



Republic of Seychelles

DRAFT

**National HIV/AIDS Strategic Plan
2005-2009**

Ministry of Health
2005

FOREWORD

LIST OF CONTENTS

(Page numbers)

FOREWORD	1
LIST OF CONTENTS	2
LIST OF FIGURES.....	5
LIST OF ANNEXES.....	5
ACKNOWLEDGMENTS.....	6
EXECUTIVE SUMMARY	7
1 INTRODUCTION.....	10
2 CONTEXT	11
3 THE STRATEGIC PLANNING PROCESS	13
4 THE SITUATION ANALYSIS.....	15
5 THE RESPONSE ANALYSIS	20
6 MAIN ACHIEVEMENTS AND CHALLENGES	27
7 GUIDING PRINCIPLES.....	28
8 JUSTIFICATION FOR THE STRATEGIC PLAN	29
9 STRATEGIC FRAMEWORK.....	32
10 IMPLEMENTING BODIES	50
11 INSTITUTIONAL FRAMEWORK.....	55
12 FUNDING AND BUDGET.....	60
13 MONITORING AND EVALUATION.....	62
14 ANNEXES.....	64
15 LIST OF REFERENCES	80

LIST OF ABBREVIATIONS

ACP	AIDS Control Programme
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic / Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
ASFF	Alliance of Solidarity For The Family
APRP	Association for the Promotion Of Responsible Parenthood
CBO	Community-Based Organisation
CDCU	Communicable Diseases Control Unit
CSW	Commercial Sex Workers
FAHA	Faith And Hope Association
FBO	Faith-Based Organisation
FEAS	Federation of Employers'Associations of Seychelles
GDP	Gross Domestic Product
GNP	Gross National Product
HAART	Highly Active Antiretroviral Therapy
HASO	HIV/AIDS Support Organisation
HCW	Health Care Worker
HDI	Human Development Index
HIPC	Heavily Indebted Poor Country
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IOC	Indian Ocean Commission
ILO	International Labour Organisation
IPS	International Pharmaceutical Services
KAP	Knowledge, Attitudes and Practices
LUNGOS	Liaison Unit for Non-Governmental Organisations
M&E	Monitoring and Evaluation
MAM	Ministry of Administration and Manpower
MENR	Ministry of Environment and Natural Resources
MEP	Ministry of Economic Planning
MFA	Ministry of Foreign Affairs
MLGCS	Ministry of Local Government, Culture and Sports
MLUH	Ministry of Land Use and Habitat
MNA	Member of People's Assembly
MOEY	Ministry of Education and Youth
MOF	Ministry of Finance
MOH	Ministry of Health
MSAE	Ministry of Social Affairs and Employment
MTT	Ministry of Tourism and Transport
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NAC	National AIDS Council
NATF	National AIDS Trust Fund
NCC	National Council For Children
NGO	Non-Governmental Organisation
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PLWHA	Persons Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PSE	Personal and Social Education
RGF	Rajiv Gandhi Foundation
SBC	Seychelles Broadcasting Corporation
SCCI	Seychelles Chamber of Commerce and Industry
SFWU	Seychelles Federation of Workers' Unions
SIDS	Small Island Developing State
SMA	Seychelles Media Association
SPDF	Seychelles People's Defense Forces
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation

UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
UNTG	United Nations Theme Group for HIV/AIDS
WHO	World Health Organization

LIST OF FIGURES

- Figure 1. Cumulative number of HIV infections, AIDS cases and related deaths (1987-2003)
- Figure 2. HIV distribution by Age and Sex (n=171)
- Figure 3. Percentage of total HIV reported cases by age group 1987-2003
- Figure 4. AIDS Mortality by Labour Group
- Figure 5. Modes of HIV transmission (1987-2003)
- Figure 6. Reported Sexually Transmitted Infections in CDCU (1998-2003)
- Figure 7. Percentage of reported abortions per reported pregnancies (1987-2003)
- Figure 8. Main national and international agencies involved in national responses to HIV/AIDS, and their main programmes
- Figure 9. Framework for HIV/AIDS/STI prevention, care and control activities in the Seychelles

LIST OF ANNEXES

Annex 1: List of Participants of Sectors and Major Contributors to the Strategic Planning Process

Annex 2: Members of National Committees and Bodies

Annex 3: Mapping Directory

List of all contributors to HIV/AIDS efforts in Seychelles by Programme Area

**Annex 4: Seychelles National Strategic Plan Formulation: PROBLEM TREE
Increasing trend of new HIV infection amongst youth in Seychelles**

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Alliance of Solidarity For the Family
Anglican Diocese
Attorney General's Chambers
Faith and Hope Association
Liaison Unit of Non-Governmental Organisations
Ministry of Education and Youth
Ministry of Finance
Ministry of Foreign Affairs
Ministry of Health
Ministry of Local Government, Sports and Culture
Ministry of Social Affairs & Employment
Roman Catholic Church
Seychelles Federation of Workers' Unions
World Health Organisation

EXECUTIVE SUMMARY

HIV/AIDS remains one of the most significant development challenges today and clearly there is still much to be done to slow down the spread of the infection, and deal with the consequences of AIDS. Fortunately, the experience of responses to the pandemic over the past twenty years has shown that there are many approaches that either work or probably work

The Seychelles' response to the pandemic dates back to 1987 when the first HIV infection was detected. This includes a short term plan of 1987 to 1988, a medium term plan of 1989 to 1993, thereafter ongoing annual plans, and a strategic plan for HIV/AIDS/STIs in 2001. The surveillance of the epidemic is conducted at sentinel points of Communicable Disease Control Unit, antenatal clinics, Occupational Health Unit and the blood bank in the Ministry of Health and reveals that there is an increasing trend in HIV infections. As at June 2004, 188 persons have been tested positive for HIV infections and 51 patients have already died of AIDS. Though the number appears to be low, the potential for an outbreak is present. Several risk factors have been associated with increased risk of HIV infection.

The current HIV/AIDS programmes aim at the primary prevention of HIV infection, and the provision of care and support to those already infected or affected. These encompass sensitization and education through IEC activities, PMTCT, VCT, surveillance, blood screening and safety, accessibility to post exposure prophylaxis, provision of ARVs, treatment of opportunistic infections, and support of PLWHAs.

A KAP study conducted in 2003 among the general population aged 15 to 65 years revealed that even if the knowledge base on HIV/AIDS and STIs was high, negative attitudes related to discrimination of people infected or affected with HIV/AIDS still prevail, and behaviours in relation to HIV/AIDS were risky. Of those who reported having sex with commercial sex partners only 32% used the condom.

All the aforementioned findings reported above form the basis on which the National Strategic Plan was developed. With the assistance of UNAIDS, WHO, UNDP, Indian Ocean HIV/AIDS Initiative and the AIDS Division of Ministry of Health in Mauritius, the 2001 Strategic Plan was revitalised. A three-day workshop in August 2003 brought together representatives from various ministries, NGOs and FBOs. During the formulation process, five key points were considered.

- **Focus** – ensuring that interventions are targeted to individuals and groups that have the most significant effect on the epidemic dynamics. The age group 15 to 34 has been selected with special attention of the CSWs and MSM.
- **Coverage** – ensuring that as many key people and groups as possible are reached. In the development of the plan, a broad based multisectoral and multidisciplinary approach was used to develop effective and collective responses.
- **Quality** – in using a wide based approach contextual situations and group norms have been considered.
- **Sustainability** – this issue has been seen as crucial in ensuring successful political, financial and technical support by all sectors of society in the implementation of short, medium and long term interventions
- **Impact** – due attention has been given so that there is a balance of focus, coverage, quality and sustainability, thus maximizing the potential impact.

For implementation of the Strategic Plan the existing structures were revisited with the creation of a more efficient institutional framework. The NAC will be a legislative multisectoral body functioning at the highest level with the President or Vice-President as Chairperson. A Strategic Plan Steering Committee, chaired by the Principal Secretary of Health, also multisectoral and multidisciplinary, will have the overall responsibility to suggest and recommend plans of action and advise the NAC on issues relating to HIV/AIDS.

Other structures will function at district and sectoral levels as District Social Committee and Sectoral Working groups respectively. The former already exists and the institutional framework proposes that HIV/AIDS becomes a standing agenda item to discuss and report on strategic issues of national and district importance. They will be responsible for the implementation of programmes and projects. The nucleus of the framework will be the NAC Secretariat, which will bring issues to NAC and SPSC.

Financial and human resources have generally been major constraints in implementing any plan. Accordingly, human, financial, material and technological resources have been taken into consideration in the costing and budgeting of the National Strategic plan. **A total of US\$ 16,708,250 reflects the overhead costs.** This will be shared amongst the Government through its regular budget for goods and services, the private sector, NGOs, the civil society and other institutions through resource mobilization.

The National Strategic Plan was validated at a one day workshop by all stakeholders on -----

1 INTRODUCTION

During the last two decades, the HIV pandemic has entered our consciousness as an incomprehensible calamity. HIV/AIDS has claimed millions of lives, inflicting pain and grief, causing fear and uncertainty, and threatening the world economy.

According to recent statistics by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), the impact of the epidemic on the economy is already being felt in most countries. Life expectancy has been significantly reduced as many people in the 15-49 years age group are now dying of AIDS.

The national strategic plan is intended to guide the country's response to the epidemic. It is not a plan for the health sector specifically as no single sector, will by itself overcome the HIV/AIDS epidemic. All government departments, organisations and stakeholders will use this framework as a basis to develop their own plans thus ensuring a well coordinated effective and efficient response.

At the dawn of the new millennium on 8th September 2000, 147 heads of state and government representing 191 nations, resolved to, by the year 2015, halt, and begin to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity; and to provide special assistance to children orphaned by HIV/AIDS (United Nations Millennium Declaration para. III.19).

On 25th – 27th June 2001, Heads of States and representatives of governments met at the United Nations General Assembly Special Session (UNGASS) dedicated to HIV/AIDS. The historical meeting recognising the HIV/AIDS epidemic as both a security and development problem highlighted that the HIV/AIDS situation is **urgent**, a '**global crisis**' requiring '**global action**' and unprecedented global commitment and mobilisation. The Declaration of Commitment on HIV/AIDS agreed by 189 countries, is a clear statement by governments of what they are committed to accomplishing by taking action through strong leadership at global, regional and national levels.

At national level, governments committed themselves to

- *By 2003, implement multisectoral strategies and finance plans that: confront silence, denial, stigma and discrimination; involve civil society, business, people living with HIV/AIDS, vulnerable groups, women and young people; are resourced as much as possible by national budgets; address human rights, gender, age, risk, vulnerability, prevention, care, treatment, support and reduction of impact; and strengthen health, education and legal systems (Declaration of Commitment on HIV/AIDS para. 37.).*
- *By 2003, integrate prevention, care, treatment, support, and mitigation priorities into development planning (Declaration of Commitment on HIV/AIDS para.38.).*

2 CONTEXT

Seychelles is one of the countries committed to taking action against HIV/AIDS.

The Ministry of Health leads the HIV/AIDS fight since the detection of the first case of HIV infection in 1987. Government commitment has been expressed through the creation of the national AIDS programme, adoption of a National Policy endorsed by the President, creation of the National AIDS Council and National AIDS Trust Fund, funding of activities by government and external resources, and adherences to international convention and principles including the UNGASS declaration. However, currently the fight is still mainly perceived as a health issue and the need for a significant move to a multisectoral approach cannot be overemphasized.

HIV/AIDS presents a real and surmountable challenge for Seychelles. Despite its status as middle-income country, and small island state, the HIV/AIDS situation in Seychelles requires continued attention from both its government and the international community. The pandemic will not only have a social impact but also an economic impact at the individual and national levels as the country will most feel the brunt of providing medical care for those infected, and losing human resources (especially those who are economically active).

2.1. Demography

The estimated mid-year (2003) population for Seychelles was 79,879. Adult (15-64 years) population of the same time was 53,180 (67%). The male:female ratio at all ages in 2003 was 91:100. The Total Fertility Rate in 2003 was 2.04. The mean age of childbearing was 26.5 years and the mean age at first marriage was 32 years for male and 30 years for female.

2.2. Political System

Seychelles is a multiparty democracy politically divided into 25 districts, with central government led by a President. Appointed district administrators accountable to the Ministry of Local Government deal with social and economic issues at district level. Elected Members of the National Assembly bring forward debates for policy discussion and decision-making by the National Assembly. The Ministry of Finance allocates funds across ministries and sectors according to priority needs.

Relatively high political commitment exists in Seychelles for HIV/AIDS (Global Fund Technical Review Panel 2003). For example, the President contributed to the Foreword of the National AIDS Policy, which was endorsed by the Cabinet in December 2000. The National AIDS Council created in 2000, has representatives from key ministries namely Finance, Education, Health, Employment and Social Affairs, and Foreign Affairs and regularly reports to the Cabinet, advising the Government on HIV/AIDS national strategies and interventions, in accordance to the national policy. The National AIDS Trust Fund was gazetted by the Vice President and Minister of Finance and is chaired by the Principal Secretaries of Health and Finance.

2.3. Economy

Seychelles' economic and social progress since independence has been very remarkable. Accounting to the Human Development Report (2003), Seychelles is currently ranked 36th in the world. However, the economy is very vulnerable due its dependence on two main sectors, tourism (directly contributes 10% to 15% of GDP and two-thirds of foreign exchange receipts) and fisheries, which provide the bulk of national income as well as foreign exchange. Tourism especially is very sensitive to changes in the international economic and political environment. Furthermore, the economy of Seychelles is, to a very large extent, dependent on imports.

According to the 2002 preliminary Population and Housing Census, 86.9% of households have access to piped water, 97.1% to electricity, and 87.5 to flush toilets. About 90% of homes have television, 71% a fixed telephone line and 21% cellular telephone.

The country has been able to achieve relatively high levels of GNP per capita, which rose from US \$ 6,000 in 1994 to over US \$ 8,000 in 2001. However, significant social and economic progress has not led to a total elimination of poverty in the Seychelles. For most of the population, wages and salaries are the most important sources of income (74%), followed by pensions and social security benefits (16%) and self-employment (8%) (Household Income Expenditure survey 199-2000). However, recent economic trends saw the foreign exchange earning not being adequate to sustain the current development momentum, import requirements and the servicing of debt. In a bid to address the situation, the country implemented a “Macro-Economic Reform Programme” in July 2003.

2.4. Health services

Seychelles has a comprehensive health structure, which comprises of 1 central referral hospital, 3 cottage hospitals, 1 rehabilitative hospital, 1 mental hospital, 1 youth health centre and 16 district health centres located throughout the country with a decentralised system of providing basic health services in the community. Equity is a fundamental principle behind the financing and organization of health care system in Seychelles. Government-funded services are free of charge to every citizen and are complemented by a private service system. For 2003, life expectancy at birth was 70.3 years (65 for males and 75.9 years for females) and infant mortality rate was 16.6 per 1,000 births. The whole population has access to basic health care, and yearly immunization coverage against the most common childhood diseases is almost 100%. In 2003, the child mortality rate was estimated at 0.5 per 1,000 children aged 1-4 years compared to 1.1 for 1990. In 2003, the Crude Death Rate was 8.3 per 1,000 population and Maternal Mortality Rate 53.3 per 100,000 live births.

2.5. Law and Human Rights

Seychelles has a policy of all persons to have equal access to prevention and care. The Constitution makes provision for any law, programme or activity, which has as its object the amelioration of the conditions of disadvantaged persons or groups. All research protocols involving human subjects are reviewed and approved by an Ethics Committee. Except for Article 27 of the Constitution, there are no specific laws or regulations that provide against discrimination on any grounds as is otherwise necessary in a democratic society. Homosexuality, commercial sex work and drug abuse are illegal in Seychelles. Social offences, for example, failure to honour payment ordered by Family Tribunal, are punishable by imprisonment.

2.6. Migration, mobility and displacement

There are two types of mobile population entering into Seychelles: tourists and migrant workers. The former stays in Seychelles for a few days or weeks and the latter stays in Seychelles a few years. During the year 2003, 122,038 visitor arrivals were recorded. On the other hand, an average of 6,000 people arrives in Seychelles every year to work in various industries eg construction, fisheries. Seychellois in general travel considerably, and move out of the country for study, business and as tourists. In 2003, there were 1688 long-term departures and 33 378 short-term departures among Seychellois.

2.7. Ethnic and Cultural Background and Religion

Seychelles is a multi-ethnic society, which has its origin on the three continents: Africa, Asia and Europe. The main religion is Christianity and other major religions represented include Hinduism and Islam. Religious belief is respected and seems to have strong influence to the people's values and daily practices. The associations related to religious groups are many and active in social and educational activities.

2.8. Education

Education is free from pre-primary to secondary, and subsidized for tertiary schooling. In general, Seychelles enjoys an estimated 91,5% of adult literacy rate. In 2003, there were 26 primary schools, 3 of which were privately-owned and of the 13 secondary schools, 3 were privately-owned. Post-secondary academic, technical or vocational education is offered in 9 institutions. All children between the ages of 6 and 14 years are enrolled in school.

