

Country progress report - Seychelles

Global AIDS Monitoring 2017



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Overall

Fast-track targets

Progress summary

HIV AND AIDS OVERVIEW

The first case of HIV was diagnosed in Seychelles in 1987, a cumulative of 843 (515M/328F)

HIV cases. Currently, 592 (358M/234F) cases are living with HIV.

A total of 75 (53M/22F) new HIV cases were reported in 2016, representing a reduction of 27% compared to 2015, and age groups most affected were the 25 to 34 years old representing 34% of the new cases.

Since the first AIDS case was reported in 1993, a cumulative of 306 (192M/114F) AIDS cases was reported of which 63% were males and 37% females.

The year 2016 reported 8(6M/2F) new AIDS cases, a reduction of 46 % compared to 2015, 7 were newly HIV diagnosed.

A cumulative of 156 (97M/59F) AIDS related deaths since 1993 to 2016, 62% males and 48% in females.

There were 7(5M/2F) AIDS related deaths reported in 2016, a reduction of 46% compared to 2015, age ranging from 30 to 66 years old;

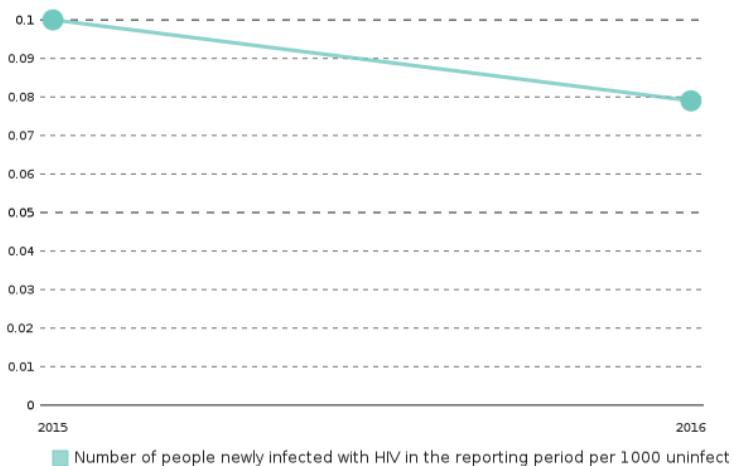
To date, 126 HIV positive pregnancies have been reported from 1987, 101(80%) have benefited from the PMTCT program since its introduction in 2001 from monotherapy to tritherapy today.

The year 2016 reported the highest number of HIV positive pregnancies since 1988, 14 cases, an increase of 180% compared to 2015, age ranging from 17 to 39 years old.

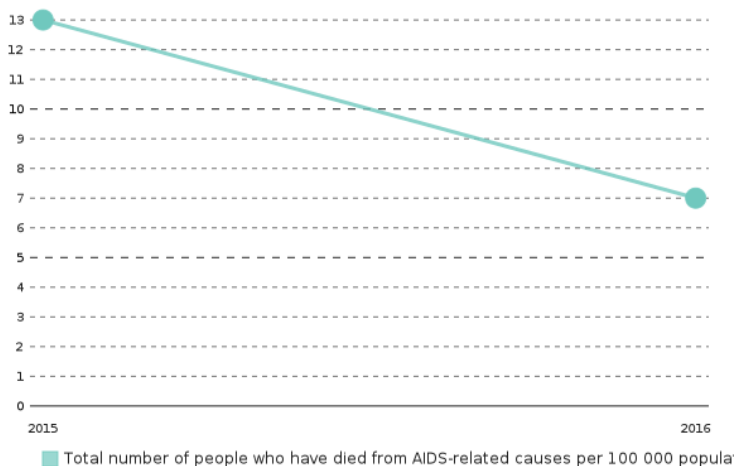
The HIV incidence has remained constant at 5 per 1000 HIV tests for the year 2006 to 2008 but increased to 6 per 1000 HIV tests in 2009. From 2010 to 2012, there was a decreasing trend in the incidence but a sudden upsurge in the incidence at 9 per 1000 HIV tests was observed in 2014; followed by a gradual decline at 6 per 1000 tests in 2016, a reduction of 14% compared to 2015.

A total of 12,426 HIV tests were conducted in 2016, a reduction of 12% compared to 2015.

3.1 HIV incidence, Seychelles (2015-2016)



3.1 AIDS mortality, Seychelles (2015-2016)



Commitment 1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

1.1 People living with HIV who know their HIV status

The first case of HIV was diagnosed in Seychelles in 1987, a cumulative of 843 (515M/328F) HIV cases. Currently, 592 (358M/234F) cases are living with HIV, all of whom are aware of their status. A total of 75 (53M/22F) new HIV cases were reported in 2016, representing a reduction of 27% compared to 2015, and age groups most affected were the 25 to 34 years old representing 34% of the new cases.

A total of 12,426 HIV tests were conducted in 2016, a reduction of 12% compared to 2015.

1.2-1.4 People living with HIV on antiretroviral therapy / Retention at 12 months/ suppressed viral loads

1.5 Late HIV diagnosis

Since the first AIDS case was reported in 1993, a cumulative of 306 (192M/114F) AIDS cases was reported of which 63% were males and 37% females.

A fluctuation in the number of new AIDS cases being reported on an annual basis with the year 2008 reporting the most number of cases.

A gradual decline in the number of new cases was being observed from 2014 to date. However it is important to note that the majority of new AIDS cases per year are newly diagnosed HIV cases who reported in late stage of AIDS. The year 2016 reported 8 (6M/2F) new AIDS cases, a reduction of 46 % compared to 2015, 7 were newly HIV diagnosed cases and 1 was a known HIV case who had defaulted treatment and developed AIDS.

1.7 AIDS Mortality

A cumulative of 156 (97M/59F) AIDS related deaths was reported since 1993 to 2016, 62% of deaths occurred in males and 48% in females. There were 7 (5M/2F) AIDS related deaths reported in 2016, a reduction of 46% compared to 2015, age ranging from 30 to 66 years old;

of which 72% were AIDS cases, 14% were suicide and 14% were AIDS related cancers.

