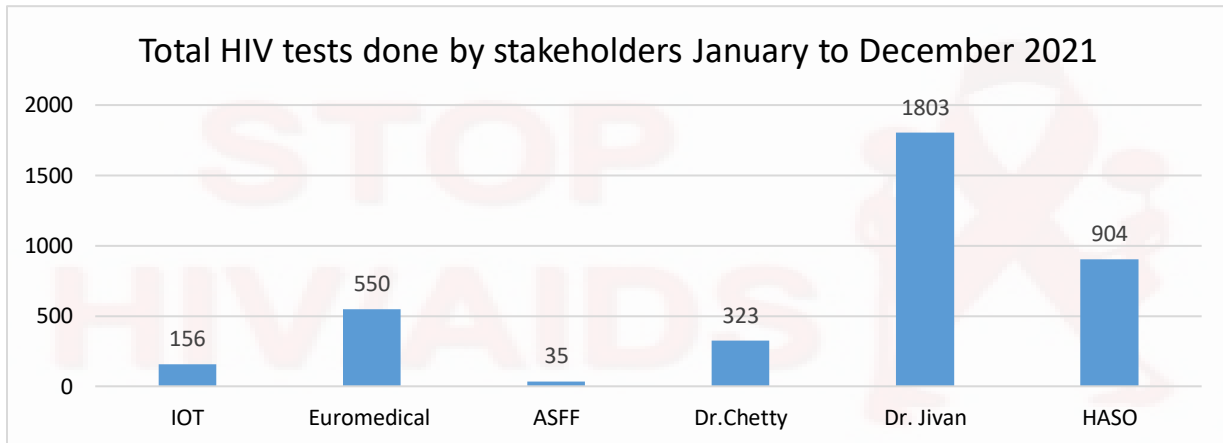
Figure 21. Number of HIV tests carried out by private health facilities and positivity rate, 2019-2021



Source: NAC, Global AIDS Monitoring, Stakeholders' data

A total of 1132 HIV tests were reported by private practitioners in 2021. Even this represented a massive reduction of 60% compared with the previous year, the positivity rate increased almost 6 fold compared with 2020.

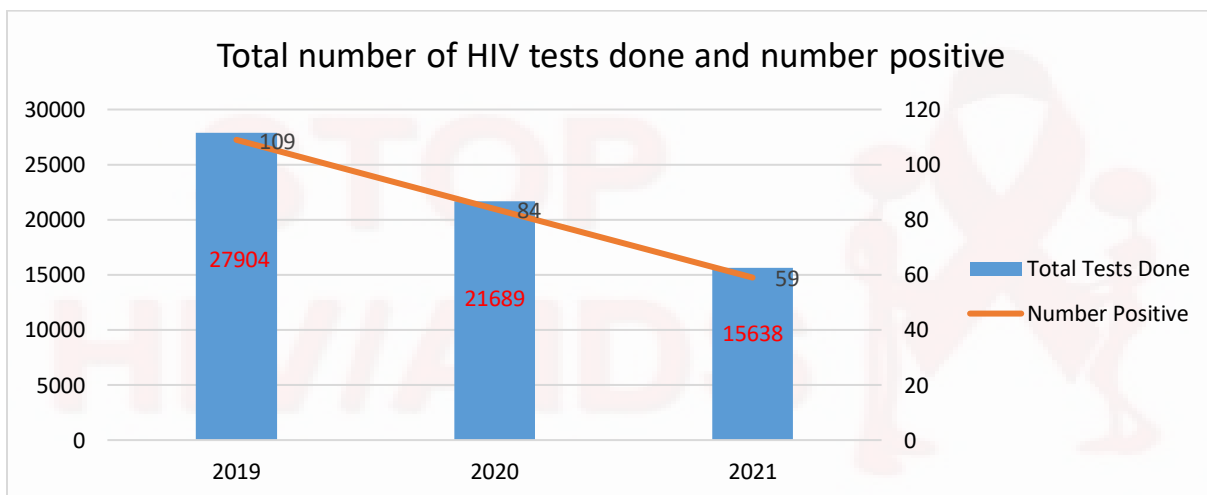
Figure 22. Number of HIV tests carried out by other Stakeholders, January to December 2021



Source: NAC, Global AIDS Monitoring, Stakeholders' data

We must encourage stakeholders to play a vital role in helping fight against HIV/ AIDS, and help protect the vulnerable against direct HIV exposure and transmission.

Figure 23. Total Number of HIV tests done and Positivity Ratio, 2019 to 2021



Source: NAC, Global AIDS Monitoring

Even if the numbers of HIV tests done annually has gradually decreased from 2019 to 2021, the positivity rate has remained similar around 0.39%.



### Antiretroviral Therapy (ART)

Eighty-nine (89) people were initiated on antiretroviral therapy (ART) during the year 2021, 56 of them were males and the rest were females. The CDCU recorded a total of 32 (previous dropouts) people among the 89 who restarted on treatment. The rest were the newly diagnosed cases in 2021. The cumulative number of people on ART in 2021 was at 881 while the cumulative number of people living with HIV who know their status was 969. This clearly shows that 123 infected HIV positive patients are either not taking any ART or are accessing their treatment from a private source. The root is yet to be determined, to establish the real reason behind the large majority of non-compliant individuals.

In 2021 a total of 465 people on ART were tested for viral load, of whom 201 males and 168 females' results were undetectable and the rest 96 were detectable. Seychelles has encountered some difficulties with laboratory reagents for following through with the viral load testing. Most of the samples were collected months prior to the initial test being performed; this has been one of the major challenges encountered by people on ARV and service providers.

*Table 5. People on Antiretroviral treatment by age group and gender, 2021*

	Children (<15)	Males (15+)	Females (15+)	All
<b>People living with HIV who know their HIV status</b>	10	630	329	969
<b>People on antiretroviral treatment</b>	10	553	318	881
<b>Percentage PLWHA on treatment</b>	100	88	97	91%
<b>People reinitiating ART (among those initiating ART)</b>	0	19	13	32

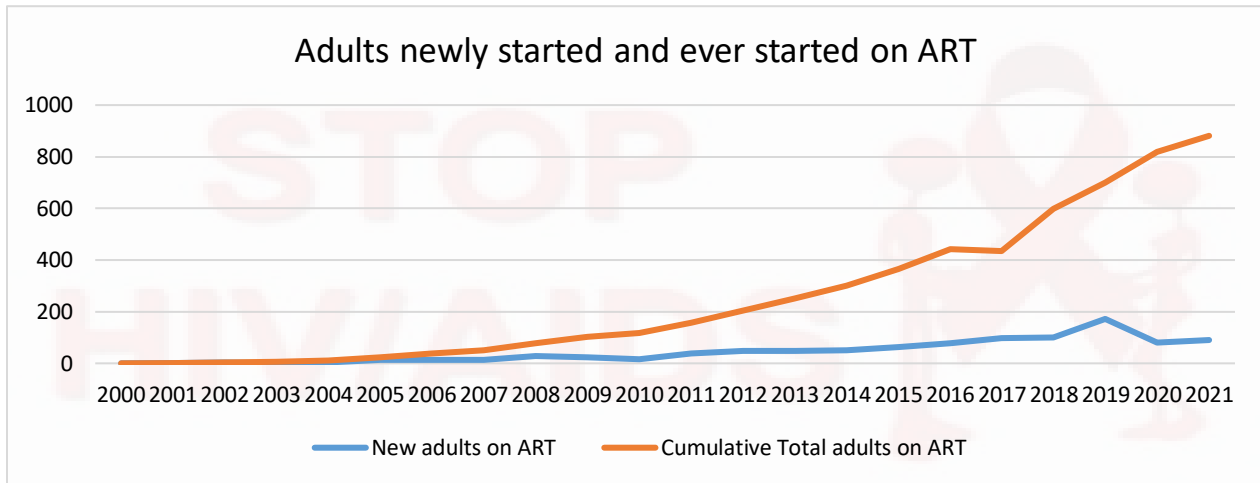
*Source: CDCU, Public Health Authority and Pharmacy, Health Care Agency*

Over the years, the CDCU has encountered dropouts and people who have been lost to follow up due to many reasons. In 2021, the total number of those lost to follow up was 220. However, as seen in Figure 8, the number of people still on ART has remained stable with no massive decline over the years. Therefore, in order for us to reach the 95-95-95 target by 2030, we need continued leadership and investment, to ensure that people living with HIV who know their status are registered on ART and continue with their follow-up care.

### Viral Suppression

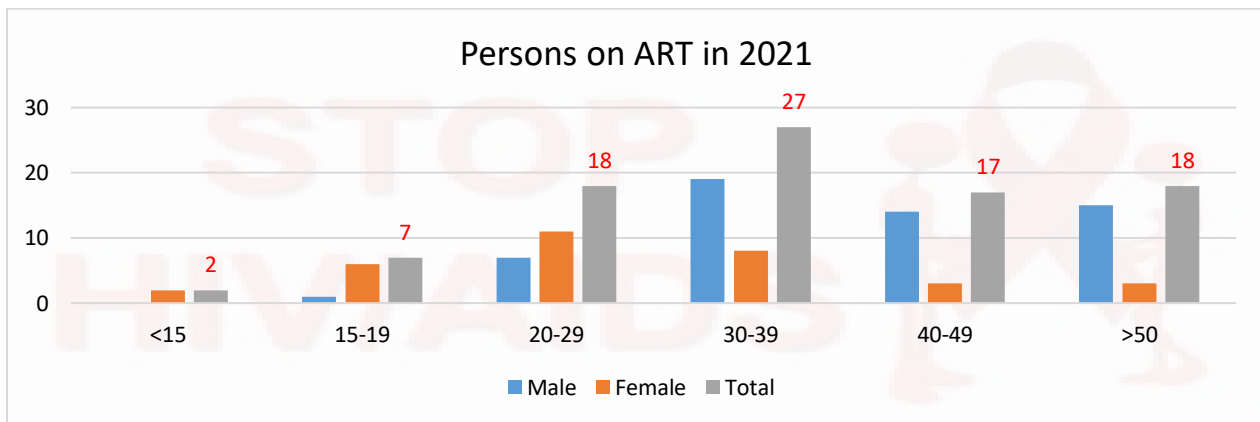
Of note is that of 881 on treatment and follow-up at the CDCU, 826 patients had their blood sampled for viral load in 2021. Of the 465 results which were back as at 31 December 2021, 369 (79%) had undetectable viral load. Remaining results were still pending.

Figure 24. Adults newly started and ever started on antiretroviral treatment (ART)



Source CDCU, Public Health Authority

Figure 25. People newly initiated on antiretroviral treatment in 2021 by age and sex



Source: CDCU, Public Health Authority

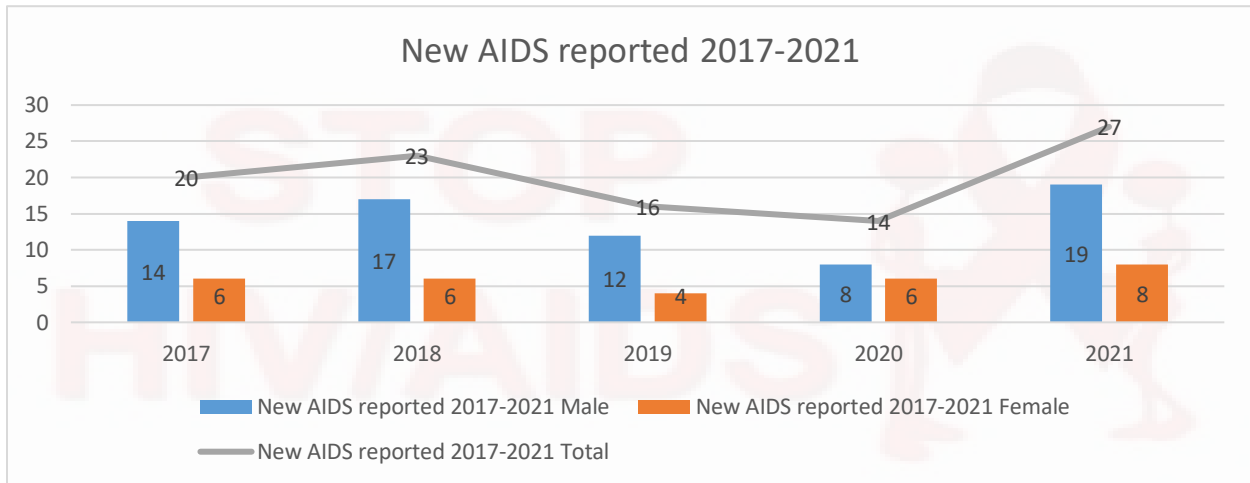
Engage other stakeholders through social contracting agreements to assist with the provision of care and support for PLHIV and their families.

### AIDS and AIDS Related Death

#### AIDS

In 2021, the total of new AIDS cases increased compared to 2020, from 14 new AIDS cases to 27, which is the highest total for the past 5 years. More effort is needed in order for us to ensure early diagnosis as well as initial linkage to and continued engagement in HIV medical care among all people living with HIV.

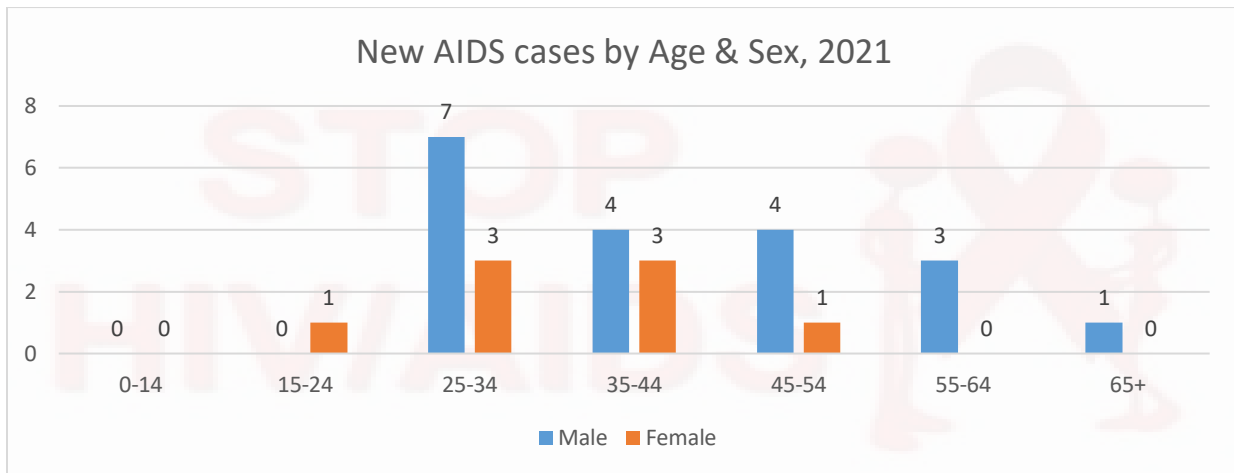
Figure 26. New AIDS cases reported, 2017-2021



Source: MOH Public Health Services Annual Statistics

The age group with the most AIDS cases was 25- 34 years, with 10 new AIDS cases (7 males and 3 females); followed behind with 7 new cases (4M/3F) from the 35 - 44 age group. The third highest new AIDS cases was in the age group of 45-54 with 5 new cases (4M/1F). As for the age group of 55 to 64, a total of 3 new cases was recorded, all in the male gender. One new AIDS case was recorded in both the 15-24 (female) and 65+ (male) age groups.

Figure 27. New AIDS cases by age & sex, 2021

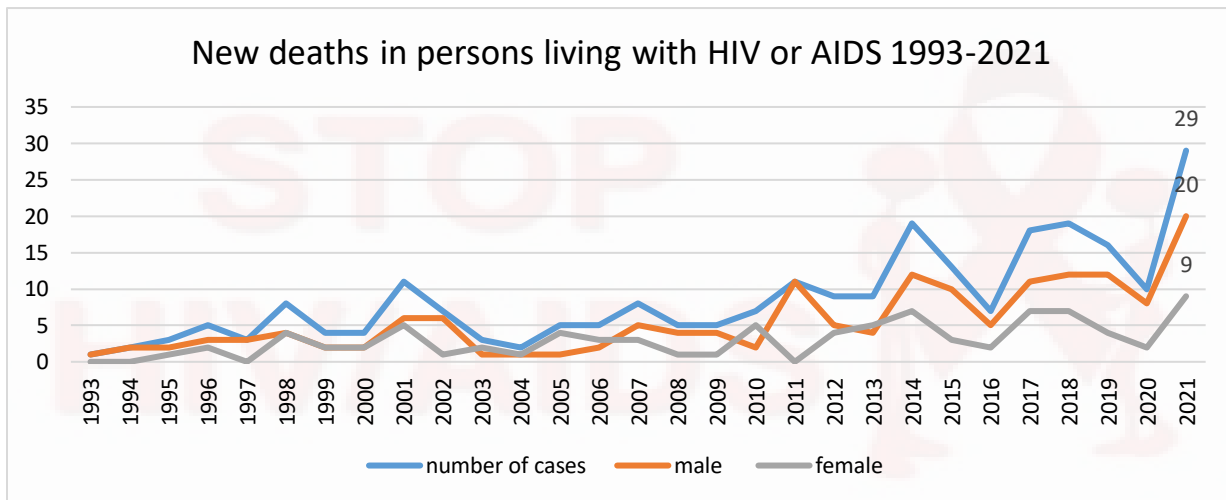


Source: MOH Public Health Services Annual Statistics

## AIDS Related Deaths

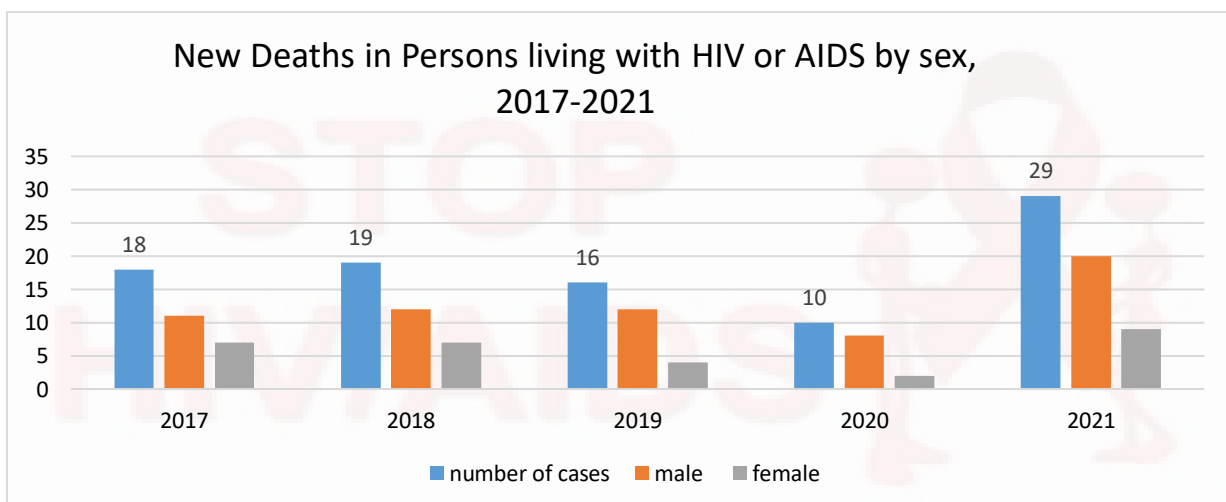
Seychelles recorded its highest ever total of deaths in persons living with HIV or AIDS during the year 2021. A total of 29 cases was recorded (20M/9F). 5 were co-infected with COVID-19, 7 patients died of cancer, 13 who were already on treatment (3 newly started and the rest dropped out at some point), 3 had never started treatment and 1 patient died 2 years ago but was reported in 2021 during tracing. This represents a total of 19 more cases compared to 2020.

Figure 28. New deaths in persons living with HIV or AIDS reported 1993 to 2021



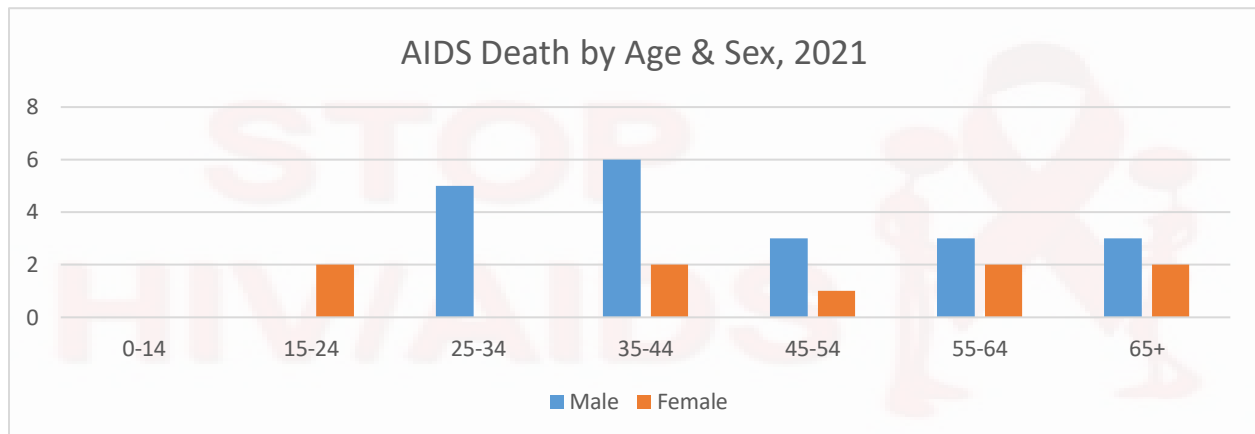
Source: Public Health Authority

Figure 29. New deaths in persons living with HIV or AIDS by sex, 2017-2021



Source: Public Health Authority

Figure 30. AIDS deaths by age & sex, 2021



Source: Public Health Services Annual Statistics 2021

When analyzing these data, we have disaggregated them into most probable cause, district, region and ARV treatment status at the time of death ([AIDS Related Death Analysis page 66](#)). This brief analysis gives an in-depth view of the AIDS related mortality. However, despite the fact that some of the deaths are known to us, we do have a few causes of death that remain unknown. This is why further investigations needs to be conducted to determine the cause of death in PLHIVs and any direct link to their HIV status. We need to strengthen the Test and Treat strategy and monitor patients closely at various phases of their treatment, to improve linkage to care and the patients’ clinical experience.