3 THE STRATEGIC PLANNING PROCESS

All previous HIV/AIDS plans were driven solely by the health sector. As it became clear worldwide that HIV/AIDS is not only a health problem but also a development crisis, the need for a multisectoral approach became more evident.

The development of the National Strategic Plan was initiated by the Government of Seychelles in early 2001 with a view to involve all sectors of society in the fight against HIV/AIDS. However, it was mostly health-driven. With the formation of the NAC in May 2002, the strategic process was facilitated and the draft has been reviewed and amended by a multisectoral team. The process was designed in respect to the UNAIDS guidelines on strategic planning and lessons learned. The process benefited from appropriate technical and financial support from UNAIDS, WHO, UNDP, Government of Mauritius and the Indian Ocean Initiative against HIV/AIDS.

Guidance was obtained through a steering committee comprising of representatives of different ministries and organisations. The situation and response analyses were further facilitated by information based on interviews of relevant stakeholders and review of existing documents. These analyses enabled to identify vulnerability and risk factors, and priority areas for interventions.

The formulation process started during a multisectoral workshop from 12th –15th August 2003. For each priority area, strategic objectives, with target activities, opportunities for implementation and key implementing bodies were identified. Strategies were prioritized in relation to acceptability, feasibility, technical soundness and impact. It was also stressed on the importance of the flexibility of the plan. The workshop was facilitated by the UNAIDS Regional Programme Adviser, WHO Liaison Officer, UNDP/UNAIDS Programme Manager and the National HIV/AIDS Coordinator in Mauritius, who also guided the team to draft the document.

The National Strategic Plan was validated by all stakeholders during a workshop.

Due attention was paid to the following key principles of strategic planning:

- Participatory approach which ensures full involvement and ownership by all relevant stakeholders;
- Determinants-driven planning;
- Prioritisation of problems and strategies based on analysis of trends and current status of the epidemic and the response;
- Relevance to the Millennium Declaration Goals and particularly to the UNGASS Declaration.

The process can be summarised in the following major steps:

- a) Formulation and implementation of the National Policy framework which trigger multisectoral mobilisation;
- b) Resource mobilisation including technical resources;
- c) Information gathering including sectoral reviews and surveys;
- d) Preliminary draft of the national strategic plan by the MOH;
- e) Prioritisation and planning workshops at national, sectoral and community levels;
- f) Costing and Budgeting;
- g) Consultation at political and national levels;
- h) Approval by the cabinet;
- i) Dissemination to all stakeholders.

4 THE SITUATION ANALYSIS

4.1. Current trend of HIV/AIDS epidemic in Seychelles

The data currently available have been compiled from the records of the Communicable Disease Control Unit to which suspected cases from all health facilities are referred for confirmation and case management. These facilities include antenatal clinics, the blood bank, the Occupational Health Unit, hospital services, district health centres and private clinics.

The rate of HIV prevalence has multiplied by 25 in 16 years between 1987 and 2003 (0.44 per 10 000 in 1987 to 10.89 per 10,000 for the year 2003). The number of AIDS cases per 100,000 population has increased almost three-fold between 1993 (0.97) and 2003 (2.75).

4.2. Epidemiological situation of HIV and AIDS epidemic in Seychelles

4.2.1. Introduction

The first recorded HIV infected person in Seychelles was diagnosed in 1987 and the first recognized full-blown AIDS case was reported in 1992⁽¹⁾. Figure 1 shows the cumulative number of HIV infections, AIDS cases and related deaths since the beginning of the epidemic in Seychelles. As at June 2004, 65 patients had been diagnosed with AIDS, while 188 persons were recorded as having been tested positive for HIV infection. Furthermore, 51 persons had died of AIDS related diseases in Seychelles. Antiretroviral therapy has been made available free of charge since August 2002 and currently 35 patients are on HAART.

These figures probably represent only a small proportion of the HIV/AIDS cases that have occurred in the country. An anonymous unlinked HIV prevalence study conducted in 2001 among a population of 1,000 aged 15 to 65 years at sentinel sites (ANC, CDCU, hospital wards, OHU, Blood Bank, SPDF) gave an estimated prevalence of 0.1%. There is a need to strengthen and sustain the surveillance system in order to estimate the magnitude and trends of the epidemic in the country.

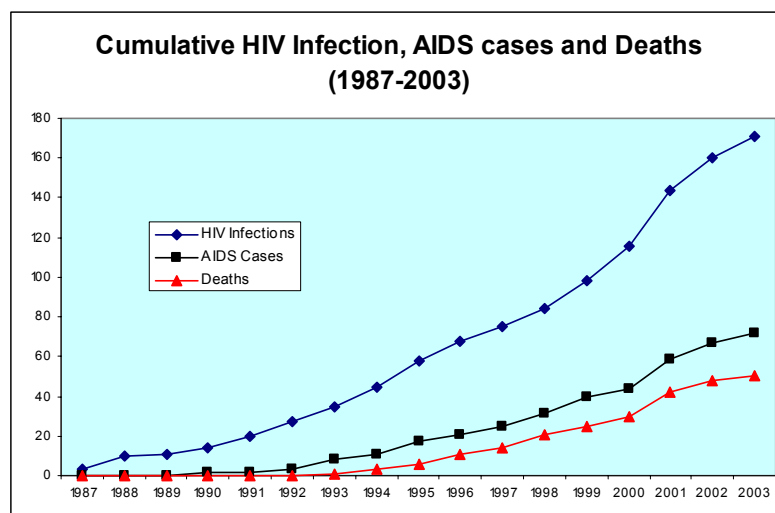


Figure 1. Cumulative number of HIV infections, AIDS cases and related deaths (1987-2003)

4.2.2. Distribution by Age, Sex and Occupation

Figure 2 shows the HIV distribution by age and sex from 1987 to end 2003. The current male: female rate is 1: 0.8. As in most of the countries in the region, the age group 15-49 years old is the most affected (89 %) [see Figure 3]. However, there are more infected girls (15-19 years old) and women (25-29 years old), compared to men. The peak age for males is 30-34 years old. Approximately 5 % of the HIV diagnosed cases are among children below 9 years old.

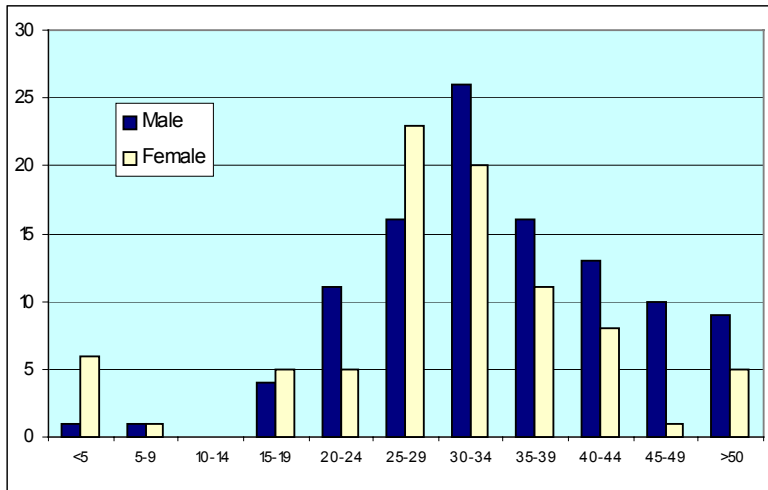


Figure 2. HIV distribution by Age and Sex 1987-August 2004 (n=192)

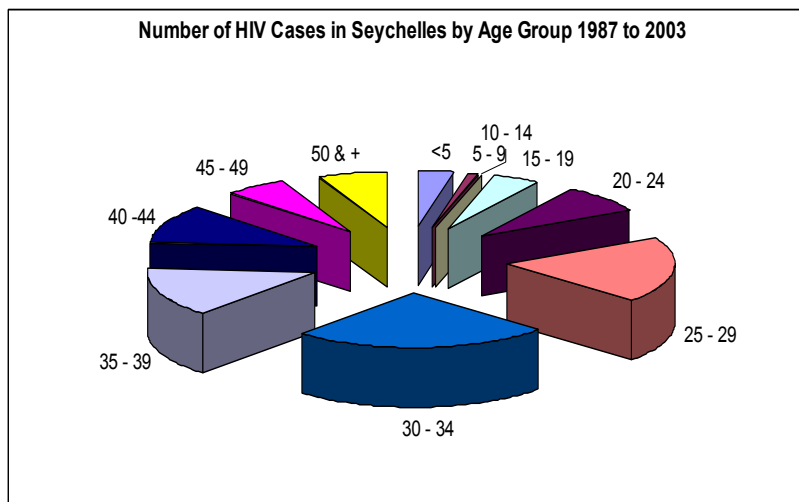


Figure 3. Percentage of total HIV reported cases by age group 1987-2003

As at June 2003, approximately 28% of AIDS associated deaths were in skilled workers, 23% in professionals, 26% in unskilled persons and 23% unemployed or of unknown employment. Among the reported deaths, the most affected age group has been the 20-44 years, the reproductive and most economically productive population.

Figure 4 shows mortality due to AIDS related causes in Seychelles from 1987 to 2003.

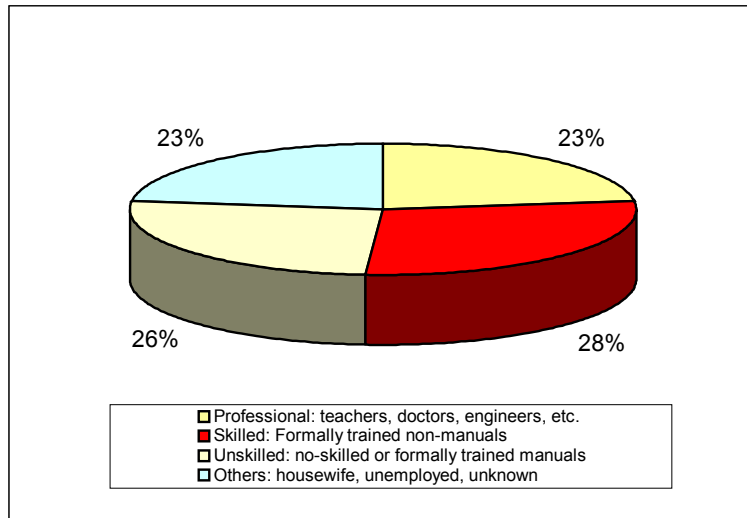


Figure 4. AIDS Mortality by Labour Group 1987-2003

4.2.3. Modes of transmission

The majority (85%) of the reported HIV infected persons are Seychellois. The modes of transmission of all HIV/AIDS reported cases (1987-2003) are presented in Figure 5. The most frequent was heterosexual (70%) followed by combined homo/bisexual (25%) and mother-to-child transmission (5%). Only one single case of intravenous drug use was confirmed.

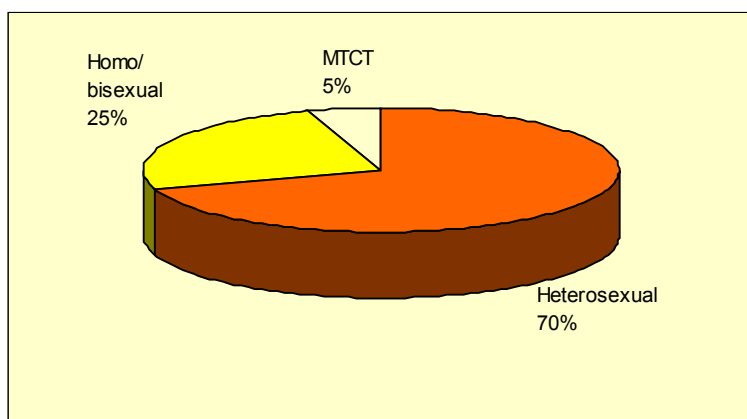


Figure 5. Modes of HIV transmission (1987-2003)

4.2.4. Sexually-transmitted infections

Worldwide studies have shown that the number of STI cases is an indicator of trends in HIV infection. Figure 6 shows the reported STIs (excluding HIV and AIDS) in CDCU since 1998. In 2001, there was a sharp increase in STIs compared to the previous year while in the two following years there was a decrease in the number of reported cases. However, this may not reflect the true magnitude of STIs in the country as patients are known to seek treatment in district health facilities and private practices, which may not necessarily be reported centrally. In 2001, 11% of the reported sexually infectious diseases were among adolescents aged 15-19 years old. By 2003, the figure had risen to 16%.

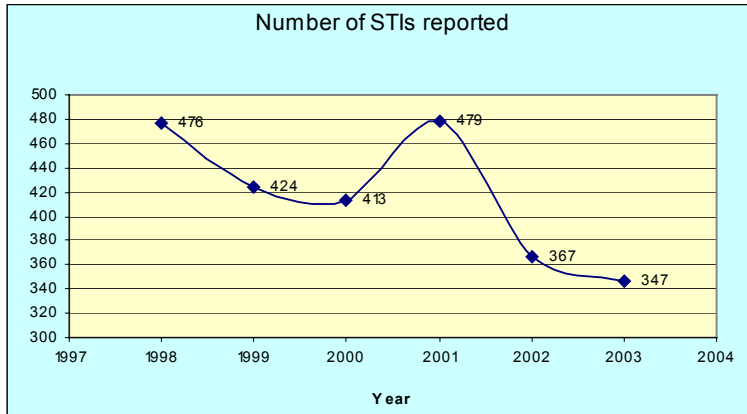


Figure 6. Reported Sexually Transmitted Infections in CDCU (1998-2003)

4.2.5. Pregnancies and abortions

From 1999 up to December 2003, a total of 2,394 abortions were recorded at the Victoria hospital where almost all abortion cases are admitted. Figure 7 presents the percentage of total recorded pregnancies that ended in abortions (elective, septic, induced and other type of abortions) per reported pregnancies from 1987 to 2003 in Seychelles. Out of 460 abortions reported in hospitals in 2002, approximately 81% were reported as unsafe. An average of 40 abortions per month has been reported in the past 5 years, almost 1.3 per day. The abortion rate in Seychelles for 2003 was estimated at 22 per 1,000 women aged 15-44 years old. From 2000 to 2003, 18% of abortions were among adolescents below 19 years. These data show that there is unprotected sex practiced, which is a major risk for HIV infection.

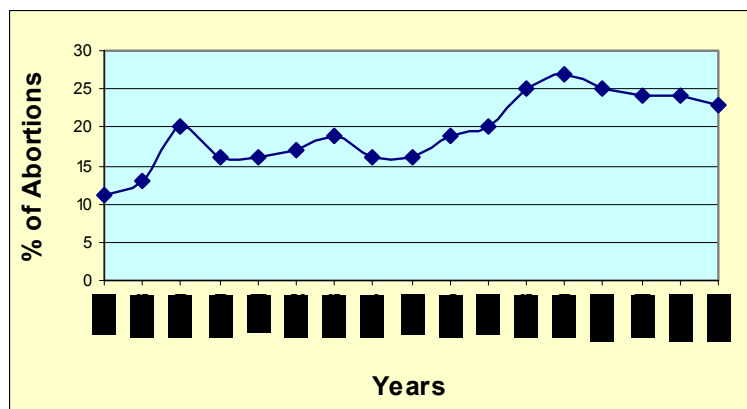


Figure 7. Percentage of reported abortions per reported pregnancies (1987-2003)

4.2.6. Knowledge, Attitudes and Practices related to HIV/AIDS among the Seychellois population

A study on knowledge, attitudes and practices (KAP) conducted in January-February 2003 was designed to evaluate the current level of knowledge, attitudes and practices among the Seychellois population from 15-65 years old. A questionnaire pre-tested, anonymous unlinked was administered.

Out of 2,000 persons randomly and proportionally selected based on the population distribution from Mahé, Praslin, La Digue and Silhouette from 26 health districts, 1,706 voluntarily participated.

Males and females were comparable in most of the socio-demographic indicators. The mean age of the respondents was 35.6. Ninety nine percent of the respondents had heard about HIV/AIDS. However, several misconceptions still exist concerning the HIV modes of transmission. Strong association was found between correct attitudes and the level of knowledge of the respondents.

Negative attitudes related to discrimination of people infected or affected with HIV and AIDS are still prevalent. Apart from respondents who were married or living with a regular partner, 81% had experienced sexual intercourse. The median age at first sexual intercourse was 17 years for males and 18 years for females. Males reported more frequently commercial sexual intercourse compared with females ($p=0.0000$). Genital discharge was reported in 2% of the cases and genital ulcers in 1%. Among those who reported having had sex with commercial sexual partners in the past month, 32% (18/56) did not use condoms, mainly due to the fact that they did not like it (45%). Only 2% (39/1692) of respondents did not know a place where condoms could be obtained. The most reported source of information related to male and female condoms was television (54%), radio (18%) and health centres (8%).

The results demonstrate that although the level of information on STI, HIV and AIDS is high, misconceptions still persist. Wrong attitudes and behaviours relating to the disease need to be analysed in a multi-sectoral context, to improve the health education strategies, particularly among youth.