The AIDS mortality from 1993 to 2000 was generally on the increase before the introduction of Highly Active Antiretroviral Therapy (HAART), but gradually declined from 2001 when HAART was introduced and accessible to all HIV cases eligible for treatment as per WHO guidelines.

From 2002 onwards, a sustained decline in the trend was observed from 6 deaths (7%) out of 87 PLWHA, to 7 (1%) out of 592 PLWHA in 2016.

Possible contributing factors towards the ongoing trend in AIDS mortality remains a challenge and is related to loss to follow-up and late presentation of cases in AIDS stage.

Policy questions

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

Yes

d) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

TREAT ALL regardless of CD4 count; Implemented countrywide

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

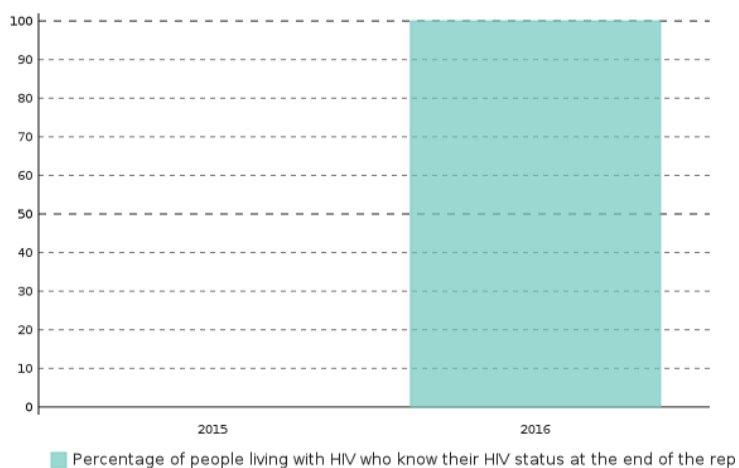
a) For adults and adolescents

Yes, partially implemented

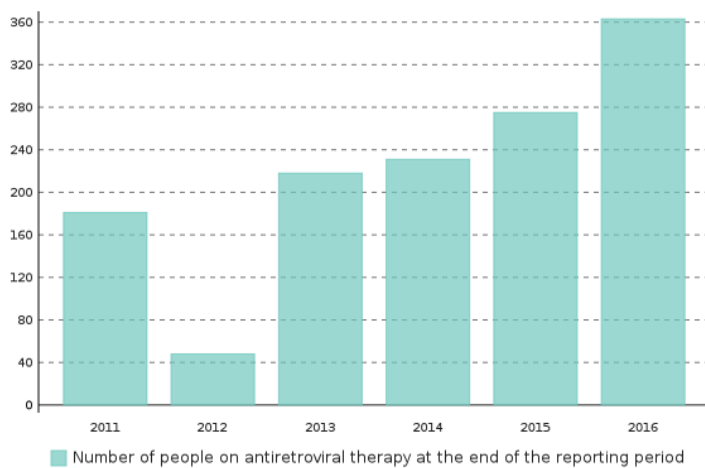
b) For children

Yes, partially implemented

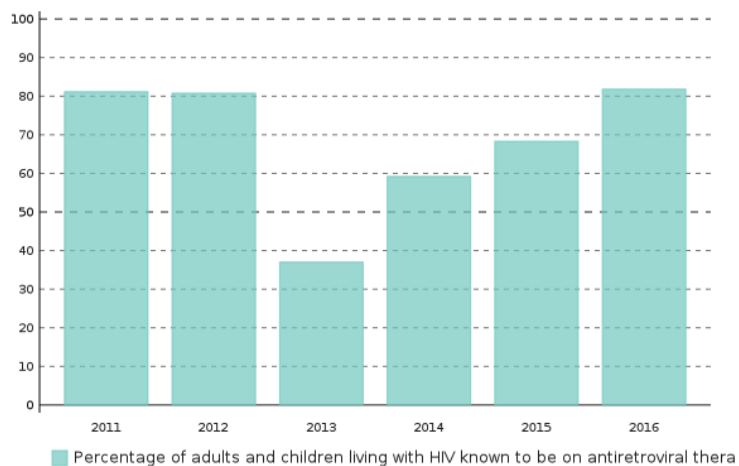
1.1 People living with HIV who know their HIV status, Seychelles (2015-2016)



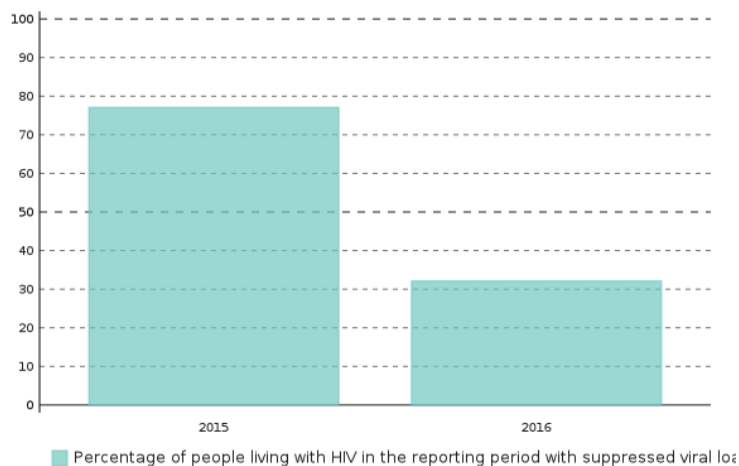
1.2 People living with HIV on antiretroviral therapy, Seychelles (2011-2016)