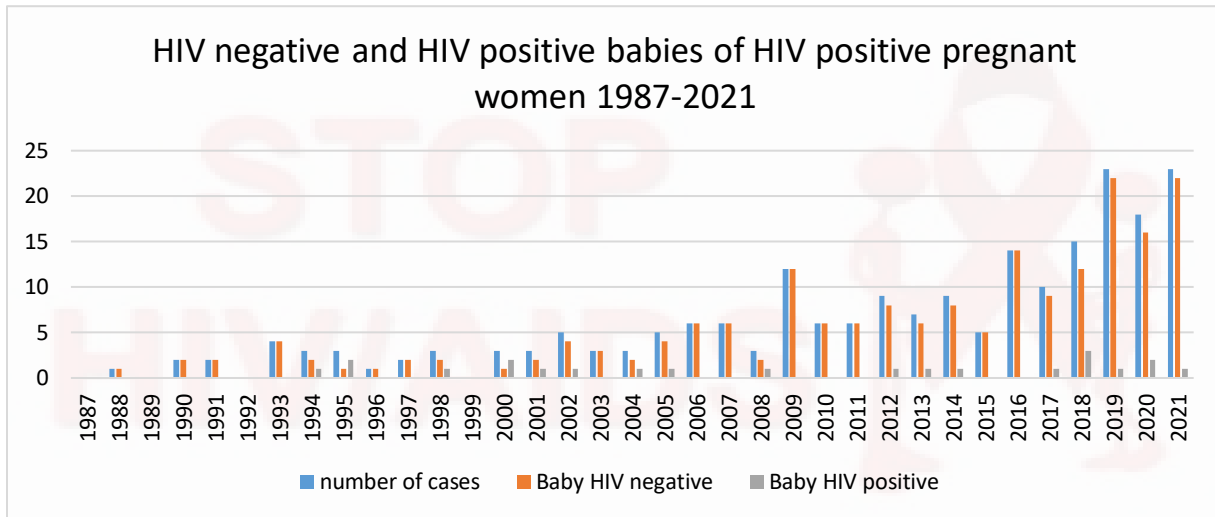
**Main Recommendations: Strategic Focus Area 2. 95-95-95 for HIV Testing and Treatment**

- Increase HIV testing by MOH, private sector and NGOs
- Find the PLHIVs and keep them alive...
- Improve patient treatment experience
- Find the patients lost to follow up both on ARVs and not on ARVs
- Avoid stock-outs of laboratory reagents and medicines
- Do viral load testing on all patients at least once a year
- Involve other partners and stakeholders in patient treatment and follow-up

**Strategic Focus Area 3. End Paediatric AIDS and Eliminate Vertical Transmission: Mother-to-Child Transmission**

Prevention of Mother to Child Transmission (PMTCT) has always been a high priority in Seychelles Health agenda. All pregnant women who report to antenatal clinics (ANC) or delivery facilities are tested for HIV and syphilis.

Figure 31. HIV negative and HIV positive babies of HIV positive pregnant women, 1987-2021



Sources CDCU, Health Care Agency

In 2021, there were 1658 pregnant women who gave birth in Seychelles. Of those, 26 were HIV positive: 24 pregnant women followed the PMTCT program and 2 did not attend antenatal care (ANC) during their pregnancy. Amongst the 26 pregnant mothers, 17 (65%) of them knew their HIV status before pregnancy and were actively on ART. A total of 23 babies were born of a HIV positive mother during the year 2021; of the 23 deliveries, 7 women had started their ANC follow up in 2020 and the rest were from 2021. Unfortunately, one baby was diagnosed positive out of the 23. Nonetheless, we will continue our tremendous effort with our stakeholders to ensure that, as in previous years, this record falls to zero.

More in-depth awareness is needed for PMTCT programme so that we can eliminate mother to child transmission completely by 2025. It is vital that HIV positive women of childbearing age be re-engaged into the treatment and family planning programme in the pre-pregnant phase. Importance should also be put on educating the population through mass media or other forms of medium on EMTCT.

### Children living with HIV

In 2021 we recorded 10 children less than 15 years on ART living with HIV. This total is a positive sign which shows that parents are adherent to the treatment and care of their children.

### **Main Recommendations: Strategic Focus Area 3. End Paediatric AIDS and Eliminate Vertical Transmission**

- *Bring back the EMTCT project!*
- *Involve partners and stakeholders in EMTCT*

#### Strategic Focus Area 4. Gender Equality and Empowerment of Women and Girls:

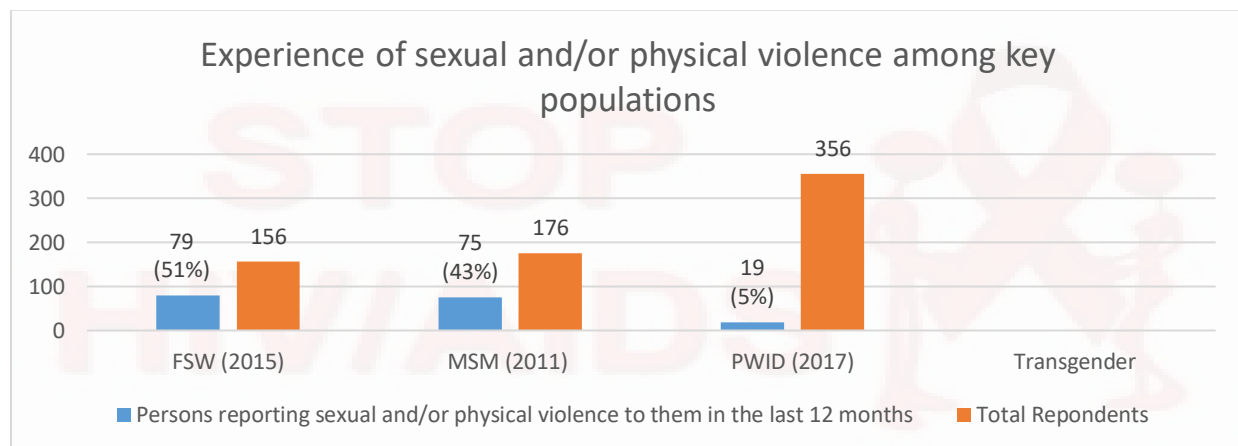
In Seychelles, we are guided by the Human Rights Act 7 of 2018 whereby people have the right to file a complaint if he/she feels that they are being stigmatized or discriminated in such way deemed possible for an investigation by the Human Rights Commission.

Despite having such laws in place, many people may not be coming forward to address their rights and to eliminate stigma and discrimination. We have seen LGBTI groups holding workshops on redressing their rights and being victimized at work but such complaints have barely reached the national Human Rights Commission. We do acknowledge that surveys are needed and are necessary have to address some of these narrated issues/anecdotes within the community. No recent figures have been introduced since our last surveys of 2011-2017.

For example, surveys reporting experience of violence of key populations and attitudes towards violence against women shown below need to be repeated for better assessments of the present situation.

#### Experience of violence among Key Populations (KPs)

Figure 32. Experience of violence of key populations



Source: NAC Global AIDS Monitoring Report 2021

#### Attitudes towards violence against women

A study on gender-based violence (GBV) in Seychelles in 2016 focused more on violence by an intimate partner (emotional, physical, economical and sexual) as well as sexual violence by a non-partner including sexual harassment in public places. The study showed that there were high levels of violence with more than half of the women (58%) and 43% of men having experienced some form of GBV at least once in their lifetime. Both women and men had

perpetrated GBV with 31% and 40% prevalence rates respectively. The study further showed that most of the violence occurred in the home between intimate partners. Fifty-four percent of women and over a third (35%) of men had experienced intimate partner violence. An equal proportion (40%) of women and men confirmed they had perpetrated violence against an intimate partner.

Table 6. Attitudes towards violence against women, 2016

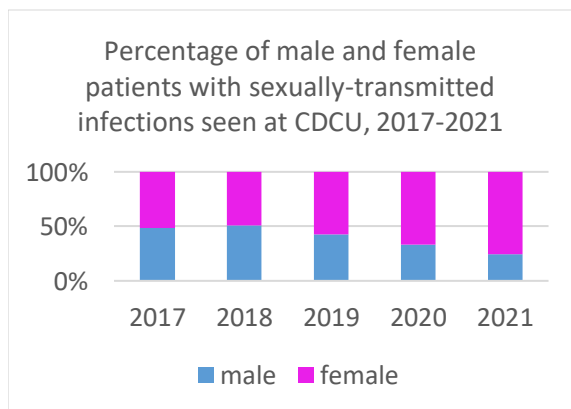
Percentage of women and men aged 15 to 49 years who agree that a husband is justified in hitting or beating his wife for specific reasons	
Percentage of women and men aged 15 to 49 years who agree with at least one of the statements	71%
Number of respondents who agree with at least one of the statements	1106
Total number of respondents	1560

Source: NAC, Global AIDS Monitoring Report, 2021

It therefore remains alarming that in 2016, 71% of women and men respondents aged 15 to 49 years agreed that a husband is justified in hitting or beating his wife for specific reasons.

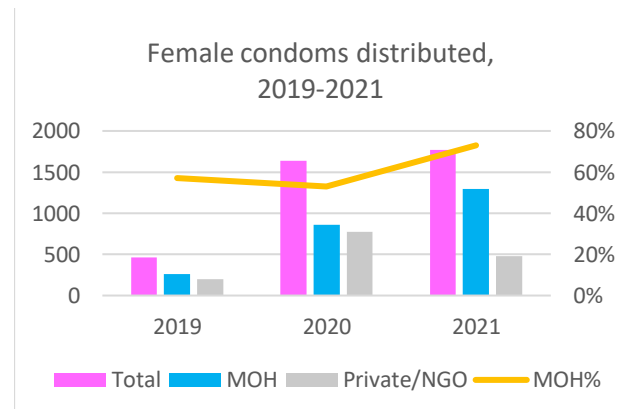
We also note that sexually transmitted infections are more commonly reported in females than in males even if more males than females test positive for HIV and Hepatitis. Yet, distribution of female condoms has not been pressed significantly over the years and needs to be addressed.

Figure 34. Percentage of male and female patients with sexually-transmitted infections seen at CDCU, 2017-2021



Source: NAC, Global AIDS Monitoring Report, 2021

Figure 33. Female condoms distributed by MOH, private and NGOs, 2019-2021



**Main Recommendations: Strategic Focus Area 4. Gender Equality and empowerment of women and girls**

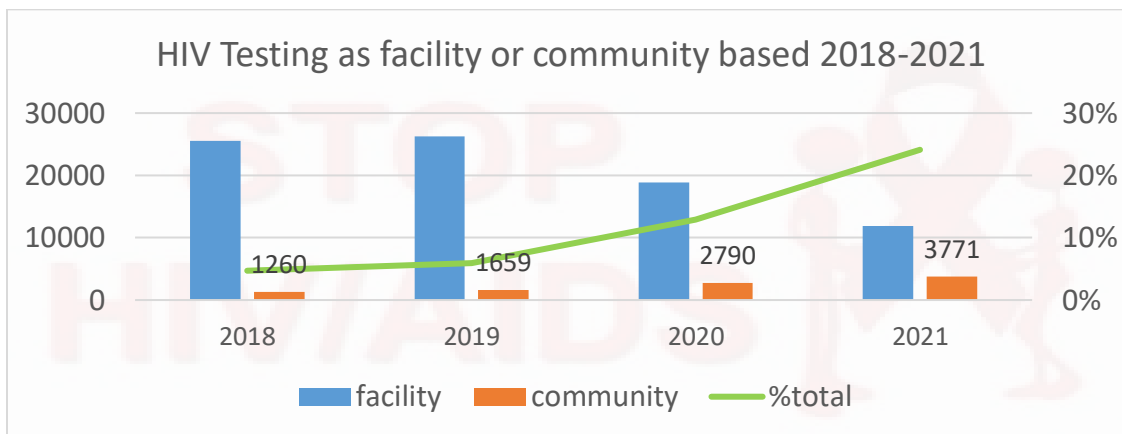
- Educate both boys and girls on gender-based violence
- Repeat surveys in key populations on experience of violence
- Promote both male and female condoms as protection against HIV and STIs



### Strategic Focus Area 5. Community Leadership:

Seychelles like most other countries has had for decades’ great community involvement in the prevention of HIV/AIDS. Over the years we have had different non-governmental organisations (NGOs) formed to lead in this fight. Some of the NGOs include people living with HIV and some are key populations led organizations. Some of these NGOs have been engaged with HIV services such as rapid testing, condom distribution and health education in hotspot areas within the community. The graph below shows the increase in community HIV testing the past 4 years.

Figure 35. HIV testing as facility or community based, 2018-2021



Source: NAC, Global AIDS Monitoring Report 2021

#### Main Recommendations: Strategic Focus Area 5. Community Leadership

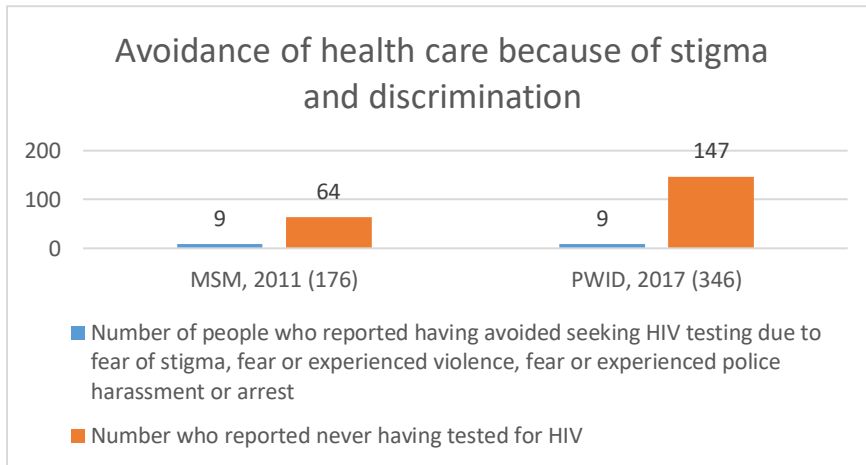
- Enhance Community testing
- Develop social contracts and Memoranda of Understanding (MOU) with civil society and key population groups
- Encourage involvement of the private sector in service delivery

### Strategic Focus Area 6. Realize Human Rights and Eliminate Stigma and Discrimination:

Stigma remains one of the biggest barriers for people living with HIV. Seychelles has been finding ways to break this barrier. One initiative is conducting of the Stigma Index exercise. This survey will enable people living with HIV to report any discriminatory attitudes against them.

These surveys would also be beneficial in raising awareness on our key populations, whereby stigma and discrimination against them are still present. This group of people may access health care settings and other related care settings without the fear of having to be neglected because of their status and ways of living, as was in the case in the MSM Study of 2011 and PWID study on 2017 shown below.

Figure 36. Avoidance of health care because of stigma and discrimination in key populations



Source: NAC Global AIDS Monitoring Report, 2021

**Main Recommendations: Strategic Focus Area 6. Realize Human Rights and Eliminate Stigma and Discrimination**

- Conduct stigma index
- Conduct surveys to obtain relevant data on human rights, stigma and discrimination

**Strategic Focus Area 7. Universal Health Coverage and Integration: Hepatitis B and C**

With the pandemic still menacing the Seychelles islands in 2021, the number of Hepatitis tests done by the Ministry of Health has decreased compared to the year 2019. Our main source of data for the year 2021 was that from CDCU, as shown in a snapshot below.

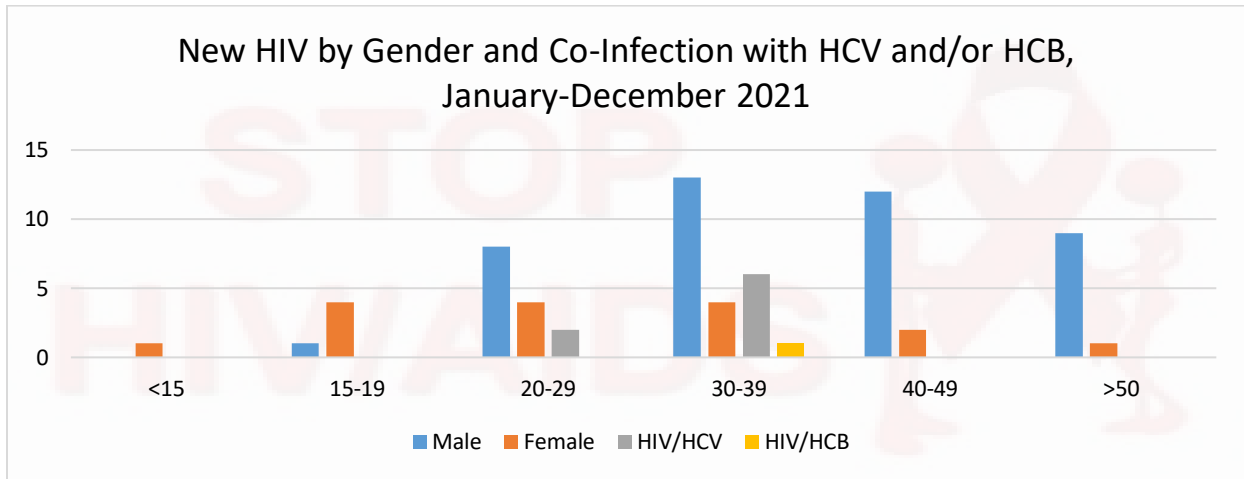
Table 7. New Hepatitis B and C, and HIV co-infection, 2021

	Male						Female						2021 Total	2020 Total
	0-14	15-19	20-29	30-39	40-49	>50	0-14	15-19	20-29	30-39	40-49	>50		
<b>New Hepatitis B</b>	0	0	2	7	5	3	0	0	2	2	1	0	<b>22</b>	34
<b>HIV/Hepatitis B co-infection</b>	0	0	1	0	0	0	0	0	0	0	0	0	<b>1</b>	3
<b>Hepatitis B treatment</b>	0	0	0	0	0	0	0	0	1	0	0	1	<b>2</b>	13
<b>New Hepatitis C</b>	0	1	8	5	3	2	0	0	4	2	1	0	<b>26</b>	92
<b>HIV/Hepatitis C co-infection</b>	0	0	2	6	0	0	0	0	0	0	0	0	<b>8</b>	15
<b>Hepatitis C treatment</b>	0	0	9	7	3	0	0	0	1	1	0	1	<b>22</b>	20

Source: CDCU, Public Health Authority

Hepatitis C and HIV co-infection is strongly dominated within the age group of 30 to 39 years with 6 new cases reported in 2021. Then, 2 cases were reported within the age group of 20-29 years making a total of 8 HIV and Hepatitis C co-infection. Twenty-two patients were treated for Hepatitis C in 2021, similar to 2020.

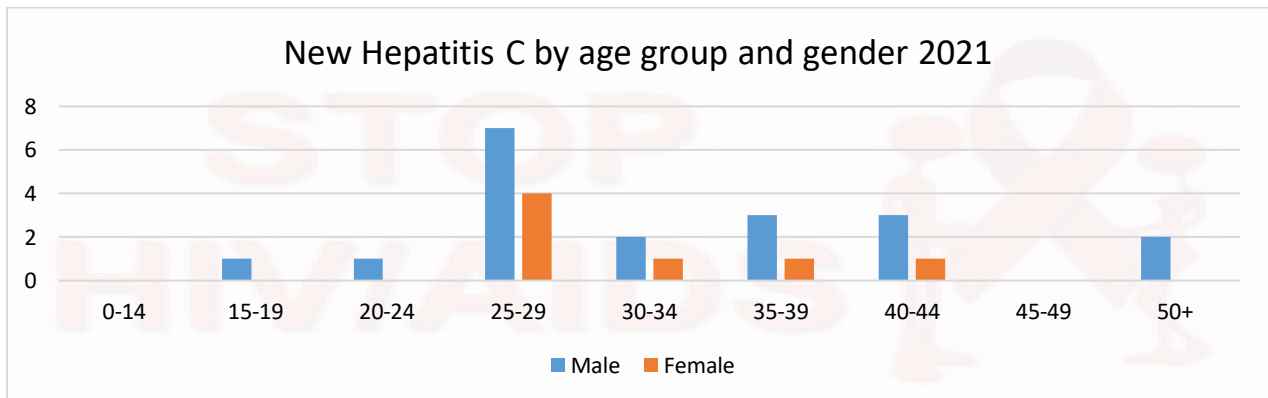
Figure 37. New HIV by gender and co-infection with Hepatitis B and C, 2021



Source CDCU, Public Health Authority

In 2021, CDCU recorded 26 new cases of Hepatitis C infection, still being dominated within the male gender. A minority of female cases were recorded, with 7 new infections. The most infected age group remained within the 25-29 years' category, with most of them being PWIDs.