4.3. Underlying causes of the epidemic

4.3.1. Major driving forces behind the epidemic

Although there has not been any formal studies on the major forces underpinning the dynamics of the epidemic in Seychelles, available data and the consensus arising from the national prioritisation and planning workshop held from 12th to 14th August 2003 suggest that the increasing trend of the epidemic in Seychelles may be rooted in economic, social and cultural factors. Among those, family instability and the weakness of the Personal and Social Education Programme (Ministry of Education and Youth) in implementing appropriate sexual and life skills education seem to be the most prominent. These factors are reinforced by widespread discrimination and stigmatisation against PLWHAs, poor perception of vulnerability associated to sexual taboos, early sexual intercourse, unprotected sex, limited accessibility and acceptability of condoms, increased trends of substance abuse particularly among youth.

4.3.2. Vulnerability factors

Vulnerability factors are summarized in the Problem Trees designed by workshop participants in the strategic planning formulation (**Please see Annex**).

The underlying socio-economic and cultural factors include

- material need and materialism;
- alcohol abuse and illicit drug use;

- high degree of migration;
- informal commercial sex work;
- gender inequality, especially in sexual behaviour;
- risky sexual practices;
- inadequacy of information, education and communication, including the media;
- knowledge not being translated into appropriate change in behaviour;
- denial;
- stigma and discrimination.

4.4. Current impact of the epidemic and potential threats

If the HIV/AIDS epidemic is allowed to continue to spread in Seychelles, the consequences are likely to be disastrous and will reverse the socioeconomic achievements attained so far. Current trends indicate the likely impact to be in the following areas:

- Increasing number of PLWHAs, especially in the 15-49 age groups, with related socioeconomic impact;
- Increasing number of babies born to HIV positive mothers;
- Additional burden on MOH resources eg expenditure on antiretroviral therapy and costs of support services replacing other programmes, as well as social services;
- Increased hospital bed occupancy rate;
- Increasing number of orphans;
- Associated stigmatization and discrimination.

5 THE RESPONSE ANALYSIS

5.1 Government response (health and other sectors)

a) Policy, programme and funding

The Seychelles effort to combat HIV/AIDS began in 1987 on discovery of the first HIV case. The Ministry of Health, in particular, has developed some strategies to prevent and control HIV/AIDS and other sexually transmitted infections since the late eighties. These have been

- A Short-Term Plan (1987-1988);
- A Medium-Term Plan (1989-1993);
- A Long-Term Plan (1993 and beyond);
- A Strategic Plan for HIV/AIDS/STIs in 2001.

An AIDS-IEC Committee was formed in 1988 within the Ministry of Health and supported by the Technical Advisory Committee for HIV/AIDS/STIs a year later. Following a workshop on AIDS counselling in 1991, the first non-governmental organization to deal with HIV/AIDS, the HIV/AIDS Support Organisation (HASO) was born and later registered in 1995. An expanded UN Theme Group for HIV/AIDS was created in 1996 by the resident WHO Liaison Officer.

The goals of these committees were to

- prevent HIV transmission;

- reduce the personal and social impact of HIV infection;
- mobilise and unify international and local resources.

The real difference, however, came with the “Break the Silence” Campaign initiated by the Durban World AIDS Conference in 2000. A national policy was developed and publicized at a country level and a multisectoral approach and community mobilization promoted.

Despite numerous activities taking place at all levels, there is a need for coordination among the different stakeholders as well as within the different sectors. A directory mapping out all interventions, funded by UNDP, has been created to facilitate harmonisation. (Please see Annex). In February 2004, a network of NGOs including PLWA associations, the Seychelles HIV/AIDS Links Association (SHALA) was officially launched under the blessing of the East African National Network of AIDS Service Organisations (EANNASO).

There is increased evidence of community action with activities taking place at district level organised by different stakeholders in the areas. One example is World AIDS Day where a number of events are organised by the district administration together with the local health centre and schools. However, there is a need to develop district plans and to ascertain access of funds to the communities.

The response so far in terms of policy, programme and resources by government, civil society, bilateral, and multilateral agencies is illustrated in the table below.

Figure 8. shows the main national and international agencies involved in national responses to HIV/AIDS, and their main programmes

Figure 8. Main national and international agencies involved in national responses to HIV/AIDS, and their main programmes

Name of Agency	Main programs	Budget 2002-3 (US\$)
Government		
1. Ministry of Health (MOH)	Comprehensive Prevention and Care programmes Clinical Care / Counselling Laboratory Support Programmes Nutritional advice Promoting safe sexual behaviour Condom distribution STI Management / Control Blood Safety Policy initiation and review IEC Community Services	200,000
2. Ministry of Social Affairs and Employment (MSAE)	Care/Support Mitigation of impact Contribution to workplace policy	88,000
3. Ministry of Education and Youth (MOEY)	Comprehensive Prevention programmes in school and out of school youth	20,000
4. Ministry of Local Government and Sports	Community Activities /IEC	Not specified
5. Ministry of Defence	Resource Mobilisation IEC	Not specified
6. Ministry of Transport and Tourism	Workplace IEC	Not specified
7. Ministry of Environment	Workplace IEC	Not specified
8. Ministry of Agriculture	Workplace IEC	Not specified
9. Ministry of Foreign Affairs	Resource Mobilisation Regional / International Networking	Not specified

Private Sector		57,000
<ol style="list-style-type: none"> 1. Seychelles Breweries 2. Federation of Employers 3. Cable and Wireless 4. Barclays Bank 5. Berjaya Hotels 6. Deepam's Cinema 	<p>IEC, Resource Mobilization Policy Development; IEC IEC, Resource Mobilization Resource Mobilization Resource Mobilization IEC</p>	<p>10,000 3,000 20,000 20,000 2,000 2,000</p>
Parastatals		12,000
<ol style="list-style-type: none"> 1. Seychelles Broadcasting Corporation (SBC) 2. Air Seychelles 3. Seychelles Marketing Board 	<p>IEC Care/Support/ Prevention Drug Procurement</p>	
Non-Governmental Organizations	Prevention, Care & Support	75,000
<ol style="list-style-type: none"> 1. HIV/AIDS Support Organization (HASO) 2. Faith and Hope Association (FAHA) 3. Alliance of Solidarity For the Family (ASFF) 4. Help for Bella Campaign 5. National Council for Children (NCC) 6. Soroptimists 7. Farmers' Association 8. Rajiv Gandhi Foundation 9. Red Cross 10. The Rotary 11. Nurses' Association of Seychelles 12. Seychelles Medical and Dental Association 13. Drug and Alcohol Council 14. Ex-UK Students Association 	<p>} Mitigation of impact } Condom Distribution Promoting safer sexual behaviour, Care & Support } Care & Support Mitigation of impact IEC / Promoting safer sexual behaviour in children</p> <p>IEC Youth IEC IEC / Fund Raising Condom Distribution / IEC IEC IEC / Sensitization IEC Drug/Alcohol Surveillance and Control IEC</p>	

Faith-Based organizations	IEC, Care and Counseling	Not specified
Roman Catholic Church Anglican Diocese Seychelles Evangelical Alliance (SEA) Seventh day Adventist Church Jehovah's Witnesses Christian Community Fellowship Apostolic Church FEBA Radio Muslim Community Hindu Community Others		
Bilateral	IEC/Care & Support	400,000
French Cooperation	Care & Support; Capacity Building	350,000
Indian High Commission	IEC, Care & Support	50,000
Multilateral		At least 220,000
UN Agencies		
□ WHO	Prevention, Care & Support Policy Development	94,000
□ UNDP/UNAIDS	Prevention, Care & Support, Policy Advice; Strategic Planning	74,000
□ UNFPA	Prevention, Care & Support	37,000
□ UNESCO	IEC	6,000
□ ILO	Policy Development; IEC	9,000
SADC	Capacity Building	Not available
Commonwealth ECSA	Capacity Building Policy Development	Not available

5.2 Structures in place for coordination

It is well known that in countries that have had significant successes in slowing down or reversing the trends in HIV infection, the key elements contributing to the successes have been consistent interest and commitment at the highest levels of leadership, and persistent action by all groups in society, including people living with HIV/AIDS. The following committees are presently in place. Membership of some of these bodies is found in Annex 2.

The National AIDS Council (NAC) was launched on 24th May 2002 and has met on several occasions since. It has been appointed the Country Coordinating Mechanism (CCM) for the Global Fund Proposal. Other important items on the agenda have been: Legislation and regulations; Working Groups by the different sectors; Counseling needs; National AIDS Trust Fund; Antiretroviral therapy; Specific individual needs of PLWHAs; Stigma and Discrimination. The NAC reports to the Cabinet through the Minister for Health.

The National AIDS Trust Fund was created for massive mobilisation of resources for prevention through education, information and communication, control through well established public health measures and caring through clinical services and support for those infected and affected. Since its launching on 11th October 2002, the Fund has raised over SR 200 000. Its terms of reference are:

1. To create national interest and commitment for the prevention and control of HIV and AIDS and the care of those infected and affected;
2. To mobilise resources for HIV/AIDS programmes;
3. To promote and support national programmes on HIV/AIDS

The Technical Advisory Committee for HIV/AIDS in the Ministry of Health meets fortnightly to discuss issues pertaining to care and support, testing, treatment, surveillance and other guidelines. Main issues are research and surveillance; care and counselling; Blood Safety; Provision and Difficulties with antiretroviral therapy; Resource mobilisation; STI management; community activities; IEC; laboratory; and others eg Contact Tracing; Confidentiality.

The AIDS-IEC is a multisectoral sub-committee of the TAC, launched in 1988 with a mandate to develop a national strategy for dissemination of HIV/AIDS information and an integrated approach to IEC within the Ministry of Health and other sectors.

The AIDS Prevention and Control Programme (also referred to as AIDS Programme) is a unit with full-time AIDS Programme Manager and secretary under the Division of Health Education and Promotion in the Ministry of Health. It is heavily reliant on the Health Promotion Section, with a full-time AIDS-IEC Coordinator. It is responsible for advocacy and prevention aspects of HIV/AIDS, reaching a wider community. However, it is much involved in planning, facilitation, coordination, implementation, monitoring and evaluation of activities. The section has received assistance from WHO, UNAIDS and UNDP officials. The AIDS Programme also holds the NAC Secretariat.

The Expanded UN Theme Group was launched in 1996 and meets every two months. The UN Theme Group has managed to survive a few setbacks. Together with the TAC, the UN Theme Group has been the task force in planning national activities eg Global Fund Proposal and World AIDS Day activities. It is chaired by WHO and co-chaired by the Ministry of Health. The main objectives of the UN Theme Group are advocacy and resource mobilisation. The UN Theme group does not have a budget. Activities are implemented by MOH and other agencies.

The Faith-Based Organisations (FBOs) meet at least quarterly with the AIDS Programme to discuss activities and share experiences. All FBOs are invited to attend.

The Social Services Committee comprises of representatives from Ministry of Social Affairs and Employment, Social Security Scheme, CDCU, AIDS Programme, Medical Social Worker, Representatives of Medical Ward and North East Point Hospital, HASO and FAHA. It discusses and sorts out problems related to social services, for example, financial benefits, home care and employment issues.

Focal persons are in contact for dialogue between organizations and the AIDS Programme and can be co-opted on any committee as necessary.

The Seychelles HIV/AIDS Links Association, launched in February 2004, is a network of eleven NGOs involved in the HIV/AIDS response. It is affiliated to the East African National Network of AIDS Service Organisations.

6 MAIN ACHIEVEMENTS AND CHALLENGES

A review of the national response for HIV/AIDS/STIs was conducted in April 2003 in line with the UNGASS report. This document, together with contributions from participants at the strategic planning workshop, indicated the following achievements and challenges in the Seychelles' response to the epidemic:

6.1. Achievements

- High level of awareness and knowledge of HIV/AIDS among the population;
- Noticeable improvement in the political climate and commitment to HIV/AIDS prevention and control;
- National Policy on HIV/AIDS/STIs;
- Strengthened multisectoral approach;
- Involvement of religious bodies in sensitisation programmes;
- Ongoing surveillance in CDCU;
- Safe blood transfusion: No documented case of HIV acquired through transfusion;
- Improved access to voluntary counselling and testing to include pregnant women, STI and TB patients;
- Strengthening of programme for prevention of mother-to-child transmission;
- Introduction and sustenance of programme for post-exposure prophylaxis;
- Increase in condom promotion and distribution in recent years;
- Improved management of STIs and adoption of the syndromic approach in district health centres;
- Better management of opportunistic diseases;
- Introduction of antiretroviral therapy;
- HIV testing of immigrants;
- Addressing of early sex issue: (PSE curriculum, Parenting education manual, NCC living values, Capacity Building, "Sex not yet" Campaign, Involvement of FBOs);
- Enforcement of existing laws and policies: (Family Tribunal, Child Protection Act, Substance Abuse Workplan 2002-2006, ILO Code of Practice, Revised Public Health Act);
- Regional networking of partners (eg NGO training through Indian Ocean Initiative).

6.2. Gaps/Challenges

- Need for further translation of political commitment to action in HIV/AIDS control efforts;
- Persistent risky behaviour such as sexual relationship with multiple partners and unprotected sex despite a reportedly high level of awareness of HIV/AIDS;
- Alcohol and drug abuse;
- Inadequacy and poor coordination of youth prevention programmes and insufficiency of youth friendly facilities;
- Limited IEC materials targeted at youth and other vulnerable groups;
- Inadequacy of media involvement;
- Insufficient research, dissemination and use of research results for decision making;
- Secrecy, lack of openness and denial of the HIV/AIDS problem in Seychelles;
- Persistent widespread stigma and discrimination surrounding HIV/AIDS;
- Lack of organised and consistent HIV/AIDS/STI surveillance activities;
- Inadequate monitoring and evaluation of intervention activities;
- Inadequate and ineffective involvement and coordination of all sectors including other ministries, civil society and private sector;
- Limited human and financial resources at all levels;
- Frequent staff movement and turnover;
- Inadequacy of continuum of care between hospital and community;
- Insufficient condom outlets;
- Lack of guidelines and operational plans at district administration level;
- No protocol for certain aspects of care and counselling;

- Inadequate teaching and training programmes: curricula, training manuals, methodology, capacity;
- Judgmental attitudes of certain religious youth services;
- Poor harmonisation of existing laws, (legal age for marriage and sex is as from 15 yrs but age for access to condom 18 yrs ; Sexual abuse-law exists but need for guidelines to facilitate processes) ;
- Need for certain legal issues to be revisited, amended and integrated into the mandate of various institutions (Employment Act, human rights of PLWHAs);
- Need for improvement in accessibility to different legal documents for legal backup on issues regarding HIV/AIDS;
- NAC composition to be revisited and chairmanship acceded to by highest authority in the country;
- Implementation and commitment to national strategies (eg National IEC Strategy; Substance Abuse work-plan 2002-2006 to be better advertised).

7 GUIDING PRINCIPLES

The following principles for HIV/AIDS and STI prevention, treatment and care efforts for Seychelles are derived from the National AIDS Policy, Seychelles, 2000

7.1 The Government has a crucial responsibility with regard to the provision of education, care and welfare of all people of Seychelles;

7.2 Both government, civil society, private sector, assisted by bilateral and multi-lateral partners shall be involved in the fight against HIV/AIDS in a multisectoral approach;

7.3 The vulnerable position of women, youth and children in society shall be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent infection;

7.4 Education, counselling and health care shall be clear, accurate, and sensitive to the culture, gender, language and social circumstances of all people at all times;

7.5 Mass media should be utilised in a positive manner to create and promote awareness on HIV/AIDS in the population with appropriate change of behaviour;

7.6 Stable relationships and positive family and cultural values will be encouraged;

7.7 STI prevention and control are central elements in the response to HIV/AIDS;

7.8 Confidentiality and informed consent with regard to HIV testing and test results shall be protected with shared confidentiality and disclosure in specifically defined, supported by pre and post test counselling;

7.9 People with HIV and AIDS, their partners, families and friends shall not suffer from any form of discrimination and stigmatisation, and their human rights and dignity respected and shall be involved in all prevention, intervention and care strategies;

7.10 Capacity building will be emphasised to accelerate HIV/AIDS prevention and control measures;

7.11 Surveillance and research shall focus on priority needs in Seychelles as well as in monitoring and evaluation public health interventions.

8 JUSTIFICATION FOR THE STRATEGIC PLAN

Guided by the outcomes of the situation and response analyses the following goal is set:

“To reverse the trends of HIV infection amongst the young people (15 –34 years) and to reduce the suffering among the infected and affected”.

The strategic objectives are as follows:

1. To create and sustain an environment conducive to a more coordinated and efficient multisectoral response to HIV/AIDS;
2. To reduce the risk factors to HIV/AIDS among the young people;
3. To reduce the vulnerability of the young people to HIV/AIDS;
4. To reduce the impact (psychological, medical, social, economic and emotional) of HIV infection and AIDS.

Strategic objective 1: To create and sustain an environment conducive to a more coordinated and efficient multisectoral response to HIV/AIDS.