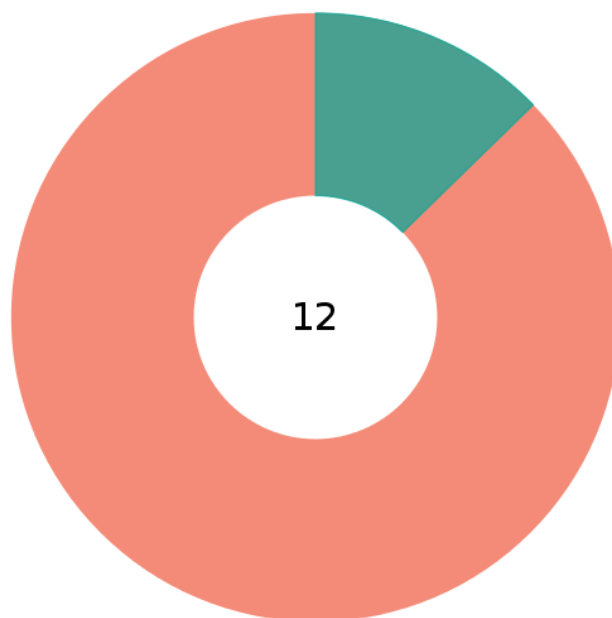
1.3 Retention on antiretroviral therapy at 12 months, Seychelles (2011-2016)



1.4 People living with HIV who have suppressed viral loads, Seychelles (2015-2016)

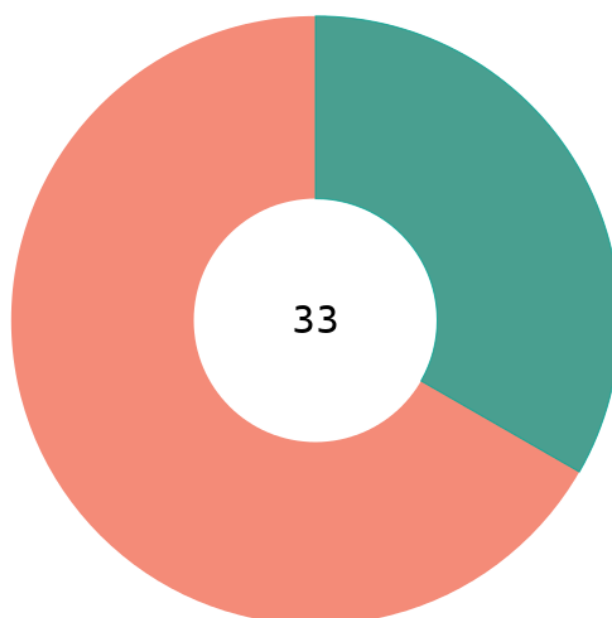


1.5 Late HIV diagnosis, Seychelles (2016)



■ Percentage of people living with HIV with the initial CD4 cell count <200 cells/l

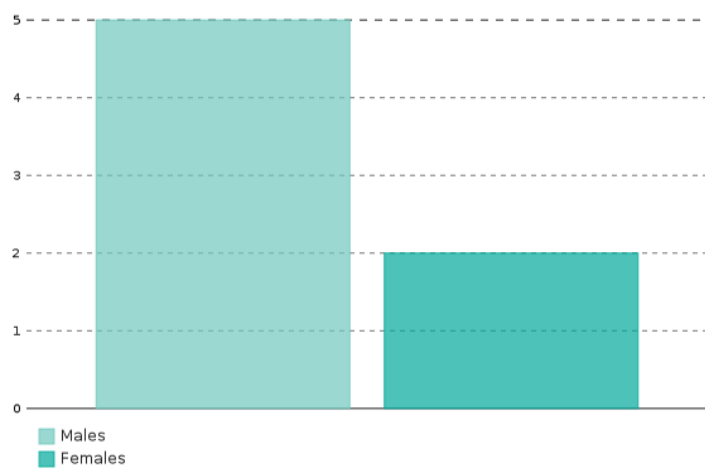
1.6 Antiretroviral medicine stock-outs, Seychelles (2016)



■ Percentage of treatment sites that had a stock-out of one or more required drugs

1.7 AIDS mortality, Seychelles (2016)

Number of people dying from AIDS-related causes in 2016



Commitment 2

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

Progress summary

2.1-2.3 Early Infant Diagnosis / Mother to Child transmission of HIV/ Preventing the mother to child transmission of HIV

The year 2016 recorded a total of 1661 deliveries for the entire country.

A cumulative of 126 HIV positive pregnancies have been reported from 1987 to 2016, 101(80%) have benefited from the PMTCT program since its introduction in 2001 from monotherapy to tritherapy today.

Before the PMTCT era, 8 out of the 23 babies born from HIV positive mothers were infected with HIV representing a mother to child transmission rate of 34% compared to 3 out of the 102 babies since the introduction of PMTCT program representing a mother to child transmission rate of 3%. It is important to note that 2 babies tested HIV positive at 9 months of age though their mothers tested HIV negative at 36 weeks gestation, possibility of having had Mother to Child Transmission via breastfeeding is likely.

To date, 126 HIV positive pregnancies have been reported from 1987, 101(80%) have benefited from the PMTCT program since its introduction in 2001 from monotherapy to tritherapy today.

The year 2016 reported the highest number of HIV positive pregnancies since 1988, 14 cases, an increase of 180% compared to 2015, age ranging from 17 to 39 years old.

However, mother to child transmission remains zero.