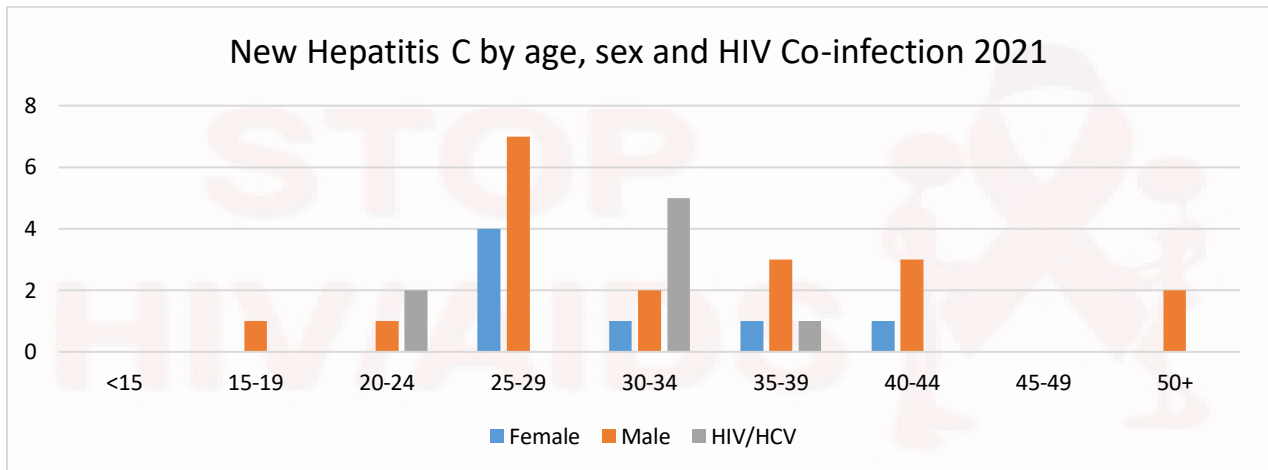
Figure 38. New Hepatitis C by age group, 2021



Source: CDCU, Public Health Authority

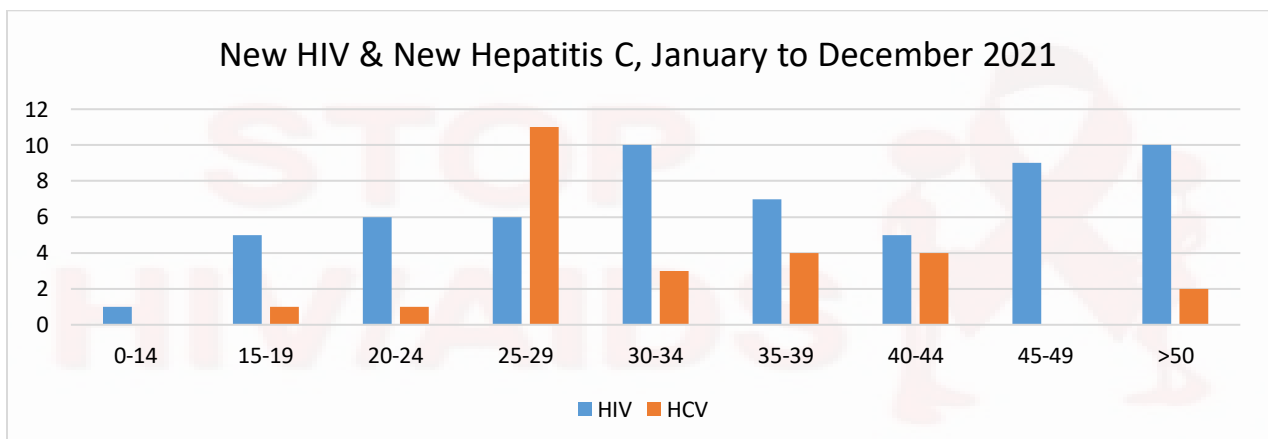
The cumulative Hepatitis C/ HIV co-infection was at 266 in 2021, with 244 Male and 22 females. CDCU recorded a total of 8 Hepatitis C/HIV co-infections last year, the majority was within the age group 30 to 34 years old.

Figure 39. New Hepatitis C by age, sex and HIV co-infection, 2021



Source: CDCU, Public Health Authority

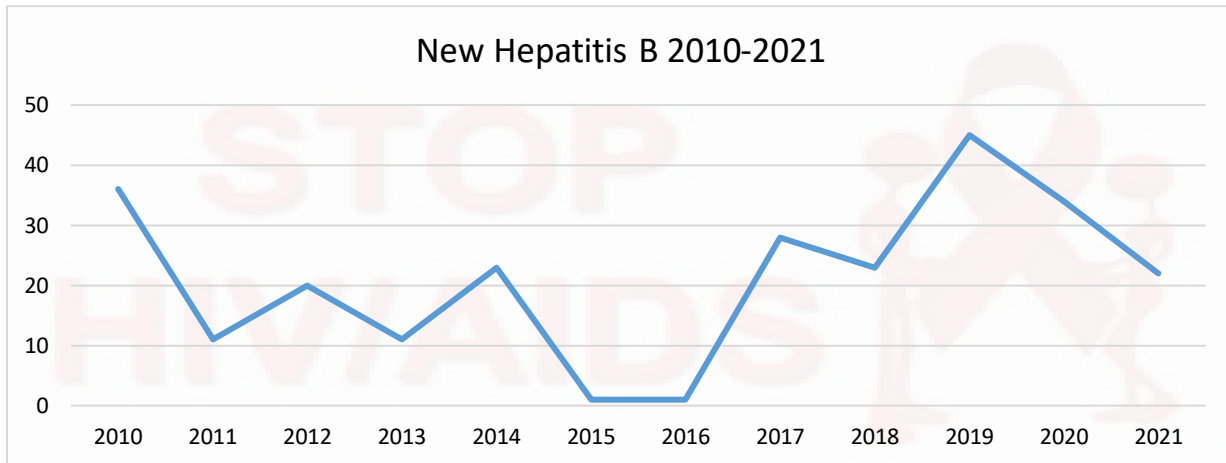
Figure 40. New HIV and New Hepatitis C, January to December 2021



Source CDCU, Public Health Authority

Twenty-two (22) new Hepatitis B infections were recorded in 2021, with a decrease of 11 cases compared to 2020. Of those newly diagnosed are 6 (3M/3F) Seychellois and 16 (15M/1F) non-Seychellois. A total of 11 CDCU clients (4M/7F) were vaccinated against Hepatitis B among whom were 3 PLWHAS, 4 were after accidental injuries and 3 were Hepatitis B contacts.

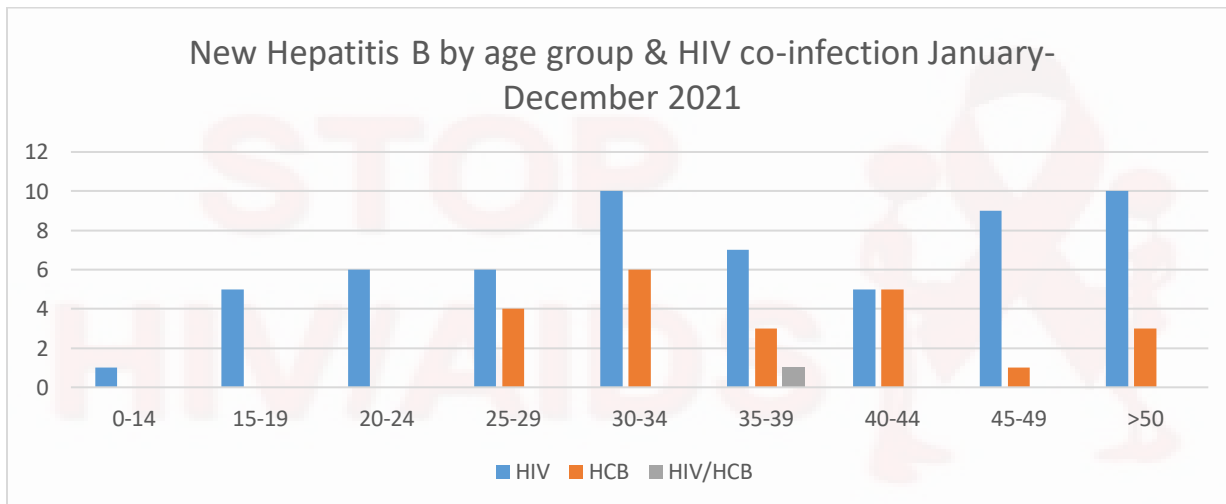
Figure 41. New Hepatitis B, 2010 to 2021



Source CDCU, Public Health Authority

The number of Hepatitis B & HIV co-infections decreased in 2021 compared to the previous year. Only 1 co-infection of Hepatitis/HIV was recorded within the age group of 35 to 39.

Figure 42. New Hepatitis B by age group and HIV co-infection, January to December 2021



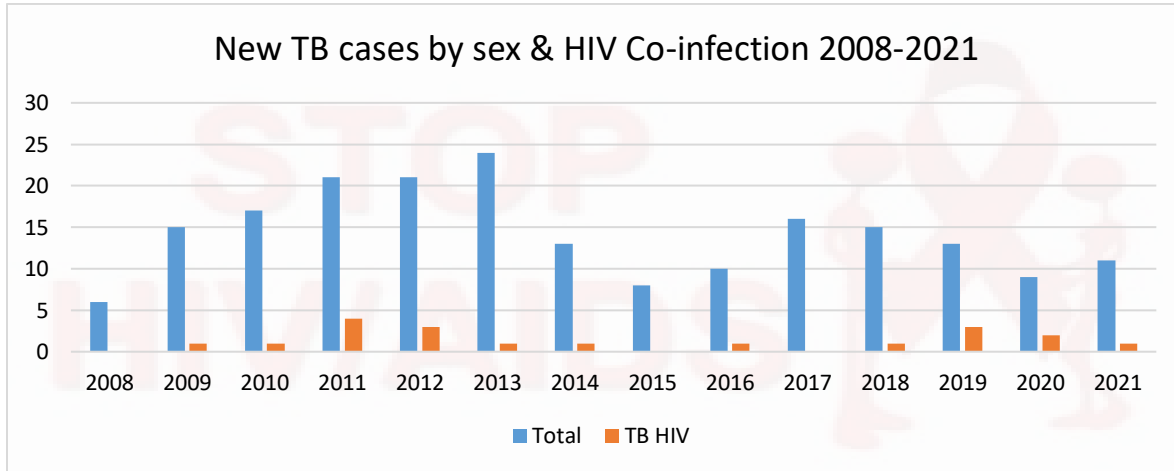
Source: CDCU, Public Health Authority

### Tuberculosis

In 2021 the CDCU TB programme detected a total of 11 cases: 8 males and 3 females. Ten (10) were smear positive and 1 was extra pulmonary; 5 cases were Seychellois citizens (3 males and 2 females), while the rest were non-Seychellois (5 males and 1 female). Of the total recorded there were three Seychellois co-infected with Covid-19, of whom one was also co-infected with HIV. A total of 9 Mantoux tests were done, mostly screening of close TB contacts, and 2 of the contacts were started on Isoniazid prophylaxis.

One TB death was recorded within the age group of 35 to 44 years, being of male gender, and co-infected with HIV, COVID-19 and Dengue.

Figure 43. New Tuberculosis (TB) by sex and HIV co-infection, 2008-2021

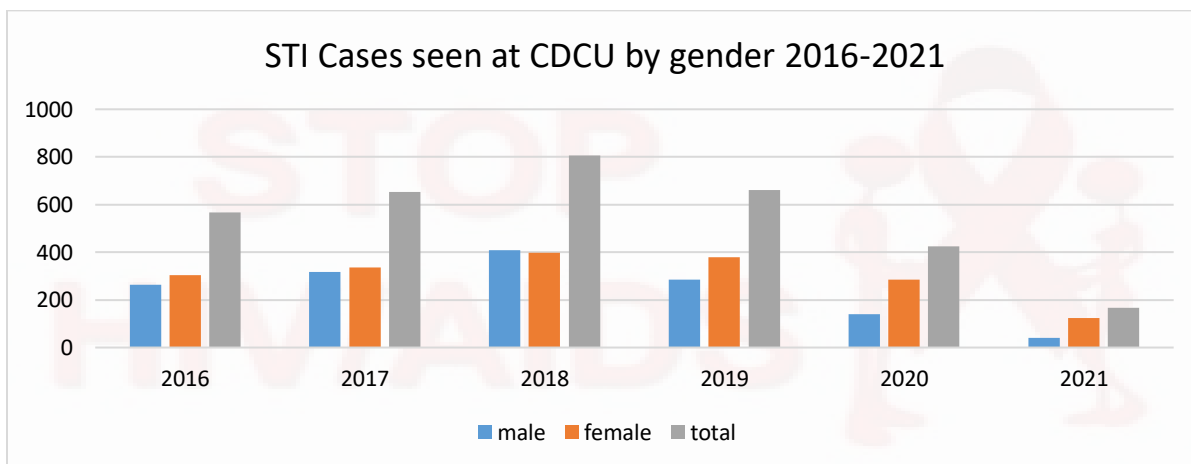


Source CDCU, Public Health Authority

### Sexually Transmitted Infections (STIs)

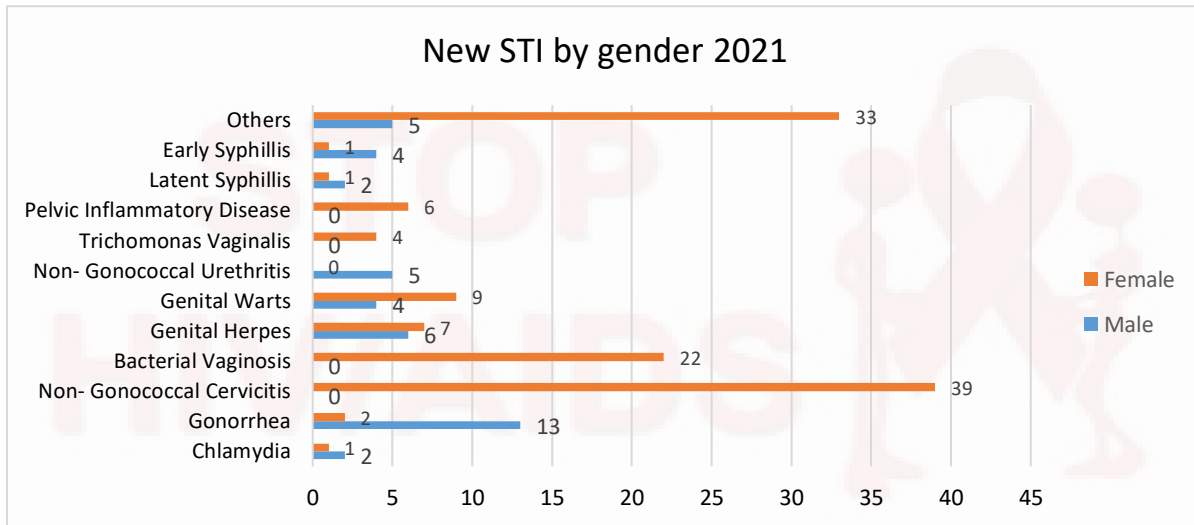
In 2021, the CDCU recorded its lowest number in Sexually Transmitted Infections: 166 total with 125 females (75%) and 41 males (25%). Non-gonococcal cervicitis was the commonest STI recorded among females (39 cases) whilst gonorrhoea was the commonest among males (13 cases).

Figure 44. New Sexually Transmitted Infections by gender and year, 2016-2021



Source: CDCU, Public Health Authority

Figure 45. New STIs seen at CDCU by gender, January to December 2021



Source: CDCU, Public Health Authority

It is worth noting that 38 (23%) of the 166 reported cases of STIs were recorded as ‘Others’ and need to be categorized further.

### Other diseases and conditions

More data from private clinics or other health facilities need to be effectively collected, as many individuals prefer to access others places apart from the CDCU. That is why in this coming future NAC will engage with these mentioned facilities to form a data collection tool for more efficient national data.

The table shows the distribution of new registered cases by location. Interestingly, La Digue had no reported cases of HIV, AIDS, HTLV1 or TB. It would be worth finding what exactly is going on as regards the detection of these infections.

Table 8. Newly registered cases by location in 2021

New registered cases by Location								
	Population	AIDS	HIV	HTLV1	TB	STI	PEP/ PrEP	Total
<b>Mahe</b>	86,892	23	55	23	10	206	38	<b>355</b>
<b>Praslin</b>	8,807	4	3	2	1	5	0	<b>15</b>
<b>La Digue</b>	2,975	0	0	0	0	1	0	<b>1</b>
<b>Other Islands</b>	584	0	1	0	0	1	0	<b>2</b>
<b>Total</b>	<b>99,258</b>	<b>27</b>	<b>59</b>	<b>25</b>	<b>11</b>	<b>213</b>	<b>38</b>	<b>375</b>

Source: Ministry of Health Annual Statistics, 2021

### **Main Recommendations: Strategic Focus Area 7. Universal Health coverage and integration**

- Advocate for Testing and Treating early for HIV, Hepatitis, TB, Cancers, COVID-19
- Vaccinate persons at risk against Hepatitis B e.g. PWUDs, prisoners, migrants
- Do pap smears for all females living with HIV

### Strategic Focus Area 8. Investments and Resources:

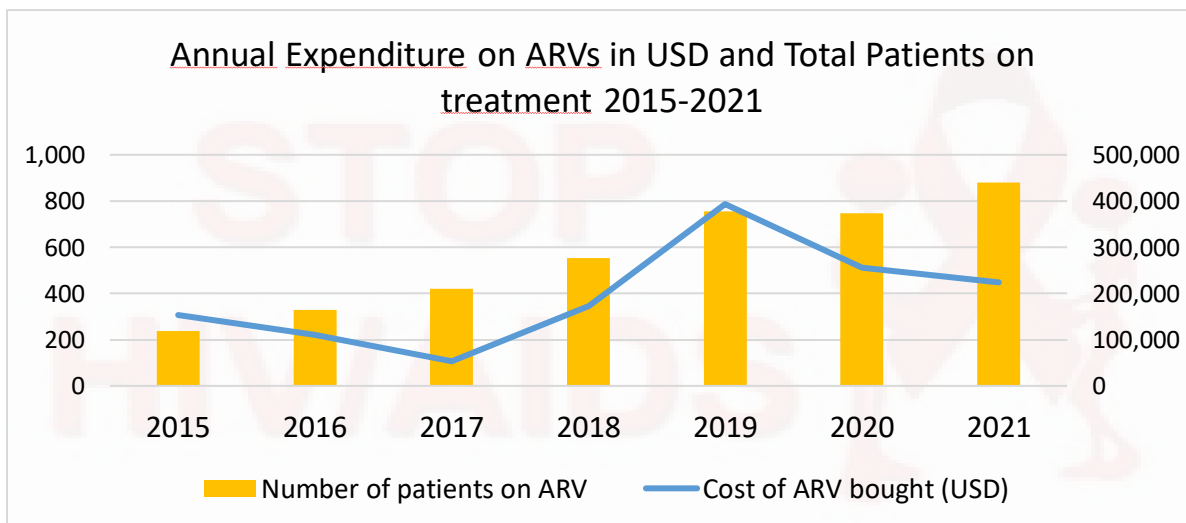
In 2021 with the Global Pandemic still at hand, much attention was directed to the Ministry of Health to facilitate the testing, prevention and treatment of COVID-19. The NAC budget approved for 2021 was decreased by 30% (1.6 million rupees) compared to previous year.

Table 9. NAC budget, 2019-2021

Year	Approved (SCR)	Executed (SCR)
2019	3,753,521.65	3,753,521.65
2020	5,295,096.73	4,046,591.63
2021	3,703,701.22	3,703,701.22
2022	3,726,030.39 (up by <5%)	

Budget cutting was done in all sectors within the country; however, this did not include the purchase of medication, one of them being antiretroviral medicines. The total amount of HIV medication purchased in 2021 was similar to 2020, but the biggest issue encountered was the price inflation due to fewer and less frequent flights in and out of the country. The total cost of freight also doubled, hence the CDCU had to reduce the amount of medication dispensed at each visit. Compared with few previous years, ARV was dispensed monthly instead of three-monthly to cater for all PLHIVs who were on ARV, in case of any delays in flight or procurement.

