National Policy on HIV and AIDS and Other STIs

Republic of Seychelles.
1. Acknowledgements

The National AIDS Council expresses its sincere gratitude to all those who have participated in the formulation of the National Policy on HIV and AIDS and Other STIs of the Republic of Seychelles. Much has changed since then in terms of social, cultural, political and economic climate both in Seychelles and in the world. The present policy takes into consideration these very issues to ensure that its formulation remains relevant and adjusted to present needs and priorities.

The update of the Policy has been a true collaborative effort between the National AIDS Council, health sector and its multiple partners at both technical and the highest levels. The work has indeed been hard work, but refreshing, stimulating and inspiring.

Firstly, special thanks go to all members of the National Steering Committee who have made contributions and sacrifices and devoted much time to the update of the Policy, in spite of their busy schedules.

Secondly, special thanks and gratitude are also bestowed to all members of the thematic Technical Working Groups for their invaluable contributions and especially, for working so diligently on the various parts of the document to ensure clarity, cohesion, coherence and complete comprehension.

Thirdly, the National AIDS Council is grateful to the UNDP, the UNAIDS and WHO and other international partners who have supported the whole process through technical and financial assistance.

Fourthly, the National AIDS Council also thanks all these people and organisations who took time to provide their inputs, in the process of finalisation of the policy. The dedicated personnel at the National AIDS Council Secretariat and the National AIDS Control Programme provided much needed support in the preparation of meetings, providing documents and they engaged themselves in duties beyond their job description requirements to ensure success of the process.

Last but not least, we would like to thank all those, who have not been mentioned above, who have had a role through the various stages in the development and publication of the policy. All of your contributions were worthwhile and have been truly appreciated.
H.E. Mr. James A. Michel
President of the Republic of Seychelles
2. Forward

Seychelles has made significant progress in its response to HIV and AIDS since the “United Nations Declaration of Commitment on HIV/AIDS” in 2001 and the “United Nations declaration on Universal Access” in 2006. There have been various frameworks to ensure that the country gives the epidemic the importance it deserves. In 2000, the first National Policy on HIV and AIDS and Other STIs was published. Later on, National Strategic Plan on HIV and AIDS 2005 – 2009 provided guidance to the national response.

Since then, much water has flowed under the bridge. Given the many developments in the global HIV landscape and in the country modes of transmission trends, the need of reviewing the National Policy was strongly felt and a review exercise was recently conducted with our stakeholders and partners in 2011. I take this opportunity to express my sincere gratitude to all those who have worked on both documents in these past months.

The Seychelles now finds itself in a critical situation and at a crossroad in relation to HIV and AIDS. It has become clearer that the epidemic is definitely concentrated and driven by unsafe sexual practices and injecting drug use. Time has come for momentous decisions to be taken. The right balance must be found between human rights of the individual and public health issues and priorities, between human compassion and the harsh realities of inadequate and limited funding and between HIV and AIDS programmatic actions and competing national priorities.

The new National Policy will thus be the roadmap to guide our national response to HIV and AIDS and other STIs in this country. I am confident that each and everyone involved will rise up to the challenges and contribute to the creation of a Seychelles where we are realistic, pragmatic, compassionate, caring, proactive, open-minded and dedicated in the ways we choose to address this issue. I am also confident that we, as a nation, will honour our international commitments, as stipulated in various instruments, such as the International Covenant on Civil and Political Rights, the International Covenant of Economic, Social and Cultural Rights, the Universal Access Declaration, the Millennium Development Goals and others.

The new National Policy will be the corner stone and the main thrust for the renewed vision, vigor and efforts to combat the scourge of HIV and AIDS. It is an opportunity for Seychelles to build on the successes of the past and to move forward with a view to deploy new strategies to ensure the attainment of national development goals and objectives such as those set out in Vision 2017 and the National Medium-Term Strategic Plan. Alignment of the Policy to other national development plans and strategic documents is vital to ensure coherence, cohesiveness and coordination.

The ultimate goal is the elimination of HIV and AIDS in our communities. I urge all of us to work with commitment and compassion towards that goal.

President of the Republic of Seychelles
The Chairperson
National AIDS Council
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### 3. Abbreviations and acronyms

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<td>ACP</td>
<td>AIDS Control Programme</td>
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<td>ACPM</td>
<td>AIDS Control Programme Manager</td>
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<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>ASSF</td>
<td>Alliance for Solidarity for the Family</td>
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<tr>
<td>BCC</td>
<td>Behavioral Change Communication</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CDCU</td>
<td>Communicable Disease Control Unit</td>
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<td>FAHA</td>
<td>Faith and Hope Association</td>
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<td>HAARD</td>
<td>Highly Active Anti-Retroviral Drugs</td>
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<tr>
<td>HAART</td>
<td>Highly Active Anti-Retroviral Therapy</td>
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<td>HASO</td>
<td>HIV and AIDS Support Organisation</td>
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<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HIS</td>
<td>Health Information System</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HTC</td>
<td>HIV Testing and Counseling</td>
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<tr>
<td>IDU</td>
<td>Injecting Drugs User</td>
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<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practices</td>
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<tr>
<td>LUNGOS</td>
<td>Liaison Unit for Non-Governmental Organisations</td>
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<tr>
<td>MARPs</td>
<td>Most At Risk Populations</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MEF</td>
<td>Monitoring and Evaluation Framework</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education and Employment</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoYSC</td>
<td>Ministry of Youth, Sports and Culture</td>
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<tr>
<td>MSM</td>
<td>Men having Sex with Men</td>
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<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>MTP</td>
<td>Medium Term Plan</td>
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<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<td>NACS</td>
<td>National AIDS Council Secretariat</td>
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<td>CM</td>
<td>National Coordinating Mechanism</td>
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<td>Non-Governmental Organisations</td>
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<td>NIHSS</td>
<td>National Institute of Health and Social Studies</td>
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<td>NSB</td>
<td>National Statistics Bureau</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV</td>
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<tr>
<td>PMTCT</td>
<td>Prevention Maternal To Child Transmission</td>
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<tr>
<td>OVCs</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>SBC</td>
<td>Seychelles Broadcasting Corporation</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>SW</td>
<td>Sex Worker(s)</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WAD</td>
<td>World AIDS Day</td>
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<td>WHO</td>
<td>World Health Organization</td>
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4. **Background**

1. The Republic of Seychelles consists of a group of 115 granitic and coralline islands off the East Coast of Africa in the Indian Ocean. The land mass is about 455 km$^2$. However, the Exclusive Economic Zone is well over 1 million km$^2$. The three principal islands are Mahé, Praslin and La Digue. 76% of the population lives on the main island, Mahé. 11% live on the two other main islands.

2. According to the UNDP Human Development Index Report 2011, the HDI is 52 out of 187. A high of 36 was achieved in 2003. However, Seychelles income per capita has grown steadily since independence in 1976, e.g., from USD8,000 in 2002 to USD9,028 in 2009 and now to USD10,486 in 2010.

