

## Seychelles Report NCPI

### NCPI Header

#### COUNTRY

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**Describe the process used for NCPI data gathering and validation:**

-

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

-

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

-

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

### A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2005-2009

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

1. Robust evaluation of the NSP 2005-2009 in June 2011 1. Development of the the a new NSP 2012-2016

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

#### SECTORS

Included in Strategy	Earmarked Budget
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Yes	-
-----	---

Yes	-
-----	---

Yes	-

**Other [write in]:**

-  
**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

Budget not earmarked and funding is derived from that of the Ministry of Health and the National AIDS Trust Fund and the Ministry of Social Development under the Social Welfare Agency

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

-

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

1.4. **What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Injecting Drug Users, Men having Sex with Men, Sex workers, Pregnant women, Young people

1.5. **Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Through Annual workplans, Members of the National AIDS Council, involvement into all strategic plans developments and forums, capacity building

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

Age to access HIV/Reproductive Health Services - below the age of 18 years

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

No

**Sector-wide approach:**

Yes

**Other [write in]:**

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

-

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

-

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

-

**Women's economic empowerment (e.g. access to credit, access to land, training):**

-

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

Yes

**3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:**

3

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

Refer to narrative

**Briefly explain how this information is used:**

-

**(c) Is coverage monitored by geographical area:**

-

**5.4. Has the country developed a plan to strengthen health systems?:**

No

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

Development of the National Health Accounts and the review of the Human Resource for Health policy both documents are in their final stages for approval.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

1. Evaluation of the National Strategic Plan for HIV/AIDS and STIs 2. Review of the National Policy for HIV/AIDS and STIS 3. Development of a new Strategic Plan 2012-2016 4. Development of the costed Operational Plan 5. Development of the Monitoring and Evaluation framework 6. Implementation of the WHO guidelines for treatment/Care

**What challenges remain in this area:**

1. Movement and Elevation of the NAC 2. Attrition of human resources 3. Reduced funding

## A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

1. National AIDS Council Meeting held twice a year chaired by the President of the Republic of Seychelles 2. Message of the NAC Chairperson in media and that of the Minister of Health during special events such as the World AIDS Day 3. Virement of funds into the National AIDS Trust Fund annually

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Mr. Alix James Michel - President of the Republic of Seychelles

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

52

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

15

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

10

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

- Involvement into all strategy development/ evaluation - Implementation of the Workplace policy

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

No

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

However, a lot of actions are being taken to ensure that the impact of HIV on PLHIV and the people affected by it is being mitigated. The Seychelles in 2010 and 2011 was reporting on a number of human rights instruments, namely the ICCPR, ICESCR, CRC and CEDAW.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

Indeed, the Seychelles delegation to the Human Rights Commission in its eighteenth session accepted the proposed recommendations indicating that the Constitution of Seychelles made provision for all persons to be free from discrimination on all grounds. Indeed, Article 27 of the Constitution stated that "Every person has a right to equal protection of the law including the enjoyment of the rights and freedoms set out in this Charter without discrimination on any ground except as is necessary in a democratic society."

**Briefly comment on the degree to which they are currently implemented:**

Moreover, "The Seychelles Government is thus considering when and to what extent the legislation could be amended to better guarantee the Constitutional precept that sexual minorities (lesbian, gay, bisexual and transsexual persons) will not to be stigmatized and discriminated against in Seychelles."

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-  
Briefly describe the content of these laws, regulations or policies:

-  
Briefly comment on how they pose barriers:

## A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

Yes

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

Yes

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

Yes  
**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

Yes  
**Briefly describe the content of this policy or strategy:**

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

5  
**Since 2009, what have been key achievements in this area:**

IBSS survey  
**What challenges remain in this area:**  
 Implementation of harm reduction strategy

**4. Has the country identified specific needs for HIV prevention programmes?:**

Yes  
**IF YES, how were these specific needs determined?:**

Through survey and routine monitoring and evaluation

4.1. To what extent has HIV prevention been implemented?

<b>Blood safety:</b> Strongly Agree
<b>Condom promotion:</b> Strongly Agree
<b>Harm reduction for people who inject drugs:</b> N/A
<b>HIV prevention for out-of-school young people:</b> Strongly Agree
<b>HIV prevention in the workplace:</b> Strongly Agree
<b>HIV testing and counseling:</b> Strongly Agree
<b>IEC on risk reduction:</b> Strongly Agree
<b>IEC on stigma and discrimination reduction:</b> Agree
<b>Prevention of mother-to-child transmission of HIV:</b> Strongly Agree
<b>Prevention for people living with HIV:</b> Strongly Agree
<b>Reproductive health services including sexually transmitted infections prevention and treatment:</b> Strongly Agree
<b>Risk reduction for intimate partners of key populations:</b> Agree
<b>Risk reduction for men who have sex with men:</b> Agree
<b>Risk reduction for sex workers:</b> Agree
<b>School-based HIV education for young people:</b> Strongly Agree
<b>Universal precautions in health care settings:</b>