Policy questions

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 0

Year: 2015

Elimination target(s) (such as the number of cases/population) and Year: 0

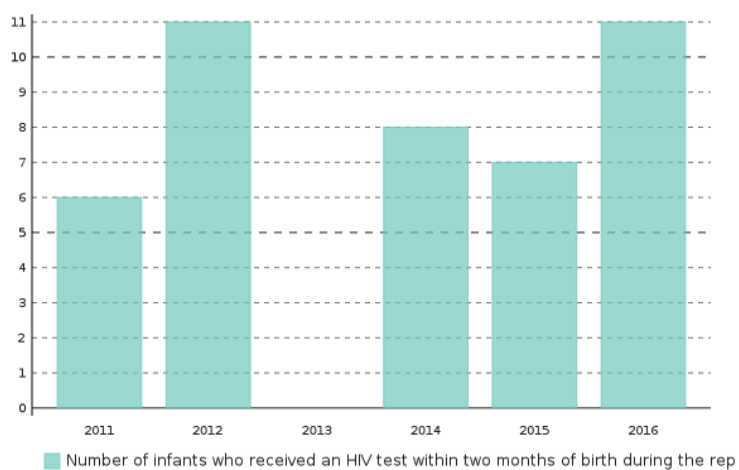
Year: 2015

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

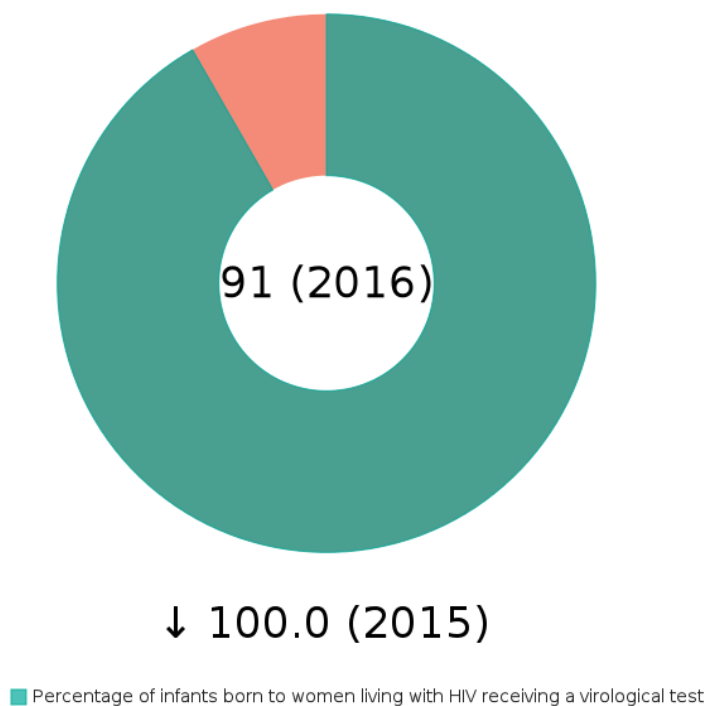
Treat All

Not implemented in practice

2.1 Early infant diagnosis, Seychelles (2011-2016)



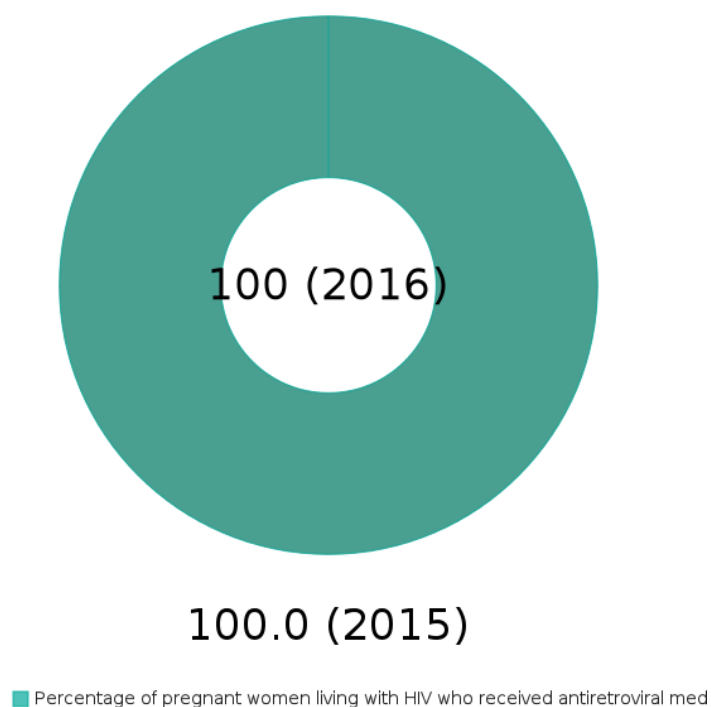
2.1 Early infant diagnosis, Seychelles (2015-2016)



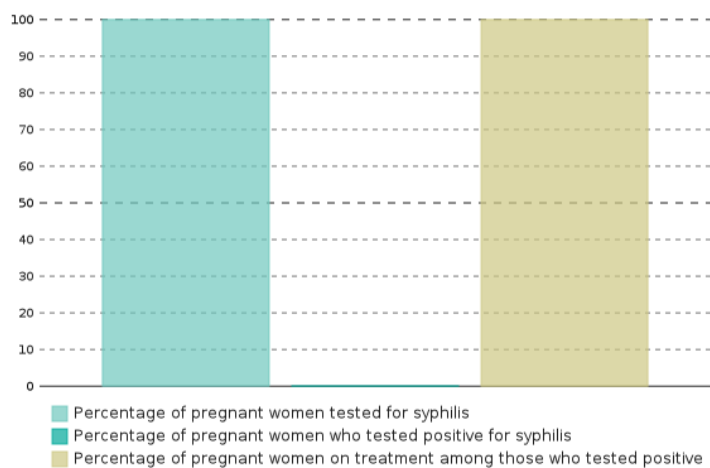
2.3 Preventing the mother-to-child transmission of HIV, Seychelles (2011-2016)