3. The population in 2011 stood at 90,945 (Population and Housing Census – 2010). It mostly consists of the descendants of African, including Malagasy slaves, their French masters, other Europeans, Asians (Indian and Chinese), and Arab trader. Around 20% of the population is less than 15 years of age. 9% are aged 65 and over. 68% of the population is in the 15 to 63 year bracket. The official languages are English, French and Creole, with the latter being the native language of most Seychellois and is French-based.

4. The population of Seychelles is greatly bolstered by two main factors: tourists and migrant workers. In 2010, there were some 150,000 visitors and about 8,000 migrants. Both populations are transient in nature. However, tourists are present for the short term whilst migrants, amongst which are traders, construction workers, teachers, management cadres, diplomats, are living in the country for the longer term. These new populations, French, Italians, British, Chinese, Indians, Africans, Malagasy, Filipinos and others have to be taken into consideration, when studying the epidemic in Seychelles.

5. The first case of Human Immunodeficiency Virus (HIV) infection in Seychelles was diagnosed in 1987, and the first case of Acquired Immune Deficiency Syndrome (AIDS) was reported in 1992. As at September 2011, there were 419 cumulative HIV cases and 227 AIDS patients. There have been steady increases annually. In 2000, there were 112 persons on record as being HIV positive. Reported cases are believed to represent a small proportion of the HIV and AIDS cases that have occurred in the country.

6. Seychelles does collect surveillance data. The data currently available have been compiled from the records of antenatal clinics, the blood bank and the CDCU, to which suspected cases are referred from the Seychelles Referral Hospital and the cottage hospitals and clinics. Testing of specimens is regionalized, namely Seychelles Referral Hospital, Baie Ste Anne Hospital (Praslin) and Logan Hospital (La Digue).

**A History of the National Response - 1980s and 1990s**
7. The government of Seychelles has made a concerted effort at preventing HIV and controlling AIDS and other Sexually Transmitted Infections since the late eighties. A Short-Term Plan (1987-1988) and a Medium-Term Plan (1989-1993) for the prevention and control of HIV and AIDS were implemented, and control efforts are ongoing. Blood safety measures have been undertaken and reinforced since the early eighties, and no case of blood acquired HIV transmission has been documented in Seychelles since the onset of the epidemic. In March 2000, one HIV infected pregnant woman was started on Zidovudine. She was the first woman in Seychelles to take advantage of this prophylactic treatment.

8. In addition, several projects have been undertaken specifically to strengthen national capacity for the prevention and control of Sexually Transmitted Infections with the financial and technical support of international partners. The main strategies that have been adopted include: Information, Education and Communication (IEC); Condom promotion and distribution; HIV surveillance activities including the testing of all pregnant women; Management of sexually transmitted diseases; Ensuring safe blood transfusion; and HIV testing of all immigrants seeking employment was followed by the deportation of those found to be positive.

9. There were some accomplishments due to the national efforts in the 1980s and 1990s. These were and still are:
   - A higher level of awareness and knowledge of HIV/AIDS and STIs among the population resulting from adequate health promotion strategies, mass HIV/AIDS campaigns
   - Safer blood transfusion
   - An increase in the number of condoms distributed in recent years
   - Better integrated outreach programs
   - Increased involvement of the media in the HIV
   - Increased VCT sites
   - Improved management of STIs
   - Noticeable improvement in the political climate and commitment to HIV prevention and AIDS control

10. Despite these gains, the HIV/AIDS prevalence in the country had continued to grow. Issues were identified as needing to be vigorously addressed:
   - Persistent risky behaviour such as sexual relationship with multiple partners, unprotected sex and alcohol abuse despite a reportedly high level of awareness of HIV, AIDS and STIs
   - Inadequacy of prevention programmes targeted at youth and other vulnerable groups
   - Inadequate openness and denial of the HIV and AIDS problem in Seychelles
   - Inadequate support system due to the confidentiality attached to HIV and AIDS
   - Persistent and widespread stigma surrounding HIV and AIDS
Inadequate organisation and consistency of HIV and AIDS and STIs surveillance activities
- Insufficient evidence-based and reliable data for decision making
- Inadequate monitoring and evaluation of intervention activities
- Inadequate involvement of all sectors
- Translation of political commitment to action in support of the HIV and AIDS control efforts
- National policy insufficiently articulated and clear on the various issues of the national response to HIV and AIDS and other STIs.

11. The discrimination and stigmatisation attached to HIV positive status in Seychelles led many people avoiding knowing their HIV status, hiding their HIV status, or avoiding seeking care when needed. This had a very severe negative impact on government strategies to create awareness of the epidemic, prevent avoidable HIV infections, and accurately monitor HIV and AIDS on an ongoing basis using standard public health principles.

12. To address these deficiencies and foster a concerted and appropriate national response to the epidemic, and in recognition of the threat that the epidemic poses to national development and national security if allowed to spread unchecked, the first National Policy (2001) was proposed by the Government of Seychelles to guide all partners involved in the fight against HIV and AIDS and STIs in the country.

13. The Policy was based on the then existing scientific knowledge about prevention and control of the epidemic. It emphasised respect for the human rights and dignity of the infected, the affected and every citizen of this country, and took into consideration the social, cultural and religious norms of the Seychellois. Above all, the Policy gave priority to measures that were in the overall national interest of the Republic of Seychelles as a Sovereign State. It was hoped that should the guidelines contained therein be collectively implemented, the spread of the HIV epidemic should be checked and its impact reduced on affected and infected individuals, families and communities.

14. The Policy recognized that HIV and AIDS was a major development crisis that affects all sectors. It stated that during the two previous decades, the HIV epidemic had spread relentlessly affecting people in all walks of life and affecting the most productive segments of the population particularly women and men between the ages of 20 and 49 years. It was noted that HIV and AIDS had led to increasing absenteeism from workplaces and that deaths from AIDS were causing much suffering and grief.

15. Other effects include lowering of life expectancy, increasing the dependency ratio, reducing growth in GDP, reduction in productivity, increasing poverty, raising infant and child mortality as well as the growing numbers of orphans. The epidemic is a serious threat to the country’s social and economic development and has serious and direct implications on the social services and welfare.
A History of the National Response - The First Decade of the New Millennia

16. As from 2000, since the signature of the Millennium Development Goals and the adoption of the United Nations Declaration of Commitment on HIV/AIDS, Seychelles has made tremendous strides in developing a robust health response to the epidemic. In its 2008-2013 Country Cooperation Strategy document, the World Health Organisation notes that: “Over the last four decades Seychelles has made remarkable progress in health development through comprehensive healthcare infrastructure.”

17. In terms of HIV and AIDS, one of the MDG targets set was to “Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it”. This MDG has been achieved since antiretroviral therapy has been made available free to all patients who need it since August 2002. Access is universal every year since then. Patients are not required to be on medical schemes or private health insurance. As of September 2011, there were 151 (83 males and 68 females) on HAART.