Justification:

The national response to HIV/AIDS is a developmental challenge as the impact of the epidemic affects all strata of society. Considerable effort and resources have been used by the public sector and benevolent organisations, with recognisable achievements. However, there still exist pockets of the society that have been inadequately targeted for intervention. In order to generate a proper climate for all stakeholders, with maximal use of resources, a broad-based partnership approach with the engagement of all sectors is essential.

Strategic objective 2: To reduce the risk factors to HIV/AIDS among the young people.

Justification:

Analysis of the trends of HIV infection in Seychelles reveals that the prevalence rate amongst the youth (15-24 years) is 0.15% compared to 0.1% in the general population (Statistics, Communicable Diseases Control Unit 2003). This clearly demonstrates the vulnerability of young people. In their physical and emotional transition to adulthood, through curiosity, adventure, peer pressure, and imitation, the youth is exposed to HIV infection. Of all reported cases of abortions at Victoria Hospital from 2000 to 2003, 38% were 15-24 years and 80% were 15-34 years old. In 2003, first live births were recorded at 15% in the age group less than 20 years and 16.2% of all births were to teenagers (15-19 years).

Two practices which are officially illegal but yet are of particular concern because of increased visibility and vulnerability are homosexuality and commercial sex work. In 2003, 25% of new HIV reported cases were amongst MSMs (homo/bisexual). Denial of the activity of CSWs increases their risk of HIV infection and its spread. Other emerging risky practices amongst the young people are substance abuse, including injectable drug use.

In view of the above, priority will be given to planning interventions that will reduce the factors that place young people at risk of HIV infection. Special emphasis will be placed on groups that have been marginalised.

Strategic objective 3: To reduce the vulnerability of young people to HIV/AIDS

Justification:

Sexual activity at an early age makes the youth more vulnerable to HIV infection. Youth studies conducted in Seychelles have shown that the youth as early as 10 years are engaged in sexual activities (Seychelles Youth Study 2001; ASFF 2002). In 2003, 15.5% of all known pregnancies were in teenagers 15-19 years old. These situations evoke great concern.

This strategic objective aims at reducing these factors that may particularly expose the youth. These are associated with culture, family stability, life skills, substance abuse, mobility of people and youth's use of time.

Strategic objective 4: To reduce the impact (psychological, medical, social, economic and emotional) of HIV infection and AIDS.

Justification:

The devastating effects of HIV infection are physical, psychological, medical, social, and economic, and impact on the individual, family, community and country as a whole. The magnitude of the effects of stigma and fear associated with the infection permeates right through the strata of society. This makes interventions difficult.

The objective of the strategy is to alleviate the impact of the epidemic. Special attention will be given to vulnerable groups such as orphans and children, and health care workers. Consideration will also be given to work places, quality care and support services, and blood transfusion services.

STRATEGIC FRAMEWORK

9 STRATEGIC FRAMEWORK

Goal: To reverse the trends of HIV infection amongst the young people (15–34 years) and to reduce the suffering among the infected and affected

Strategic Objective 1: To create and sustain an environment conducive to a more coordinated and efficient multisectoral response to HIV/AIDS

Specific Objectives	Targets	Indicators	Means of Verification	Risks/Assumptions
1. To raise and sustain HIV/AIDS awareness among the whole population on the epidemic and its impact	1.1 Media Programmes on HIV/AIDS for the whole population are developed and implemented	Number/ type of media programmes produced, aired and printed	KAPB 2006	Strong commitment by all stakeholders
	1.2 Journalists are trained in developing effective programmes in HIV/AIDS	Average number of interventions done per year targeting the population and specific groups -teachers/pupils -workers -youth	Annual Surveys Reports Desk review	Effective media involvement Additional programme accepted by educators HIV/AIDS and STI education recognized as useful by personnel
	1.3 Educational activities are organised & implemented by all CBOs, FBOs, NGOs and interest groups	% teachers who taught PSE in the last week		Adequate resources
	1.4 Personal and Social Education (PSE) is fully implemented in all educational institutions	Number of PSE lessons / class delivered in the last week		
	1.5 All teachers teaching PSE are trained	Number of PSE teachers trained		
	1.6 All personnel in educational institutions are sensitized	% personnel in educational institutions sensitized		

	1.7 Workplace policy is developed and implemented in all sectors.	Workplace policy developed % workplaces with policy and programmes in place		
2. To develop, implement and reinforce legal framework related to HIV/AIDS	2.1 The community is informed and sensitised on the relevance of a legal framework 2.2 All politicians and law makers are advocated on pertinent issues related to HIV/AIDS 2.3 Review, amendment and harmonisation of existing legislation and policies are carried out. 2.4 Laws and regulations that protect PLWHAs and groups vulnerable to HIV/AIDS are created. 2.5 Communities and PLWHAs are involved at all levels of decision-making.	% district communities informed on the relevance of a legal framework % politicians and law makers sensitized Number of policies/laws reviewed, amended and harmonized Number of new laws and regulations in place to protect PLWHAs and groups vulnerable to HIV/AIDS % group representation from community at decision making fora	Desk review Surveys Reports Minutes of meetings	Laws, policies and regulations implemented Regulations are up-to-date and amendments timely
3. To promote multisectoral mobilisation and coordination	3.1 Appropriate institutional arrangements and coordination mechanisms are set up 3.2 All the sectors in Seychelles	Number of institutions/ organizations with focal points Number of institutions/ organizations belonging to a	Memorandum of understanding formulated and approved	Commitment and equitable involvement of all sectors

	have mainstreamed HIV/AIDS in their activities	network Number of networking bodies established and functional Number and type of organizations involved by activity Number and % of sectors with HIV/AIDS work-plans and budgets	Regular reports Minutes of meetings	
4. To reinforce the co-operation network at the national, regional and international levels	4.1 All activities and resources at national, regional and international partnership are identified 4.2 NAC is reviewed and chaired by highest level of leadership 4.3 A partnership forum of resident bilateral and multilateral donor agencies is created 4.4 Representatives of Seychelles' institutions actively participate in national, regional and international initiatives	Evidence of a functional national body that promotes partnership among government, private sector and civil society Evidence of partnership forum of donor agencies Number of meetings of different sectors at national level Evidence of active participation in regional and international for a	Minutes of meetings Reports	Commitment and equitable involvement of all sectors
5. To encourage greater involvement of the community including PLWHAs	5.1 The community including PLWHAs is involved in all HIV/AIDS interventions	Evidence of community/PLWHA representation in all interventions	Reports	Community and PLWHAs are committed to participate in activities at all levels

Strategic Objective 2: To reduce the risk factors to HIV/AIDS among young people

Specific Objectives	Targets	Indicators	Means of Verification	Risks/Assumptions
1. To increase the proportion of young people using condoms in all risky sexual encounters	1.1 National policy on condoms is established	Evidence of a national policy on condoms	KAPB Study	Same methods are utilized
	1.2 Condom manager and focal point are established	Evidence of condom manager and focal point	Surveys	Support from all stakeholders
	1.3 Materials and resources to create educational awareness of using condoms and practising safer sex are developed, disseminated and utilised	% of young people aged 15-24 years who both correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission	Reports	Accessibility to out-of-school youth
	1.4 All out-of-school youth have access to information and services on HIV/AIDS/STIs to practise safer sexual behaviour	Number of condom outlets with condoms in stock		Regular stocks and supplies
	1.5 Condom distributors are trained	Number of condoms distributed at outlets and nationwide		
	1.6 The number of outlets for condom distribution is increased	Median age at first sex		
	1.7 The number of condoms distributed is increased	Condom use at first sex Condom use at last sex		
	1.8 Social marketing programmes of condoms are developed and implemented	% young people aged 15-24 years reporting the use of a		

	1.9 The female condom is promoted	condom during sexual intercourse with non-regular sexual partner		
2. Develop youth friendly health services	<p>2.1 Guidelines for the youth friendly health package are defined and developed</p> <p>2.2 Training on youth friendly approach is organised and conducted for health workers working with youth</p> <p>2.3 Youth friendly health services are decentralised to regional level</p> <p>2.4 Youth friendly services are integrated in the activities of all the health centres</p> <p>2.5 HIV/AIDS youth friendly services are formally integrated into the activities of youth bureaus</p>	<p>Evidence of guidelines for youth friendly health package</p> <p>Number of health workers trained in youth friendly approaches</p> <p>% health centres with youth friendly services</p> <p>% youth attending health services as per site and location</p> <p>% youth bureaus with HIV/AIDS activities</p> <p>Number of HIV/AIDS youth activities at district level</p>	<p>Surveys</p> <p>Reports/ Records</p> <p>Desk Review</p>	<p>Acceptance by all stakeholders including youth, religious groups, health workers, communities and parents</p> <p>Policy changes</p>
3. To reduce the rate and impact of sexual abuse amongst youth	<p>3.1 Public awareness programmes on the issue of rape/sexual abuse as contributing to the HIV/AIDS epidemic are strengthened and implemented</p> <p>3.2 Policies and guidelines for post-exposure prophylaxis (PEP) programmes are developed and</p>	<p>% sexual abuse among youth reported by institution</p> <p>Number of programmes developed and implemented addressing rape/sexual abuse in youth</p> <p>Policy on Post Exposure</p>	<p>Reports</p> <p>Desk reviews</p> <p>Surveys</p>	<p>Support from all stakeholders</p> <p>Legal and policy reviews have taken place</p> <p>Cases of sexual abuse are reported</p>

	<p>implemented for all cases of rape/sexual abuse</p> <p>3.3 Institutions are sensitised to the procedures regarding the implementation of the PEP Programme.</p> <p>3.4 Revised policies / legislation related to abuse and its punishments are approved and disseminated to interest groups for implementation</p> <p>3.5 Teachers, health workers, NGOs, FBOs, policemen, parents, young people and children are trained yearly on preventing, identifying and dealing with cases of abuse</p>	<p>prophylaxis for victims of sexual abuse developed and implemented</p> <p>Evidence of laws/policies regarding sexual abuse in place and implemented by interest groups</p> <p>Numbers of persons trained in management of sexual abuse by specific group</p>		
4. To reduce the incidence of HIV/AIDS/STIs among the MSM, CSW, drug users and prison inmates	<p>4.1 Comprehensive interventions targeting CSW, MSM, drug users and prison inmates are developed and implemented with involvement of NGO's</p> <p>4.2 Personnel working with CSW, MSM, drug users and prison inmates is sensitized and trained on management of specific groups' behaviour and sexual practices</p> <p>4.3 All MSM, CSW, drug users and prison inmates are made aware of the</p>	<p>Number of organizations which have integrated interventions targeting MSM, CSW, drug users and prison inmates in their programmes</p> <p>% personnel trained on management of specific groups' behaviour and sexual practices</p> <p>Condom use at last sexual intercourse by partner type (regular/non-regular; commercial)</p>	<p>Reports from organisations</p> <p>Behavioural Surveillance Survey</p>	<p>Commitment of all sectors and institutions</p> <p>Data available on groups targeted</p> <p>Access to and involvement of groups being targeted</p> <p>Reduced resistance from groups and communities</p> <p>User-friendly services</p>

	<p>risks associated with their behaviour and sexual practices and take preventive measures</p> <p>4.4 CSW, MSM, drug users and prison inmates have access HIV/AIDS related services</p>	<p>Number of CSW, MSM, drug users and prison inmates accessing HIV/AIDS services</p>		<p>Regular supply of condoms</p>
<p>5. To reduce the rate of new STIs among young people by 50%</p>	<p>5.1 Rate of STIs in young people is established</p> <p>5.2 IEC materials to promote effective use of STI services are developed and disseminated</p> <p>5.3 All youth are sensitized on the dangers of STIs as risk factors for HIV/AIDS, symptoms and necessity of appropriate management of STIs</p> <p>5.4 National guidelines on STI management are reviewed and disseminated to all health facilities</p> <p>5.5 All health care personnel are trained in the management of STIs and in developing youth friendly attitudes</p> <p>5.6 All youth with STI symptoms seek care in a health facility in an early stage</p>	<p>% youth in/out of school reached and sensitized on risk factors, symptoms and need for appropriate management of STIs</p> <p>Evidence of reviewed national guidelines on STI management at health facilities</p> <p>Evidence of IEC materials in youth facilities</p> <p>% youth seeking care for an STI at a health facility</p> <p>Number of health workers trained in STI management</p> <p>% health facilities which provide diagnosis, counseling and treatment services for STIs</p> <p>% health facilities with quality STI drugs in stock</p>	<p>KAPB</p> <p>Surveys</p> <p>Health facility records and reports</p>	<p>National guidelines reviewed on management of STIs</p> <p>Youth-friendly facilities</p>

	<p>5.7 All health facilities provide diagnosis, counseling and treatment services for STIs</p> <p>5.8 All STI patients have access to quality drugs and management.</p>	<p>% patients with STIs at selected health facilities who were appropriately diagnosed, treated and counseled according to national guidelines</p>		
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Strategic Objective 3: To reduce the vulnerability of the young people to HIV/AIDS

Specific Objectives	Targets	Indicators	Means of Verification	Risks/Assumptions
<p>1. To increase the life skills of youth regarding sexual issues.</p>	<p>1.1 Existing PSE curriculum is reviewed with special emphasis on life skills, including abstinence, negotiation and parenting</p> <p>1.2 Gender is mainstreamed in PSE</p> <p>1.3 Improved and effective PSE teaching methods are introduced and implemented</p> <p>1.4 PSE curriculum includes formal assessment of learning</p> <p>1.5 All PSE teachers are trained in life skills education</p> <p>1.6 All schools have teachers trained in life skills education</p> <p>1.7 Existing community-based interventions targeting youth, and organisations including PTA's, have integrated life skills including abstinence, negotiation and parenting in their programmes</p>	<p>Evidence of PSE curriculum review with appropriate topics /subjects</p> <p>% teachers who are trained in life skills education who taught it during the last academic year</p> <p>% schools with teachers who are trained in life skills education who taught it during the last academic year</p> <p>Median age at first sex</p> <p>Condom use at first sex</p> <p>Condom use in last sex</p> <p>% young people 15-24 years who are HIV-infected</p> <p>% recreational activities which include educational</p>	<p>KAPB</p> <p>Reports</p> <p>Surveys</p>	<p>Acceptance of additional programme in schools</p> <p>Accessibility to out-of-school youth</p> <p>Support of stakeholders especially community based organisations</p>

	1.8 The nature of the existing recreational facilities is diversified and de-politicised, and their quality improved.	component in life skills		
2. To reduce the number of young people affected by the effects of dysfunctional families	<p>2.1 The situation of young people affected by dysfunctional families is assessed</p> <p>2.2 The whole population is sensitised on the negative effects of dysfunctional families in relation to HIV/AIDS</p> <p>2.3 Programmes for family support and parenting education are developed, coordinated and implemented</p> <p>2.3a Mutual fidelity in couples is promoted</p> <p>2.4 Appropriate social services for HIV/AIDS prevention and support among dysfunctional families are introduced</p> <p>2.5 Pre-marital courses (e.g. CPM) include sensitisation on family instability and HIV/AIDS</p>	<p>% youth affected by dysfunctional families</p> <p>Number of campaigns conducted</p> <p>Knowledge on HIV/AIDS of members of dysfunctional family</p> <p>Number of marriages</p> <p>Number of divorces</p> <p>Number of families reached by parenting /family programmes</p> <p>Number of districts and sites with social services</p> <p>HIV/AIDS topics taught in premarital courses in last year</p>	<p>Community-based Survey</p> <p>KAPB Study</p> <p>Reports</p>	<p>Commitment from all stakeholders</p> <p>Social workers sensitized on HIV/AIDS</p> <p>Collaboration of partners</p> <p>Programmes are sustained</p> <p>Services are timely</p>
3. To reduce the demand and supply of licit and illicit	3.1 All police and law enforcement professionals are sensitised and	Number of police and legal officers reached	KAPB Study	Collaboration of all partners

<p>substances amongst young people</p>	<p>trained on the link between alcohol abuse, illicit drugs and HIV/AIDS, and on the necessity for law enforcement.</p> <p>3.2 Peer education interventions focusing on drug and alcohol consumption are strengthened</p> <p>3.3 Interventions which encourage deferring age of first consumption of alcohol are strengthened, developed and implemented</p>	<p>Number of programmes focusing on peer education and HIV/AIDS</p> <p>Evidence of integration of HIV/AIDS in alcohol and substance abuse projects</p> <p>Median age at first consumption of alcohol or drugs</p> <p>Evidence of association between sexual activity and alcohol or drugs</p>	<p>Reports from DAC</p>	<p>Law enforcement officers sensitized to HIV/AIDS and their link with substance abuse</p>
<p>4. To reduce HIV/AIDS amongst mobile populations and migrant workers</p>	<p>4.1 Research on the links between migration and HIV/AIDS is conducted</p> <p>4.2 The legal framework for mobile people, migrant workers and their families is reviewed</p> <p>4.3 Pre-departure, post-arrival and reintegration programmes are developed and implemented for mobile populations (sailors, fishermen, travellers) and migrant workers</p> <p>4.4 HIV/AIDS is integrated in</p>	<p>Survey conducted and disseminated</p> <p>Evidence of review of legal framework</p> <p>Number of migrants reached with prevention services in last month</p> <p>Number of activities by/for mobile persons /migrant workers with HIV/AIDS input</p> <p>Number of condom retail</p>	<p>Surveys</p> <p>Reports</p>	<p>Mobile populations reachable</p>