Figure 46. Annual Expenditure of ARVs in USD and total patients on treatment, 2015-2021



Source: NAC, National AIDS Spending Assessment, GAM 2021

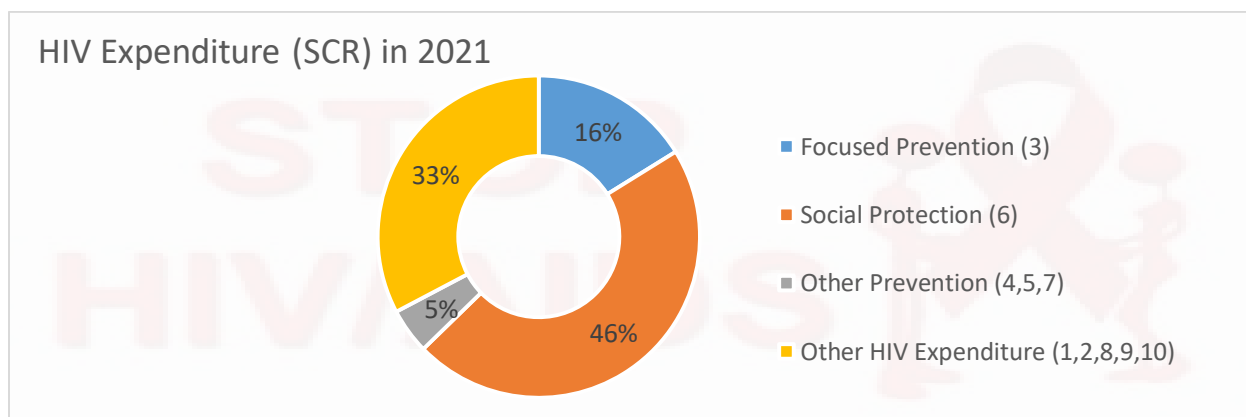


Table 10. Total HIV expenditure for key programmes, 2021

Key Programme	National (SCR)		International (SCR)	TOTAL (SCR)
	Source in 2021	Government		
1. Treatment, Care and Support		10,023,100	130,920	<b>10,154,020</b>
2. Prevention of Vertical Transmission of HIV		546,075		<b>546,075</b>
3. Prevention		5,491,836	1,867,515	<b>7,584,151</b>
4. Gender Programmes			198,155	<b>198,155</b>
5. Programmes for children & Adolescents		1,415,692		<b>1,415,692</b>
6. Social Protection		21,840,436		<b>21,840,436</b>
7. Community mobilization		383,142	145,000	<b>528,142</b>
8. Governance and Sustainability		3,704,000		<b>3,704,000</b>
9. Critical Enablers			250,000	<b>250,000</b>
10. TB/HIV Infection, Diagnosis & Treatment		661,725	33,120	<b>694,845</b>
<b>TOTAL</b>		<b>44,066,007</b>	<b>1,998,435</b>	<b>46,915,517</b>
<b>Percentage of Total</b>		<b>94%</b>	<b>4%</b>	<b>100%</b>

Source: NAC, National AIDS Spending Assessment, GAM 2021

Figure 47. HIV expenditure in Seychelles Rupees in 2021



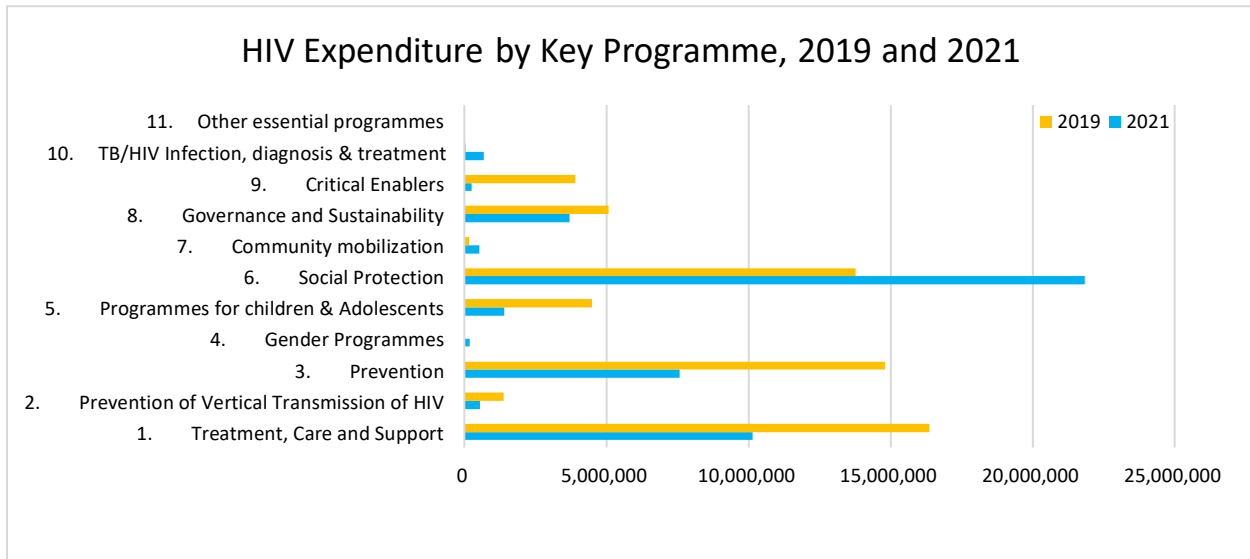
Source: NAC, National AIDS Spending Assessment, GAM 2021

Treatment, care and support reduced from 27% in 2019 to 22% in 2021.

Focused Prevention reduced from 25% in 2019 to 16% in 2021. It is hoped that expenditure for prevention increases back to 25% in 2022 and 2023, with more investment in scientifically proven methods like PrEP, NSEP and condom use.

The total estimated HIV expenditure reduced by 20% from SCR 60,057,739 in 2019 to SCR 46,915,517 in 2021, even if costs had soared with the COVID19 pandemic in 2020 and 2021.

Figure 48. HIV expenditure by key programme, 2019 and 2021



Source: NAC, National AIDS Spending Assessment, GAM 2021

Although international funding has dwindled over the years with the rise in the GDP for Seychelles and COVID-related global hardships recently, some international donors continued funding critical programmes in prevention and care (Table 11 & Annex 10). Assistance for several projects e.g. Stigma index by UNAIDS did not materialize due to COVID-19 restrictions.

Table 11. Main International Sources of Funding for HIV and TB in 2021

Organisation	Project Title/ Main Objective	Principal Implementing Agent	Principal Recipient /Sub-Recipient
1. <b>Global Fund Regional Project: ECSA</b>	To improve TB diagnosis in the ECSA region (Phase 2)	ECSA Health Community	MOH Public Health Laboratory
2. <b>AIDS Rights Alliance for Southern Africa (ARASA)</b>	<ul style="list-style-type: none"> <li>Mitigating the impact of COVID-19 on Key Populations</li> <li>Training and Leadership Programme Reflection Grant</li> <li>Right to Bodily Autonomy &amp; Integrity: Establishment of the Seychelles Civil Society Activist Think Tank (SCSATT)</li> </ul>	ARASA	Civil Society (HASO, UP Brigade)
3. <b>SADC</b>	SADC PF Governance Project: Sexual & Reproductive Health Rights (SRHR), HIV and AIDS	SADC Parliamentary Forum	National Assembly Committee for SRHR, HIV & AIDS
4. <b>UNFPA</b>	Increased national capacity to deliver high-quality maternal health services, including in humanitarian settings	UNFPA Madagascar	MOH and partners

Source: NAC, National AIDS Spending Assessment, 2021

**Main Recommendations: Strategic Focus Area 8. Investments and Resources**

- Advocate for more funds for prevention and care....
- Increase prevention expenditure to 25%

## Political Declaration 10: Data, Science and Innovation

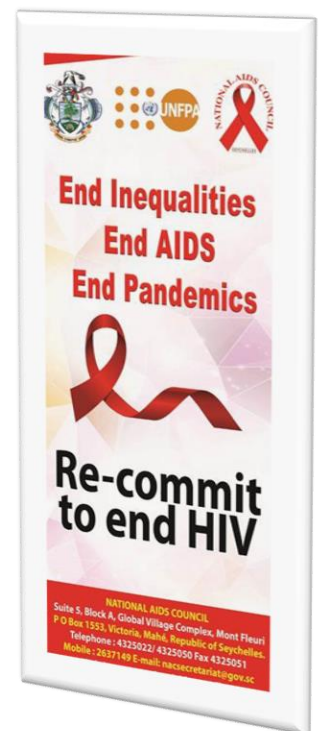
Seychelles will benefit from many different surveys such as stigma index survey. Such survey will also allow people living with HIV and key populations to be more open and build their confidence by sharing their experiences without any fear.

Our country will also be in need of the Spectrum data collection Software. This will aid us to make national estimates of our data. It will serve as a surveillance system by mapping our HIV epidemic and determining the consequences of the HIV epidemic.

With the recent development in our country, we need urgent data from the indicators listed below. In particular, there is a need to repeat surveys in key populations, namely Sex Workers, Men who have Sex with Men, People who inject Drugs, Transgender people and Prisoners.

### ***GAM Indicators for which recent data is presently not available include:***

- **1. Combination HIV prevention for all**
  - 1.1. HIV Incidence  
*Prevention data in key populations: Sex Workers, Men who have Sex with Men, People who inject Drugs and Transgender people*
  - 1.2. Recent Estimates of the size of key populations
  - 1.3. HIV prevalence
  - 1.4. HIV testing
  - 1.5. Condom use
  - 1.6. Coverage of HIV prevention programmes
  - 1.8. Safe injecting practices among people who inject drugs
  - 1.14. Condom Use at last high-risk sex
  - 1.16. Young people: Knowledge about HIV Prevention
- **2. 95–95–95 for HIV testing and treatment**
  - 95-95-95. HIV testing and treatment (indicators 2.1, 2.2, and 2.3)
  - 2.4. Late HIV Diagnosis with CD4 less than 350
  - 2.6. Antiretroviral therapy coverage among people living with HIV in key populations (sex workers, Men who have Sex with Men, People who inject Drugs and Transgender people)
- **4. Gender equality and empowerment of women and girls**
  - 4.1. Experience of sexual and/or physical violence among key populations (Sex Workers, Men who have Sex with Men, People who inject Drugs and Transgender people)
  - 4.2. Attitudes towards violence against women



- **6. Realize human rights and eliminate stigma and discrimination**
  - 6.1. Discriminatory attitudes towards people living with HIV
  - 6.2. People living with HIV report internalized stigma
  - 6.3. People living with HIV report experiencing stigma and discrimination in community settings
  - 6.4. Experience of HIV-related discrimination in health-care settings

*Experience by key populations (Sex Workers, Men who have Sex with Men, People who inject Drugs and Transgender people)*

  - 6.5. Experience of stigma and discrimination among key populations
  - 6.6. Avoidance of health care by key populations because of stigma and discrimination
  - 6.7. People living with HIV seeking redress for violation of their rights
- **7. Universal health coverage and integration**
  - 7.4. Syphilis prevalence among key populations (Sex Workers, Men who have Sex with Men, People who inject Drugs and Transgender people)



*Workshop for Key Populations funded by UNFPA,  
World AIDS Day 2021*



## COORDINATION AND MANAGEMENT OF THE NATIONAL HIV RESPONSE

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 highlight of 2021 globally was the launching of the UN Political Declaration on HIV and AIDS on 8 June 2021 at the UN General Assembly. President Wavel Ramkalawan made his first address on HIV and AIDS at the meeting through a virtual recorded message.

The NAC secretariat, in collaboration with the Steering Committee for the implementation of the operational plan dedicated work to the Global AIDS Monitoring and World AIDS Day. The National AIDS Spending Assessment (NASA) for 2020 could not be completed as the responsible person retired in July 2021. The long awaited UNFPA project for Comprehensive Sexuality Education (CSE) was initiated in September 2021.

World AIDS Day 2021 was used as an opportunity to promote HIV and Hepatitis activities during the COVID-19 pandemic.

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

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 oversee the roles and functions of the National AIDS Council
2. To ensure the efficient management of the activities, funds, staff and property of the National AIDS Council; and
3. To mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS.
4. To develop and strengthen mechanisms to coordinate the national response

Additionally, during the COVID-19 pandemic, NAC assisted with the following:

5. To strengthen the Epidemiological Surveillance Pillar, resulting in mitigation of the impact of the COVID-19 outbreak on the country
6. 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.*

## Goal 1: Oversee the roles and functions of the National AIDS Council

### Objective 1.1. Recommend to the Government policies and strategies and take measures to ---

- a. combat HIV and AIDS;
- b. control and ameliorate the effects of the HIV and AIDS epidemic; and
- c. promote, co-ordinate, monitor and evaluate the application of such strategies and policies

<p>1) Conduct regular NAC Board meetings, not less than 3 times a year</p>	<p>Meeting schedules and proceedings were reviewed by the new Chairperson and minutes were disseminated to members. Terms of Reference (TORs) for Finance/Audit, Resource Mobilisation &amp; Media sub-committees of the NAC Board were presented to Board members and membership agreed upon.</p> <p>Two (2) regular virtual meetings were held by the Board, i.e. March and July. One meeting scheduled for December was postponed in view of difficulty getting a quorum towards the end of the year.</p> <p>Relevant issues related to HIV and AIDS were flagged to the authorities concerned. <i>Even if the Board could not meet physically, communication was maintained through email and WhatsApp.</i></p>
<p>2) Prepare and disseminate regular reports</p>	<p>The annual report for 2020 was prepared by NAC Secretariat and submitted to the Minister, Board Chairperson and members. The report was also disseminated to members of the NSP Steering Committee, CEOs and other stakeholders. Reports were also submitted to UNAIDS, SADC and the African Union.</p>
<p>3) Submission and dissemination of the Global AIDS Report (GAM) and National AIDS Spending Assessment (NASA)</p>	<p>As part of its Monitoring and Evaluation (M&amp;E) function, the NAC annually compiles the Global AIDS Monitoring Report. Required information was obtained from partners and stakeholders by PM Mrs Michaud and the GAM report was completed on schedule in April 2021 with the assistance of Mrs Baquero. 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 the 2020 annual report and shared with stakeholders.</p> <p>The National AIDS Spending Assessment (NASA) for 2020 was not conducted as it lay incomplete at the time PM Mrs Michaud retired in July 2021. <i>Both the GAM and NASA reports are lengthy and web-based tools and are further complicated by difficulty in obtaining information from some partners.</i></p> <p><b>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.</b></p>
<p>4) Develop new National Policy</p>	<p>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. Emerging legal issues will be addressed.</p>
<p>5) Advocate for review NAC Act 2013</p>	<p>The proposed review of the NAC Act was brought up again with MOH Coordination and it was agreed in principle that it would be addressed as part of review of all MOH agencies' acts. <i>Of particular concern were NAC membership and functions being too elaborate and not aligned with latest government policy regarding boards.</i></p>

<p>6) Discuss technical matters with the MOH Technical Advisory Committee (TAC) for HIV/AIDS/STIs</p>	<p>TAC was expected to meet monthly but did not meet in 2021, after previous meetings in August 2019 and October 2020. PM Mrs Baquero represented NAC on the TAC, as the one responsible for key population programmes. <i>(Please see Annex 4).</i></p> <p>There was an attempt by NAC to revive the TAC Data Management and Elimination of Mother to Child Transmission (EMTCT) sub-committees' meetings, but these were postponed to first quarter 2022 by the ACP.</p> <p>The Seychelles WHO process for EMTCT 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 babies on the HIV PMTCT programme who tested positive in 2020 and 2021.</p>
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**Objective 1.2. Disseminate, and to encourage the dissemination of, information on all aspects of HIV and AIDS**

<p>1) Maintain NAC Website and Facebook Page</p>	<p>The NAC website was maintained by PM Mrs Michaud before she retired, after receiving training from Mr Elton Moustache of Unified Technologies. The website is linked to a Facebook page. Website entries seem to have disappeared and were uploaded once again by PM Mrs Baquero and Mr Moustache.</p>
<p>2) Develop and disseminate new Information, Education and Communication (IEC) materials</p>	<ul style="list-style-type: none"> <li>• The NAC Board Media Sub-Committee assisted with World AIDS Day activities.</li> <li>• Radio/TV Spots on HIV were aired on radio and TV whenever possible being facilitated by the Chairperson of the Media sub-committee.</li> <li>• IEC materials were disseminated to workshop participants and other partners. Production of banners was organized for World AIDS Day.</li> </ul> <p>There is a need to conduct surveys to evaluate corresponding change in behaviour from the IEC materials produced and disseminated.</p>
<p>3) Source and disseminate articles on HIV &amp; AIDS at least once a week</p>	<p>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></p>

**Objective 1.3. Encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents**

<p>1) Facilitate and finalise development of MOU with HASO</p>	<p>An MOU with HASO was drafted by the secretariat and sent to the Minister for Health after endorsement by PS, CEOHCA and PHC. The MOU will be finalized once discussed again by MOH.</p>
<p>2) Advocate for improved patient management and new antiretroviral therapy</p>	<p>NAC addressed queries pertaining to patient treatment, follow up and wellbeing. The issue of stock-out of laboratory reagents were promptly addressed with the relevant MOH authorities. Unfortunately, the stock-out lasted 3 months. The purchase and consumption of ARVs for 2020 were captured in the GAM report and efforts made to facilitate procurement of zidovudine syrup through UNAIDS and bilateral channels when the medicine had a stock-out in December 2021. Patient queries were also taken up with officials of the Public Health Authority and Health Care Agency</p>

**Objective 1.4. 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**

1) Develop Monitoring & Evaluation (M&E) Plan	The mission by UNAIDS consultants to assist with M&E Plan, NSP costing and prevention programming to strengthen organizational planning on HIV/Hepatitis by individual sectors was postponed indefinitely due to COVID-19 restrictions.
2) Strengthen the M&E function of NAC	<p>A post of M&amp;E programme manager granted by DPA was not funded by MOF despite an appeal sent through SS Health in 2020, as all posts were frozen in the COVID-19 new normal. Despite this gap, NAC continued with its M&amp;E functions and reviewed its existing job description for programme managers to orientate towards M&amp;E functions. One M&amp;E person was recruited in that post. Programme managers participated in all workshops to which NAC was invited.</p> <p>The NAC Annual Report 2020 reviewed actions and statistics from 2016 to 2020 and made recommendations to sectors including the Ministry of Health. An action plan was formulated from the recommendations of the World AIDS Day 2020 workshop and shared with members of the NSP Steering Committee (<i>Please see Annex 1</i>). The main objective of the workshop was to evaluate the national response during the COVID-19 pandemic.</p>
3) Request the integration of NAC into the Health Information System (HIS)	The project to institute an electronic Health Information System (HIS) was further discussed by the MOH in 2020 and it is hoped NAC will be integrated into the system, once established.

**Objective 1.5. Enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to co-ordinate their responses**

1) Conduct Annual Forum	There was no annual forum in 2021 but there were three workshops targeting youth and key populations held in December 2021.
2) Consult and work in collaboration with key implementing partners for NSP (Health & Non-Health)	<ul style="list-style-type: none"> <li>• The NSP Sector Responsibilities were reviewed but letters to stakeholders to mobilise support for implementation and explain their expected roles and reporting mechanisms were not sent as sectors struggled through the COVID-19 pandemic.</li> <li>• A Mapping Exercise of available local services for HIV and Hepatitis was initiated.</li> <li>• NAC further worked in collaboration with other agencies be it on reporting or input in their discussions and reports.</li> <li>• Candlelight Memorial and Zero Discrimination Days were conducted by HASO and DURNS respectively.</li> </ul> <p><i>Presumably due to COVID-19, some stakeholders were not available or not interested.</i></p>
3) Work with Parliamentarians on key HIV/SRH issues	CEO attended a workshop by the SADC supported HIV/SRHR Committee of the National Assembly Parliamentarians on 29 October 2021 at the Savoy Hotel. Parliamentarians also had an activity to commemorate World AIDS Day 2021 and advocate for HIV and AIDS issues.



4) Follow up on HIV Workplace Policy

Contact was maintained with Employment sector focal persons but activities on the Workplace Action Plan were postponed by the Employment sector in view of COVID-19 restrictions.

*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 or collaborating with relevant stakeholders for implementation.*

**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**

1) Follow up on survey done in prison

The 2018 prison survey report remains outstanding but draft findings have been used to develop a situational analysis and action plan by the MOH AIDS programme.

*HIV and Health are not core businesses of prison and much support is required on these issues.*

2) Source funding for one survey

A proposed survey in MSM and male sex workers was resubmitted both to MOF on annual budget and to UNAIDS but still not funded due to COVID-19 restrictions.

**Goal 2: Ensure the efficient management of the activities, funds, staff and property of the National AIDS Council**

**Objective 2.1 Act as 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**

1) Oversee the efficient management of the National AIDS Council

With the declaration of COVID-19 community transmission on 29 December 2020, as a government agency, the National AIDS Council was further affected by budget cuts and movement restrictions. The national AIDS response was also marked by reduced activities and limited performance in all sectors.

Running and maintenance of the NAC office of NAC were prioritised. The vehicle was maintained and serviced; the GPS tracking system monitored. Air-conditioning maintenance was effected by Contractor NL Cooling Services (Norris Lucas), who was replaced in December 2021 by D Cool Mr Francoise through a pooled contract negotiated by the Procurement Oversight Unit (POU).