18. However, there is a high dropout rate. The potential patients can access the services, but they are not coming forward. Services at present are not decentralized. Stigma and secondary effects of drug regimes used remain important causes leading to inadequate adherence and drop-outs. There are still some social barriers to access financial help to further access medical and social services. The perception of inadequate confidentiality of medical professionals, perhaps due to the small size of the population, is also a major issue.

19. However, another MDG target which is to “Have halved by 2015 and begun to reverse the spread of HIV/AIDS” is clearly not being achieved given the new figures. There was inadequate setting of baselines and generating/management of survey data. Data was collected from sentinel sites where tests were done, through specific one-day activities which promoted VCT, self-reports and from treatment centres. Annual data shows that there is continual increase in the number of people infected and affected by the HIV epidemic - and more than the half of the total HIV detected cases were diagnosed in the last 7 years.

20. Due to insufficient research to inform the response, national campaigns were rarely targeted to specific populations. Hence, there were no specific communication and information materials designed for Key Populations, such as SWs, MSMs and IDUs. Yet, it was becoming increasingly clear that these groups were more vulnerable to infection and needed targeted interventions. As a result, still members of these groups remain virtually hidden, unreached and unprotected. In 2008, the UNAIDS conducted an assessment on MARPs in Seychelles, and the findings showed that key populations issues needed to be addressed with a special focus. Results of the Respondent Driven Sampling
(RDS) studies within MSM and IDUs (in 2011) showed that the prevalence in the two groups is higher than the prevalence in the general population.

21. Results of the KAP study of 2003 showed that though people had heard of HIV and AIDS (99%), there were still misconceptions, such as AIDS being caused by mosquitoes (37%), sharing a meal with someone infected can transmit HIV (21%) and a healthy-looking person is not infected with HIV (22%). Women were more aware than men that abstaining from sexual intercourse protect against HIV infection as well as the fact that infected pregnant women can transmit HIV to the newborn and through breastfeeding.

There are new challenges as the cases of hepatitis C continue to increase exponentially. There was a 333% increase in the number of cases of hepatitis C, from the same period, i.e., January to June in 2009, when there were 12 cases, compared to 2010, when there had been 40 cases. There were 82 cases (63 males and 19 females) from 2002 to 2010. Four cases are co-morbid ones, with both HIV and HCV. The figures for 2011 are even more alarming.

**Review of the National Policy and Recommendations**

22. In early 2011, a review of the National Policy 2000 identified a number of issues as problematic. These include the use of implicit and sometimes vague references to human rights, vulnerable populations and legal framework to achieve the goals set, and the need for the Policy to position itself clearly on a number of controversial issues, such as access to VCT for teenagers aged 15 to 17 years without parental consent, addressing the needs of Key Populations and specific MARPS and the need for introduction of harm reduction strategies and measures.

23. Some of the key recommendations made include: the need to make the following issues as explicit as possible (the key and vulnerable populations, international human rights obligations, gender, the role of beneficiaries in the development of the Policy and subsequent Strategic Plans), the need for the new Policy to be clear about its position on discriminatory laws and practices and other procedures that constitute barriers to a holistic and comprehensive national response to HIV and AIDS.

24. Another key issue was the lack of an explicit chapter on a monitoring and evaluation framework. The principle is an important one that warranted more attention as it is vital to ensure judicious use of human, material and financial limited resources.

25. The new **National Policy for the Prevention and Control of HIV and AIDS and STIs 2011** has been drafted to take into consideration these recommendations and to ensure that there is cohesion, cohesiveness and coordination, as stated in the Seychelles Draft Medium-Term National Development Plan.
5. HIV and AIDS Situation

5.1 The Current Situation

26. As at September 2011, the cumulative number 491 persons (285 males, 206 females) have been tested positive for HIV. At the same period, there were 315 persons (179 males and 136 females) living with HIV. Among them, 151 persons were on ARV (83 males and 68 females). Out of the cumulative HIV and AIDS cases, the country has lost 82 due to migration and 91 who died. There are 11 children who were infected either during pregnancy or childbirth, mostly before the advent of Prevention of Mother-to-Child Transmission (PMTCT) strategies. Of note, most of the death cases were before the introduction of antiretroviral therapy. In Seychelles, there is a higher number of men than women who are HIV positive (58% vs 42%), which is different from the profile of the pandemic on the African continent. This is an issue of concern, especially regarding modes of transmission and for targeted interventions.

New Cases

27. Information obtained from these sources indicates that from January to September 2011, 31 new HIV & AIDS cases have been reported. Ages range from 21 years – a male to a 78 year old female. 65% (20) of new cases were males and 35% (11) were females.

28. Furthermore, 17 new AIDS cases have been reported. 65% (11) of the cases were newly diagnosed cases for the year 2011 to date who have reported in late stage of AIDS, either having a CD4 count of <200 mm³ or presented with an AIDS defining illness. 7 deaths were reported in HIV & AIDS patients with various pathologies such as cancer, cardiovascular problems and AIDS defining illnesses.

29. 4 new HIV positive pregnancies have been reported. All were known HIV positive cases. 32 HIV & AIDS clients have been initiated on Highly Active Anti-retroviral Therapy (HAART), 55% (16) of which are new HIV & AIDS cases for the year 2011 who presented with a CD4 count of < 350mm³ or with an AIDS defining illness.

30. In terms of hepatitis C, all new cases are IDUs. There were a cumulative total of 145 cases from 2002 to September 2011. 79% (115) were males and 21% (30) were females. Ages range from 14 years (female) to 50 years (male). There were 10 cases of HIV and hepatitis C co-infections (6 males and 4 females). 47 new Hepatitis C cases have been reported since January to September 2011. There has been 1 Hepatitis C related death in 2011. All 3 cumulative Hepatitis C related deaths were due to Infective Endocarditis. In prison, the cases of hepatitis C are as follows: 2 in 2009, 17 in 2010 and 4 in 2010.
Drivers of the Epidemic

31. The non-infected population is also at risk. Several factors seem to be contributing to the rapid spread of HIV in Seychelles. Non-regular or multiple partnerships and a high rate of unprotected sex as evidenced by the high rate of Sexually Transmitted Diseases, teenage pregnancies and abortions are issues for concern. Seychelles receives an estimated 150,000 tourists per year and an estimated 12,000 Seychellois travel abroad every year to Africa, Southeast Asia and Europe where there is a significant prevalence of Sexually Transmitted Infections including HIV.

32. Moreover, in recent years (from around 2007) there have been steady increase in the number of people using drugs through injections and in sex work used to support drug addictions or for economic gains. Heroin became the most common drug in demand for treatment in 2006, surpassing alcohol and cannabis at the centre and has since then continued to dominate demand for treatment. Unsafe sexual practices and injecting drug use are primary drivers of the epidemic, as it remains a concentrated one rather than one affecting the general population.