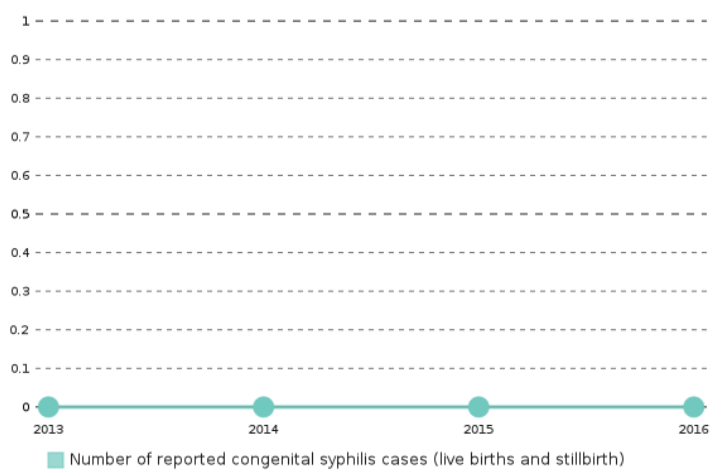
2.2 Preventing the mother-to-child transmission of HIV, Seychelles (2015-2016)



2.4 Syphilis among pregnant women, Seychelles (2016)



2.5 Congenital syphilis rate (live births and stillbirth), Seychelles (2011-2016)



Commitment 3

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

Progress summary

The HIV incidence (measured per total population) has remained constant at 5 per 1000 HIV tests for the year 2006 to 2008 but increased to 6 per 1000 HIV tests in 2009. From 2010 to 2012, there was a decreasing trend in the incidence but a sudden upsurge in the incidence at 9 per 1000 HIV tests was observed in 2014; followed by a gradual decline at 6 per 1000 tests in 2016, a reduction of 14% compared to 2015.

Prisons

In 2016 out of the 75 new cases diagnosed, 10 were from prison, all males and intravenous drug use was the most probable mode of transmission in all of them. In 2016, 246 HIV tests were conducted in prison. By the end of 2016, 36 inmates in prison were known to be HIV positive.

3.5 Antiretroviral therapy coverage among people living with HIV in key populations

The question was not asked in all surveys and the information is not available

3.7 Coverage of HIV prevention programmes among key populations

The questions were not asked as required by the indicator

Policy questions: Key populations

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

No specific legislation

Is drug use or possession for personal use an offence in your country?

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

No

Sex workers

No

Men who have sex with men

Constitutional prohibition of discrimination based on sexual orientation

People who inject drugs

No

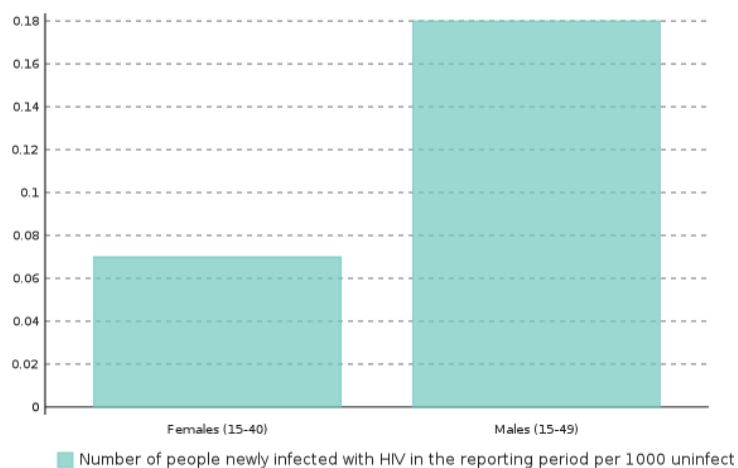
Policy questions: PrEP

Is pre-exposure prophylaxis (PrEP) available in your country?

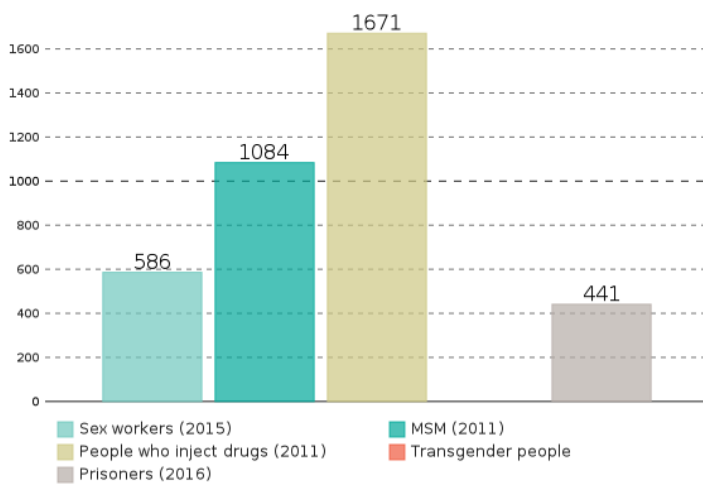
Yes

Available through private providers

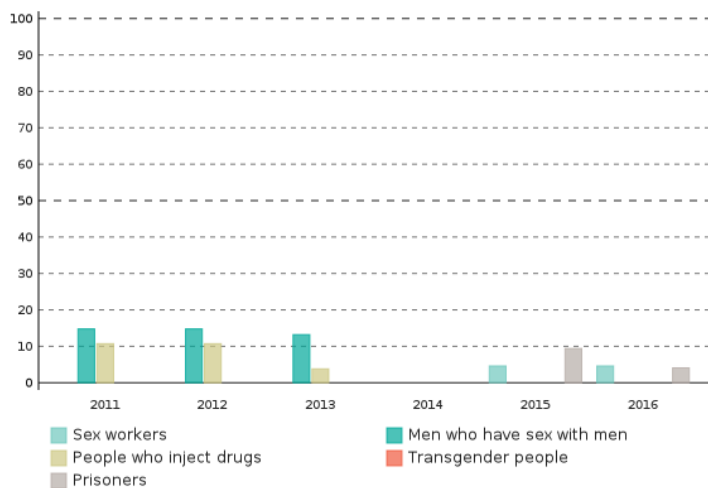
3.1 HIV incidence, Seychelles (2016)