Strongly Agree  
**Other [write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

7

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

• Universal access to treatment, care and support

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Much progress has been made in treatment, care and support of PLHIVs, through comprehensive healthcare infrastructure. • Many health and social development issues linked to the Millennium Development Goals have been successfully resolved. • Antiretroviral therapy (ART) has been made available free to all patients who need it since August 2002. Access has been universal every year since then. • Patients are not required to be on medical schemes or private health insurance.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Strongly Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

**Please clarify which social and economic support is provided:**

• There are functional structures to assist PLHIVs, OVCs and relatives, such as the Social Welfare Agency for means-testing,

Social Services and Probation Services for counseling and support. • There are at least 3 NGOs providing some kind of support, namely HASO, FAHA and SOLIDER. One NGO assists with OVCs • FBOs have informal structures for support which are used by PLHIVs and their families • The private sector is discreetly active in providing support, especially to mothers and their babies, through free provision of baby formula • There are funds available locally through the NATF and NGOs have been able to access these to provide needed support to PLHIVs and their families

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

Sustenance of the free services including treatment and maintaining 100% PMTCT

**What challenges remain in this area:**

Sustenance of the free services including treatment

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

Yes

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

100%

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

10

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - VI. MONITORING AND EVALUATION

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

Yes

**Briefly describe any challenges in development or implementation:**

-

**1.1 IF YES, years covered:**

-

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**

Yes, all partners

**Briefly describe what the issues are:**

-

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

Yes

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

**3. Is there a budget for implementation of the M&E plan?:**

In Progress

**4. Is there a functional national M&E Unit?:**

In Progress

**Briefly describe any obstacles:**

-

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

-

**Briefly describe the data-sharing mechanisms:**

-

**What are the major challenges in this area:**

There no separate M&E unit for HIV AIDS, the Disease Surveillance and Response Unit of the Ministry of Health has been also functioning as HIV-AIDS M&E Unit.

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it.:**

National Disease Surveillance and Response of the Ministry of Health

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

-

**IF YES, at what level(s)?:**

-

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes  
Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

13

At subnational level?:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

over 25

9.1. Were other M&E capacity-building activities conducted` other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

3

Since 2009, what have been key achievements in this area:

-Development of the M&E framework -Routine monitoring at sentinel sites -Maximum Coverage

What challenges remain in this area:

- Human resource - Infrastructure to house the unit

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

- Due the the small popluation most people involved into the above are permanently employed. -NGOs working in this field are weak, with little funds, expertise, credibility and capacity -Only three NGOs engaged into the National response -Lack of infrastruncture for implementation of activities

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

5

Comments and examples:

All are invited to participate

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

3

c. The national HIV reports?:

2

Comments and examples:

-Very few

4.

a. Developing the national M&E plan?:

5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

5

c. Participate in using data for decision-making?:

5

Comments and examples:

- NGOS are always involved into all planned HIV AIDS strategies nationally

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

2

**Comments and examples:**

- Their efforts are not always specific towards specific targets

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**

5

**b. Adequate technical support to implement its HIV activities?:**

5

**Comments and examples:**

- Opportunities exist nationally, regionally and internationally

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**

<25%

**Men who have sex with men:**

<25%

**People who inject drugs:**

-

**Sex workers:**

<25%

**Transgendered people:**

<25%

**Testing and Counselling:**

25-50%

**Reduction of Stigma and Discrimination:**

25-50%

**Clinical services (ART/OI)\*:**

-

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

5

**Since 2009, what have been key achievements in this area:**

- At least one NGO has started to implement priority activities such as HTC, STIs, men's clinic and other counselling by renting a small room in an infrastructure, which is a very good sign of NOGs participation into the response th

**What challenges remain in this area:**

- Due the the small population most people involved into the above are permanently employed. -NGOs working in this field are weak, with little funds, expertise, credibility and capacity -Only three NGOs engaged into the National response -Lack of infrastructure for implementation of activities