33. Provisional results of the recent studies on Men Who Have Sex With Men (MSM) and Injecting Drug Users (IDUs) has shed further light on this situation and indicated the following.

| Table 19. Prevalence of HIV and Syphilis among MSM, Seychelles, 2011 |
|--------------------------|----------------|----------------|
|                          | N  | %   | 95% CI  |
| HIV                      |    |     |         |
| Negative                 | 149 | 86.8 | 80.2, 93.6 |
| Positive                 | 26  | 13.2 | 6.4, 19.8  |
| Syphilis                 |    |     |         |
| Negative                 | 175 | 100  | 100, 100 |
| Positive                 | 0   | 0   | 0, 0   |
| Hepatitis B              |    |     |         |
| Negative                 | 175 | 100  | 100, 100 |
| Positive                 | 0   | 0   | 0, 0   |
| Hepatitis C              |    |     |         |
| Negative                 | 112 | 58.1 | 46.8, 68.7 |
| Positive                 | 63  | 41.9 | 31.3, 53.2 |
The risk of HIV Infection for individuals is relatively high. Various societal, behavioural and health factors indicate that this issue remains a concern. There is little sign that people have changed their behaviour in spite of their knowledge about HIV and AIDS. It seems that people are unrealistically optimistic about their own personal risks of contracting STIs. Health-seeking behaviour in men remains low, especially as services tend not to be adapted to their needs. With the recent increases in sex work and injecting drug use, the risks have grown. The sub-populations involved in high risk behaviour are not isolated from the general population and exchanges, including sex, occur.

The impact of HIV and AIDS in Seychelles cannot be under-estimated. The 491 individuals who have been infected all have families, friends, school or work colleagues and neighbours. Apart from the burden of disease estimated to be about SR5 million annually just for the provision of ART, there are other financial and human costs, such as mental anguish and stress. The other financial costs are the laboratory services and the care provided by health professionals. The psychological distress leads to poorer school performance and lower productivity, and in some cases, at the advanced stage of AIDS, to the loss of a student or a worker.

HIV and AIDS are also linked to the achievements of other National Development Goals. In all that Seychelles endeavours to accomplish to ensure economic progress and social development, it needs a population healthy in body, mind and spirit. The second priority of national development is human resource development, with special focus on training, retention and productivity. All three issues are dependent on having healthy people to be involved in these various programmes.

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<tr>
<td></td>
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<tr>
<td>Hepatitis C</td>
<td></td>
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<tr>
<td>Positive</td>
<td>210</td>
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</table>

Table 19. Prevalence of HIV and Syphilis among IDU, Seychelles, 2011
Justification for the new National Policy on HIV and AIDS and other STIs

37. There is the need to develop a new National Policy for the following reasons. The old policy was developed a decade ago and no longer speaks to the newer realities of the epidemic in Seychelles. The exercise, conducted in early 2011, to review the policy also recommended the drafting of a new one. The new National Strategic Framework is also being prepared and the new National Policy is needed to give it impetus and a foundation for further action and implementation.

6. Overall goals of the policy

6.1 International Obligations and Alignment with Human Rights instruments

1) One of the main considerations for the development of the National Policy is the major human rights instruments signed by the Seychelles. All of them have certain obligations that the country need to abide to once it ratifies the treaty. These include the following:

2) The *International Covenant on Civil and Political Rights (ICCPR)*, which give all citizens of all countries the right to self-determination, equality before the law, right to a fair and public trial before a competent tribunal, right to marry and form families with whomever they want, freedom of thought, expression, conscience, movement and to dispose of personal assets as seen fit by the individual. The rights to freely associate with others and form groups are also enshrined in the Covenant. The non-discrimination principle on the basis on race, colour, nationality, religion, status and gender is also expressed therein.

3) The *International Covenant on Economic, Social and Cultural Rights (ICESCR)* which give all citizens of all signatory countries the right to work in decent conditions, with equal pay for equal work, the right to education, especially primary which should be free, compulsory and accessible to both genders, the right to decent standard of living, environment and health, and freedom to promote and express their cultural values and identity.

4) The *Convention on the Rights of the Child (CRC)* which stipulates that children have special rights as well as some of those enshrined in the ICCPR and the ICESCR, such as the right to play, to have their best interests given primary consideration, to protection from abuse and exploitation and to be provided with alternative care when families cannot provide it.

6.2 Other major instruments are:

I. The *Convention on the Elimination of All Forms of Discrimination*

II. The *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Optional Protocol of CEDAW*, as well as *General Recommendations No. 19*

III. The *International Convention on the Protection of the Rights of All Migrant Workers and*
Members of their Families

IV. The African Charter on Human and Peoples’ Rights

V. African Charter on the Rights and Welfare of the Child

VI. The MDG Declaration

6.3 Specific HIV and AIDS related commitments and principles

6.3.1 HIV and AIDS related commitments

- The 2001 UN General Assembly Special Session on AIDS (*UNGASS Declaration of Commitment on HIV/AIDS*)
- 2000 - UN MDGs declaration to strengthen National response
- 2001 - Abudja declaration on Universal Access HIV/AIDS/TB/Malaria/STIs – 2001
- 2003 - Maseru Declaration
- 2006 - Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Supporting Africa in 2010.
- 2006 - UN General Assembly *Universal Access Declaration*
- The 2011 UN General Assembly Special Session on AIDS (Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS)

6.3.2 HIV and AIDS guiding principles

38. **Three Ones:** The National Policy will conform to the “Three Ones” principle; 1) one national HIV and AIDS coordinating authority, 2) one national HIV and AIDS action framework, and 3) one monitoring and evaluation framework.

39. **Greater involvement of people living with AIDS (GIPA):** The greater involvement of PLWHA at all levels is crucial for an effective response to HIV and AIDS. PLWHAs were involved at all levels and steps of the process in the development of the National Policy. Presence and participation are guaranteed at the level of the National AIDS Council, the National Steering Committee, the Technical Working Groups and individual and group consultations undertaken during the preparation of this document.

40. **Gender issues:** considerations of the role of boys and girls, men and women have been taken into the process. The present situation regarding gender in its broadest sense, including differences in health-seeking behaviour and socialization in the homes, as well as cultural and societal similarities and differences are essential components of the National Policy.
In line with the **UNAIDS 2011 – 2015 Strategy: Getting to Zero**, one of the key thrusts is to advance human rights and gender equality for the HIV response. It is considered essential to address the issue of social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue as they block universal access. In particular, greater efforts are needed to realize and protect HIV-related human rights of women and girls, of PLWHAs, Key Populations, MARPS and most vulnerable communities.

### 6.3.3 Alignment with National Policies and Priorities

At national level, the 1993 Constitution of the Third Republic guarantees the following rights in the Seychellois Charter of Fundamental Rights and Freedoms: life, work, health, education, clean environment and freedoms of movement, speech, expression, thought and conscience. The Constitution also provides protection from violations of rights through various mechanisms, such as the courts, National Human Rights Commission, the Ombudsman and the Public Service Appeal Board.

In the Draft Medium-Term National Development Strategy 2011 - 2013, focus is placed on developing sectoral programmes that are coherent, cohesive and well-coordinated. Five main priorities are defined, amongst which are human resource and national statistics development. Emphasis is on having a well-educated and healthy population to ensure economic progress through trade and diversification, building of new infrastructures and to address issues of climate change, water and energy.