**Staffing was of considerable challenge during 2021.**

- PM Mrs Patricia Baquero was on medical leave from 6 December 2020 to 31 March 2021.
- Driver Mr Kitson Julie was on quarantine/isolation in January 2021 and proceeded on paternity leave from 12-26 September, being the proud father of twin girls born that month.
- Private Secretary Ms Estephanie Dodin was on extended maternity/annual leave from 13 June to 20 December 2021, having given birth to a healthy baby girl.
- PM Mrs Germaine Michaud retired on 16 July 2021, and was replaced by Mrs Baquero as Information Officer.
- Mrs Marcelle Houareau was recruited as programme manager for Monitoring and Evaluation out of 8 applicants and joined NAC on 9 December 2021.

Nevertheless, queries from members of the public were addressed and clients referred to appropriate facilities or officers.

	<p>The management of secretarial, administrative and human resources was tackled as best possible, with the kind assistance from Board, MOH and PHA officials. Funding and personnel issues were addressed with relevant MOF and DPA officials. Files were processed and followed up with DPA, with records kept accordingly.</p> <p>CEO was invited to a one-to-one Senior Coordination Meeting with the Minister for Health and another with the PS for Health and Board Chairperson. She participated in weekly meetings to discuss the MOH structure in October 2021.</p> <p><i>NAC, as a small organization, faces the challenges of human resource constraint and requiring multi-skilled staff. All new recruitment is still banned due to COVID-19. Issues with internet connectivity continually shrouded communication despite remedial actions 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 MOF.</i></p> <p>The NAC structure needs to be aligned with new NHSP pending government restructuring of agencies.</p>
2) Prepare, finalise and implement annual budget	<p>The processing of NAC payments was transferred from Finance Dept to the Ministry of Health. Mr Jude Barra and Ms Majitha Boniface were now responsible for NAC financial matters instead of Mrs Lindy Germain and Mr Fabrice Anthony respectively.</p> <p>NAC planned activities were implemented as per budget; some were postponed or cancelled due to COVID-19 restrictions.</p> <p>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. Queries from MOF were addressed. The budget for 2022-24 was initiated and the budget review meeting with the Cabinet of Ministers was attended by the CEO in August 2021.</p> <p>As in 2020, the two posts of administrative officer and programme manager were not funded; funding of these posts were again requested under Scenario B of the Programme Performance Based Budgeting (PPBB) but struck off even before discussion with Cabinet as non-funded new recruitments were further banned.</p> <p>The PPBB process was completed for 2022 and a proposed budget submitted for a ceiling of SCR 2,443,000 for Goods &amp; Services compared with SCR 2,595,000 in 2021. A total budget of SCR 3,846,000 was allocated in 2022 similar to SCR 3,840,000 in 2021. Proper budgeting and cash flow were ensured. Payments for rent, electricity, water, telephone and other budget items were processed regularly and followed up on.</p> <p>The audit processes for 2020 and 2021 by the office of the auditor general were facilitated as of August 2021 and audit queries addressed.</p> <p><i>Further budget cuts were effected by MOF to accommodate COVID-19 reforms.</i></p> <p>NAC continues to advocate for a higher ceiling despite COVID-19 restrictions; and adjust to budget cuts despite increased prices of commodities</p>

**Objective 2.2. Manage the NAC Fund and allocate funds to organisations which in the opinion of the Board is eligible to receive funding subject to availability of funds**

<p>1) Allocate budget funds to appropriate activities</p>	<p>The funding mechanisms and procedures of the former National AIDS Trust Fund (NATF) were further reviewed and re-disseminated to Board members. Funding requests were processed and follow up on payments was done.</p> <p>Two (2) Projects were discussed and approved by the NAC Board and but payments were not processed pending submission of proforma invoices by beneficiaries.</p> <p>The 2000 INSTI test kits procured for community testing by HASO, amounting to almost SCR 252,000 were paid for in 2021.</p> <p>SCR 1 million budget for the Annual Indian Ocean Colloquium was not re-allocated by MOF (COVID-19 reforms) in 2021.</p> <p><i>Payment processes by MOF are at times long or delayed, with suppliers expecting payment within limited days.</i></p>
<p>2) Organise and host the Annual Indian Ocean Colloquium</p>	<p><i>The Annual Colloquium 2020 was postponed again; a virtual colloquium was proposed by Board members but only Reunion Island showed interest as countries are still affected by the prevailing COVID-19 situation globally and regionally.</i></p> <p><b>To start planning for annual colloquium first quarter 2021</b></p>
<p>3) Coordinate World AIDS Day activities</p>	<p>A meeting was held with the NSP Steering Committee and an email was sent to stakeholders to organize activities for World AIDS Day.</p> <p>The theme was <i>End Inequalities. End AIDS. End Pandemics.</i></p> <p>Messages were sent by the President as Patron of the Council and the Minister for Health (<i>please see Annex 2</i>) to mark the occasion. Other activities included media programmes, HIV testing at health facilities and workshops organized to sensitise youth and key populations. The activities were funded by UNFPA, MOH, NAC and respective organisations (<i>please see Annex 5</i>).</p>

**Objective 2.3. Collaborate with partners in the planning and implementation of national programmes and events**

<p>1) Liaise with Foreign Affairs Department as regards HIV and AIDS dossiers</p>	<ul style="list-style-type: none"> <li>The global highlight of 2021 was the launching of the UN Political Declaration on HIV and AIDS on 8 June 2021 at the UN General Assembly. President Wavel Ramkalawan made his first address on HIV and AIDS at the meeting through a virtual recorded message (<i>please see Annex 1</i>). Organisation of the activity was coordinated by the MOH secretariat and NAC.</li> <li>NAC Board members and secretariat also critically reviewed two documents and sent comments to the Foreign Affairs Dept. These were the UN Political Declaration and one white paper presented by the Russian Federation.</li> </ul>
<p>2) Coordinate the UNFPA programme for Seychelles</p>	<ul style="list-style-type: none"> <li>The 2021 UNFPA annual work plan was signed by Minister Peggy Vidot but had to be reviewed to accommodate one youth activity from 2020 reprogrammed in view of COVID-19. The CSE programme was successfully launched (<i>Annex 8</i>).</li> <li>The UNFPA Youth Matching Fund Project was revisited by Foreign Affairs Department, Youth Department and SNYC.</li> </ul>
<p>3) Follow up on UNAIDS projects and activities</p>	<p>The Plan of Action for technical assistance submitted to UN partners in August 2019 (Mauritius) and decisions made at a side-meeting with UNAIDS and SADC officials in November 2019 (Reunion) were further deferred because of COVID-19 constraints. Proposed missions included:</p>

	<ul style="list-style-type: none"> <li>➤ Costing of Operational Plan and Prevention Programming</li> <li>➤ Study Visit to harm reduction facilities in the region</li> <li>➤ Mode of Transmission (MOT) study (never conducted locally)</li> <li>➤ SPECTRUM training: postponed to 2022; to be conducted virtually</li> <li>➤ Stigma Index Exercise: Terms of Reference were reviewed and returned to UNAIDS Madagascar; USD 4200 were pledged but not yet allocated.</li> <li>➤ Mapping exercise: The list of NGOs active in HIV/AIDS was re-submitted to UNAIDS Madagascar in September 2021.</li> </ul> <p>Seychelles should participate in the next SPECTRUM virtual training for concentrated epidemics; and UNAIDS to consider conducting the MOT in the future.</p>
<p>4) Collaborate with SADC on regional SADC/UN matters</p>	<p>Seychelles participated in virtual technical meetings on HIV prevention on 4-6 October 2021 at Eden Bleu (10 persons), and Monitoring &amp; Evaluation on 25 October (Sheikh Khalifa Conference Room), both jointly organised by SADC HQ, regional UN offices and member states. Several documents were reviewed by NAC, including the Seychelles scorecard. However, data was deemed insufficient to complete the exercise.</p> <p>The non-inclusion of Indian Ocean islands in certain SADC activities was addressed by member countries and a pledge made by UNAIDS Johannesburg Regional Office to address the matter. In Seychelles, the meeting logistics were prepared by NAC. The CEO also participated in the virtual SADC Ministers’ Meeting on 3-4 November for high officials.</p> <p>One SADC/UN recommendation is for member states to strengthen social contracting as a strategy.</p>

### Goal 3: Mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS

**Objective 3.1. 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

<p>1) Track funding sources for HIV and AIDS</p>	<p>The National AIDS Spending Assessment (NASA) was initiated by PM Mrs Michaud in 2021 but not completed at the time of her retirement.</p> <p><i>The difficulty obtaining getting data from partners remains a perpetual problem.</i></p> <p>There is a need to develop more effective M&amp;E mechanisms to facilitate the processes.</p>
<p>2) Follow up on regional projects being funded by Global Fund through - ECSA - ARASA</p>	<p>a) <i>The NAC, as Country Coordinating Mechanism (CCM), endorsed extension of the <b>ECSA-HC regional project to support countries to reinforce the response to COVID-19</b> (July 2021-June 2022) through: <i>Reducing burden on laboratory systems for TB, HIV and Malaria; &amp; reinforcing and improving health and community systems in response to COVID-19.</i> The regional project originally endorsed by NAC in 2015 was to strengthen laboratories in ECSA region. In Seychelles, it was used to upgrade, support and monitor the Public Health Laboratory in TB diagnosis.</i></p> <p>The monitoring meeting in September 2021 was followed virtually by Public Health Laboratory Senior Technologist Mrs Brigitte Pool.</p> <p><i>COVID-19 restrictions prevented set monitoring and training visits by project officials.</i></p>

	<p>b) ARASA funded the creation of a Seychelles Civil Society Activist Think Tank (SCSATT) by UP Brigade and supported HASO in 2021.  <i>Most of the actions of the 2017 National Action Plan (NAP) on removing legal barriers supported by ARASA and UNDP for Prison and MOH have been conducted.</i>  <i>The Employment Act is not yet finalized to incorporate the NAP recommendations.</i></p>
<p>3) Coordinate implementation of SADC projects</p>	<p>A new regional project with Indian Ocean countries was approved on the SADC 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>          Start of project implementation was postponed to 2022 for logistical reasons.  <i>Of note is that regional projects rely on common needs of participating countries and not necessarily individual country needs.</i></p>

## Goal 4 : Develop and strengthen mechanisms to coordinate the national response to fight HIV and AIDS

### Objective 4.1. Review and strengthen the Steering Committee for NSP implementation

<p>1) Meet regularly with NSP Steering Committee</p>	<p>The NSP Steering Committee created in 2019 met twice in October 2021. Members were invited to participate in data review/GAM meetings in February and March 2021; SADC/UN virtual meetings in October 2021; World AIDS day ceremony on 1 December 2021; and Validation workshop for Comprehensive Sexuality Education on 17 December 2021.          The membership is being reviewed to avoid duplication with Board membership. Data collection/ management was one key issue addressed with members. The Action Plan drawn up from the recommendations of the World AIDS day 2020 workshop was disseminated to members for inclusion into their respective operational plans.  <i>Other meetings were cancelled due to COVID-19 restrictions.</i></p>
<p>3) Support key population initiatives</p>	<p>NAC rendered support to HASO and DURNS. One workshop by DURNS on 3 December was supported by UNFPA funding. Relevant organisations were invited to participate in in the Comprehensive Sexuality Education (CSE) initiative.</p>
<p>4) Advocate to and raise awareness in other sectors</p>	<p>a) <i>The Prison Superintendent</i> participated in Steering committee meetings and data review/GAM meetings.          b) <i>The meeting with PS Community Development</i> was postponed indefinitely, after several failed attempts.          c) <i>The Ministry of Education (MOE)</i> appointed Mrs Marina Jacques to replace Ms Brigitte Labonte on the UNFPA Comprehensive Sexuality Education committee.</p> <p><b>There is need to develop a media plan and strategy and create awareness in all districts</b></p>

#### Objective 4.2: Establish a qualitative data review committee

1) Establish Data Committee with terms of reference	Data review meetings conducted in February and March 2021; to be established formally.
2) Analyse and disseminate available data	CDCU shared its annual report and its statistics were further analysed and presented at various fora. A data review meeting on treatment could not be implemented in December 2021.
3) Re-energise the process for Elimination of Mother-to-Child Transmission (EMTCT)	A TAC meeting on EMTCT could not be conducted in December 2021; and postponed to first quarter 2022.

#### Current challenges

- Limited human and financial resources are a challenge to delivering on NAC's functions and activities; 2 unfunded posts for an administrative officer and programme manager.
- Outdated and low quality data, as well as ineffective data management by partners and stakeholders impede decision making; and
- Limited dialogue between NAC and stakeholders results in crucial information being unavailable for decision-making, and effects effective co-ordination of projects.
- New pandemic with a shift of focus both at sector level and in the community from HIV to other health matters

#### Strategic Priorities 2022 to 2024

- Coordinate and monitor the national response to HIV and AIDS, being implemented through the 2019-2023 National Strategic Plan (NSP) for HIV, AIDS and Viral Hepatitis and its M&E framework;
- Finalise a costed operational plan for 2022-2023; update and develop a National Policy for HIV, AIDS, Viral Hepatitis and Sexually Transmitted infections; and elaborating a functional Monitoring and Evaluation (M&E) plan based on the available framework;
- Commission HIV community testing to promote knowledge of one's status;
- Conduct surveys in general and key populations to establish HIV prevalence, knowledge, attitudes, practices and behaviours in these groups subject to availability of funds;
- Advocate, raise awareness and support on pertinent issues in line with global and national strategies for prevention and care; including pre-exposure prophylaxis and condom programming.
- Coordinate and implement regional projects and programmes, namely SADC Regional projects, ECSA Health Community regional project, UNAIDS and United Nations Population Fund (UNFPA) national programme evolving from the UN National Strategic Partnership Framework.

## Performance Measures of Programme

### P1: NATIONAL COORDINATION, ADVOCACY AND AWARENESS RAISING

<b>Outcome:</b>	Improved coordination of national response by 2024					
<b>Outcome indicator</b>	<b>2020</b>		<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Target</b>	<b>Target</b>	<b>Target</b>
1. Monitoring of implementation of National HIV/AIDS Strategy through development and dissemination of annual national HIV/AIDS report	1	1	1	1	1	1
2. Reporting on regional and global commitments by developing and submitting monitoring reports on HIV/AIDS to key partners (UNAIDS, SADC, SDG )*	3	3	3	3	3	3
<b>Contributing indicators</b>	<b>2020</b>		<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Target</b>	<b>Target</b>	<b>Target</b>
1. Number of Monitoring & Evaluation reports received (including MOH agencies, APDAR, Prison, NGOs, Private)	12	15	15	18	20	24
2. Number of multisectoral coordinating meetings conducted with meeting reports	10	8	8	10	10	10
3. Report of World AIDS Day activities to raise awareness	1	1	1	1	1	1
4. Review of the 2019-2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis and Development of a new plan	-	-	-	-	50%	100%

\*Annexes 6 and 7

## MAIN ACHIEVEMENTS AND CHALLENGES

During the year 2021, with the imposed restrictions to control the ongoing pandemic, all major activities were discontinued. NAC and all its other stakeholders had to reorganize their strategies of reaching out to the public, either through media platforms or other ways of communications. Most of the strategies put forward in 2020 had to be ongoing throughout the year 2021.

### What went well in 2021 during the COVID-19 Pandemic

#### Testing and Counselling

- Voluntary testing programmes were still accessible at all service delivery points but were reduced due to restrictions.
- HIV testing was available in private clinics and results were delivered within reasonable delay
- Outreach programmes for rapid HIV testing were done on a reduced scale while following COVID-19 safe practices
- Some clients 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 still ongoing by telephone and in-person if necessary
- The assisted HIV self-test was initiated by MOH within certain programmes

#### Prevention

##### *Media/Education*

- The Comprehensive Sexuality Education (CSE) programme was successfully launched and training conducted for 25 participants.
- Media platforms were continued with its various health education strategies by MOH and SNYC
- Social media platforms were continually used to communicate with potential clients on a one to one basis
- On line communication and use of other media were augmented

##### *Condom Distribution*

- Condom distribution was introduced at MOH COVID-19 screening areas
- A rise in condom distribution was recorded in the private sector

##### *Work environment and workplace interventions*

- Continued task shifting allowed staff to develop new skills
- Appointment based systems continued to avoid grouping during COVID-19
- Counselling for HIV Positive employees was maintained





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## Antiretroviral therapy, care and counselling

- CDCU Doctor's and Nurse's consultations were still accessible on appointment basis and for emergencies
- Anti-retroviral treatment remained on essential medicines list
- Anti-Retroviral Treatment were still being imported from private sources and personal use
- Clearing of back logs for Viral load tests was done
- Service delivery continued on a much smaller scale, but patients had to go through the process of screening first
- PLHIVs had access to COVID-19 vaccination

## Prison Services

- The AIDS Control Programme conducted a situational analysis on the Prison services

## Harm Reduction

- Harm reduction services continued for low Threshold Methadone Maintenance Programme.
- Needle syringe programme continued but only at CDCU

## Zero Stigma and Discrimination

- Stocks of anti-retroviral treatment were replenished on essential medicines list as other medicines
- Zero Discrimination Day and AIDS Candlelight Memorial were organized by civil society

## Facilitate a sustainable national response to HIV and AIDS

- All HIV and Hepatitis services were still available and accessible even if on reduced scale
- Service delivery was maintained for all services but on a smaller scale
- Budgets for health services were maintained
- 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
- Consultative meetings were held with stakeholders to prepare and validate the GAM reports and World AIDS Day

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## What did not go too well in 2021 during the COVID-19 pandemic and why

### Testing and Counselling

- HIV and Hepatitis testing volumes were reduced due to movement restrictions.
- Outreach programmes were limited with the imposed restrictions of movement

### Prevention

- Female Condom distribution remained low
- Most workplace prevention interventions could not take place

### Antiretroviral therapy, care and counselling

- Stock out on various items such as reagents for viral load, anti-retroviral treatment which made dispensing length shorter in order to accommodate all patients
- MOH recorded the highest number of deaths in Persons living with HIV or AIDS in 2021 ([AIDS Related Death Analysis page 66](#)).

### Prison Services

- The number of HIV tests done was reduced during 2021

### Harm Reduction

- Needle syringe programme continued but only at CDCU, and at a reduced rate due to limited stocks of needles and syringes.

### Health systems

- Procurement processes encountered challenges due to the increased charges in air freight
- Quarantine and isolation in affected health workers reduced number of staff available to work and resulted in overwork and exhaustion of remaining staff.
- Limited/ delayed communication and decision making with leaders on HIV and Viral Hepatitis due to COVID-19 pre-occupations and priorities
- The electronic Health Information System is yet to be installed
- ‘New normal’ protocols increased tasks for staff

### Community systems

- Movement restrictions to manage COVID-19 community clusters created further challenges on service delivery and for people to access services in the community
- Many organizations had to draft their own SOPs related to COVID-19.
- Some outreach programmes were affected e.g. hot spots visits

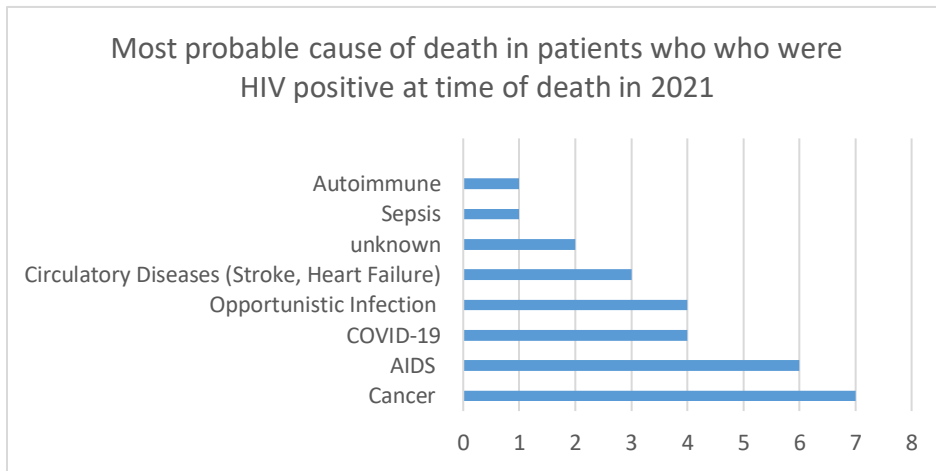
### Costing and Financing

- Less tourism business and 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



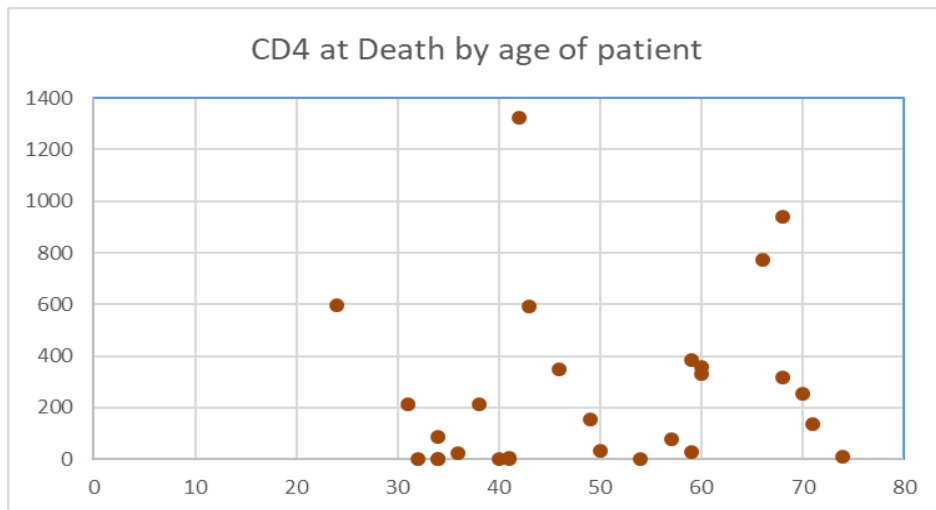
## AIDS Related Death Analysis for 2021

Data Source: CDCU, Public Health Authority



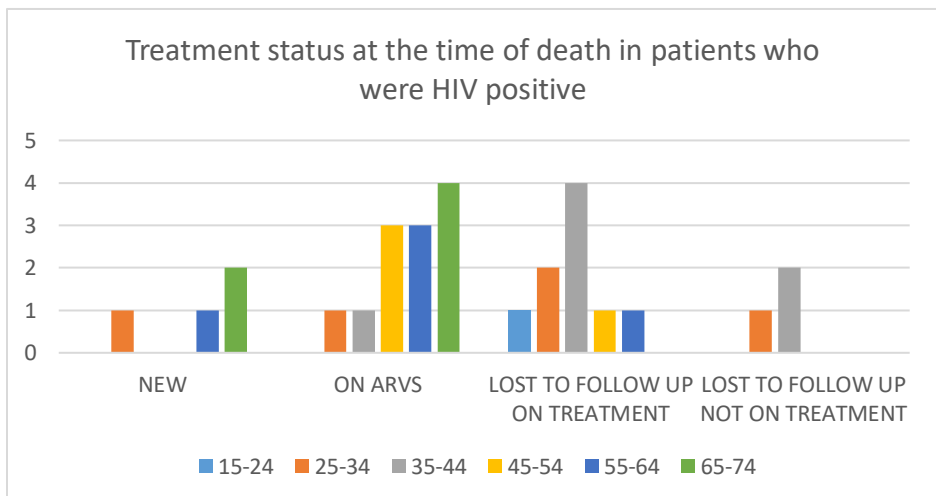
The commonest known cause of death in 2021 in PLHIVs was Cancer and the least common were autoimmune disease and sepsis. Four persons died of COVID-19 complications.