	<p>activities of mobile persons/migrant workers and their associations</p> <p>4.5 Employers of mobile or migrant workers are sensitized on HIV/AIDS</p> <p>4.6 Prevention efforts are focused on areas frequented by mobile groups and migrant workers</p> <p>4.7 Peer counseling is established for mobile groups and migrant workers</p> <p>4.8 Regional initiatives targeting HIV prevention in mobile populations are encouraged</p>	<p>outlets at frequented sites</p> <p>Number of condoms distributed at frequented sites</p> <p>Number/type of IEC materials targeting migrants</p> <p>Number of educational sessions targeting migrant workers in last year</p> <p>Evidence of regional initiative implemented locally</p>		
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Strategic Objective 4: To reduce the impact (psychological, medical, social, economic and emotional) of HIV infection

Specific Objectives	Targets	Indicators	Means of Verification	Risks/Assumptions
1. To increase orphans' accessibility to external support services	<p>1.1 Database or register to identify number of HIV/AIDS orphans is established</p> <p>1.2 Information on all related services is made available to all guardians of orphans</p> <p>1.3 Full access to external support (medical, social, educational, psychological, spiritual) is ensured for all orphans</p>	<p>Database or register on orphans established</p> <p>IEC material on services produced and distributed to households with orphans</p> <p>% orphans accessing at least one mentioned support services in last year</p> <p>School attendance among orphans</p>	<p>Evidence of database or register</p> <p>Reports</p> <p>Desk surveys</p>	<p>Collaboration of all partners</p> <p>All orphans identified</p>
2. To mitigate the impact of the HIV/AIDS epidemic on sectors and institutions	<p>2.1 Impact of HIV/AIDS on sectors and institutions is established</p> <p>2.2 HIV and STI surveillance is decentralized to peripheral level</p> <p>2.3 The trends of HIV/AIDS/STIs and associated factors are established</p> <p>2.4 Estimates and projections of socio-demographic and economic impact of HIV and AIDS are calculated</p>	<p>Study on the impact of HIV/AIDS on different sectors conducted and results disseminated.</p> <p>Surveillance system created at peripheral level</p> <p>Study of trends conducted and results disseminated</p> <p>Study to estimate projections of socio-</p>	<p>Reports of studies</p> <p>Evidence of expanded surveillance system</p> <p>Institution records/reports</p>	<p>Collaboration of all sectors and institutions</p>

		demographic/economic impact conducted		
3. To increase the number of HIV positive parents accessing PMTCT +	<p>9.1 The whole population is sensitised on the availability of PMTCT+</p> <p>9.2 All pregnant mothers and their partners are offered the HIV screening test, counselled and encouraged to take the test</p> <p>9.3 All service providers in antenatal care have received appropriate training on PMTCT+.</p> <p>9.4 All pregnant mothers testing positive for HIV are provided with antiretroviral therapy</p> <p>9.5 All mothers testing positive for HIV have access to breast milk substitutes</p> <p>9.6 VCT is integrated in all other health services eg. Family Planning</p>	<p>% respondents who know that HIV transmission in pregnancy can be reduced by available treatment</p> <p>% antenatal attendees (including partners) accepting the HIV test</p> <p>% antenatal service providers trained in PMTCT+</p> <p>% pregnant mothers testing positive who are provided with antiretroviral therapy</p> <p>% mothers testing positive for HIV who have access to breast milk substitutes</p> <p>% babies born to HIV positive mothers who are HIV negative</p> <p>% health services with VCT sites</p>	<p>Reports</p> <p>Surveys</p> <p>KAPB Study</p> <p>Desk review</p>	<p>Supplies available at all times, including HIV test kits, antiretroviral drugs, breast milk substitutes</p> <p>Trainers updated on latest developments on PMTCT+</p> <p>Collaboration of media and other stakeholders eg health workers</p>

<p>4. To ensure optimal usage of quality Care and Support services by PLWHA and their relatives</p>	<p>4.1 Standards and guidelines for care and support services are established</p> <p>4.2 The whole population is sensitised on the availability of care and support services</p> <p>4.3 The coverage of VCT services is extended to all health facilities</p> <p>4.3 The quality of VCT services is improved in all sites.</p> <p>4.4 All health care providers working in HIV/AIDS care and management are properly trained</p> <p>4.5 Coordination is established between complementary and Western medicine related to HIV/AIDS</p> <p>4.6 Basic care and support services for PLWHAs and their families are decentralised</p> <p>4.7 All equipment and supplies related to HIV/AIDS e.g. Test kits /ARV/Lab facilities/drugs for opportunistic conditions meet quality requirement and their supply is ensured on a regular basis.</p>	<p>Guidelines on quality VCT developed</p> <p>% respondents who know where care and support services are available</p> <p>% health facilities with quality VCT services</p> <p>% health care providers working in HIV/AIDS care who are trained</p> <p>% health facilities with capacity to deliver appropriate basic care and support to PLWHAs and their families</p> <p>% facilities meeting internal and external quality assurance requirements</p> <p>% facilities with stock supplies in place eg. Test kits/ARV/Lab facilities /drugs for opportunistic conditions</p> <p>% attrition in HIV/AIDS services</p>	<p>Supervisory visits</p> <p>Surveys</p> <p>Reports</p>	<p>Resources available at all times</p> <p>PLWHAs aware of care and support services</p> <p>Funds, including foreign exchange is allocated for purchase of supplies</p> <p>Personnel trained remain in the HIV/AIDS field and practise what they have learnt</p>
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	<p>4.8 Burnout is addressed in health caregivers in HIV/AIDS services</p> <p>4.9 Stigma and discrimination are addressed in all HIV/AIDS related services</p>	<p>% known PLWHAs accessing HIV/AIDS related services</p>		
5. To consolidate safety of Blood Transfusion	<p>5.1 National Blood Transfusion policy and guidelines are developed, disseminated and implemented</p> <p>5.2 Appropriate legislation on blood transfusion is developed</p> <p>5.3 All blood donors are sensitized and counselled to adopt safe practices as regards to HIV contamination</p> <p>5.3 All Blood donation is screened for HIV and other blood borne diseases according to national guidelines</p> <p>5.4 Rapid testing is introduced at mass blood donation activities</p> <p>5.5 All health care practitioners are trained in clinical use of blood</p> <p>5.6 All personnel in blood transfusion services are trained in blood safety and counselling</p>	<p>Evidence of National Blood Transfusion policy in place</p> <p>Evidence of appropriate legislation in place</p> <p>Evidence of appropriate curriculum on blood safety</p> <p>Guidelines for counseling for blood donors developed and utilised</p> <p>% transfused blood screened for HIV according to national guidelines</p> <p>% blood donated at mass activities tested by rapid test</p> <p>% blood donors appropriately counseled</p>	<p>Blood Bank report</p> <p>Exit surveys</p> <p>Ward reports</p> <p>Patient records</p>	<p>Sustainability of blood transfusion safety</p> <p>Supplies eg Test kits and Reagents available at all times</p> <p>Guidelines developed on training required</p>

		<p>prior to donation</p> <p>% health care practitioners trained in clinical use of blood</p> <p>% personnel in blood transfusion services appropriately trained in blood safety and counselling</p>		
6. To strengthen PEP for HCWs and victims of sexual abuse	<p>6.1 IEC materials on infection control, universal precautions and PEP are developed and disseminated to all health care settings</p> <p>6.2 PEP is included and regularly updated in pre- and in-service training of HCWs</p> <p>6.3 Training in procedures on PEP is conducted on a regular basis</p> <p>6.4 All HCWs requiring PEP follow correct procedures</p> <p>6.5 PEP drugs are available in at least one site per region</p> <p>6.6 All PEP drugs are available at all times</p>	<p>% health facilities with updated IEC materials and guidelines on infection control and PEP</p> <p>Evidence of PEP component in curriculum</p> <p>Number of training sessions on PEP in last year</p> <p>% PEP record forms adequately filled in</p> <p>% HCWs requiring PEP who followed correct procedures</p> <p>Number of sites with PEP drugs</p>	<p>Supervisory visits</p> <p>Reports</p> <p>Record Forms</p>	<p>HCWs adequately trained in PEP</p> <p>Provision of necessary protective equipment and other supplies, including stationery</p> <p>Reports of accidents are timely</p>

		% designated sites with PEP drugs in stock		
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IMPLEMENTING BODIES

10 IMPLEMENTING BODIES

Strategic Objective 1: To create and sustain an environment conducive to a more coordinated and efficient multisectoral response to HIV/AIDS

Specific Objectives	Lead Body	Collaborating Bodies
1. To raise and sustain awareness among the whole population on the epidemic and its impact	Ministry of Health	All government ministries; Youth organizations; Media; NGOs; CBOs; FBOs; private sector; PLWHAs
2. To develop/implement/reinforce legal framework related to HIV/AIDS	Attorney General's Office	Ministry of Health; Ministry of Social Affairs and Employment; Ministry of Local Government, Culture and Sport; Ministry of Internal Affairs; National Assembly; private sector
3. To promote multisectoral mobilization and coordination	President's Office; National AIDS Council	All Public and Private Sectors; NGOs; CBOs; FBOs
4. To reinforce the cooperation network at the national, regional and international level	Ministry of Health	Ministry of Foreign Affairs and National AIDS Council; private sector
5. To encourage greater involvement of the community including PLWHA	National AIDS Council	All sectors

Strategic Objective 2: To reduce the risk factors to HIV/AIDS among young people

Specific Objectives	Lead Body	Collaborating bodies
1. To increase the proportion of young people using condoms in all risky sexual encounters	Youth Division, Ministry of Education and Youth	Ministry of Local Government; NGOs; private sector
3 To develop youth-friendly services	Ministry of Health	Youth Division, Ministry of Education and Youth NGOs; Youth organization; FBOs; CBOs; private sector
3. To reduce the rate and impact of sexual abuse amongst youth	Attorney General	Ministry of Education and Youth; National Council for Children; Ministry of Social Affairs; Ministry of Health
4. To reduce the incidence of HIV/AIDS/STIs among the MSM, CSW, drug users and prison inmates	NGOs (FAHA)	Ministry of Health, DAC; private sector
5. To reduce the rate of new STIs among young people by 50%	Ministry of Health	Youth Department, Ministry of Education and Youth

Strategic Objective 3: To reduce the vulnerability of the young people to HIV/AIDS

Specific Objectives	Lead Body	Collaborating Bodies
1. To increase the life skills of youth regarding sexual issues	Ministry of Education	NGOs; CARE; Scouts; Ministry of Health; National Council for Children; FBOs
2. To reduce the number of young people affected by the effects of dysfunctional families	Ministry of Social Affairs	Ministry of Local Government; Ministry of Education and Youth; FBOs; ASFF; NCC; Family Tribunal
3. To reduce the demand and supply of licit and illicit substances amongst young people	Attorney General	Ministry of Health; Ministry of Internal Affairs; CARE; DAC; Ministry of Education and Youth; FBOs; private sector
4. To reduce HIV/AIDS amongst in mobile populations (sailors, fishermen, travellers) and migrant workers	Ministry of Environment and Natural Resources; Ministry of Social Affairs and Employment	Ministry of Health; Ministry of Social Affairs and Employment; Ministry of Tourism and Transport; Ministry of Environment and Natural Resources; FEAS; SFWU; Apostolat de la Mer; Employers' and Workers' associations; private sector

Strategic Objective 4: To reduce the impact (psychological, medical, social, economic and emotional) of HIV infection

Specific Objectives	Lead bodies	Collaborating Bodies
1. To increase orphans' accessibility to external support	Ministry of Social Affairs	Ministry of Health; Ministry of Education and Youth; NGOs eg ASFF, NCC
2. To mitigate the impact of the HIV/AIDS epidemic on sectors and institutions	Ministry of Social Affairs and Employment	Employers' and Workers' associations; Ministry of Health; all government ministries; NGOs; FBOs; private sector
3. To increase the number of HIV positive parents having access to PMTCT +	Ministry of Health	NGOs (ASFF, FAHA, Fathers' Association)
4. To ensure optimal usage of quality care and support services by PLWHA and their relatives	Faith and Hope Association	NGOs; Ministry of Health; FBOs; private sector
5. To consolidate safety of blood transfusion	Ministry of Health	Red Cross; SMDA; NARS; blood donors
6. To strengthen the PEP for HCWs and victims of sexual abuse	Ministry of Health	Department of Internal Affairs (Police Division); Ministry of Social Affairs

INSTITUTIONAL FRAMEWORK

11 INSTITUTIONAL FRAMEWORK

11.1 INTRODUCTION

The national strategic plan is a broad document designed to guide the country's response to the epidemic. It is not a plan for the health sector specifically, but a statement of intent for the whole country, both within and outside government. It is recognised that no single sector, ministry, department or organisation is by itself responsible for addressing the HIV epidemic. It is envisaged that all government departments, organisations and stakeholders will use this document as a basis to develop their own operational plans so that all our initiatives as a country can be harmonised to maximise efficiency and effectiveness.

- 1.1 The National Strategic Plan establishes a set of actions that will guide us in the fight against the scourge of HIV/AIDS. Immediate action, motivation to move forwards and commitment are essential if the goals are to be met by Year 2009.
- 1.2 The management of the Plan is primarily the responsibility of the Ministry of Health but is nevertheless also dependent on a wide range of government institutions, non-governmental organizations, the private sector and the civil society.
- 1.3 Accordingly, the responsibility for ensuring the implementation of the Strategic Plan from a holistic and integrated approach will rest at the highest level.
- 1.4 An enhanced framework to support strategic partners in their respective comprehensive but integrated roles and responsibilities, and to follow up on and assess the plan, will be developed taking into account the available structures, facilities and resources.

11.2 IMPORTANT STRUCTURES AT NATIONAL AND DISTRICT LEVELS

The following presents a brief overview of important structures at national and district levels and their specific roles and functions relating to HIV/AIDS. (Refer to Figure 11)

11.2.1 The Cabinet

The Cabinet is the highest political authority in the country. It consists of all Ministers and is chaired by the President. The Cabinet meets fortnightly. Issues of strategic importance, including HIV/AIDS are discussed and political guidance is given.

11.2.2 National AIDS Council (NAC)

The NAC is being reformed to become a legal body. It will be the highest multi-sectoral body for HIV/AIDS issues making recommendations on HIV/AIDS policies to the Government, ensuring implementation of the projects, programmes and activities of the strategic plan and other policies, and liaising with financial stakeholders at national, regional and international levels to ensure availability of sufficient resources to achieve the targets set.

The NAC advises government on all matters relating to HIV/AIDS. This body is chaired by the President or Vice-President, and comprised of Minister of Health as Vice-Chair and all other Ministers, Attorney General and representatives of NGOs, private sector and churches.

The Government will be represented by Ministers of Health; Education and Youth; Environment and Natural Resources; Tourism and Transport; Economic Planning; Local Government, Culture and Sports; Social Affairs and Employment; Land Use and Habitat; Foreign Affairs; Administration and Manpower; Attorney General, Heads of Departments of Defence and Internal Affairs, Leader of Government Business and Leader of Opposition.

One representative from each of the following sectors will be on the NAC:

Business; People living with HIV/AIDS; Non-governmental organisations; Faith-based organisations; Employers' and Workers' associations; Youth; Hospitality Industry; Men's Association; Women's associations; Children's association; Disabled association

Its major functions are:

1. Creating and strengthening partnerships for an expanded national response to the AIDS epidemic among all sectors
2. Advising on the National Strategic Plan on HIV/AIDS in Seychelles
3. Monitoring of the implementation of the National Strategic Plan in all sectors
4. Advising the Cabinet on issues pertaining to HIV/AIDS policies
5. Making recommendations on planning, co-ordination, monitoring and evaluation of the national response to HIV/AIDS/STIs
6. Commissioning appropriate research
7. Advocating for the effective involvement of all sectors and organisations in implementing programmes and strategies
8. Mobilising resources for programme implementation
9. Initiating and/or undertaking policy formulation and review
10. Encouraging greater involvement of persons living with HIV/AIDS

The NAC will meet regularly on a quarterly basis. The functioning of the NAC will be supported by a secretariat here named NAC Secretariat.

11.2.3 Partnership Forum

Previously, in the absence of the NAC the coordination was ensured by the UN Theme Group. It was chaired by the WHO and comprised of governmental organizations, UN funded projects and key stakeholders. With the creation of the NAC proper coordination of national activities is ensured with governmental leadership, making the UNTG irrelevant in its current form. In this respect, the development of a multisectoral approach will bring new challenges and increase resource mobilization activities. In this regard, the UNTG will be replaced by a Partnership Forum comprising representatives of UN agencies and key partners not involved in the NAC. When necessary, non-regular members from government institutions, NGOs and private sector can be invited to provide input to the Partnership Forum.