In that same perspective, the Ministry of Health with its special responsibility to treat and care for the infected outlines its vision and mission which are the foundations and guiding principles of all national responses to health and ill-health, noting that all plans cannot be implemented without a healthy population.

**The vision** is: *All people in Seychelles to attain the highest possible level of physical, social, mental and spiritual well-being, and to be free from disease or infirmity.*

**The mission** is: *The health sector exists to promote, protect and restore the health of all people in Seychelles with the active participation of all.*

As strategies, the Ministry of Health proposes the following:

a) **Development and strengthening of policies and programmes** to tackle both non-communicable and communicable diseases with improved health education and controls at entry points as well as a comprehensive training and capacity-building programme for epidemiologists and public health officials;
b) **Improve and optimize services for specific diseases**, such as diabetes, hypertension, Cardiovascular diseases (CVD), cancer and substance abuse with the modernisation of available infrastructures, such as Communicable Diseases Control Unit;

c) **Develop an integrated approach to provision of services** to populations through strategic multi-sectoral partnerships;

d) **Ensure sustainability of the health system** by improving human resources management to increase retention of trained staff and by securing long-term financial support;

e) **Build new infrastructures** to provide easily accessible services to the population.

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6.3.4 **Alignment with Contemporary Scientific Evidence**

48. At national level, the 1993 Constitution of the Third Republic guarantees the following rights in the Seychellois Charter of Fundamental Rights and Freedoms: life, work, health, education, clean environment and freedoms of movement, speech, expression, thought and conscience. The Constitution also provides protection from violations of rights through various mechanisms, such as the courts, National Human Rights Commission, the Ombudsman and the Public Service Appeal Board.

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f) **Development and strengthening of policies and programmes** to tackle both non-communicable and communicable diseases with improved health education and controls at entry points as well as a comprehensive training and capacity-building programme for epidemiologists and public health officials;

g) **Improve and optimize services for specific diseases**, such as diabetes, hypertension, Cardiovascular diseases (CVD), cancer and substance abuse with the modernisation of available infrastructures, such as Communicable Diseases Control Unit;

h) **Develop an integrated approach to provision of services** to populations through strategic multi-sectoral partnerships;

i) **Ensure sustainability of the health system** by improving human resources management to increase retention of trained staff and by securing long-term financial support;

j) **Build new infrastructures** to provide easily accessible services to the population.

### 3.1.3 Alignment with Contemporary Scientific Evidence

54. On a more practical level, the key principles to guide the National Policy for the Prevention and Control of HIV and AIDS and STIs are derived from a variety of studies that have highlighted international best practice guidelines and the experience of other countries in southern Africa. Moreover, Development Policy and Practice (DPP) have developed a rigorous methodology which provides a good template for development of policy and strategic planning documents.

55. Therefore, national strategic frameworks and policies should be:

- **Strategic** - It should target the primary ways HIV is transmitted.
- **Evidence-based** - Scientific evidence should be used to identify actual drivers of the epidemic and effective responses.
- **Prioritised** - Explicit criteria should be agreed upon to guide prioritisation of strategies, targeting, resource allocation, work planning and design of implementation mechanisms.
- **Results-based** - A planning and management approach should be used which ensures that processes, products and services contribute to the achievement of clearly stated results. The key principle of results based management (RBM) is that all conditions in a causal chain must be addressed.
- **Aligned with the broader national development planning process** - other key
national planning frameworks, budgets, systems and cycles should be considered for coherence, cohesiveness and coordination.

Core Values of the National Policy

- Respect for, protection and fulfillment of human rights, as stipulated in international and national instruments
- Integration of programmes and services, for better networking and for building effective local and international partnerships
- Central role of the body of scientific evidence in programmatic actions

56. Hence, the core values of the National Policy are:
   - Respect for, protection and fulfillment of human rights, as stipulated in international and national instruments
   - Integration of programmes and services, for better networking and for building effective local and international partnerships
   - Central role of the body of scientific evidence in programmatic actions

57. The main goal of the Seychelles National Policy on HIV and AIDS and Other STIs is to prevent and control the spread of HIV/AIDS and Sexually Transmitted Infections, and to care for those infected and affected by them.

58. This goal will be achieved through programmes and services that respect for human rights, that are fully integrated and mainstreamed and that use knowledge and experience acquired on what works and what does not work to develop and deliver services.

6.4 Specific Objectives of the Policy

59. To ensure the prevention of HIV and the control of AIDS and to care for the infected and affected, the following main objectives are set:
Preventing new infections
- To create conducive environments for the general populations and specific subgroups, such as Key Populations, MARPs, to adopt behaviour change and choose healthy alternatives
- To provide specific harm reduction measures for specific populations to prevent spread
- To educate, inform and raise awareness of the population about HIV and AIDS and other STIs and other related issues
- To promote HIV testing for early interventions
- To adopt protocols that use early identification and treatment as a preventive measure

Controlling the pandemic
- Promote and safeguard the human rights of people living with HIV/AIDS and those affected by the epidemic
- Improve co-ordination of HIV and AIDS prevention and control activities at all levels
- Improve and increase access to services as part of the national response to the HIV epidemic by strengthening the multi-sectoral approach
- Sustain commitment and action at all levels for HIV prevention and AIDS control
- Promote, use and evaluate HIV and AIDS-related research and surveillance activities

The above thematic areas shall be achieved through
- renewed commitment towards the most recent orientations in the field of HIV response
- The provision of various country commitments (UNGASS Declaration of Commitment, Political Declaration on Universal Access, Resolutions of the World Aids Conference 2010),
- The updated epidemiological and social trends of HIV&AIDS
- The affirmation of the Human Rights approach towards Key Populations and Most At risk Populations and
- The updated key structures that will support the implementation of the NP and upcoming NSPs and better details on how the multisectoral response should be led to ensure maximum outcomes and impacts
7. Policy and position statements

60. In many countries, there are issues related to the national response to the prevention and control of HIV and AIDS which can be considered as controversial. They require a delicate balancing act between competing values and priorities. In this section, the National Policy presents a series of statements with the intention of establishing very clear and unequivocal guidelines about the spirit, intentions, expectations and standards of the Seychelles Government and the people of Seychelles regarding various issues linked to HIV and AIDS.

**Human Rights of the Individual are the foundations of all actions in the national response to HIV and AIDS**

61. It is hereby established that the rights of individuals as set out in the ICCPR, the ICESCR, the Seychellois Charter of Fundamental Rights and Freedoms, as well as other laws in support of the aforementioned instruments shall be respected. Violations shall be condemned, investigated and remedies sought as soon as possible. All services provided by state and non-state actors who choose to work in this field shall hold the human rights of their beneficiaries to the highest standards possible and consider these to be primordial and overriding all other considerations.

62. Seropositive persons shall have access to all types of health interventions (surgical, obstetric, gynaecological or any other forms of health care) and social services (housing, education, employment and social security, bank loans, life and endowment insurance policies) as required. Freedom of movement shall not be restricted in any form.