The cause was unknown in two patients.



When analysing their CD4 status, our graph shows that most of the PLHIVs who died in 2021 had CD4 count less than 400. Eight of them were actively on ARV, four newly started and three were lost to follow up on treatment.

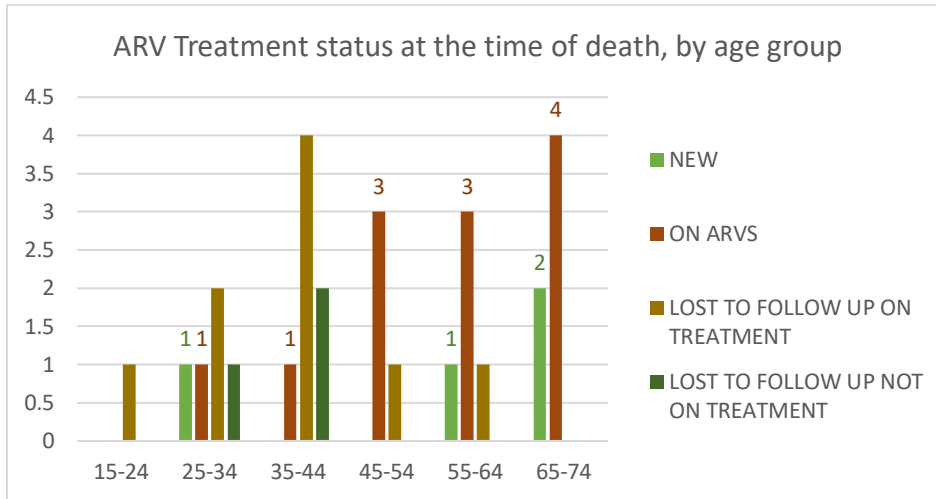
In those with CD4 above 400, two died of cancer, two of circulatory causes and one of COVID-19.



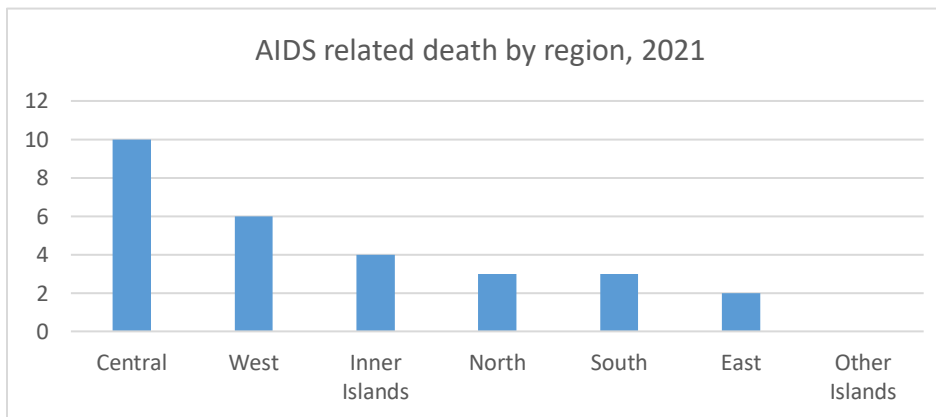
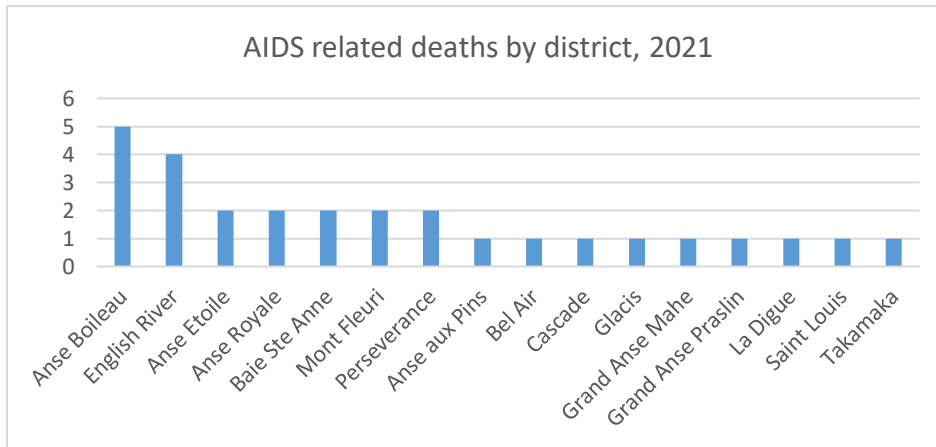
In the age group 65-74 years, two patients aged were newly diagnosed and four were on ARVs at the time of death.

The only person who died aged 15-24 years had been lost to follow up whilst on treatment.

Three PLHIVs lost to follow up and not on treatment were aged 25-44 years.



*At the time of death, 12 (43%) patients were actively on ARVs, 9 (32%) were lost to follow up on treatment, 4 (14%) were newly diagnosed, and 3 (11%) were lost to follow-up and not on treatment.*



*Anse-Boileau was the district that had the highest total of AIDS related deaths in 2021. However, the most affected region was the central region.*

#### Definition of Terms

- Loss to follow up: A period of 180 days since the last CDCU clinic visit
- AIDS Related Death: People who have died from AIDS-Related causes
- AIDS: Acquired immunodeficiency syndrome (AIDS) applies to the most advanced stages of HIV infection, with CD4 200 cells/mm<sup>3</sup> or less

## CONCLUSION

After 2020, Seychelles envisaged getting back to normal by 2021. However, this was not the case. Yet, despite the many challenges with the restrictions due to the pandemic, as a country, we have been able to accomplish some of our goals.

We have seen an increase in the condom distribution especially in the private sector. More data have been collected by using different techniques, some of which was the door-to-door collection of these data. Our greatest challenge for the year 2021, was the reduction of HIV testing, the increased total number of HIV/AIDS related deaths and reduced Needle Syringe exchange. More enforcement is required to achieve better results in this coming year.

We have seen the impact that Covid-19 pandemic has had on maintaining the essential HIV prevention and treatment services. Our HIV/ AIDS responses have weakened, therefore, in order to strengthen our effort, we need to join forces together with different stakeholders to win the fight against the HIV epidemic.

We acknowledge that Seychelles has a long way to go to achieve the 2025 global HIV targets 95%-95%-95%. Conducting surveys should be a priority as without surveys, it is difficult, if not impossible, to estimate the number of PLHIV in Seychelles, the size of key populations and more importantly, knowledge and attitudes towards HIV and AIDS related matters.

Faced with two pandemics, the health sector response must be strengthened to handle both simultaneously as each can affect the other. Since we are a small population with limited human and other resources, we must develop mechanisms to synergise and optimize our efforts in tackling any upcoming challenges. This will entail constant and consistent monitoring so that we can adjust our strategies as we move, for maximum benefit to the whole nation.

## RECOMMENDATIONS

### General

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 and outlets targeting 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 platforms
- 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
- Strategies to engage patients in care to prevent loss to follow and re-engage those not in care.

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 NGOs 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

### Specific to Ministry of Health

**The Ministry of Health, in addition to supporting other organisations, should pay attention to the following:**

#### Goal 1: 90% of all PLHIVs know their status

- 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;
- Renovate or rebuild the Youth Health Centre;

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

- 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 HIV treatment services;
- Avoid stock-outs of lab reagents and medicines
- Do viral load on all patients at least once a year

#### Goal 4: Zero Stigma and discrimination

- Involve other partners and stakeholders in prevention, testing and treatment services

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

- 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;
- 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; and
- Strengthen and sustain the Technical Advisory Committee for HIV and AIDS
- Establish sustainable referral and linkage mechanisms
- Develop differentiated model of service delivery for HIV treatment and care





## ANNEXES

### 1. Speech by Mr Wavel Ramkalawan, President of the Republic of Seychelles at the UN General Assembly High Level Meeting on HIV and AIDS, 8-10 June 2021



10 June 2021 | Health

Excellencies,

The records of Seychelles in HIV and AIDS prevention, treatment and care are extremely good and they speak emphatically for themselves. In the face of health and economic hardships, and in the advent of the COVID-19 pandemic, we left no-one behind.

Seychelles has striven extremely hard, with fortitude and resolve, to honour its global, regional and national commitments, including the UN Sustainable Development Goals, the UNAIDS Strategy to end AIDS, the WHO Health Sector Strategy on HIV and our own assurances and pledges to our people.

I do not deny, nonetheless, that there is still a lot more for us to do. Today, I make further pledges on behalf of my country. We will continue to address the remaining legal and policy barriers. We will continue to meet the required financial commitments, providing resources and making investments where needed. We will continue to foster greater community empowerment. Above all else, we will continue to strengthen respect of human rights and ensure that HIV and AIDS services remain comprehensive and responsive to the needs of the people they serve and that access to such services remain free and unfettered in all state institutions.

This COVID-19 pandemic has shown the world just how fragile health gains are. Health gains secured after many years of hard work can erode quickly when availability of services, access to them and their continuity are at risk. Loss of livelihoods from COVID-19 negatively influences behaviour of survivors and the way people engage in HIV care.

Amid challenges, countries and leaders must rise to the occasion. We must find opportunities and inspire hope. We must innovate. Solutions do exist for both persisting and new challenges. We need to find them where they are and, here we are, finding them together.

Seychelles welcomes this new political declaration on HIV and AIDS because all its calls to action align seamlessly with our own national development vision, strategy and beliefs. We believe firmly in universal health coverage and integration. We believe in the power of data, science and innovation to bring us further forward. We believe in gender equality and empowerment of women as the best vehicle for nation building and progress. We believe in strengthening all our national structures and processes to eliminate the vestiges of stigma and discrimination that persist towards people infected with HIV.

There is need for global collaboration to end AIDS. This is an ongoing struggle. It is not over yet. I call on all to make available resources and to the United Nations to provide technical support in this final leg of the race to end AIDS.

Where there is a will there is a way. Seychelles clearly has the will and this bold UN declaration is clearly showing us the way. Seychelles supports it fully.

I thank you.



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## 2. Message by the Minister for Health, Mrs Peggy Vidot on World AIDS Day 2021

Minister for Health's message on the occasion of World AIDS Day 2021 Wednesday 1st December 2021 is World AIDS Day. It is a time for reflection: on what we have achieved with regard to the national and global response to HIV, and what we still must achieve.

The global theme chosen for this year's campaign is

**'End inequalities. End AIDS. End pandemics',**

This is a call for action to all countries to end the economic, social, cultural and legal inequalities that drive AIDS and other pandemics around the world.

We can STILL end AIDS by 2030, but only if we act courageously and together tackle inequalities which pose barriers to knowledge, services and treatment. On this World AIDS day, I would like to draw the attention of our citizens to the long-standing inequalities that mask the reality of our HIV response.

Unfortunately, pervasive stigma and discrimination still exists towards key affected persons and populations. Stigma and discrimination create barriers to the full participation of these individuals to society, including access to healthcare services.

We need policies which facilitate access to sexual and reproductive health information and services, policies which are fair and respect human rights of everyone irrespective of their sexual orientation and gender identity. Disregard for human rights has in many instances contributed to challenges of ending inequalities in AIDS.

My ministry is working in collaboration with all stakeholders to address these challenges that are holding back progress to end AIDS. The Covid 19 pandemic has added to the challenges of our HIV/AIDS response as is evidenced by the unfavorable statistics for 2021. The lack of information on the effect of COVID-19 on the HIV response, has aggravated the situation which may have contributed to further transmission and ineffectual community response.

As we fight the double pandemic we need special efforts directed towards maintaining essential HIV prevention and treatment services that the COVID-19 pandemic and response have weakened.

I am calling on all our stakeholders to use this opportunity to play a central role in protecting our vulnerable population from exposure and transmission, and to join in the fight to end inequalities and AIDS.

We need to be committed and remain resilient in our journey towards ending Inequalities, AIDS and pandemics.

I also, wish to express my sincere gratitude to all our health workers and partners for your extra support and for showing remarkable resilience under these extra ordinary circumstances.

We encourage our citizens to continue getting vaccinated against COVID-19, and follow the prevention protocols that include mask wearing, sanitization, routine washing of the hands, and physical/social distancing. This is to reduce transmission of COVID-19 thus protecting the vulnerable from getting infected.

If we are going to overcome the pandemics, we have to rise to the occasion and work collectively with the highest commitment.

**-END-**

### 3. Annual Workplan 2021-2022 from recommendations of World AIDS Day 2020 Workshop

Recommendation	Activity	Responsible	Progress/ Status
<b>Youth / Education</b>			
1. Increase access to use of condoms		Youth Centre	condom distribution doubled
2. Creative ways to pass on information/sexual related topics should be introduced earlier in the school curriculum		Min of Education, MOH, NGOs, SBC, NAC	CSE programme started
3. Increase more youth friendly services/approach	Training of staff	Youth Centre	CSE programme started
4. Confidentiality		All service areas	ongoing
5. Decentralisation of services offered		All youth partners	reduction of sites for NSEP
6. Accessible spot for condom distribution	Make condoms more available in senior schools	Min of Educ	Condoms available in post-secondary schools
7. Parenting sessions to sensitize parents about the different available services		Min of Educ / NGOs	pending
8. Training of peer educators	Training	NGOs	43 peer educators trained
9. Sponsorship for face masks, flavoured condoms for youth	Import of items	MOH/MIN Finance	
<b>Employment</b>			
10. Training of Focal persons in various work places and maintain list of trained focal persons	Program training sessions and implement / maintain register	Min of Employment / MOH/ NGOs	Training and awareness done by HASO on Inner Islands
11. Organize awareness sessions in work places on the impact of HIV /AIDS in the workplace	Organize and Carry out sessions		
12. HIV testing and counselling	Increase testing in work places		Testing sessions organised
13. Distribution of condoms in work places			More distribution points created
<b>Civil Society</b>			
14. Further decentralization of services to include CSO involvement	Establish outreach programmes	CSO/MOH	Outreach HIV testing done
15. NGO/Civil society/private sector need to feel that it is being engaged by govt sector	Communication and involvement in decision making	MOH All sectors	Civil society involved in decision-making; Private sector mobilised
16. Involve CSO in HIV treatment delivery (prepack)	Train persons	CSO/MOH	MOU between HASO and MOH prepared, sent to Minister
17. Increase HIV testing and treatment (door to door)	Organize activities	NGOS	Door-to-door visits reduced because of COVID restrictions

Recommendation	Activity	Responsible	Progress/ Status
<b>MOH</b>			
18. Roll out HIV self-test programme	Prepare SOP for self-test, train general public, introduce helpline, import self-test kits	MOH	2000 Self-test kits distributed to specific sites
19. Intensify media platform for education	TV, radio & social media programmes, documentaries	NGOs /Media /SNYC	Programmes produced and disseminated
20. A robust national coordination to communicate with all stakeholders	Improve communication strategy	NAC	Meetings conducted with Board and NSP Steering Committee
21. Strong commitment from higher level. Decision makers should attend high level meetings rather than delegate representatives	Improved policy	NAC and stakeholders	Work in progress
22. Redirect focus on continuity of care in line with the national and global targets and commitments	Improve communication	all	New Director Community Health appointed by HCA
23. Ministry of health needs to engage all its partners		MOH	Work in progress
24. NAC needs to fulfill its mandate as the main regulator actor and fulfill its targets it set itself in the NSP	NAC to be more engaging, communicate and coordinate more.	NAC	Stakeholders conducted for annual report and report shared with them
25. Decision makers / policy makers should involve clients when taking decisions concerning them	People must be clearly & purposefully identified to attend meetings	All sectors	Civil society involved in decision-making;
26. Community needs to understand its role as an important stakeholder	Involvement of district admin and Health centres	Health centres/ media	Meeting set with PS Community Development cancelled
27. Capacity building to provide rapid testing at par with private sector	Training is on going	MOH	Training conducted by HASO
28. Focus services to key populations		MOH, NAC, partners	Ongoing; Prison situation analysis done by MOH
29. Increase printing and distribution of IEC materials	Identify the best materials and reproduce; Create better materials	All service providers	IEC materials produced
30. Scale up outreach activities to reach more PWUDs and refer to appropriate services		DSAPTR	Outreach sites reduced
31. Increase HIV testing and treatment (door to door)	Organize activities	Health centres	Door-to-door visits reduced because of COVID restrictions
32. Be more strategic			Work in progress; NAC PPBB targets reviewed

#### 4. Functions of the NAC in relations to the MOH Technical Advisory Committee (TAC) for HIV, AIDS & STIs

National AIDS Council (NAC Act 2013)	TAC for HIV, AIDS & STIs Terms of Reference, revised 2019	TAC for HIV, AIDS & STIs Terms of Reference 2019 revised by PHA
<p>1. Recommend to the Government policies and strategies and take measures to ---</p> <ul style="list-style-type: none"> <li>i) combat HIV and AIDS;</li> <li>ii) control and ameliorate the effects of the HIV and AIDS epidemic; and</li> <li>iii) promote, co-ordinate, monitor and evaluate the application of such strategies and policies;</li> </ul>	<p>a) Provide advice to the Ministry of Health in the implementation of the National Strategic Plan for the prevention and control of HIV, AIDS &amp; STIs;</p>	<p>i. Provide advice to the Ministry of Health in the implementation of the National Strategic Plan for the prevention and control of HIV&amp; AIDS/STIs;</p>
<p>2. Mobilise and manage resources, whether financial or otherwise, in support of a national response to fight HIV and AIDS;</p>	<p>b) Provide advice and guidance in the coordination of support to stakeholders involved HIV, AIDS &amp; STI programmes;</p>	<p>ii. Provide advice and guidance in the coordination of support to stakeholders involved HIV/AIDS/STIs programmes within the health sector;</p>
<p>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;</p>		
<p>4. Enhance the capacity of the various sectors of the community to respond to the HIV and AIDS epidemic and to co-ordinate their responses;</p>	<p>c) Identify training needs and propose categories of staff for relevant training in HIV, AIDS &amp; STIs programmes;</p>	<p>iii. Identify training needs and propose categories of staff for relevant training in HIV/AIDS/STIs programmes;</p>
<p>5. Encourage the provision of facilities to treat and care for persons infected with HIV and AIDS and their dependents;</p>	<p>d) Provide guidance for the review and development of national guidelines and policies surrounding HIV, AIDS &amp; STIs issues including the follow-up and care of PLWHAs;</p>	<p>iv. Provide guidance for the review and development of national guidelines, policies and new programmes surrounding HIV/AIDS, STIs and Viral hepatitis issues including the follow-up and care of PLWHAs;</p>
<p>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;</p>	<p>e) Provide advice and support in the monitoring and evaluation of HIV, AIDS &amp; STIs national programmes;</p>	<p>v. To provide data support and update records on various HIV/ AIDS and related diseases information.</p> <p>vi. Provide advice and support in the monitoring and evaluation of HIV/AIDS/STIs national programmes;</p>

- 
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|---|--|---|
| <p>7. Promote and co-ordinate research into HIV and AIDS and to ensure the effective dissemination and application of the results of such research;</p> | <p>f) Provide advice and guidance in the setting up of research and surveillance priorities in HIV, AIDS &amp; STIs;</p> | <p>vii. Provide advice and guidance in the setting up of research and surveillance priorities in HIV&amp;AIDS/STIs;</p> |
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| <p>8. Disseminate, and to encourage the dissemination of, information on all aspects of HIV and AIDS;</p> | <p>g) Provide technical support to SBCC including:<br/>         -Formulation of SBCC communication guidelines and action plans<br/>         -Adequate management of HTC commodities, including test kits<br/>         -Monitoring of performance and quality assessment of communication programmes and activities<br/>         -Capacity Building of partners<br/>         -Conducting communication related research including KAP studies</p> | <p>viii. Advise the management on matters pertaining to the procurement of goods, services, commodities and logistics management within the health sector.</p> |
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| <p>9. Submit regular reports to the President, through the Minister, concerning the HIV and AIDS epidemic;</p> | <p>h) Advocate to the policy-makers in the Ministry of Health on technical issues pertaining to HIV, AIDS &amp; STIs;</p> | <p>ix. Advocate to the policy-makers in the Ministry of Health on technical issues pertaining to HIV/AIDS/STIs:</p> <p>x. Report to MoH Central Coordination Team as may be required from time to time.</p> <p>xi. Advise the National AIDS Council (NAC) through the Minister for Health regarding issues pertaining to HIV/AIDS/STIs within the health sector.</p> |
|--|---|--|
- 
10. Allocate funds to organisations which in the opinion of the Board is eligible to receive funding subject to 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.
-



## 5. Activities for World AIDS Day 2021

### NATIONAL AIDS COUNCIL

#### ACTIVITIES FOR WORLD AIDS DAY 2021 BY ALL STAKEHOLDERS

“End inequalities. End AIDS. End pandemics”.