The functions of this Partnership Forum will be to support the national response in the area of advocacy, resource mobilization and technical assistance.

11.2.4 Strategic Plan Steering Committee (SPSC)

A SPSC comprising partners who contributed towards the formulation of the Strategic plan will be set up on a permanent basis, at least up to Year 2009. It will be responsible primarily to suggest and recommend plans of action within the strategic framework. It will also advise the NAC on issues relating to HIV/AIDS through suggestions and recommendations from the sectoral working groups.

The SPSC will be chaired by the Principal Secretary of the Ministry of Health.

NGOs, faith-based organizations, Police Force, Youth, Children, PLWHA, Trade Unions, the Private Sector and the civil society including Media, celebrities, disabled, alternative care givers and Hospitality Industry have specific but crucial roles in creating the appropriate climate and environment for implementing activities, particularly those usually encountering resistance. Their representatives will be on the SPSC.

The SPSC will meet regularly, on a quarterly basis, to review the current situation and make appropriate report/recommendations to the NAC.

11.2.5 District Social Committees

The District Social Committees meet on a quarterly basis to discuss the strategic issues of national and district importance. District authorities should designate co-ordinators responsible for HIV/AIDS/STIs in every district. HIV/AIDS is a standing agenda item where reports from NAC and other bodies are discussed. All District Social Committees will be represented on the SPSC.

11.2.6 Sectoral Working Groups

The HIV/AIDS Strategic Plan provides a broad framework for government, NGOs, business, FBOs, youth and all other sectors of society. Each sector should develop more specific plans based on their role, activities and specific strengths. Sectors are encouraged to establish technical AIDS working groups, headed by a focal person.

All the sectors/partners involved in the implementation of programmes and projects will have a Working Group on HIV/AIDS for the elaboration of their operational plan and monitoring. These include facilitating the development of HIV/AIDS workplace policies in all sectors, ensuring that all departments allocate financial resources to HIV/AIDS and developing minimum HIV/AIDS programmes for all sectors.

The Sectoral Working Groups will be represented on the SPSC where they will liaise with other sectors and report on the monitoring status of their respective programmes and projects.

The Sectoral Working Groups will meet at least once every two months.

The proposed additional role of the sectors will be as follows:

- Identify determinants of the spread of HIV/AIDS & STIs specific to the sector
- Identify strengths and weaknesses with respect to HIV/AIDS & STIs
- Identify obstacles to the response within the sector
- Integrate HIV/AIDS & STIs activities in their yearly plans

- Formulate specific HIV/AIDS sectoral plans and budget for their implementation
- Document best practice within the sectors and share information

11.2.7 NAC Secretariat

The functions of the NAC Secretariat will be ensured by the Ministry of Health.

The NAC Secretariat will bring HIV/AIDS issues to the attention of NAC and SPSC. It will prepare briefing documents for these national forums, and will attend meetings to provide further information to assist decision-making in these national bodies.

It will assist NAC in its deliberations and decisions pertaining to the following areas:

- Prevention
- Care, Counselling and Support
- Information, Education and Communications (IEC)
- Planning, Research, Surveillance, Monitoring and Evaluation
- Blood Safety and Laboratory
- Community Services

It will provide secretarial facilities to the SPSC and will be the link between the SPSC and the NAC, and between the other stakeholders/partners and the SPSC.

The NAC Secretariat will provide guidance and inputs to the sectoral working groups.

The Secretariat will, as an executing arm of the Ministry of Health on HIV/AIDS issues, perform strategic activities of national scope e.g. advocacy, resource mobilization, strategic information dissemination, monitoring and evaluation, policy development and strategic planning.

The Secretariat will at the end of each year, evaluate the extent of programme covered in the current year and refer its report to the SPSC for confirmation of findings and advising on actions to be taken to redress shortcomings, if any.

The report will thereafter be examined by the NAC for appropriate recommendations to Government.

At the end of year 2009, the Secretariat will be responsible to carry out a final evaluation to examine the extent to which the priority areas have been addressed and the impact of the programme on the epidemic. However, a mid-way report may be necessary for assessing the actual impact of the programme.

Figure 9. shows the framework for HIV/AIDS/STI prevention, care and control activities.

12 FUNDING AND BUDGET

The effective implementation of the activities outlined in the Strategic Plan will largely depend on the availability of human, financial and institutional resources. The sustainability of the response will depend on an efficient monitoring process in the area of policy development, institutional strengthening and service delivery.

With a GDP per Capita of USD 8000 and a HDI ranking of 47th, Seychelles does not qualify for debt relief under the HIPC initiative. Over the past ten years, with the high level of social and economic achievement, Seychelles has found it increasingly difficult to access concessionary funding for development and has increasingly had to turn to commercial borrowing to sustain such a high level of development.

However, the high GDP per Capita does not truly reflect Seychelles' level of development, nor its ability to sustain what has been achieved over the past twenty years. A total GDP of USD 700 million is insignificant when compared to most countries.

Seychelles has always maintained that its uniqueness and many constraints it faces as a SIDS must be taken into consideration in order to gain access to concessionary funding so as to sustain its socio-economic development. With the challenge of globalization and HIV/AIDS, it is even more imperative that these constraints are realised by the international community.

Whilst donor assistance flows have shown an absolute decline, certain health programmes continue to receive significant support from multilateral sources. Bilateral and multilateral grants account for 10-12 % of the Ministry of Health's total expenditure, and are mainly in the form of technical cooperation. Funds for HIV/AIDS programmes have been mobilised from many sources, both national and international, and have been obtained for both prevention and treatment, including the training of health personnel and provision of technical assistance.

Monitoring of resources is done by internal and external auditing commissioned by both government and donor agencies.

Funding and resource mobilisation mechanisms for HIV and AIDS include the following:

- Government (inc. AIDS Programme management, treatment, prevention, M&E)
- National AIDS Trust Fund
- Indian Ocean Initiative (with COI, UNAIDS, UNDP, WHO)
- Bilateral and multilateral cooperation (WHO, UNFPA, UNDP, UNAIDS, both French and Indian governments)
- Partnership Forum (to be created)
- Civil society

Resources allocation for the past couple of years is summarized in Section 5 on Response Analysis Page

The National AIDS Trust Fund was created in 2002 for massive mobilization of funds. It is administered by representatives of the government, private sector, non-governmental organizations, People Living with HIV/AIDS and the medical profession. Government, parastatals and the private sector have made significant allocations to the National AIDS Trust Fund of SR 220, 000 in total.

Most of the existing NGOs in Seychelles are primarily involved in awareness raising activities relating to population issues, which include HIV/AIDS. Some of these NGOs receive financial assistance from government. Civil society actors, for example churches and charitable organisations, receive significant financial and in-kind contributions for specific projects from both local and international partners. In a number of cases, these organisations implement various projects through member contributions and fundraising activities.

A national proposal was submitted to the Global Fund for AIDS, TB and Malaria in the Second Round but was not successful. However, national resource mobilization has been supplemented by allocations from, amongst others, the United Nations (UN) of US \$ 176,000 and bilateral aid from the French Government of US \$ 350,000. Nonetheless, to make a significant difference in the epidemic over the next 5 years on a national level an estimated US \$ 7,800,000 is required.

Funds for HIV/AIDS will be devolved to districts and sectors from the national government on condition that certain standards are met.

These include the:

- Integration of HIV/AIDS in district social committees and sectoral working groups
- Commitment to distribute funds according to the HIV/AIDS Strategic Plan
- Commitment to spend over 80% of the funds in one financial year
- Commitment to roll funds over into the new financial year without risk of penalty
- Commitment to prioritise the process of HIV/AIDS spending within the districts and sectors
- Commitment to ongoing national, regional and inter-district communication
- Regular review of the implementation of HIV/AIDS Plans
- Establishment of realistic goals and objectives that can be implemented within regions and districts or sectors

Human Resources

It is vital for the success of the Strategic Plan that adequate human resources are available to ensure delivery. Seychelles is a small country with a limited number of human resources. The current ratio suggested is one dedicated employee per 1,000 population. To evaluate the availability of human resources, it will be necessary to audit the existing human resources at national, regional and district levels. The audit should assist in establishing standards of personnel at district, regional and national levels of management.

Teachers will be utilised as resource persons to reach the youth and children; focal persons in workplaces and health professionals will reach other groups. Capacity building to enhance human resource development is a crosscutting issue in all the objectives.

The NAC members are in a perfect position to delegate activities to their respective sectors and report back periodically. They will receive information and training on HIV/AIDS at each meeting and plans will be made to cover the pertinent aspects of the Strategic Plan.

Budget

A detailed budget is attached.

13 MONITORING AND EVALUATION

The HIV/AIDS Strategic Plan must be reviewed periodically at national, sectoral and district levels. Monitoring done quarterly, yearly and after five years will ensure that activities are being implemented according to the plan and that all partners contribute to the accomplishment of policy objectives. All stakeholders, including the MOH, will submit quarterly reports to NAC on their HIV/AIDS activities.

A mechanism of constant and consistent reporting by districts and sectors to national structures and vice versa will be developed. Information from the regular review of successes or failures will be used to serve as a communication tool among stakeholders to provide guidelines on appropriate activities in which to be involved.

The National MOH has overall responsibility for the implementation of the Strategic Plan within the regional and district structures. Specific measurable targets and indicators have been developed for each objective. The Strategic Plan will be monitored by these objectives. Each year, programmes will be evaluated in terms of process and output indicators and findings disseminated to the NAC and general public. Adjustments will be made accordingly. Additional monitoring will include national, regional and district surveys. A national behavioural survey in 2007 will measure changes in HIV related risk behaviours including condom use, delay of sexual initiation among youth and the number of sexual partners. In cases where capacity is currently insufficient to establish and maintain a system(s) to produce baseline data and M&E indicators, consultants will be recruited and partners solicited to meet resource requirements.

Effective monitoring and evaluation tools will be developed and customised for each intervention. These tools will identify strengths and weaknesses in the response

programmes and activities, and areas that need the redirection of resources. Programme coordinators and focal persons of sectoral working groups shall be responsible for assigning collection and analysis of data. Results shall be periodically disseminated to the NAC through the Principal Secretary for Health. Quality control and validation of data will be ascertained through review of progress meetings. M&E data will be utilized to establish baseline for future comparison and to develop guidelines and policies.

The activity should be seen as mutually beneficial for the implementing agencies to assess their performance and seek corrective measures, and for government to formulate appropriate policy.

The cost effectiveness of selected interventions will be determined through operational research.

In order to better involve the target population in the process, at the end of each educational activity, participants will be required to fill in a questionnaire to provide feedback on the sessions. Also, demographic surveys will consider the target populations.

14 ANNEXES

Annex 1:

List of Participants of Sectors and Major Contributors to the Strategic Planning Process

Anglican Diocese

Christine Benoit, Deacon

Attorney General's Chambers

Laura Pillay, State Counsel

Faith and Hope Association

Joseph Rath, Chairperson

Reginald Hoareau, Secretary

Liaison Unit of Non-Governmental Organisations, (represented by ASFF)

Rose-Mary Dogley, Administrative Officer

Ministry of Education and Youth

Bernadette Sifflore, Coordinator, President Award Programme, Youth Department

Colette Servina, Health Coordinator, Education Department

Ministry of Finance

Francesca Abel, Statistician

Ministry of Foreign Affairs

Kenneth Racombo, Economist

Ministry of Health

Anne Gédéon, AIDS Programme Manager

Christiane Jeannevole, Senior Nursing Officer, Praslin Hospital

Fred Arissol, Senior Medical Officer, CDCU

Georgette Furneau, Coordinator, CDCU

Georgianna Marie, Health Educator, AIDS IEC

Joachim Didon, Director Health Information Section

Judie Brioché, Coordinator, Youth Health Centre

Monica Servina, Director General, Health Education and Promotion

Shobha Hajarnis, Technical Advisor to the Principal Secretary

Ministry of Local Government, Sports and Culture

Maureen Jouanneau-Andre, Programme Development Officer, Neighbourhood Recreational Activities

Ministry of Social Affairs & Employment

Jane Victor, Research Officer

Jimmy Finesse, Senior Employment Officer
Pascal Marie, Senior Research Officer

Roman Catholic Church

Rev John Gappy, Vicar of the Cathedral

Seychelles Federation of Workers' Unions, SFWU

Sylvia Stravens, Sector Secretary for Education

World Health Organisation, WHO

Rui Gama Vaz, WHO Liaison Officer

Technical Advisory Committee for HIV/AIDS/STIs (MOH) TAC

Agnes Chetty, Senior Medical Officer, CDCU

Anne Gédéon, AIDS Programme Manager

Anselmine Cafrine, Assistant Director, Community Health Services

Danielle Barra, Pharmacist

Fred Arissol, Senior Medical Officer, CDCU

Georgette Furneau, Coordinator, CDCU

Georgianna Marie, Health Educator, AIDS IEC

Jude Gedeon, Director General, Disease Prevention and Control

Justina Hollanda, Technologist, Blood Transfusion Unit

Marianna Toussaint, Senior Technologist, Public Health Laboratory

Patrick Herminie, Ex-Director General, Disease Prevention and Control

Rui Gama Vaz, WHO Liaison Officer

Annex 2: Members of National Committees and Bodies

The National AIDS Council 2002-4

Chairperson	Mr Patrick Pillay	Minister of Health
Secretary	Dr Anne Gabriel	AIDS Programme Manager
Members		
Mrs MarjaMacGaw	Principal Secretary (Health)	
Mrs MacSuzy Mondon	Principal Secretary (Education)	
Mr Alain Volcere	Principal Secretary (Youth)	
Mr Alain Butler-Payette	Principal Secretary (Foreign Affairs)	
Mrs Marie-Ange Houareau	Principal Secretary (Employment & Social Affairs)	
Mr Francis Chang-Leng	Principal Secretary (Finance)	
Mrs Rosemary Elisabeth	For Chairperson LUNGOS	
Mrs Lucy Chow	For Chairperson SCCI	
Mr Gilbert Beaudouin	Chairperson FEAS	
Mrs Samia Govinden	Chairperson National Youth Council	
Ms Sylvia Stravens	For President SFWU	
Mr Anthony Fernando	Attorney General	
Mr Joseph Rath	Representative from FAHA	
Bishop Denis Wiehe	Leader Roman Catholic Church	
Bishop French Chang Him	Leader from Anglican Church	
Mrs Ruby Pardiwalla	Director NCC	
Mr Vincent Meriton	Principal Secretary Local Government	
Ms Beryl Pillay	Chairperson Media Association	
Dr Rui Gama Vaz	Liaison Officer World Health Organisation	

The National AIDS Trust Fund

Chairperson	Mr Maurice Lousteau-Lalanne	Principal Secretary (Health)
	Formerly Mrs Marja MacGaw	Ex-Principal Secretary
	(Health)	
Alternate Chair	Mrs Mina Crea	For Principal Secretary
(Finance)		

Members

Mr Joseph Rath	Representative of FAHA
Mr Gilbert Beaudouin	Representative of Federation of Employers' Associations
Mrs Lucy Chow	Representative of Seychelles Chamber of Commerce and Industry
Mr K D Pillay	Representative of Rajiv Gandhi Foundation
Mrs Renette Felix	Representative from Barclays Bank
Dr Valentina Seth	Seychelles Medical and Dental Association
Dr Agnes Vel	Senior Medical Officer

UN THEME Group

Dr Rui Gama Vaz	WHO Liaison Officer
Mrs Glanys Maquis	ex- Seychelles Rotary
Ms Claudette Harrison	Ministry of Foreign Affairs
Mr Bernard Shamlaye	UNESCO Commission
Mrs Julita Quilindo	Industrial Training Centre
Mr Khantilal Jivan	SCCI
Mrs Rose-Mary Elizabeth	ASFF
Mr Barry Camille	Seychelles Breweries Ltd.
Mrs Sarah Romain	Health Promotion Section – MOH
Father Lala	Anglican Church
Bishop Denis Wiehe	Roman Catholic Church
Mr Justin Freminot	Seychelles Red Cross Association
Ms Suzanne Pierre	Dept of Social Affairs
Mr Paul Lloyd	I.O.T
Mr Joseph Rath	Faith & Hope Association
Mr Viraf Udwardia	Air Seychelles
Ms Stella Port-Louis	Seychelles Marketing Board

TAC AIDS/IEC Sub – Committee

Mrs Georgianna Marie	AIDS-IEC Coordinator (Chairperson)
Ms Anna Gonthier	SBC Radio
Mr Georges Thande	Nation Publishing
Mrs Margaret Maillet	C/o FEBA Radio
Mrs Colette Servina	Ministry of Education (PSAB Unit)
Rev. John Gappy	Roman Catholic Church
Rev. Lala	Anglican Church
Mr Justin Freminot	CDCU
Mrs Judy Brioche	Youth Health Centre
Mrs Marie-Alice Julie	Dept of Youth

Social Security and Social Services Committee

Dr A Gabriel	ACPM (Chairperson)
Dr A Vel	CDCU
Ms G Furneau	CDCU
Mr J Rath	FAHA
Ms M.A Hoareau	N.E.P Hospital
Mr J Freminot	CDCU/HASO
Mrs N Camille	MoH Social Worker
Mrs J Pierre	Social Security Division
Mrs S Pierre	Social Services Division

Annex 3: Mapping Directory

List of all contributors to HIV/AIDS efforts in Seychelles by Programme Area

- Section 1: Advocacy & Advice.**
Section 2: Prevention
Section 3: Management, Care and Support
- Procurement.
 - Management, Care and Support
 - Support
- Section 4: Community Programs**
Section 5: Institutional Strengthening
- Policy & Management
 - Capacity Building
- Section 6: Publications & Publicity**
Section 7: Resource Mobilisation
Section 8: Research & Surveillance

SECTION 1: ADVOCACY & ADVICE.