63. Human rights include gender equity. Thus, all persons, boys and men, girls and women, shall be provided with the utmost level of care and support available, without any form of discrimination. Special focus will also be placed on ensuring that all seropositive persons' sexual and reproductive health rights shall be upheld.

64. Whilst human rights are at the centre of this policy, it is important to reiterate that rights also encompass responsibilities, especially those of respecting the rights of others to life and to health. Human rights do not mean that criminal behaviour will be tolerated. Appropriate legal procedures and proceedings will apply where national laws are not upheld.

65. The new National Strategic Framework recommends that the appropriate legal framework be instituted before the end of 2012 to ensure that the sexual and reproductive health rights and all other human rights are upheld in the development of programmes and in service delivery at all levels. Various issues, including consensual sex between adults, including men who have sex with men and sex work, be the latter
transactional or commercial or otherwise, shall be not used as an impediment to care, treatment and support.

66. In essence, the National Policy calls for the end of laws making consensual sex between adult men and sex work in any form illegal. Appropriate legislation shall thus be enacted to ensure that no institutional and legal barriers exist to the provision of prevention, care, treatment and support programmes and services.

67. Where disagreements occur or where competing values and priorities clash, the matter shall be settled using the remedies and institutions that have been legally provided in the Constitution and national laws.

**The Role of Beneficiaries in the National Response**

68. It is hereby established that the national response to HIV and AIDS will be done according to the principle of *“Nothing for Us Without Us.”* All policies, strategies, programmes and services will be done with involvement of beneficiaries at various levels as appropriate (conception, design, development, implementation, monitoring and evaluation). All agencies shall actively seek to involve beneficiaries and clients.

69. This issue is especially important in programme development and service delivery for Key Populations (sex workers of both genders, injecting drug users, men who have sex with men) and other MARPs, which in Seychelles, are young people aged 15 to 24 years, prison inmates, migrant populations and seafaring individuals.

70. The National AIDS Trust Funds and other funds shall consider this precept to be paramount and examine project proposals along this line. Indeed, submitted projects shall have to show that beneficiaries have been involved (as appropriate) right from the start in the development and conceptualization of the project proposals, and if they fail to, they may be rejected in accordance with the NATF act, internal procedures and application criteria.

**Improving and Increasing Access to Contraceptive Services and Voluntary Counselling and Testing for 15 to 17 year olds**

71. It is hereby established that 15 to 17 year olds, by the fact that they are legally able to give consent to sexual intercourse, can also have access to contraceptives and HCT without the consent of their parents. The National Policy recognizes the possible moral, spiritual and other forms of reservations expressed by various sectors of the population. However, pragmatism indicates that consent to sex also implies a certain maturity and thus a level of responsibility in matters of reproductive and sexual health. Access to reproductive health services for 15-17 years will be guided by the “Fraser guidelines” for
health professionals working with adolescent (National Reproductive Policy).

72. Henceforth, all state and non-state service providers shall provide the necessary services (VCT / HTC, contraceptives) and deliver programmatic actions (education, outreach, psychosocial support, spiritual and moral counseling, harm reduction measures) upon demand for all and any 15 to 17 year olds requesting such, and that without the express consent of their parents and or guardians. However, for further support, the clients shall be encouraged to share information with their parents and guardians, and other formal and informal support systems.

73. All laws in contradiction of this recommendation shall be reviewed and amended, as needed.

**Shared confidentiality shall be promoted in state and non-state services and programmatic actions**

74. It is hereby established that informed consent will invariably be sought for testing and disclosure of results of tests for all persons, including members of the armed forces, students proceeding on overseas studies, persons seeking all types of insurance, migrant workers, for research purposes, prison inmates and any other persons in any other types of circumstances.

75. It is understood that in the national response shared confidentiality is required for efficient and holistic management of clients admitted to hospitals and attending health facilities. However, the person’s informed consent is still required to proceed with such in non-emergency situations.

76. Henceforth, the National Policy establishes that written informed consent is required for testing and disclosure of results of tests in circumstances where the client is well oriented and can provide written consent. In case of minors, parental or guardian consent need to be sought.

**Science and Research at the heart of interventions**

77. The UNAIDS 2011 – 2015 Strategy acknowledges that “science acts as a transformative force”. Novel biomedical interventions and their applications have the potential to vastly reshape HIV prevention approaches if informed by further research, local knowledge and human rights. Where the benefits of science have been confirmed, Seychelles will embrace and adopt such measures to ensure the response is based on evidence and the trends of HIV epidemic.
Improving and Increasing Access to Health and Social Services

78. The Government of Seychelles recognises the need for appropriate medical care and social support of persons infected by HIV and their families and carers. Thus, the health and social services of the government, non-governmental organisations, community-based organisations, religious organisations, the private sector, self-support groups of PLWHA, and the community at large are mobilised to provide and decentralise education, care and counselling, and support to PLWHAs.

79. All HIV-infected persons shall have access to appropriate and quality care including effective treatment of opportunistic infections, without discrimination. Anti-retroviral therapy will be made available to all HIV-positive patients. No person living with HIV will be isolated from normal health care service provision except where the individual in addition suffers from a contagious disease for which isolation is part of the management procedure, or where the individual needs to be isolated from a source of infection in accordance with the Public Health Act for all infectious diseases.

80. Medical care provision shall include the prophylaxis and treatment of opportunistic infections and other HIV-related illness. Anti-retroviral therapy will be provided for the prevention of mother to child transmission of HIV and for the treatment of the HIV infected mothers. Counseling, social support and essential laboratory services shall accompany anti-retroviral treatment.

81. The Government will ensure the availability of drugs and condoms in its facilities. Non-Governmental health care providers will be encouraged to make adequate provision for drugs and other commodities needed by the clients under their care.

82. The national essential drugs list will continually be updated to include drugs and supplies for the treatment of opportunistic infections and for adequate diagnosis of AIDS-related illness. The government will negotiate with Pharmaceutical industries and suppliers (directly or through regional organizations such as IOC, SADC and other organizations) for price reductions or pooled procurement and will exempt anti-retroviral drugs from import duty in order to ensure that drugs for AIDS and related illnesses are available and affordable.

83. Counseling, nutritional and psychosocial support shall be included in the care package offered to every person living with HIV. Strategic programmes for discordant couples must be reoriented and geared towards family stability. The capacity of health and social workers to provide care and support will be strengthened.

84. The existing social support system will be strengthened and expanded so as to meet the needs of PLWHA, their carers and affected families, including orphans and vulnerable children (OVCs). Welfare assistance and legal advice will be made available to PLWHA and their families based on needs. Non-Governmental and Faith-Based Organisations
shall be encouraged and supported as appropriate to complement the Government efforts in this area.

85. The principle of continuity of care will be instituted so as to ensure the linkage between the institutional/facility-based care for PLWHA, district and community-based care facilities and the home in accordance with Home-Based Care principles of the Ministry of Health.