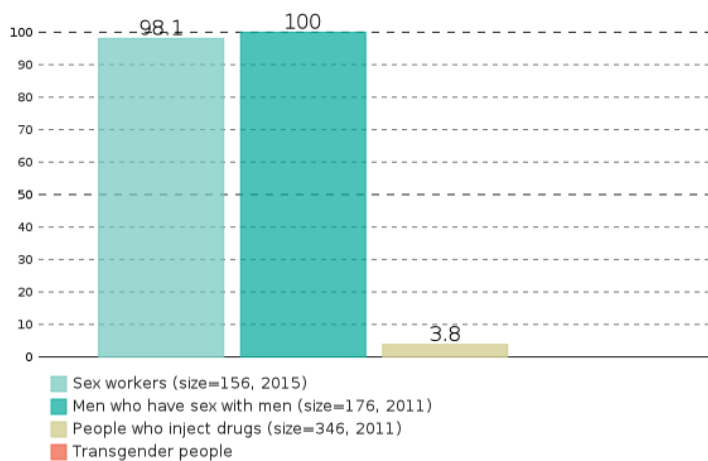
3.2 Estimates of the size of key populations, Seychelles



3.3 HIV prevalence among key populations, Seychelles (2011-2016)



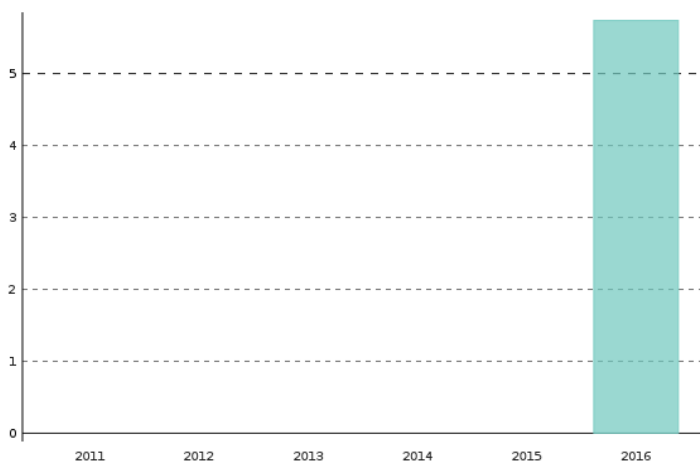
3.4 Knowledge of HIV status among key populations, Seychelles



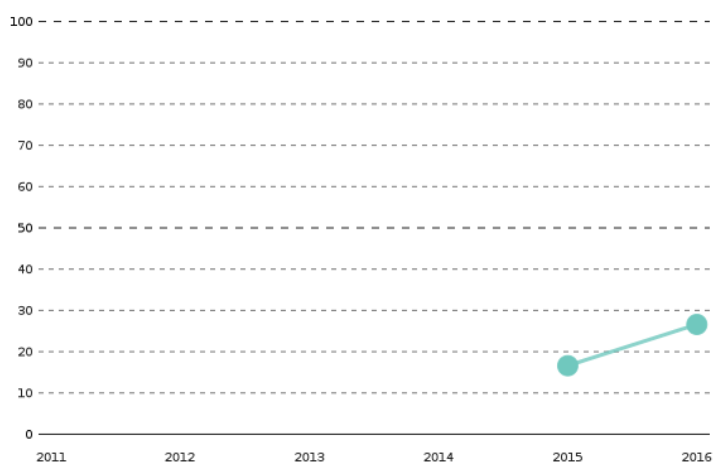
3.8 Safe injecting practices among people who inject drugs, Seychelles (2016)



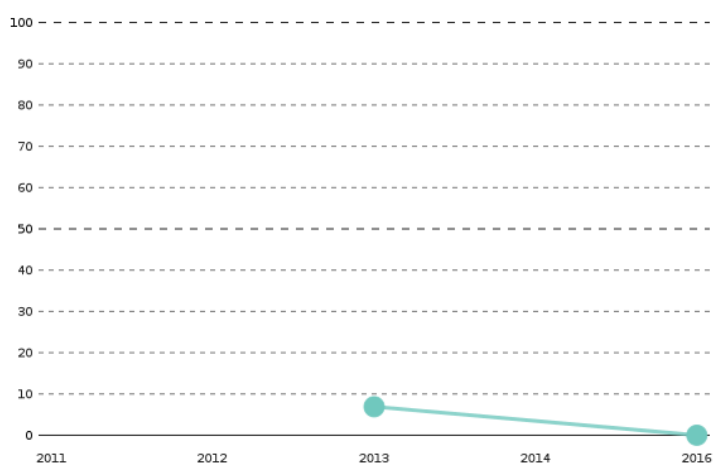
3.9 Needles and syringes distributed per person who injects drugs, Seychelles (2011-2016)



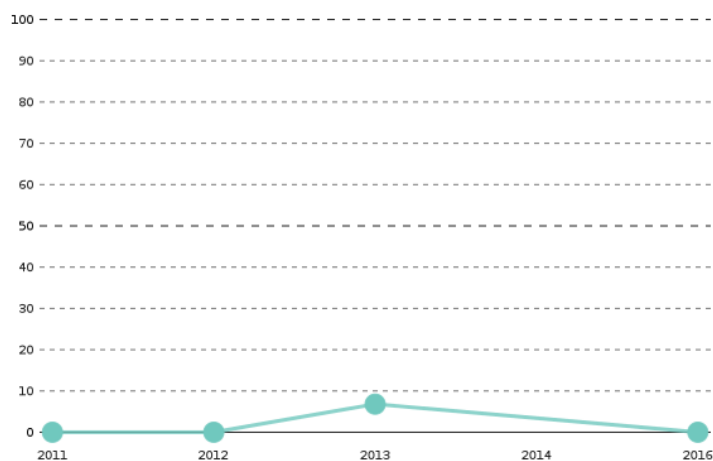
3.10 Coverage of opioid substitution therapy, Seychelles (2011-2016)