	Activity	Day/Date	Time	Venue	Target	Health Facility/ Organization	Responsible Person
1.	Advocacy Activities	December 2021	TBD	TBD	Policy-Makers	NAC	Dr A Gabriel
2.	Media Activities				General Public	Media organisations	Ms T Henderson Ms T Pool
3.	HIV testing activities				General Public	Health Facilities	Mrs S Mousbe Mrs M Souris
4.	Faith Based Activities				Worshippers	Places of Worship	Rev C Benoit
5.	Educational activities				School nurses, counsellors, PSE teachers	MOH MOE	Mrs G Marie
6.	Activities targeting PWUDs				PWUDs	DSAPTR	
7.	Comprehensive Sexuality Education (CSE) Manual for Seychelles (ToT)	Mon 22 to Wed 24 November	9.00 am to 4.00pm	Sheikh Khalifa Conference room	Future Trainers from MoH, MoE, MHA & NGOs	NAC / UNFPA	Mr B Vel / Mrs P Baquero
8.	Workshop on HIV/AIDS workplace policy with business and Human resource officers	Thu 25 November	Half day	Praslin	Business and HR officers	HASO/ Employment Dept	Ms T Madeleine
9.	HIV rapid testing door to door on Praslin	Fri 26- Sat 27 November	9.00am-3.00pm	Praslin	General population	HASO	Ms T Madeleine
10.	HIV Service	Sunday 28 November	9.00am	Holy Saviour Anse Royale	Worshippers	Anglican Church Anse Royale	Rev. C Benoit
11.	<b>Condom Distribution &amp; Promotion:</b> Ensure condoms availability & accessibility on a continuous basis at all triage points & community health facilities	As of 29 November		All MOH District Health Facilities	General public	Sexual and Reproductive Health unit; Family Planning Nurses	Ms B Valentin Mrs M Souris
12.	Right of the Child / HIV Parent Education	Mon 29 November to Fri 3 December		CDCU	Parent of HIV+ child	CDCU	Ms C Melanie
13.	HIV testing at the facility level during the week of WAD	Mon 29 November to Sat 4 December		Les Mamelles health centre	Patients/ Clients	Les Mamelles health centre	Ms Betsy
14.	Media weekly program and quiz	Mon 29 November to Sun 5 December		SBC Radio	General population	SBC	Ms T Pool

	Activity	Day/Date	Time	Venue	Target	Health Facility/ Organization	Responsible Person
15.	President's Message	Tue 30 November		All media	General Public	NAC/MOH	Dr B Valentin Dr A Gabriel
16.	Minister's Message	Tue 30 November		All media	General Public	NAC/MOH	Mrs S Mousbe Dr J Gedeon
17.	CSE: a Manual for Seychelles Validation	Wed 1 December	9.00 am- 3.00pm	SAVOY	Users of Manual	NAC / UNFPA	Mr B Vel Mrs P Baquero
	Commemoration of World AIDS Day	Wed 1 December	3.00- 4.00pm	SAVOY	Stakeholders	NAC / UNFPA	Mrs P Baquero
18.	Working session to develop an advocacy plan to support and advance the national response to HIV, AIDS, STIs & Viral Hepatitis	Wed 1 December	8.30am – 4.00pm	Seychelles National Museum	Seychelles Civil Society Activist Think Tank (SCSATT) Members	Seychelles Civil Society Activist Think Tank (SCSATT)	Mrs S Mousbe
19.	<b>Prison activities:</b> • Special mass by Roman Catholic Church • Special reflection by Pentecostal Assembly Church • Candlelight vigil • HIV Rapid testing • Sale of food items	Wed 1 December	• 9.00- 10am • 10.00- 11am • 11am onwar ds	• Visit Pavilion  • Training Room • Gate 1	Staff and inmates	Prison Services	Ms N Lajoie
20.	<b>Parliament activities</b> • Statement in the House • Press Communique (also feature on FB & website) • Screening of statement during breaks • Condom distribution • Red Ribbon distribution • Mini exhibition • Lighting of candles by members, staff and visitors to the precinct	Wed 1 December	9.00am – 5.00pm	MNAs Staff General Public Visitors	National Assembly Committee on Communica- ble Diseases, HIV/AIDS and SRHR	National Assembly	Mrs G Morel
21.	Mass to commemorate 16 days' activism against GBV	Wed 1 December	12.00 noon	Immaculate Conception Cathedral	General Public	Family Affairs	Mrs N Didon
22.	Commemoration of World AIDS Day	Wed 1 December	3.00- 4.00pm	SAVOY Hotel	Stakeholders	NAC / UNFPA	Mrs P Baquero
23.	Annual candle light event and prayer at 8.15am; followed by short health talk and answering of questions on the topic Quiz with clinic clients in waiting area HIV rapid Testing	Wed 1 & Fri 3 December		Beau Vallon Health Centre	Clients of the clinic	Beau Vallon HC	Mrs C Jean- Baptiste



*Seychelles Civil Society Activist Think Tank (SCSATT) Members*



## 6. AU Catalytic Framework Review Questionnaire 2016-2020 updated in 2021

AFRICAN UNION  
الاتحاد الأفريقي



UNION AFRICAINE  
UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Tele: +251-115 517 700 Fax: +251-11-5 517844 Website: [www.au.int](http://www.au.int)

### CATALYTIC FRAMEWORK REVIEW QUESTIONNAIRE 2016-2020

Country: Seychelles

Date: May 2022

## SECTION ONE HIV

### 1. Catalytic Framework Target and Milestones

**GOAL : End AIDS AS A PUBLIC HEALTH THREAT BY 2030**

**OBJECTIVES, MILESTONES AND TARGETS**

Objectives	Achievement							Framework Milestones and Targets	
	Baseline 2015	2016	2017	2018	2019	2020	2021	2020	2030
1. Reduce AIDS related deaths compared with 2015	13	7	17	19	16	9	29	Less than 375,000 per year with a treatment coverage of 90-90-90	Less than 150,000 per year with a treatment coverage of 95-95-95
2. Reducing New HIV infections compared with 2015	103	75	112	120	109	85	59	Less than 375,000 per year	Less than 150,000 per year
2.1 EMTCT	0	0	1	3	1	2	1	Less than 40,000 infections in children and mothers well	Zero infections in children and mothers well
2.2 Young People	100%	100%	100%	100%	100%	100%	100%	90% of young people are empowered with skills to protect themselves from HIV	All young people are empowered with skills to protect themselves from HIV
○ In school									
○ Out of school	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.		
2.3 Men and women	100%	100%	100%	100%	100%	100%	100%	90% of men and women have access to HIV combination prevention & SRH services	All men and women have access to HIV combination prevention and SRH services
2.4 Circumcision	82	72	70	58	96	101	21	27 million additional men in high prevalence settings are voluntarily medically circumcised	
2.5 Key Populations								90% of key populations have access to HIV combination prevention services	All key populations have access to HIV combination prevention services
○ PWID (2017)			75%						
○ MSM (2011)	98%								
○ FSW	97%								
○ Prisoners				51%			100%		

Objectives	Achievement							Framework Milestones and Targets	
	Baseline 2015	2016	2017	2018	2019	2020	2021	2020	2030
<b>3. End Discrimination compared with 2015</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	90% of PLHIV and at risk of HIV report no discrimination especially in health, education and workplace settings	All PLHIV, key populations and other affected populations fully enjoy their HIV-related rights
3.1 Discrimination in Health Settings	n.a.						n.a.	90% of PLHIV and at risk of HIV report no discrimination in healthcare settings	All PLHIV and at risk of HIV report no discrimination in healthcare settings
<b>% who avoided health care because of stigma and discrimination</b>									<b>SADC/UN scorecard 2020</b>
○ PWID (2011)	6%								
○ MSM (2011)	14%								
○ FSW (2015)	n.a.								
3.2 HIV Related Discriminatory Laws, Policies and Regulations	None	No	No	No	No	No	No	No new HIV-related discriminatory laws, regulations and policies are passed; 50% of countries that have such laws, regulations and policies repeal them	No new HIV-related discriminatory laws, regulations and policies are passed; 50% of countries that have such laws, regulations and policies repeal them
3.3 Full access to justice	100%	100%	100%	100%	100%	100%	100%	90% of PLHIV, key populations and other affected populations who report experiencing discrimination have access to justice and can challenge violations.	All PLHIV, key populations and other affected populations who report experiencing discrimination have access to justice and can challenge violations.
3.4 Gender violence	Figures not available							90% of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV	All women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV
3.5 Social protection	100%	100%	100%	100%	100%	100%	100%	75% of PLHIV and at risk or affected by HIV, who are in need, benefit from HIV-sensitive social protection	All PLHIV and at risk or affected by HIV, who are in need, benefit from HIV-sensitive social protection

**NB:**

***It is to be noted that some figures and information for HIV/AIDS are not readily available .***

For discrimination, awareness and advocacy are carried out but no real figures are available.

Seychelles wanted to have a stigma Index prepared but has not been possible so far.

For the youth, much is being done through the Seychelles National Youth Council and the Ministry of Health Youth Health Centre. Exact figures are not available.

There are no HIV related discriminatory laws in Seychelles. In fact the constitution itself takes care of every single Seychellois and resident of Seychelles.

Access to justice does not discriminate against anyone.

Social protection covers all citizens in need, PLHIVs included.

## SECTION TWO TB

### 1. Catalytic Framework Target and Milestones

**GOAL : To end TB deaths and cases by 2030**

#### **OBJECTIVES, MILESTONES AND TARGETS**

Objectives	Achievement							Catalytic framework Milestones and Targets		
	Baseline 2015	2016	2017	2018	2019	2020	2021	2020	2025	2030
1. Reduce the number falling ill with TB compared with 2015							11	20%	50	80
2. Reduction in number of TB deaths compared with 2015							1	35	75	90
3. Reduction in TB incidence rate compared with 2015								20%	50	80
4. Reduction of TB-affected families facing catastrophic costs due to TB compared with 2015								Zero	Zero	Zero
5. Number of persons infected with both TB and HIV							1	Zero	Zero	Zero

#### Sources of data to report on the indicators above

- Communicable Disease Control Unit, Public Health Authority
- National AIDS Council Global AIDS Monitoring (GAM) Report
- Ministry of Health Statistics

## 7. SADC Core HIV and AIDS Indicators

The tables below contain core HIV and AIDS indicators and HIV/TB collaborative indicators that were agreed on by experts from Member States and approved through the SADC structures. These indicators together with national estimates and projections form the basis of annual national HIV and AIDS Epidemic Reports. These indicators are being revised in line with the post-2020 priorities for HIV & AIDS.

**Table 1.1: SADC HIV and AIDS indicators**

1. HIV prevention and social mobilisation		
Indicator	Previous Value, Year & Source 2020	Current Value, Year & Source 2021
<i>Percentage of young people aged 15-24 years who are HIV infected</i>	0.1% (GAM 2020) 6M & 7F newly infected in 2020  0.24% (GAM 2019) 12M & 6F newly infected in 2019	1.3% GAM 2021 6M & 5F were newly infected in 2021
<i>Percentage of men and women aged 15-49 years who had sex with more than one partner in the last 12 months</i>	8.5% (KAP 2012)	8.5% (KAP 2012)
<i>Proportion of young people aged 10-24 years who cite a member of the family as a source of HIV and AIDS related information</i>	18.5% (KAP 2012)	18.5% (KAP 2012)
<i>Percentage of schools that provided life skills-based HIV education in the last academic year</i>	100% Min of Education 2020	100% Min of Education 2021
<i>Percentage of women and men aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</i>	88% (KAP 2012) -Having sex with only one uninfected partner: 88.6% -Using condom every time they have sex: 83.3% -Healthy looking person can have HIV: 92%	88% (KAP 2012) -Having sex with only one uninfected partner: 88.6% -Using condom every time they have sex: 83.3% -Healthy looking person can have HIV: 92%
<i>Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</i>	100% (MoH) 2020 100% (DoH) 2019	100% (MoH) 2021
<i>Percentage of donated blood units screened for HIV in a quality-assured manner</i>	100% (DoH) 2020	100% (DoH) 2021
<i>Number of female and male condoms distributed</i>	Female 1485 Male 223,447 (GAM 2020) Female 460 Male 452,772 (GAM 2019)	Female 1769 Male 506,061 (GAM 2021)
<i>Percentage of men and women aged 15-49 years who used a condom the last time they had sex with a casual partner with in the last 12 months</i>	51.3% KAP 2012	51.3% KAP 2012
<i>Percentage of infants born to HIV-infected mothers who are infected</i>	11% Two of eighteen births (GAM 2020) 5% One of twenty births (GAM 2019)	6.3% One of twenty three births (GAM 2021)
<i>Percentage of people living with HIV among prisoners</i>	14.4% (GAM 2020) 16.5% (GAM 2019)	9.1% (GAM 2021)
2. Improving treatment, care and access to counselling and testing services and support		
Indicator	Previous Value, Year & Source 2020	Current Value, Year & Source 2021
<i>Percentage of health care facilities providing ART</i>	15% 4 out of 27 (MoH 2020)	15% 4 out of 27 (MoH 2020)

Percentage of health care facilities with referrals for HIV & AIDS care and support services	100% (MoH 2020)	100% (MoH 2021)
Percentage of orphaned and vulnerable children aged 0-17 years whose households received free basic external support in caring for the child	100% (Social Welfare Agency 2020)	100% (Social welfare Agency 2021)
Current school attendance among orphans and non-orphans aged 10-14 years	100% (Min of Education 2020)	100% (Min of Education 2021)
Percentage of children aged less than 18 years who are orphans (single, double orphans)	N/A there are both biological and social orphans	N/A there are both biological and social orphans
Percentage of large enterprises/ companies which have HIV and AIDS workplace policies and programmes	3 companies only (IOT, Seychelles Breweries, Barclays)	3 companies only (IOT, Seychelles Breweries, Barclays)
Percentage of chronically ill people that are receiving home-based care from trained care providers	100% if they are registered on home care programme and it is difficult for them to go to Health services (MoH 2020)	100% All care recipients are registered on home care programme. Those unable to go to a health facility have home visits from health services. (MoH 2021)
Percentage who undertook an HIV test in the last 12 months and who know the results	72% (KAP 2012)	72% (KAP 2012)
Percentage of facilities providing HIV testing services	100% (MoH 2020)	100% (MoH 2021)
Percentage of population expressing accepting attitudes towards PLWHA	Willing to live with PLHIV relative: 88% PLHIV can continue teaching : 87% PLHIV can pursue education: 89% Will buy food from PLHIV foodseller: 53% Keep secret PLHIV status of family member: 71% (KAP 2012)	Willing to live with PLHIV relative: 88% PLHIV can continue teaching : 87% PLHIV can pursue education: 89% Will buy food from PLHIV foodseller: 53% Keep secret PLHIV status of family member: 71% (KAP 2012)
Percentage of people with advanced HIV infections receiving ART	80% all known HIV infected (GAM 2020) 87% all known HIV infected (GAM 2019)	87% of all known HIV infected (GAM 2021)
Percentage of districts or local administration units with at least one health facility providing ART	18.5% (5 out of 27) MoH 2020	18.5% (5 out of 27) MoH 2021

### 3. Resource Mobilisation

Indicator	Previous Value, Year & Source 2020	Current Value, Year & Source 2021
Percentage of national budget committed to the health sector	12% (Government Budget 2020) 12% (Government Budget 2019)	13% (Government Budget 2021)
Amounts of public funds for research and development of a preventive HIV vaccine and microbicide	N/A	N/A

**Table 1.2: Additional core set of indicators for HIV surveillance**

Indicator	Previous Value, Year & Source 2020	Current Value, Year & Source 2021
Percentage still alive after initiating ART (1 <sup>st</sup> & 2 <sup>nd</sup> line) after 12 months, 24 months, 36 months etc.	After 12 months 80 % (GAM 2020) After 12 months 87 % (GAM 2019)	After 12 months 80% (GAM 2021)
Percentage of people with advanced HIV infection receiving ART	0-14: 100 % 15+: 80 % (GAM 2020) 0-14: 100 %	0-14: 100% 15+: 87% (GAM 2021)

<i>(disaggregated by age; 0-14, 15+ years)</i>	15+: 87 % (GAM 2019)	
<i>Percentage of most-at-risk populations (IDU, MSM, CSW)** who received an HIV test in the last 12 months who know the result</i>	IDU: 49.7 % (IBBS 2011) MSM: 44.4% (IBBS 2011) FSW: 53.8% (IBBS 2015) Prisoners: 54.3 % (IBBS 2018)	IDU: 49.7 % (IBBS 2011) MSM: 44.4% (IBBS 2011) FSW: 53.8% (IBBS 2015) Prisoners: 54.3% (IBBS 2018)
<i>Percentage of most-at-risk populations (IDU, MSM, CSW) who are HIV-infected</i>	Heroin Users: 8.1 % (IBBS 2017) MSM: 13.2% (IBBS 2011) FSW: 4.6% (IBBS 2015) Prisoners: 25.6 % (IBBS 2018) Prisoners: 5% (Routine Surveillance 2020)	Heroin Users: 8.1% (IBBS 2017) MSM: 13.2% (IBBS 2011) FSW: 4.6% (IBBS 2015) Prisoners: 25.6 % (IBBS 2018) Prisoners: 11% (Routine Surveillance 2021)
<i>Number of males circumcised</i>	MOH 2019 Below 18: 63 Above 18 : 33	MOH 2021 Below 18:17 Above 18:4
<i>Percentage of males circumcised (disaggregated by age)</i>	N/A	N/A

\* Where possible all indicators must be disaggregated by age, and sex.

\*\* IDU=injecting drug users; MSM=men who have sex with men; CSW=commercial sex workers

**Table 1.3: Core set of collaborative indicators for HIV/TB surveillance**

<b>Indicator</b>	<b>Previous Value, Year &amp; Source 2020</b>	<b>Current Value, Year &amp; Source 2021</b>
<i>Percentage of HIV-positive people who are screened for TB on their first visit to an HIV clinic</i>	100 % (MoH 2020)	100% (DoH 2021)
<i>Percentage of HIV-positive TB patients who are on ART</i>	100 % (GAM 2020)	100% (GAM 2021)
<i>Percentage of HIV-positive people who are TB-positive (co-infection rate)</i>	2.4 % (GAM 2020) 0.4 % (GAM 2019)	1.7 % (GAM 2021)

NB: All indicators must be disaggregated by age and sex.



## 8. Comprehensive Sexuality Education: A Summary

A definition of Comprehensive Sexuality Education (CSE)

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.

Aims of the UNFPA CSE Manual for Facilitators

To equip children and young people with knowledge, skills, attitudes and values that will empower them to:

- i. realize their health, well-being and dignity
- ii. develop respectful social and sexual relationships
- iii. consider how their choices affect their own well-being and that of others
- iv. Understand and ensure the protection of their rights throughout their lives.

Contents of the CSE Manual

The manual has 3 main sections and also has support materials in the form of a pre-workshop questionnaire, pre/post-tests, daily evaluation sheet and a final evaluation.