86. Seychelles has one prison which currently accommodates individuals with convictions and those on remand, men and women, and juveniles. Health services for inmates include routine periodic visits by a nurse and doctor for minor health problems. Inmates are taken to specialist services as required on referral. There have been anecdotal reports of sexual relationships, drug abuse (including injecting), rape and sexual assault amongst prison inmates and this has been evidenced in prison populations around the world. Access of prison inmates and remandees to health services commodities must be strengthened to ensure continuity of therapies. Condom availability and accessibility must be viewed as one of the fundamental issues as part of harm reduction strategies in prison settings, in conformation with the UNODC principles.

87. Although inmates have restricted rights, they may have a range of reproductive health needs which need to be addressed to reduce the harm caused to that individual or their community on their release. Female inmates may be pregnant, deliver, or be nursing when convicted. They may be sexually active or become pregnant in prison. They may require contraception, STI testing and treatment, Pap smear, breast examination, and menopause advice. Male inmates may also be sexually active in prison with other inmates (male or female) and need to access condoms.

8. Dedicated HIV and AIDS Programmes

88. This section outlines the strategic directions of the National Policy and lists the key HIV and AIDS Programmes to be introduced, promoted and consolidated. These programmes are the bedrock of prevention and control of the spread of HIV and AIDS and other STIs. They will always remain as part of the Government of Seychelles national development objectives for the multi-sectoral approach to dealing with the epidemic. These programmes are:

(a) Prevention and behaviour change programmes, including development of IEC effective materials, mass media messages and outreach activities in communities, such as edutainment with the use of drama, art and music as the media for message transmission. Culture and the way populations see themselves and behave have the potential to be drivers of the epidemic or to be the channels through which behaviour change can occur.
(a) **Primary Prevention Programmes**, including **Healthy Alternatives and Life Choices**

(b) **Targeted Behaviour change programmes and communications**

(c) **Mental Health programmatic actions as support to PLWHAs and their families**

(d) **HIV Testing**, including VCT / HTC outreach events, and testing for a variety of reasons (diagnosis, care, research, prevention of transmission through blood and blood products, employment, insurance and education)

(e) **Blood and blood products safety**

(f) **Harm reduction programs for key populations**

(g) **Condom management and distribution**

(h) **Control of STIs**

(i) **PMTCT programmes**, including VCT for pregnant women and treatment, programmes for drug-dependent mothers to prevent HIV and other blood borne diseases transmission to their babies.

(b) **Care and treatment programmes**, with the provision of appropriate, adequate and affordable medicines for both prevention of the spread of the disease and for improving the quality of life, restoring people back to being active, health and productive. The key feature of these programmes is increasing and improving access, across the board, to quality care and management of the infections, related diseases and the epidemic.

(c) **Impact mitigation and support**, with the provision by various state and non-state actors of psychosocial and financial support to the infected and affected. Emphasis is placed on ensuring that a seropositive status does not lead to violations of rights to education, housing, employment, participation in social, political, economic and cultural life of the country and prevention of these persons of enjoying their fundamental freedoms as well. The role and value of the involvement of communities, as well as beneficiaries themselves in the development, implementation, monitoring and evaluation of the various services are vital components to ensure achievements of set targets.

(d) **Mobilisation of resources** for sustainability of programmes and improvement of the health status of PLWHA and affected people.

(e) **Coordination mechanisms** to ensure coherence, cohesiveness and effective implementation of strategies through for better management of scant resources.

(f) **Optimising Use of Resources**
9. National Coordination
   a) National Coordination and Response

The National AIDS Secretariat (NAC) should have the overall program oversight, coordination and facilitation role to play in the national response and this means coordinating HIV and AIDS activities for all sectors in the context of multi-sectoral HIV and AIDS response. The National AIDS Council (NAC) should be supported by a National AIDS Council Secretariat (NAC) located in the office of the President or the Vice-President. This would improve visibility, credibility, autonomy and generate maximum response from all stakeholders.

This will ensure the followings:

I. Technical coordination of the multi-sectoral response to HIV and AIDS in government;
   i. Provide public sector supervision on matters of HIV and AIDS;
   ii. Supervise the National AIDS Secretariat (NAS) as a lead agency of Government in the national response to HIV and AIDS;

89. The Coordinating Mechanism (CM) aims to facilitate networking, promote information exchange, build alliances between different organisations, and facilitate the implementation of strategies that are complementary and collaborative, that conform to national aspirations as articulated in the National Strategic Plan, and that are guided by national policies.

90. The CM is also guided by the country’s various international commitments, such as the the first UN General Assembly Special Session (UNGASS) on HIV/AIDS in 2001 adopted a Declaration of Commitment, the “Three Ones” and “Getting to Zero”; the principles to access the Global Fund and other financial international funding sources. Strong leadership is the key to success and is noted amongst the ten points in the Declaration. Moreover, the “Three Ones” Principle also calls for one national coordinating body, hence the National AIDS Council.

91. The CM is also kept simple because the same people are likely to be on numerous committees and be so committed as to be effective. The human capacity is limited given the small population and the numerous roles played by the same persons.

92. The CM is as follows: the apex is the National AIDS Council (NAC), a statutory body, which comprises of a Board of Directors of not fewer than 11 and no more than 15 persons from various selected national organisations, associations and NGOs, and individuals selected in their own private capacity and competence. The Council has the following terms of reference:

   1. Lead and coordinate the implementation of the National HIV and AIDS policy and the National Strategic Plan for HIV and AIDS;

   2. Coordinate the country membership and participation to all regional and
International organisations/platforms for HIV and AIDS and STIs;

3. Provide support to each sector to formulate and implement sector-specific HIV-AIDS policies and ensure that there is effective coordination between sectors in a multi-sectoral national response to HIV/AIDS;

4. Facilitate the mainstreaming of HIV and AIDS into all relevant policies, plans and programmes of Government and other key implementing stakeholders;

5. Ensure that private sector organizations, NGOs and other civil Societies are encouraged and where necessary, provided with financial, material and technical support to effectively participate in HIV and AIDS activities;

6. Promote HIV and AIDS support organizations in their role of providing voluntary services;

7. Review annual work plans and budgets developed by all other partners and ensure that they are aligned to the National HIV and AIDS framework

8. Develop appropriate tools enabling it to monitor the activities of various HIV/AIDS actors and the general trends of the epidemics;

9. Promote research in HIV and AIDS in order to provide sound, scientifically reliable information to guide national HIV and AIDS policy, practice and interventions;

10. Keep an inventory of past and ongoing HIV and AIDS research undertaken in Seychelles;

11. Ensure widespread and timely dissemination of national HIV and AIDS research results for the benefit of participating communities and for the benefit of all partners in the national response;

12. Ensure the fulfilment of reporting requirements of the country in regards to HIV and AIDS

13. Re-align the National AIDS Trust Fund to work alongside the NAS to manage both local and international resources mobilisation and funding to ensure effective and efficient national response;

93. NAC shall have its own secretariat (National AIDS Council Secretariat – NAS) and be based at the Vice-president’s Office. Its main role is to support NAC and provide guidance and assistance to all organisations involved in the multi-sectoral national response, namely in prevention and behaviour change, treatment and care, impact
mitigation and human rights protection, coordination and resource mobilization, monitoring and evaluation and finally costing of various national and multi-sectoral HIV and AIDS and other STIs–related plans.