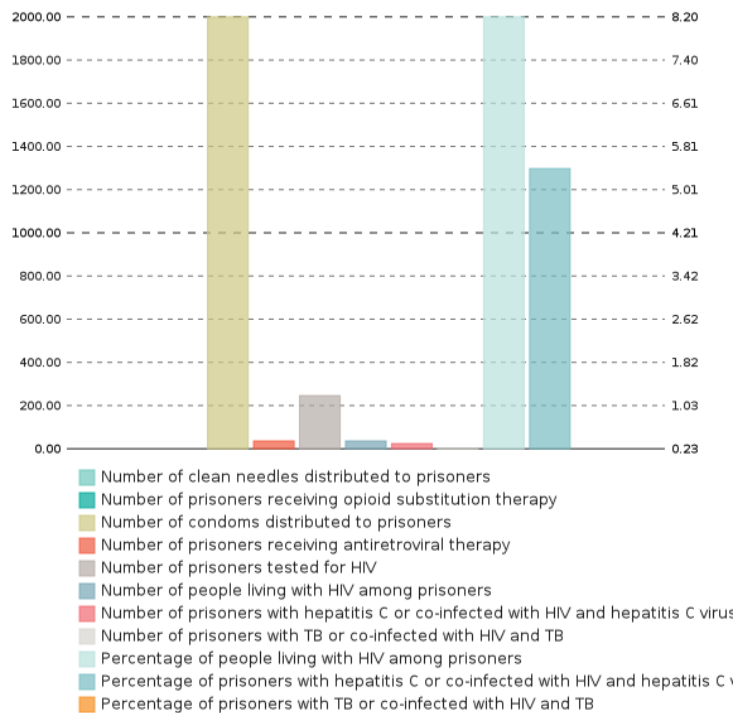
3.11 Active syphilis among sex workers, Seychelles (2011-2016)



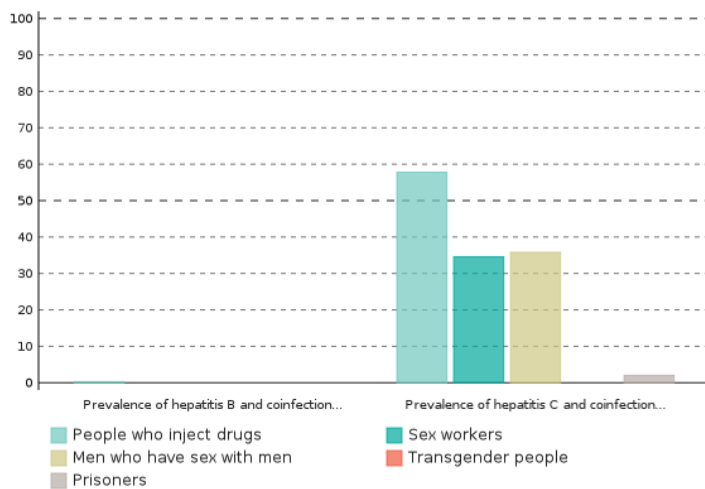
3.12 Active syphilis among men who have sex with men, Seychelles (2011-2016)



3.13 HIV prevention programmes in prisons, Seychelles (2016)



3.14 Viral hepatitis among key populations, Seychelles (2016)



3.15 People receiving pre-exposure prophylaxis, Seychelles (2016)



Commitment 4

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

Progress summary

4.2 Avoidance of HIV services because of stigma and discrimination among key populations

This indicator could not be measured because the question was never asked in any past surveys.

Policy questions

Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

No

Does your country have any of the following to protect key populations and people living with HIV from violence?

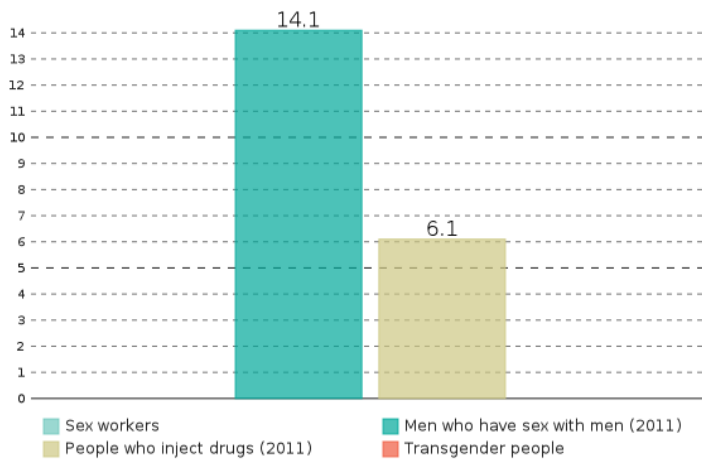
General criminal laws prohibiting violence

Programmes to address intimate partner violence*

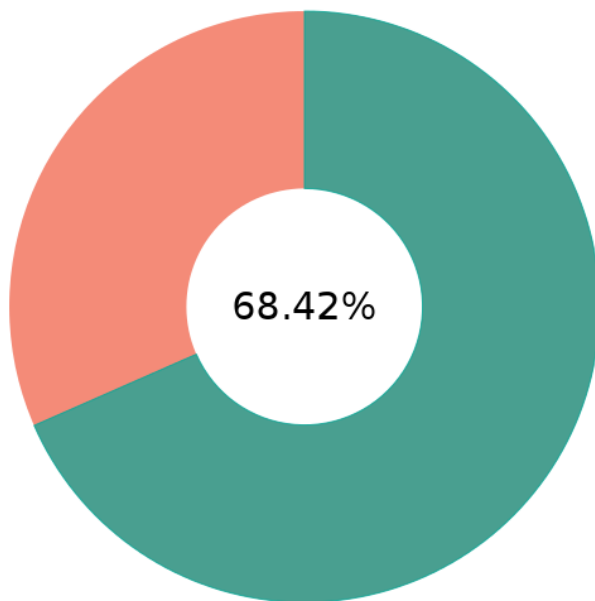
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

4.2 Avoidance of HIV services because of stigma and discrimination among key populations, Seychelles



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



13 / 19

Commitment 5

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

Progress summary

5.1

There has been no new survey conducted since the KAP study in 2012.