"Advocacy,

is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing people and organisations with power, systems and structures at different levels for the betterment of people affected by the issue."

Adapted from an advocacy skills-building workshop,

India HIV/AIDS Alliance, November 2002.

Advice,

providing advice and guidance on issues pertaining to HIV/AIDS.

Multisectoral

National AIDS Council.
National AIDS Trust Fund.
UN- Theme Group.

Government

Ministry of Health

- AIDS Prevention and Control Program.
- Community Services, MOH.

Ministry of Social Affairs and Employment (MSAE)

- Social Development Division (MSAE)
- Employment Division. (MSAE)

Private Sector

Federation of Employers Association of Seychelles.
(FEAS)

Civil Society

Faith and Hope Association

SECTION 2: PREVENTION

Prevention

- ! Public Awareness.
- ! Sensitization.
- ! Education
- ! Correcting ignorance and Denial.
- ! Fighting stigma & negative attitudes
- ! Behaviour change
- ! Peer education
- ! Safe sex & condom promotion
- ! Radio/TV programs
- ! Mass media campaigns.
- ! Youth-focused interventions
- ! World AIDS Day activities

Multisectoral

National AIDS Council.

National AIDS Trust Fund.

UN- Theme Group.

Government

Ministry of Health.

- AIDS Prevention and Control Program,
- AIDS-IEC
- Technical AIDS Committee
- Communicable Disease Control Unit,
- Hospital Services,
- Occupational Health,
- Community Health Services,
- Program Development,
- Nutrition,
- Pharmacy,.
- Blood Transfusion Centre,
- Public Health Laboratory,
- Logan Hospital, La Digue,
- Baie Ste Anne Hospital,
- Anse Royale Hospital,
- National Institute of Health & Social Studies.
- Youth Health Centre

Ministry of Education and Youth

- Department of Education,
- Department of Youth,
- Seychelles National Youth Council.
- National Institute of Education.

Ministry of Social Affairs and Employment

- Department of Social Affairs,
- Social Development Division,
- Department of Employment,
- Rehabilitation Centre,.

Ministry of Tourism & Transport.

- Port & Marine.

Ministry of Internal Affairs

- Seychelles Police Academy,.

Ministry of Defence.

President's Office.

Ministry of Environment.

Ministry of Agriculture and Marine Resources.

Ministry of Local Government, Culture and Sports.

- Department of Local Government
- Department of Culture
- National Sports Council.

Parastatals

Seychelles Assurance Corporation of Seychelles.

Air Seychelles.

Seychelles Broadcasting Corporation.

Seychelles Industrial Development Corporation.

Seychelles Nation,

Private Sector

Printec Press Holdings.

Cable & Wireless

Seychelles Breweries.

Barclays Bank.

Deepam Cinema.

Inter Lotto.

Pilgrim Security Services.

Deepam's Cinema.

The People.

Regar.

Seychelles Review.

Seychelles Weekly.

L'Echo des Iles.

Private Schools

Private Clinics

Civil Society

Nurses Association of the Republic of Seychelles.

Faith And Hope Association.

HIV/AIDS Support Organization.

Red Cross Society of Seychelles.

Association for the Promotion of Solid Humane Families.

Alliance of Solidarity For the Family.

National Council for Children.

Farmer's Association.

Rajiv Ghandi Foundation.

Rotary Club of Seychelles.

Help for Bella Campaign.

Artists & Musicians.

Soroptimist Club

Africa Friendship Association.

Faith-based Organisations

Seychelles Evangelistic Alliance.

Seventh Day Adventist Church Mission.

Anglican Diocese of Victoria.

Roman Catholic Diocese of Port Victoria.

Pentecostal Assembly Of Seychelles.
 Association of Jehova's Mission.
 Christ Holiness Church.
 Grace and Peace Baptist Church.

Young Christians Association of Seychelles.
 Seychelles Hindu Kovil Sangam.
 Full Gospel Assembly of God.
 Far East Broadcasting Association.

SECTION 3: MANAGEMENT, CARE AND SUPPORT.

MANAGEMENT, CARE & SUPPORT
Procurement
 ! Ensure availability of drugs/supplies.
 ! Ensure the provision of social security benefits

Procurement

Multisectoral

National AIDS Council.
 National AIDS Trust Fund.
 Social Services Committee.

Government

Ministry of Health.
 • AIDS Prevention and Control Program,
 • Pharmaceutical Services, MOH.
 Social Security Fund, MOF.
 Social Affairs, MSAE.

Parastatal

Seychelles Marketing Board.

Management, Care & Support
 ! Management, care & Support
 ! Voluntary counseling.
 ! HIV Testing.
 ! Prevention of mother-to- child transmission.
 ! Demonstration, provision, distribution of condoms.
 ! Strengthening STI Services
 ! Strengthening Blood transfusion services.

Management, Care and Support.

Multisectoral

Technical AIDS Committee. (Ensures)
 AIDS Prevention and Control Program.
 (Ensures)
 Social Services Committee. (Ensures)

Government

Ministry of Health.
 • Technical AIDS Committee.

- Communicable Disease Control Unit, MOH.
- AIDS-IEC, MOH. (Develops, promotes, strengthens)
- Hospital Services, MOH.
- Community Health Services, MOH.
- Logan Hospital, La Digue, MOH.
- Baie St Anne Hospital, Praslin, MOH.
- Anse Royal Hospital, MOH.
- Program Development, MOH.
- Nutrition, MOH.
- Youth Health Centre, MOH.

Private Sector

Dr Jivan.

Civil Society

Faith and Hope Association.

Support
 ! Support
 ! Voluntary counseling.
 ! Support for PLWHA.
 ! Identify needs.

Support

Government

AIDS Prevention & Control Program.
 Communicable Diseases Control Unit (MOH)
 Community Health Services
 Hospital Services

Civil Society

Faith and Hope Association.
 Alliance of Solidarity for the Family.
 Association for the Promotion of Solid & Humane Families.
 Help for Bella.

Faith-Based Organisations

Seychelles Evangelistic Alliance.
 Anglican Diocese of Victoria.
 Pentecostal Assembly of Seychelles
 Roman Catholic Church.
 Full Gospel Assembly of God.
 Association of Jehovah's Witnesses of Seychelles.
 Young Christians Association of Seychelles.
 Christ Holiness Church.

SECTION 4: COMMUNITY PROGRAMMES

COMMUNITY PROGRAMS

- ! Mobilizing local communities.
- ! Community support for PLWHAs
- ! Psychological support.
- ! Social marketing of condoms.
- ! Getting religious leaders involved.
- ! Youth-focused interventions.
- ! Setting up support groups.
- ! Basic care activities.
- ! Home care for PLWHA.
- ! Family counseling.
- ! Involvement of PLWHA

Multisectoral

National AIDS Council (Encourages the involvement of PLWHA)

AIDS Prevention and Control Program.

Government

Ministry of Health.

- AIDS-IEC, MOH.
- Community Health Services, MOH.

- Logan Hospital, La Digue, MOH.
 - Baie St Anne Hospital, Praslin, MOH.
 - Anse Royale Hospital, MOH.
 - Youth Health Centre, MOH.
- Department of Youth, MOEY.
Social Affairs, MSAE.
Ministry of Local Government, Culture & Sports.
Civil Society
Alliance of Solidarity For the Family.
Faith And Hope Association.
Nurses Association.
Association for the Promotion of Solid Humane Families.
Africa Friendship Association.
Faith-Based Organisations
Anglican Church.
Pentecostal Assembly of Seychelles
Young Christians Associations of Seychelles.
Seventh Day Adventist Church Mission.
Full Gospel Assembly of God.

SECTION 5: INSTITUTIONAL STRENGTHENING

INSTITUTIONAL STRENGTHENING

Policy and Management

- ! Policy review, proposals.
- ! Legislative reforms, proposals.
- ! Planning, monitoring, facilitating, evaluating & coordinating national programmes.

Policy & Management

Multisectoral

National AIDS Council

UN-Theme Group.

Government

Ministry of Health.

- Technical Advisory Committee, MOH.
 - AIDS Prevention and Control Program.
 - Blood Transfusion Center, MOH.
- Ministry of Social Affairs and Employment
- Social Development Division, MSAE.
 - Employment Division, MSAE.

Private Sector

Federation of Employers Association.

INSTITUTIONAL STRENGTHENING

Capacity Building

- ! Training and use of local managerial and technical personnel.
- ! Maintaining a pool of trainers and consultants.
- ! Organizing & conducting workshops/seminars

Capacity Building

Multisectoral

AIDS Prevention and Control Program.
(coordinates, facilitates)

Government

Ministry of Health.

- Technical Advisory Committee, MOH
- AIDS Prevention and Control Program
- AIDS-IEC, MOH.

- Pharmaceutical Services, MOH.
 - Blood Transfusion Center, MOH.
 - Community Health Services. MOH.
 - Logan Hospital, La Digue, MOH.
 - Baie Ste Anne Hospital, Praslin, MOH.
 - Anse Royale Hospital, MOH.
 - Health Education and Promotion
 - Program Development, MOH.
 - Nutrition, MOH.
 - Youth Health Centre, MOH.
 - National Institute of Health & Social Studies, MOH.
- Ministry of Education and Youth
- Department of Education, MOEY.
 - Department of Youth, MOEY.
 - National Institute of Education, MOEY.
 - Seychelles National Youth Council.
- Ministry of Foreign Affairs. (mediates with donors)
- Ministry of Internal Affairs
- Seychelles Police Academy, MIA.
- Ministry of Local Government, Sports and Culture
- National Sports Council.

Private Sector

- Federation of Employers.
 - Cable & Wireless.
 - Seychelles Breweries.
 - Barclays Bank.
- #### **Civil Society**
- Faith and Hope Association
 - Red Cross Society of Seychelles.
 - Association for the Promotion of Solid and Humane Families
 - Alliance of Solidarity for the Family
 - Rajiv Gandhi Foundation
 - Nurses Association.
 - Africa Friendship Association.

LUNGOS

Faith-Based Organisations

- Seychelles Evangelistic Alliance
- Roman Catholic Diocese of Port Victoria.
- Young Christians Associations of Seychelles.
- Pentecostal Assembly of Seychelles
- Association of Jehovah's Witnesses of Seychelles.
- Seventh Day Adventist Church Mission.
- Grace and Peace Baptist Church.
- Anglican Diocese.

SECTION 6: PUBLICATIONS & PUBLICITY

PUBLICATION & PUBLICITY

- ! Pamphlets, fliers, leaflets.*
- ! Newsletters, articles.*
- ! Information note on notice boards..*
- ! radio & TV programs and spots.*

Government

Ministry of Health

- AIDS-IEC, MOH
 - Youth Health Center, MOH.
- Seychelles Nation.
- Social Development Division, MSAE.
- Department of Youth, MOEY.

Parastatals

- Seychelles Broadcasting Corporation.
- Seychelles Industrial Development Corporation

Private Sector

- Cable & Wireless
- Seychelles Breweries.

Civil Society

- HIV/AIDS Support Organisation.
- Red Cross Society of Seychelles.
- Association for the Promotion of Solid Humane Families
- Alliance of Solidarity for the Family.

Faith-Based Organisations

- Seychelles Evangelistic Alliance
- Roman Catholic Diocese of Port Victoria.
- Seychelles Hindu Kovil Sangam.
- Association of Jehovah's Witnesses of Seychelles.
- Christ Holiness Church.

SECTION 7: RESOURCE MOBILISATION

RESOURCE MOBILIZATION

- ! Fundraising.
- ! Sponsorship/donations.
- ! Allocation of funds.
- ! Allocation of stalls.
- ! Solicits.

Multisectoral

National AIDS Council. (Ensures the allocation)
National AIDS Trust Fund.
UN-Theme Group.

Government

Ministry of Health.

- AIDS-IEC, MOH.
- Community Health Services. MOH.
 - Logan Hospital, La Digue, MOH.
 - Baie St Anne Hospital, Praslin, MOH.
 - Anse Royale Hospital, MOH.
- Youth Health Center, MOH.

Ministry of Finance

- Social Security Funds, MOF.

Ministry of Foreign Affairs. (Mediates)

Ministry of Social Affairs and Employment

- Social Affairs Division, MSAE.
- Rehabilitation Center, MSAE.

Ministry of Defence

- Seychelles People's Defence Forces

Seychelles Nation.

Seychelles National Youth Council.

Ministry of Local Government, Youth & Sports.

Parastatals

Development Bank of Seychelles.
State Assurance of Seychelles.
Seychelles National Olympic Committee.
Seychelles Broadcasting Corporation.
Air Seychelles.

Private Sector

Gills Pest Control
Telly's Modelling Agency
Giovanni Luca Di Maio
Seychelles Breweries
Allied Builders Seychelles Ltd
Cable & Wireless Seychelles Ltd
Deeva's Pty Ltd
Island Construction.
Mohan Shopping Centre
Nouvobanq
Ramani & Company
Sound & Vision Building
Saymore Company.
Seychelles Breweries.
Telly's Agency

Civil Society

Faith and Hope Association.
Rajiv Gandhi Foundation
Sonny Dogley & Singers of Charity
Alliance of Solidarity for the Family.

Faith Based Organisations

Seventh Day Adventist Mission.
Young Christians Association.
Grace and Peace Baptist Church.
Full Gospel Assembly of God.
Seychelles Evangelistic Alliance.
Anglican Diocese.

SECTION 8: RESEARCH & SURVEILLANCE

RESEARCH AND SURVEILLANCE

- ! Studies and Research
- ! Statistics, collection and interpretation.
- ! Maintenance of data bank.
- ! Surveillance

Multisectoral

National AIDS Committee.
AIDS Prevention and Control Program.
(coordinates, facilitates)

Government

Ministry of Health.
The Technical Advisory Committee, MOH
Communicable Disease Control Unit, MOH.
Social Development Division, MSAE.

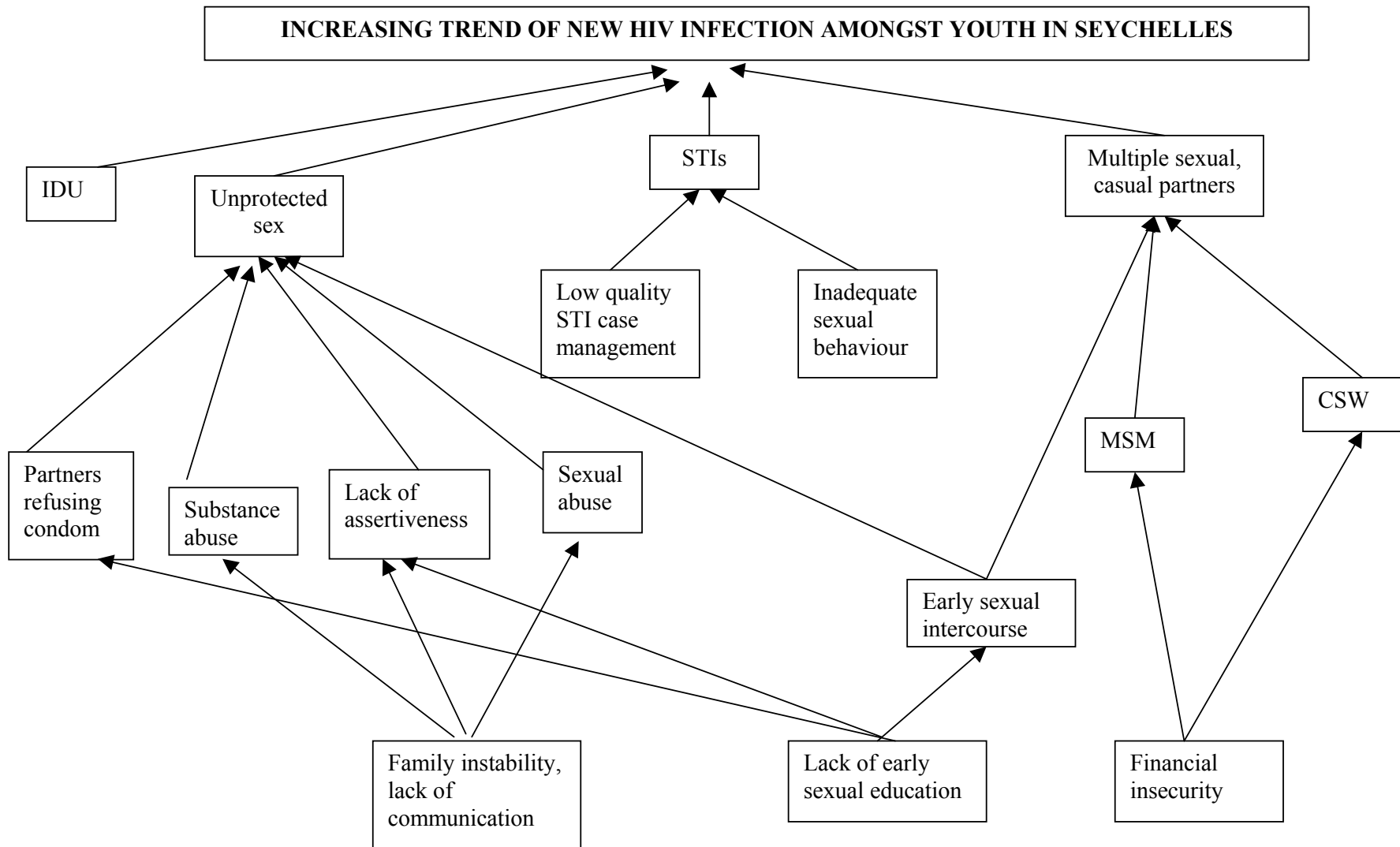
Civil Society

Faith and Hope Association.