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

**IF YES, describe some examples of when and how this has happened:**

The Seychelles has given its political commitment to all required international obligations by signing treaties, conventions and / or committing itself to various requirements, such as those laid out in political declarations and UNAIDS strategic plans. Hence, the country adheres to principles and targets, such as those of the MDG, the “Three Ones” Principles and “Getting to Zero”, Universal Access and UNGASS Declarations 2001 and 2011. There is also strong symbolic political leadership through the national coordinating organisation is the National AIDS Council (NAC). This organisation is headed by the President who attends all meetings and makes public statements of support to the objectives and programmes of the national response. He has also spoken about the link between HIV and the needs of key populations and vulnerable groups. National media coverage is given to each meeting, with follow-up news items and special programmes on national radio, television and written press. NAC is also being restructured so that it has more power, credibility and resources to coordinate, communicate, monitor and evaluate national programmes. (a) NAC will become a statutory body with an act of parliament to guide its works. The law has been drafted and will be presented to the National Assembly soon. (b) NAC will be based in the Vice-President's office and will have officers taking care of the key priority areas of the national strategic plan (prevention and behaviour

change, treatment and care, impact mitigation and human rights protection, resource mobilisation, and monitoring and evaluation). (c) NAC will coordinate the national response through a variety of multi-sectoral sub-committees to ensure that actions are implemented as per the priority areas of the new national strategic plan. Political leadership is also shown through the creation of the National AIDS Trust Fund which is entirely made up of government provided funds. Both state and non-state actors are able to apply for funding for their projects and programmes. The Fund is administered by locals and membership of the Board includes NGOs. Projects are submitted and scrutinised according to set criteria before selection. Other strong political leadership is indicated through universal access to free treatment and care, including the use of overseas treatment and social welfare assistance to PLHIV. However, stakeholders feel that this might have been even stronger if all leaders and all parties committed themselves openly and publicly to the giving symbolic and/or real support to the national response to HIV and AIDS.

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

The issue has already been discussed in the previous chapters; suffice to say, that much effort has been devoted to ensure that alignment with international and national obligations is maintained, not only in policy documents, but also in implementation of programmes. The new national policy and strategic plan have included robust standards of procedures, service for and behaviour in working with PLHIV, PWID, MSM, SW, migrants and prison inmates, amongst others. NGOs wishing to implement harm reduction activities with any key population group can do so and are able to obtain financial aid from the National AIDS Trust Fund (NATF) and technical assistance from the AIDS Control Programme employees. There are mechanisms available for PLHIV and any other person affected by HIV to seek redress for alleged violations of their rights. There is, however, a need to inform people of their rights and responsibilities.

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

Employment Act, Public Order Bill and the national policy on HIV and AIDS prohibit these discriminatory actions against PLHIV in the workplace.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

-

**Briefly comment on the degree to which they are currently implemented:**

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

2.1. IF YES, for which sub-populations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-  
**People with disabilities:**

-  
**People who inject drugs:**

-  
**Prison inmates:**

-  
**Sex workers:**

-  
**Transgendered people:**

-  
**Women and girls:**

-  
**Young women/young men:**

-  
**Other specific vulnerable subpopulations [write in]:**

**Briefly describe the content of these laws, regulations or policies:**

**Briefly comment on how they pose barriers:**

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

- This is the first National Gender Policy of the Government of Seychelles of 2012, prior to that for the past 3 years, there has been a Gender Based Violence action plan of It signals Government's continued commitment to the attainment of Constitutional rights including gender equality as a corner stone for ending poverty, achieving long-term sustainable social change and meeting the aspirations of the Seychellois especially women and girls who were previously disadvantaged. The Policy is aligned to the key provisions of the SADC Protocol on Gender and Development an all-encompassing sub-regional instrument that sets 28 targets to be achieved by 2015. The SADC Protocol on Gender and Development takes into consideration international and (sub)regional instruments such as the MDGs; Convention for the Elimination of All Forms of Discrimination Against Women CEDAW; Beijing Declaration and Plan of Action; the Commonwealth Plan of Action for Gender Equality 2005-2015, AU Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, AU Solemn Declaration on Gender Equality in Africa, the IOC Gender Policy, COMESA Gender Policy and Gender Mainstreaming Strategy 2008-2012 and the MDGs.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

6.0 National Coordination (page 29) 41. 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.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly describe this mechanism:**

NSP- 2012-2016 - 51. 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.