94. The **AIDS Control Programme** within the Ministry of Health should only retain its mandate to provide technical expertise and lead the HIV&AIDS response in the health sector. Experience elsewhere indicates that HIV and AIDS Unit of the Ministry of Health must be recognised as having a special function in the Technical leadership in the entire health sector. This is because the Ministry of Health has specialized technical expertise and is mandated through the Technical HIV/AIDS/STIs Board, with very critical responsibilities in the area of HIV and AIDS related diseases.

95. Under the terms of reference of the **HIV AIDS STIS Technical Committee** The Ministry has the responsibility for health sector policy development, epidemiological surveillance, setting standards and regulations regarding voluntary testing, case management, protocols, ensuring the quality of the blood supply system and provision of leadership in ante retroviral therapy and drugs for sexually transmitted diseases, tuberculosis and other opportunistic infections.

96. Key multisectoral sub-committees from all line ministries and organisations have specific thematic areas to focus on. The sub-committees meet regularly to develop, monitor and evaluate programmatic actions in their various thematic areas and work under specific Terms of Reference.

97. For fuller participation, it is proposed that there is an annual Partnership Forum organised and spearheaded by NAC. Its main role is to hear from the other partners and stakeholders about their work, their successes and constraints in integrating their own response to the national one. The Annual Partnership Forum should help to democratize the whole process of developing and consolidating the various programmes and actions to prevent and control the spread of HIV and other STIs.

**Organizational chart for the national aids response structures**
The ‘Three Ones’ principles, has been adopted by Seychelles. This provides for ‘one national HIV coordinating authority, one national framework for action, and one monitoring and evaluation framework. Seychelles has developed a National Strategic Plan and in the reviewing process of the new one at the same time the monitoring and evaluation framework is under finalisation. This is an important function as it has to inform decision-making at the highest level within NAS and stakeholders outside NAS in a timely and independent manner.

Moreover, M&E has to play a critical role in informing various stakeholders on progress being made in the fight against HIV and AIDS. The M&E unit has to work with all staff in NAS so that NAS is able to effectively and efficiently, report and disseminate data and information. In addition, the monitoring and evaluation system will have to be active so as to influence the behaviour of key players at all levels of the response.
10. Monitoring and Evaluation Framework

98. The draft Seychelles Medium-Term National Strategic Plan notes that “The collection and collation of data in various sectors are presently weak. Individual departments and agencies do collect, store and use data to analyse trends and plan responses. However, these are not shared amongst different stakeholders. Moreover, they are not collected in a consistent and coherent manner. These activities are heavily dependent on the individual worker in the post at the time and when he or she leaves, the data collection activity and capacity are lost.” Data collection is the foundation to an effective M and E Framework.

99. The need for collection, collation, management and use of data is reiterated through the Seychelles’ international engagements (Managing for Results in the context of the Paris Declaration on Aid Effectiveness, the Marrakech Action Plan for Statistics (MAPS) and the Reference Regional Statistical Framework (RRSF)). Quantitative and qualitative data are key to improving development outcomes and to monitor progress. They are planning tools and need to be mainstreamed into any national development planning exercise as they provide evidence for advocacy, prioritization and defining progress and success in achievements of set goals and targets.

100. The National AIDS Council has developed an M & E Framework with national indicators using the Results-Based Management (RBM) method. This Framework will form the basis for this important work on keeping tabs on progress against set targets. Indicators are at all levels: impact, outcome, output and input. Processes and activities are also monitored and evaluated.

101. The Monitoring and Evaluation Framework (MEF) for the National Policy and the National Strategic Framework is also anchored in data collection at all stages and levels of programme implementation and service delivery. All agencies, organisations be they state or non-state actors involved in the national response to the prevention and control of HIV and AIDS and other STIs shall collect, collate and share, as appropriate, data with the Surveillance and Data Collection Sub-Committee, who in turn ensures that these are shared with the ACP, the Ministry of Health’s own data management services, the NAC and the National Statistics Bureau (NSB).

102. The MEF is further articulated in the National HIV/AIDS Strategic Framework. The collection, collation, management and sharing of all forms of data are important to inform decisions in terms of policy, programme design and implementation and service delivery. The MEF consist of the following:

   o **Sentinel sites**
     The surveillance of the epidemic is conducted at sentinel points of Communicable Disease Control Unit, antenatal clinics, Occupational Health Unit and the blood bank laboratory services in the Ministry of Health and other private health facilities
which provide HIV and AIDS and other STIs services nationally. Other nongovernmental organizations namely Community based, faith based involved prevention such as ASFF, FAHA, HASO, Probation Services, private sectors and other lined other lined Ministries assist in the surveillance in the production of non health indicators.

- **National, regional and local or community-based formal and informal surveys** focusing on evaluation of products, goods, programmes and services introduction and implementation, such as male and female condoms, gels, peer education, outreach, IEC materials, involvement of beneficiaries and care and treatment protocols and services.

- **Quantitative and qualitative measures** of various cross-cutting issues, such as economic and social indicators including income, expenditure, social trends, relationships, culture and traditions’ influences on protective and health-seeking behaviours of all populations. All forms of data (self-reports, anecdotal reports, journals, measures of attitudes and statistics, amongst others) are valued and have their rightful place in M & E. All provide parts of a whole picture.

- **Academia research work** on HIV and AIDS and other STIs and related socio-economic issues will also inform the policy decisions, programme design and implementation and service delivery. The National Institute of Health and Social Studies (NIHSS), the University of Seychelles and other educational institutions have important roles to play in gathering and interpreting information to monitor, evaluate and guide progress on set targets.

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**Monitoring and Evaluation Framework**

![Diagram of Monitoring and Evaluation Framework](image_url)
11. Conclusion

103. The Government of Seychelles recognises that HIV AND AIDS is a dynamic and rapidly changing epidemic and new knowledge is constantly emerging. This policy, and other HIV and AIDS-related policies will therefore provide the country commitment towards the most recent orientations in the field of HIV response. Acts as reference to various country commitments (UNGASS Declaration of Commitment, Political Declaration on Universal Access, Resolutions of the World Aids Conference 2010); be under regular review to update epidemiological and social trends of HIV&AIDS and affirm the Human Rights approach towards Key Populations and Most At risk Populations and update key structures that will support the implementation of the NP and upcoming NSPs and better details on how the multisectoral response should be led to ensure maximum outcomes and impact.

12. References

Constitution of Seychelles

Ministry of Health (2001) - The National Policy for the Prevention and Control HIV and AIDS and STIs


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United Nations International Covenant on Civil and Political Rights

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UNAIDS 2011 – 2015 Strategy: Getting to Zero

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