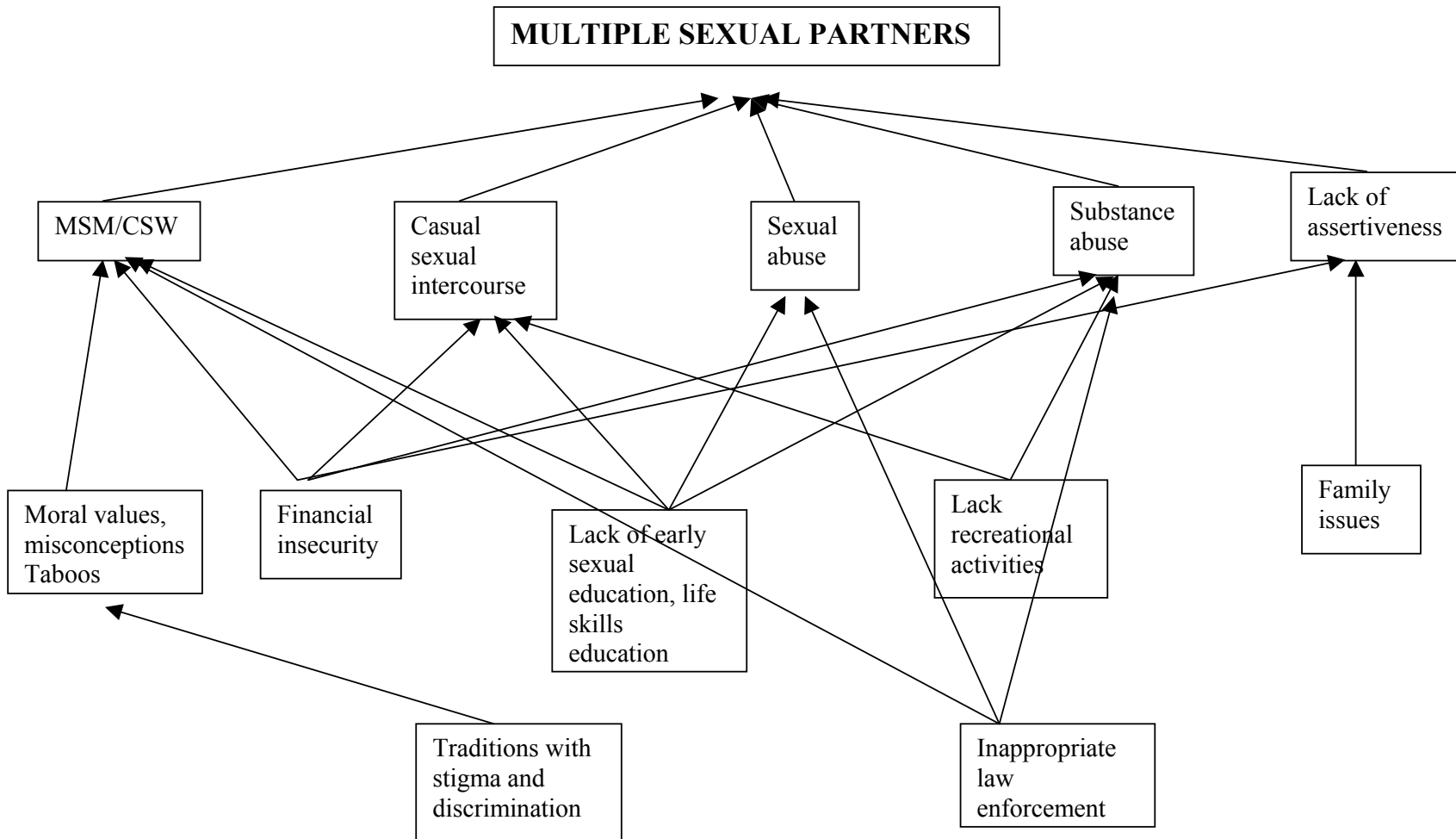
Annex 4:

Seychelles National Strategic Plan Formulation

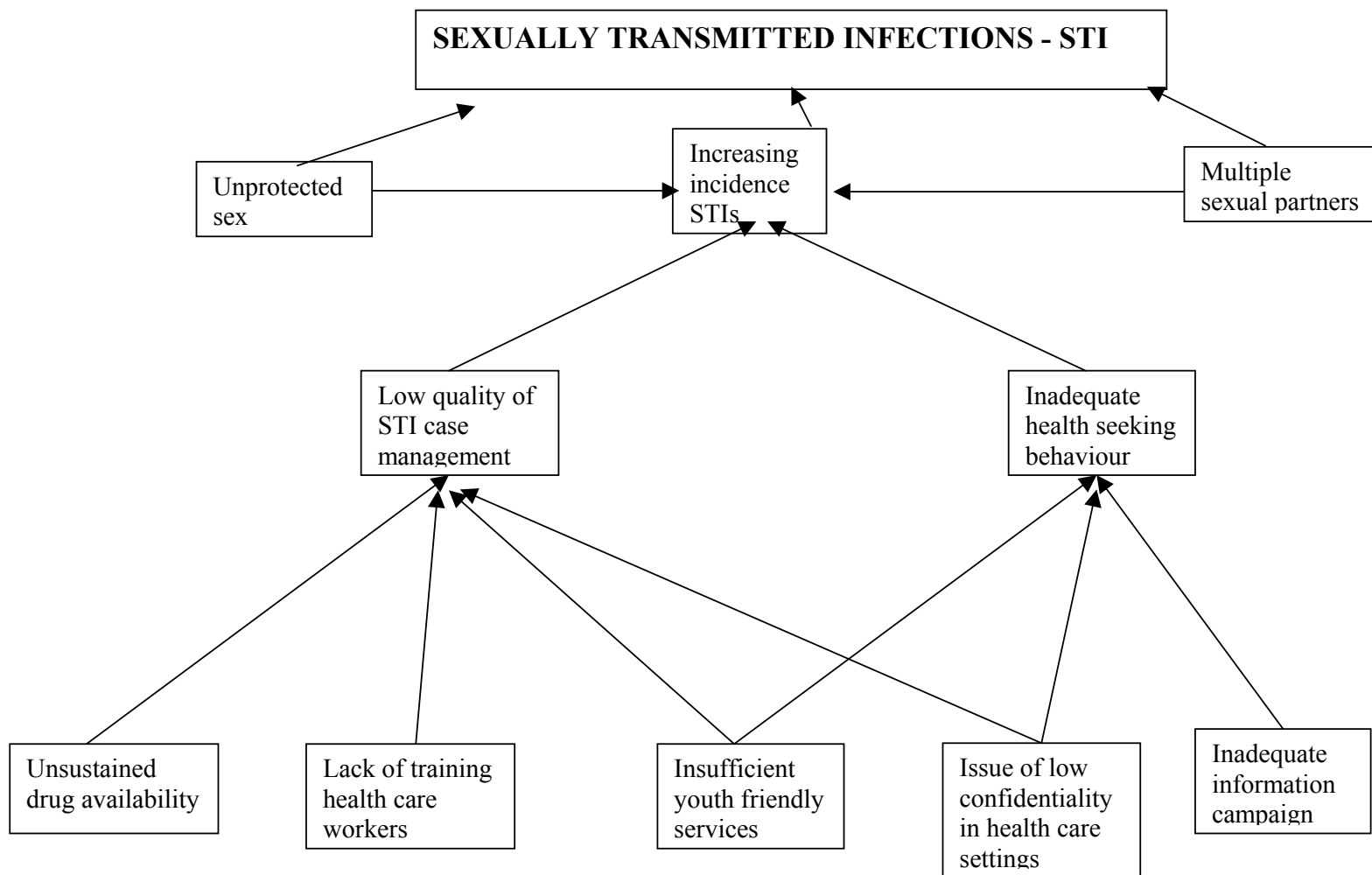
PROBLEM TREE: Increasing trend of new HIV infection amongst youth in Seychelles



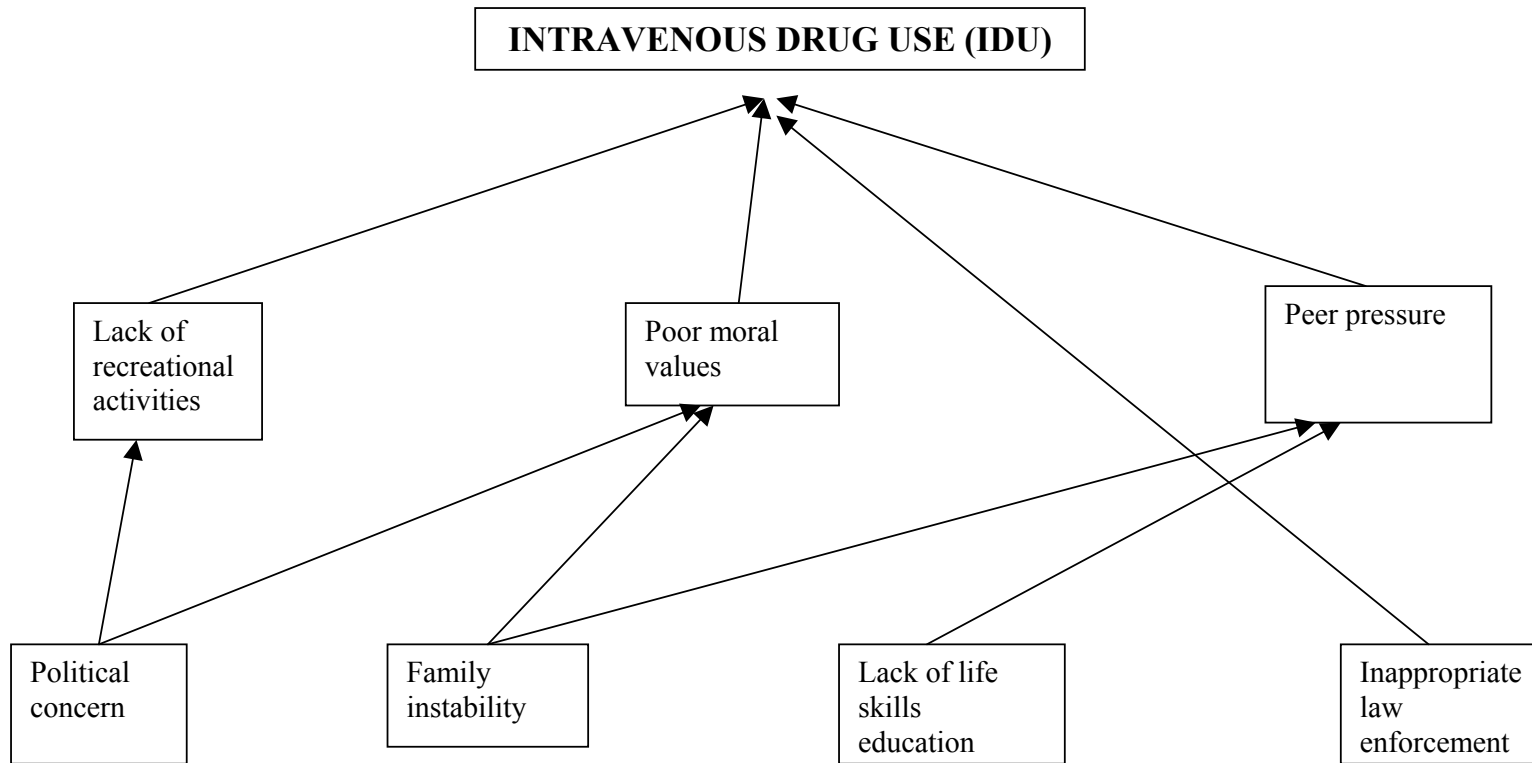
Problem tree for each immediate cause: Multiple sexual partners



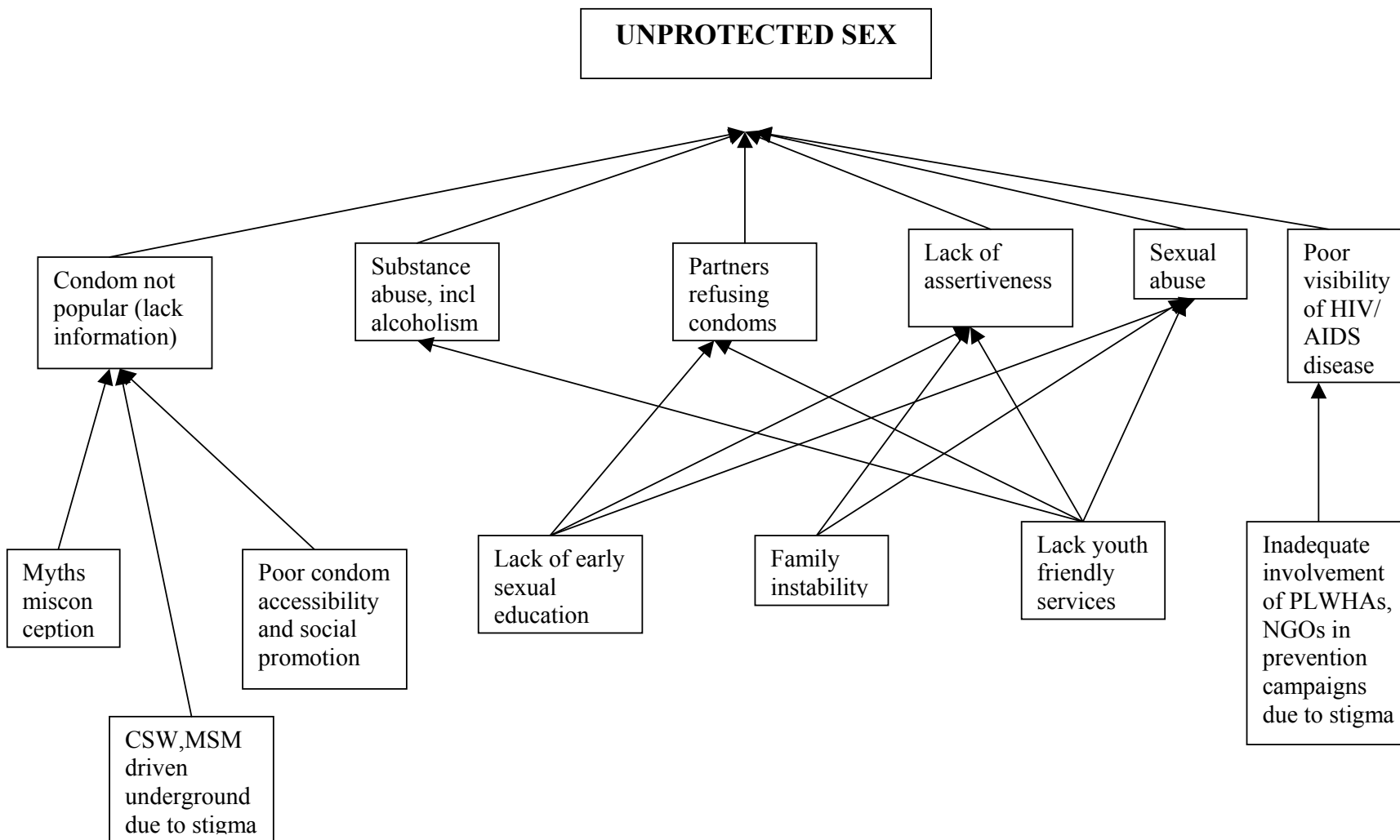
Problem tree derived from immediate cause: Sexually transmitted infections



Problem tree derived from immediate cause: Intravenous Drug Use



Problem tree derived from immediate cause: Unprotected Sex



15 LIST OF REFERENCES

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6. National Youth Study 2000, Government of Seychelles
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10. Sub Saharan Africa National Response to HIV/AIDS 2002, UNAIDS