

UNAIDS

Global AIDS Monitoring

II. Narrative Report - Seychelles - 2018

Reporting year: 2018

Overview

The HIV epidemic is concentrated among key populations, namely: people who inject drugs (PWID); men who have sex with men (MSM); and female sex workers (FSW); at the moment the main driver of the epidemic is injecting drug use. There were 120 (41F/79M) newly diagnosed cases of HIV in 2018, representing a very small rise from the 112 cases detected in 2017. The number of new AIDS cases recorded in 2018 was 23, a slight increase from the 18 cases recorded in 2017, and 19 people died from AIDS. Only of persons known to be living with HIV were receiving antiretroviral therapy (ART) at the end of 2018 but it is a 10 % improvement compare to last year .

(CDCU, Annual Report, 2018)

The new National Strategic Plan for HIV and AIDS as well as the M&E framework were drafted in 2018.

The first IBBS for the Prison was realized in 2018.

In June 2018, the Ministry of Health indicated to the World Health Organization (WHO) that the country was ready to initiate the validation process of EMTCT of HIV and syphilis.

The Low Threshold Methadone Maintenance Programme has started in May 2018 with 1670 clients out of 2500 estimated IDU.

Self test (OraQuick) was introduced and tested for World AIDS day.

COMMITMENT 1. Ensure that 30 million people living with HIV have access to treatment

A total of 554 or 72% of persons known to be living with HIV were receiving antiretroviral therapy (ART) at the end of 2018. Of those, 91% were virally suppressed.

COMMITMENT 2. Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Of 15 mothers testing positive for HIV during pregnancy, only two children tested positive for HIV.

In June 2018, the Ministry of Health indicated to the World Health Organization (WHO) that the country was ready to initiate the validation process of EMTCT of HIV and syphilis. A scoping mission confirmed that Seychelles was indeed ready to embark on this process. The initiation of the validation process was further endorsed by Cabinet in October 2018.

A National Validation Committee was setup to conduct the EMTCT validation assessment and submitting of a national report. The committee will be convened and chaired by the Ministry of Health. Being responsible for the coordination of the data collection, revision and writing of the country report; and serving as counterpart to the Regional Verification Committee for the revision of reports, planning and implementation of the country validation

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

Post Exposure Prophylaxis (PEP) is accessible to all especially health workers and other service providers exposed to potential HIV positive material; and victims of rape and sexual violence.

Pre – Exposure Prophylaxis (PrEP) is available free of charge but it was used by only 4 clients.

In 2018: 660,000 free condoms and 150000 lubricants were distributed (a total of 10000 condoms and 36000 lubricants in outreach only).

The NSP programme was scaled down to 13760 syringes/needles distributed due to the Low Threshold Methadone Maintenance Programme which has started in May 2018 with 1670 clients out of 2500 estimated IDU.

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

A study on intimate partner violence was conducted in 2017 but did not address key issues raised in the GAM.

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

Results of a youth survey conducted in 2015 were discussed at national level.

A new KAP survey on adolescent sexual behaviour needs to be conducted in the foreseeable future.

Public Health Authority (PHA) three Facebook pages had over 10,000 Social media followers and a reach of over 3000 young people. They attracted 5000 unique visitors and approximately 4000 pages were views each month.

PHA through the creation of the HIV / AIDS Prevention Task Force were able to conduct talk in school, on TV and radio as well as large activities especially the Kondomize one at the University.

COMMITMENT 6. Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

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

COMMITMENT 7. Ensure that at least 30% of all service delivery is community-led by 2020

The drafting of the new National HIV and AIDS Strategic Plan 2019-2023 with its M&E framework were conducted in 2018 by a international consultant with the help of UNAIDS. Many consultations were organized with different stakeholders and the document was validated by a large panel of stakeholders, including key populations.

A number of community activities were organized to commemorate World AIDS Day 2018 including HTC in different Communities.

The community led approach will be a key strategy in implementation of services and other interventions in the new HIV and AIDS Strategic Plan 2019-2023.

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

Over 95% of HIV and AIDS interventions are funded from domestic sources.

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

Human rights and reduction of violence, stigma and discrimination are main interventions in the "National Action Plan to remove legal barriers" developed with the assistance of ARASA and UNDP in February 2017.

Subsequently, a workshop funded by ARASA and the national AIDS Council was held with key populations and an operational plan was drafted.

All the recommendations from the above were included in the new National Strategic Plan 2019-2023.

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

All persons testing positive are tested for TB and vice-versa.

All HIV positive women are offered a Pap Smear test.

All HIV positive persons are asked about drug use and tested for Hepatitis B and C. Newly diagnosed cases of both HIV and HCV are on the rise. Injecting drug use appears to be driving both epidemics. A series of integrated bio-behavioural surveys (IBBS) were conducted in the last 10 years to understand risk and health seeking behaviours linked to HIV and HCV. The IBBS done in 2017 among PWIDs revealed an increase from 1700 to 2500 PWIDs. Past surveys among MSM and FSW, and also the KAPB study revealed early sexual debut and low condom use during sex with casual and steady partners by both general and key populations.

(THE HEALTH OF OUR NATION, Annual Health Sector Report, 2017)

People centered system is a pillar of the new Strategic Plan and the different organizations: Ministry of Health, APDAR, the NGOs, will be working as a team to form the People Centered System.