CSE Manual

Three Sections	Eleven Units	87 Lessons
<b>Section One –</b> Who am I? <b>4 units</b>	Unit 1: Values & Rights Unit 2: Adolescent Development Unit 3: Sexuality Unit 4: Gender Roles and Equality	Unit 7 : 6 lessons Unit 1, 2, 5, 8 & 11 : 7 lessons Unit 3, 4 : 8 lessons Unit 6, 9, 10 : 10 lessons
<b>Section Two –</b> Where am I going? <b>3 units</b>	Unit 5: Planning for the future Unit 6: Relationships Unit 7: Communication	
<b>Section Three –</b> How do I get there? <b>3 units</b>	Unit 8: Pregnancy Unit 9: STIs & HIV Unit 10: Prevention & Risk Reduction Unit 11: Sexual & Gender-Based Violence	



*Participants of the CSE workshop on World AIDS Day, 1 December 2021, Savoy Hotel*

## CSE Workplan of local consultant, Mr Benjamin Vel: September to December 2021

TASKS
1. Develop work plan
2. Assess training needs & review available training materials (report and references) <ul style="list-style-type: none"> <li>• Ministry of Education HQ (reports / studies)</li> <li>• Seychelles Institute of Education (SITE)</li> <li>• UNESCO Office (Seychelles)</li> <li>• Primary Schools (sample – regional basis)</li> <li>• Secondary schools (sample – regional basis)</li> <li>• NIHSS curriculum on CSE</li> <li>• HASO, ASFF, LGBTI Sey, APDAR, CARE, CEPS, SNYC</li> </ul>
3. Adapt teacher/facilitator manual based on technical assistance from UNFPA and consultation with local key persons in the area of comprehensive sexuality education
4. Develop a training manual for Comprehensive Sexuality Education in Seychelles with technical assistance from UNFPA
5. Conduct two 5-day workshops on comprehensive sexuality education. <ul style="list-style-type: none"> <li>(a) Training of Trainers</li> <li>(b) Trainers as participants</li> </ul>
6. Review and validate CSE Manual
7. Final project report
8. Develop a Communication Plan for the project / an activity for World AIDS Day 2021

Proposals for adaptation of the UNFPA CSE Manual by participants in consultation with UNFPA international consultant, Mrs Gillian Kasirye and National Consultant, Mr Benjamin Vel

*(courtesy: Mr Benjamin Vel, Local Consultant, December 2021)*

### Proposals

1. Leave all topics as they are. The CSE Manual in its present form is an excellent reference book for facilitators.
2. Add supplements to explain Seychelles contexts. Include one lesson at the very beginning to explain the Seychelles contexts for local languages, terms to use and the various laws, such as age of consent, age for access to contraceptives and age at which children can work, be prosecuted, leave school voluntarily, marry and vote. There are different ages for each of these, presently.
3. Deliver some lessons online, using PDF format & distributed in WhatsApp groups to ensure that participants have access to the sessions, even if they cannot be present.
4. Keep the participants' workbook for only prison inmates & in-school children & youth, & professional centres. These captured audiences will have the time to complete the tasks in the workbook. The prison representatives believed that the participants' manual would be particularly useful to the inmates as they follow the sessions. It is possible to conduct the sessions in a more chronological and sequential manner with students and inmates.
5. Prepare a bookmark & a poster on available services in Seychelles. there is already a directory of services for children and youth which need to be updated as some numbers for certain services have been changed.
6. Deliver sessions in two's, given that some participants have shown signs of personal distress which required the session to stop to assist him/her. Facilitators have recounted episodes where one participant would be become visibly upset about a topic, especially when sexual and gender-based violence is discussed. They felt that they had to respond to the student's needs and that necessitated a halt to the session in some more severe cases. Working in two's would allow the facilitators to complement each other.
7. Introduce some topics earlier. Given the high rate of teenage pregnancies and sexual and gender-based violence, some topics such as human developmental changes in adolescence, sexual and reproductive health rights should be introduced even with the 10 to 14 year-olds instead of later with the other age-groups.
8. The activities in the CSE Manual focus more on words and writing. For the Seychelles version, there needs to be more practical activities that do not involve as much writing. More pictures are need for the children and youth with specific disabilities, such as hearing impairments. The other groups with different disabilities have to consult to improve the activities to suit their needs. These groups need to be consulted further to improve the manual.



## 9. UNFPA Workplan Annual Report 2021

ID	Activity as per approved workplan	Description	Sub-activities	Main Partners	Remarks/ Status@31.12.21
01	Comprehensive Sexual Education (CSE): Training of trainers in comprehensive sexuality education to prevent teenage pregnancy and HIV& AIDS and increase family planning information among adolescent and youth	Proposal submitted to UNFPA Madagascar	Virtual meetings held with UNFPA Madagascar to discuss proposal	NAC, NIHSS, HCA Programmes, YHC, PHA CDCU, MOE, HASO, ASFF, National Assembly HIV/SRHR Committee	Permission relegated from POU to hire consultant;
		Local consultant recruited and started working on project	Recruitment of a national consultant		
		Development of training manual	Manual adapted from UNFPA manual and locally available materials		Trained Trainers requesting printing of materials; International consultant recruited late; still available until Feb 2022
		25 trainers trained in Comprehensive Sexuality Education	Training of Trainers' 3 day workshop at Sheikh Khalifa Conference Room Nov. 2021 (as in ACTIV05 below)		
			Training of Trainers' 1 day workshop at Savoy 1 Dec 2021		
		Validation workshop with international consultant and evaluation meeting at Eden Bleu on 17 Dec 2021	To continue in 2022		More training workshops will be needed to sustain the project in coming years
Final work on the manual will be done in first quarter 2022.					
		<b>Subtotal: SCR 180,021</b>			<b>95% completed</b>
02	Training of Trainers' Workshop on GBV for a group of 25-30 young men from Mahe, Praslin and La Digue to prepare young boys to enter into responsible and resilient adulthood, and to train peer educators and mentors for other boys in their respective schools	26 young people trained on GBV	Acquisition of office equipment and IT supplies	Family Affairs Dept	To continue in 2022
			Training Workshop		
		<b>Subtotal: SCR 66,805</b>			<b>60% completed</b>
03	Monitoring activities	The AWP was signed on 2 April 2021 and not implemented during first quarter; Delay in submitting the cash advance request for 2 <sup>nd</sup> quarter because of issues with online tool, so no activity implemented	Virtual training and troubleshooting sessions were held with office staff by UNFPA Madagascar	National AIDS Council	- Online tools filled in with virtual support of UNFPA official; - Programme manager retired in June 2021;



ID	Activity as per approved workplan	Description	Sub-activities	Main Partners	Remarks/ Status@31.12.21
		Most activities were conducted in 3 <sup>rd</sup> & 4 <sup>th</sup> quarters.	Honorarium and meetings Acquisition of equipment		- Exchange rates for USD fluctuated initially and then stabilized; - conversion rates used as at June 2021 except for purchase of lubricant gel
		Virtual training on HIV and SRHR indicators conducted by SADC/ UNFPA/ UNAIDS	Training Workshop in M&E at Eden Bleu by SADC/UN 4-6 Oct 2021 for 10 pax Training Workshop in M&E at Sheikh Khalifa Conference Room by SADC/UN 25 Oct 2021 for 20 pax (as in 05 below)		
		<b>Subtotal: SCR 47,384</b>			<b>90% completed</b>
04	Support implementation, monitoring and documentation of ICPD25 National Commitments	Lubricants procured for Health Care Agency as they were out of stock globally since 2020	Acquisition of pharmaceutical products (22000 sachets of gel lubricant)	Health Care Agency Programmes, Pharmacy	Procurement of contraceptive implants for PWUDs postponed to 2022
		<b>Subtotal: SCR 79,000</b>			<b>95% completed</b>
05	Support two days' workshop/ forum/ symposium for the youth and High risk Populations (50 participants) during the Annual Indian Ocean Colloquium	Proposal put before Indian Ocean countries for a virtual meeting hosted by Seychelles to commemorate 40 years of HIV, but only Reunion showed interest; UNFPA Madagascar proposed sensitisation, capacity building & purchase of equipment Workshops conducted for youth and key populations Support to the CSE project for training of trainers and the M&E workshop for SADC/ UN (as in ACTIV03 above)	Acquisition of IT equipment & supplies Production of IEC & promotional materials (200 bags with red ribbon logo) Advocacy ceremony to launch World AIDS Day Half day training workshop for 30 youth by SNYC Half day training workshop for 13 extra youth by National Youth Council One day training workshop 30 key populations members by DURNS Production of IEC materials Three day TOT and one day M&E training	SNYC, Drug Utilisation Rehabilitation Network (DURNS), NAC	- The Indian Ocean colloquium did not take place due to COVID-19 restrictions but the proposed workshops took place over two days for youth and key populations  - Due to COVID19, the youth workshop was split in two to avoid having a large number of participants in a closed setting.
		<b>Subtotal: SCR 174,889</b>			<b>100% completed</b>
08	Purchase equipment for youth	Purchase of equipment for youth Procurement of Promotional materials	Acquisition of equipment and software Production of 3 banners for WAD activities	SNYC	Activity carried forward from 2020
		<b>Subtotal: SCR 126,280</b>			<b>100% completed</b>
<b>TOTAL: SCR 674,379</b>					

## 10. NAC Christmas Card 2021



## 11. Regional Grants for HIV and TB in 2021

Grant Title	Description	Start	End	Key benefits for country
<b>I. GLOBAL FUND FOR AIDS, TUBERCULOSIS AND MALARIA (GFATM) REGIONAL PROJECTS:</b>				
<b>Investing for impact against HIV, Tuberculosis or Malaria:</b>				
<b>East, Central and Southern Africa (ECSA) Health Community:</b>				
<ul style="list-style-type: none"> <li>- <b>Principal Recipient:</b> ECSA Health Community</li> <li>- <b>Sub-recipient:</b> MoH Uganda Supranational Reference Laboratory (SRL)</li> </ul>				
<b>To Network and support National TB Reference Laboratories (NTRL) in 21 countries</b> To improve TB diagnosis in the ECSA region	<b>Phase 2</b> <b>USD2300</b>	July 2019	June 2022	<b>Public Health Laboratory</b> <ul style="list-style-type: none"> <li>• Technical assistance &amp; support to improve systems</li> <li>• Preparation and shipment of EQA panels: NB: Supervisory visits not possible in 2020/2021 because of COVID-19 restrictions</li> </ul>
	<b>Phase 3</b> <i>Review of proposal</i>			
<b>II. AIDS Rights Alliance for Southern Africa (ARASA) and ENDA Santé (NOT Global Fund)</b>				
<b>1. Mitigating the impact of COVID-19 on Key Populations</b>	Seychelles ZAR 50,000	2020	2021	<b>HASO:</b> <ul style="list-style-type: none"> <li>• Advocacy and Capacity Building</li> </ul>
<b>2. Training and Leadership Programme Reflection Grant</b> (Facilitation of cross learning between alumni & 2021 participants)	Seychelles ZAR 50,000	2020	2021	<b>HASO:</b> <ul style="list-style-type: none"> <li>• Advocacy for decriminalization of sex work and protection of human rights of sex workers</li> <li>• Awareness-raising on SRHR services</li> </ul>
	<b>Overseas Training</b>	2015	ongoing	Experience sharing and reflection-based training: 11 persons trained so far
<b>3. Right to Bodily Autonomy and Integrity</b>	Seychelles ZAR 250,000	2020	2021	<b>UP Brigade:</b> Establishment of the Seychelles Civil Society Activist Think Tank (SCSATT)
<b>III. SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC) HIV FUND Round 2</b>				
<b>1. SADC Parliamentary Forum (SADC PF) Governance Project: Sexual &amp; Reproductive Health Rights (SRHR), HIV and AIDS</b> (Angola, Botswana, DRC, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Seychelles, Zambia, Zimbabwe) <b>Implementing Agent:</b> SADC PF	<b>Phase 2</b> <b>Sub-Implementer</b> National Assembly Committee for SRHR, HIV & AIDS	2019	ongoing	<ul style="list-style-type: none"> <li>• Increased knowledge of MPs to efficiently deliberate on 2 motions addressing access to health rights &amp; services and the gap between age of consent to sex &amp; access to contraceptives.</li> <li>• Informed debates to lead the amendment of existing legislation/ policies governing the issues of HIV/AIDS and SRHR of adolescents.</li> </ul>
<b>IV. UNITED NATIONS ORGANISATIONS</b>				
<b>UNITED NATIONS POPULATION FUND (UNFPA)</b>				
<b>Increased national capacity to deliver high-quality maternal health services, including in humanitarian settings</b>  <b>Principal Implementer:</b> MOH Seychelles	Annual Workplan 2021 <b>USD 43,000</b>	April 2021	December 2021	<ul style="list-style-type: none"> <li>• Technical assistance &amp; Capacity-Building</li> <li>• Gender and Youth programmes</li> <li>• Comprehensive Sexuality Education (CSE)</li> <li>• Commodities (Office &amp; IT supplies; lubricant gel)</li> </ul>

## 12. Acknowledgement for participation in World AIDS Day 2021

The National AIDS Council would like to express its heartfelt appreciation to everyone who played a major part in making World AIDS Day 2021 a huge success. Despite the Covid-19 pandemic at hand you all contributed actively in different activities while keeping in mind the Covid-19 safe practices.

National AIDS Council Board and Secretariat  
Public Health Authority

- AIDS Control Program
- Communicable Disease Control Unit
- Occupational Health

Ministry of Health

- Minister's Office
- PS Secretariat
- Health Promotion Section

Health Care Agency

- Agency for Prevention of Drug Abuse and Rehabilitation (APDAR)
- Community Health Services
- Hospital Services
- Family Health Directorate
- School Health Program
- Reproductive Health Program
- Maternal Health Programme
- Youth Health Centre
- Anse Royale Health Centre
- Beau Vallon Health Centre

WHO Country Office for Seychelles

Ministry of Youth and Family Affairs

Ministry of Employment and Social Affairs

Seychelles Inter-Faith Organisation

National Assembly

Citizens' Engagement Platform Seychelles

HIV and AIDS Support Organization

Seychelles Broadcasting Cooperation

Prison Services

Plaisance Secondary School

Anse Royale School

St Francis Pastoral Committee



### 13. End Inequalities, End AIDS, End Pandemics

#### Snapshots of 2021 World AIDS Day activities



*Rev Christine Benoit:  
“Let us observe a moment  
of silence for those who  
have died of AIDS related  
diseases”*



*Mr Justin Freminot, Chairperson  
HASO, in the fight against AIDS  
over 40 years, since 1991*

*Mrs. Sabrina Mousbe,  
AIDS Programme  
Manager:  
Promotion of health sector  
response to HIV/AIDS  
among key populations*



*Mr Sonny Dogley: “Take Care because AIDS don’t care”*



*Mr Reginald Hoareau: Living with HIV for 22 years*



## 14. Acknowledgement for participating in the completion of the Global AIDS Monitoring Tool

Mrs. Georgette Furneau	PHA CDCU
Mrs. Sabrina Mousbe	PHA ACP
Mr. Morison Julie	HCA Clinical Laboratory
Mr. Raymond St. Ange	Prison
Mrs. Mirena Souris	HCA Community Health Services
Ms. Beryl Valentin	HCA Sexual & Reproductive Health Programme
Mr. Gerald Kiwale	Family Affairs
Mrs. Barbara Carolus – Andre	Human Rights Commission
Mr. Bernard Leon	HCA Central Medical Store
Ms. Jeanine Leon	HCA Central Medical Store
Ms. Jacintha Jean-Baptiste	I.O.T
Ms. Pamela Dugasse	MOH Pharmacy
Mr. Ned Rosalie	MOH Statistics Unit
Mr. John Dubel	MOH
Dr. Louine Morel	PHA CDCU
Ms. Noella Lajoie	Prison
Ms. Tessie Madeleine	HASO
Mr. Justin Freminot	HASO
Ms. Nathalie Antoine	DURNS Association
Mr. Naddy Vidot	LGBTI Association
Mrs. Beryl Young Dodin	SNYC
Ms. Veronica Bresson	HCA Sexual & Reproductive Health Programme
Mrs. Frances Bristol	Family Affairs
Mr. Adam Furneau	Attorney General's Office
Mrs. Rose-Marie Telemaque	HCA Oncology
Mr. Claude Julienne	HCA Medical Procurement
Mrs. Brigitte Pool	PHA Public Health Laboratory
Ms. Marie Josee Dang Kow	HCA Maternity Services
Ms. Molly Hoareau	ASFF
Mr Alvin Laurence	CEPS
Mr Richard Ibrahim	MOH Statistics
Mr. Ned Rosalie	MOH Statistics
Ms Marina Jacques	MOE
Mr Ebrahim Ally	NIHSS
Rev. Christine Benoit	SIFCO/Faith based programmes
Ms Melissa Stravens	Foreign Affairs
Dr. Chetty	Private Pharmacy
Euromedical	Private Pharmacy
Le Chantier Pharmacy	Private Pharmacy
Dr M Todorovic	Private Practitioner
Victoria Health	Private Pharmacy
Dr. Jivan	Private Practitioner
Ms Brenda Morin	CEO, Agency for Social Protection
Ms Sarah Marie	Research Officer, Agency for Social Protection

## 15. Forty Years of HIV: Speech by CEO National AIDS Council on World AIDS Day 2021

DISKOUR CEO KONSEY NASYONNAL SIDA, DR ANNE GABRIEL



**40** an pase an 1981, en zenn dokter i deklare konmkwa in dekouver en nouvo maladi parmi serten group zonn omoseksyel an Lanmerik. Deswit bann mesaz ti ganny anvoye pli o e CDC, sant pour kontrol bann maladi Lanmerik i anons sa nouvel piblikman. Deswit ankor, bann siyantis e serser i alim lalanp e travay nwit e zour pour kapab detekte sa maladi pli boner, tret li e met li anba kontrol.

Ti napa enternet, me i pas enpe letan, lezot leta dan Lanmerik i raport menm maladi ; e detrwa lannen plitar, plizyer pei pe raport menm senaryo. Pasyan ti ganny izole ; serten ti ganny met dan karantenn. Bokou ti mor.

Tes laboratwar ti ganny promet e tes laboratwar ti arive. Isi Sesel, nou ti konmans teste an 1987 e fer plis ki 20,000 tes zis an 2020 tousel.

Latizann ti ganny promet e byento, latizann osi ti arive. Nou osi Sesel nou ti konmans donn latizann bann madanm ansent an 2001 e detwa zan plitar tou pasyan ti konmans ganny latizann. Ofet, Sesel an 2020 ti annan 746 pasyan lo tretman; ki reprezant 80% bann ki pe viv avek HIV.

Vaksen osi ti ganny promet me malerezman, 40an plitar vaksen pankor arive.

Problemm se ki ler Dr Fauci ti fer lanons HIV an 1981 i pa ti realize ki 40an plitar,

1) I ti pou ankor pe lager kont sa viris, e 2) I ti pou pe lager kont en lot viris.

Diferans se ki avek KOVID19, dan lespas detrwa semenn, viris tin fini propaze dan lemonn, dan detrwa mwan tes tin fini partaze dan lemonn, e dan mwens ki en lannen, vaksen tin fini pare dan bokou pei dan lemonn. Menm parmi viris i annan inegalite.

E alor bann dirizan lemonn in dakor ki dezorme nou bezwen met anplas bann stratezi pour met en lafen avek tou lede sa bann pandemi.

Ozordi menm si nou sif i paret mwens ki pour lezot, nou sitiasyon i pa meyer :

1. Nou annan apepre 1000 dimoun ki pe viv avek HIV isi Sesel ; ladan 1/3 i madanm e fiy, e 2/3 zonn.
2. Nou bann kantite tes HIV in redwir bokou sa 2 dernyen lannen KOVID ; nou bezwen trouv fason fer plis tes HIV e detekte li boner
3. Malgre ki tretman i pou nanryen e lakantite dimoun lo tretman in ogmante, selman environ 80% ki lo tretman HIV
4. E pandan KOVID, bokou pa ti pe pran byen zot tretman e bokou ti arete. Nou bezwen trouv bann kin perdi e ankouraz zot rekonmanse pour zot viv pli byen e pli lontan e akonpli zot plan dan lavi. Fodre pa ki zot perdi lespwar.

Nou bezwen elimin lenfeksyon dan zanfan e pti baba. Nou bezwen investir plis resours dan HIV e praktis diferan mwayen prekasyon enfwa pour tou.

Met en lafen avek inegalite, met en lafen avek sida, met en lafen avek pandemi.

Nou swete e priye ki byento nou trouv en vaksen, ou menm en gerizon pour HIV.

- Lav nou lanmen souvan e anpes laplipar maladi propaze
- Si nou pik drog dan lavann, servi zegwir prop
- Gard nou zistans; si nou pa konn stati en dimoun, si i annan HIV ou non
- Met nou mask pou anpes KOVID ; met nou lot mask pou anpes SIDA: servi nou kapot

Nou bezwen edik nou popilasyon sirtou nou zenn lo SIDA. Sa proze ki nou'n komanse avek UNFPA i pou anmenn ledikasyon lo seksyalite pli pros avek nou bann zenn andeor lekol e osi bann ki dan lekol. Mon remersye Msye Vel e tou bann ki pe kolabore pour met sa proze an plas. Mon annan gran plezir pour lans sa proze *Comprehensive Sexuality Education*.

Mersi.





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