**6. Does the country have a policy or strategy of free services for the following?**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

All Seychellois citizen

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

All are enshrined into the National HIV/AIDS and STIs policy

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

-

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

Yes

**IF YES on any of the above questions, describe some examples:**

The general observation is that general laws exist on non-discriminations (i.e. as in the country's constitution) which may be used by anybody (through different mechanisms like Ombudsman office, Courts etc) to seek legal redress.

11. In the last 2 years, have there been the following training and/or capacity-building activities?

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

Yes

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

Yes

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

No

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Everybody has been able to access HIV/AIDS services

**What challenges remain in this area:**

Revision and harmonisation of existing laws.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

-

What challenges remain in this area:

-

## B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

**IF YES, how were these specific needs determined?:**

Through evaluation of the NSP 2005-2009

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

N/A

**HIV prevention for out-of-school young people:**

Strongly Agree

**HIV prevention in the workplace:**

Strongly Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Strongly Agree

**IEC on stigma and discrimination reduction:**

Strongly Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Strongly Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

**Since 2009, what have been key achievements in this area:**

Some of the national programmes have been very successful and can be used as examples of best practices. Indeed, standards were maintained and even improved in some areas of programming. These include the following: (a) EMTCT where coverage is 100% in most years for both antenatal and post-natal service delivery for both mother and child, with access to HTC, ART, nutritional support and good follow-up. (b) Universal free (ARVs) treatment for all PLHIV. Recently, the Ministry of Health has acquired a PCR. (c) Blood and blood product safety, with rigorous procedures and measures in place for testing. (d) There is good integration of HIV/AIDS with TB management. Moreover, HTC is also integrated in the health system and it is possible to access services at all entry points in the district and main public health centres. (e) The Ministry of Education has established a curriculum, the Personal and Social Education Programme (PSE) which has its own trained teachers for secondary schools. In this programme, HIV and STIs are addressed in an age-appropriate manner. However, the programme is still not an examinable subject. The various other weaknesses of the programme have been addressed in the new national strategic plan for 2012 to 2016. (f) The Youth Health Centre and partners conduct outreach programmes with integrated HTC in post-secondary institutions. (g) The Social Welfare Agency provides financial assistance to PLHIV who require such. Confidentiality is maintained and the programme is available to all PLHIV without discrimination based on age, gender or race. (h) The Social Development Department has developed a draft national gender policy and a plan of action which include taking into account the power dynamics of relationships and their role in mitigating or exacerbating the impact of HIV and AIDS and how they may also lead to greater incidence of HIV.

**What challenges remain in this area:**

1.Implementation of targeted programmatic actions for key populations 2.Need for more outreach programmes 3.Drop-outs and non-adherence to treatment 4.Client-initiated HTC 5.Sustainability (funding issues) 6.Denial and risk-taking behaviour

## B - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

- Universal access - Free treatment care - Support to all infected or affected based on needs.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

• Much progress has been made in treatment, care and support of PLHIVs, through comprehensive healthcare infrastructure. • Many health and social development issues linked to the Millennium Development Goals have been successfully resolved. • Antiretroviral therapy (ART) has been made available free to all patients who need it since August 2002. Access has been universal every year since then. • Patients are not required to be on medical schemes or private health insurance. • In terms of PMTCT, there is almost 100% access to VCT and nearly all deliveries are done in the presence of a health professional. These are followed by testing of the mothers and children • Mothers are also provided with baby milk free of charge. This is an example of good partnership between the Ministry of health and the private sector

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Strongly Agree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Agree

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

• Much progress has been made in treatment, care and support of PLHIVs, through comprehensive healthcare infrastructure. • Many health and social development issues linked to the Millennium Development Goals have been successfully resolved. • Antiretroviral therapy (ART) has been made available free to all patients who need it since August 2002. Access has been universal every year since then. • Patients are not required to be on medical schemes or private health insurance. • In terms of PMTCT, there is almost 100% access to VCT and nearly all deliveries are done in the presence of a health professional. These are followed by testing of the mothers and children • Mothers are also provided with baby milk free of charge. This is an example of good partnership between the Ministry of health and the private sector

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

- Universal access - Free services and care care - Support to all infected or affected based on needs. - Application of treatment protocols in accordance with WHO standards - No stock out

**What challenges remain in this area:**

- Sustenance of free services

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

Yes

**2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

100%

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

9

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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