5.2

Demand for family planning satisfied by modern methods: data recorded from 2012 national KAP study

Policy questions

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education*, according to international standards*, in:

a) Primary school

Yes

b) Secondary school

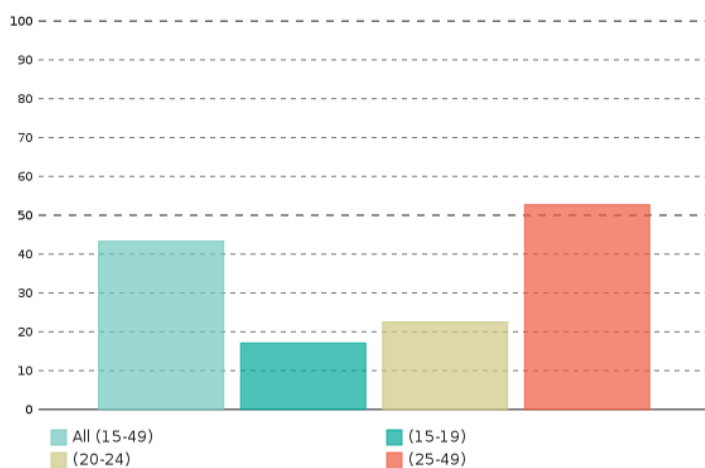
Yes

c) Teacher training

Yes

5.2 Demand for family planning satisfied by modern methods, Seychelles (2016)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Commitment 6

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

Progress summary

Social protection is a right irrespective of HIV status.

In actual fact, vulnerable families and individuals are covered by social benefits to reduce the risk of poverty and related social ills.

Policy questions

Yes

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

Do any of the following barriers limit access to social protection* programmes in your country

Lack of information available on the programmes Fear of stigma and discrimination

Commitment 7

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

Progress summary

The primary health care approach was adopted by the government in 1978, ensuring free equitable access to health care to all its citizens.

Policy questions

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

Commitment 8

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

Progress summary

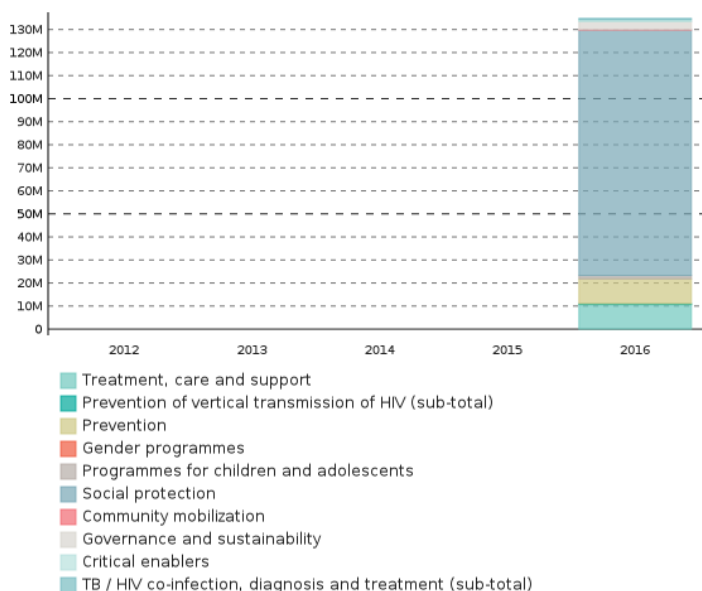
Funding of HIV and AIDS programmes is mostly through government and domestic sources.

A few private practices provide HIV testing services.

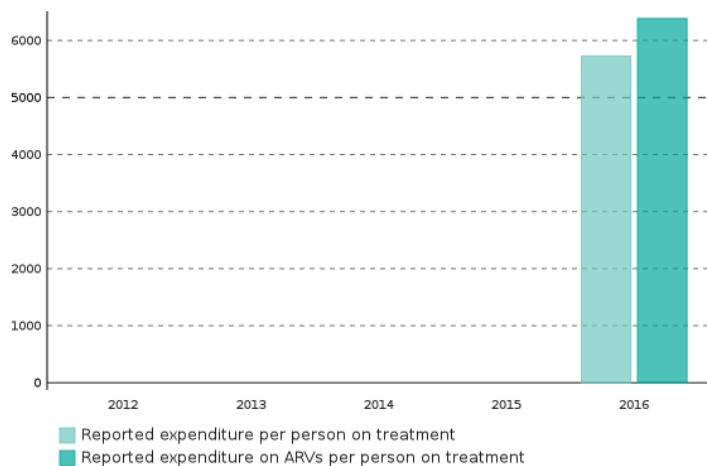
External partners include: ARASA, KANCO and WHO.

The filled online tool form for HIV expenditure could not be saved online / It will be filled again on a separate downloaded form and sent by email

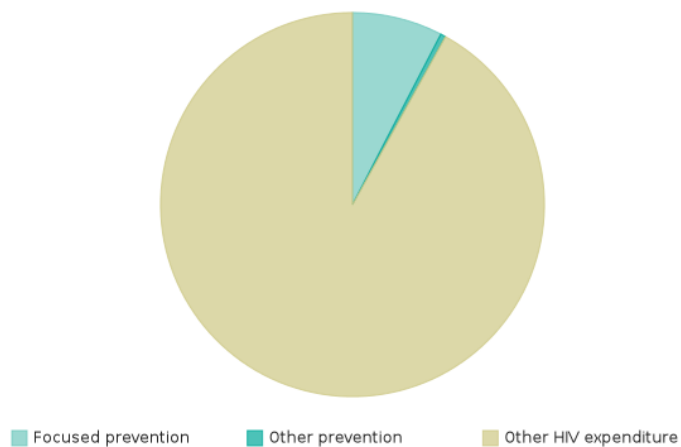
8.1 Domestic and international HIV expenditure by programme categories and financing sources, Seychelles (2012-2016)



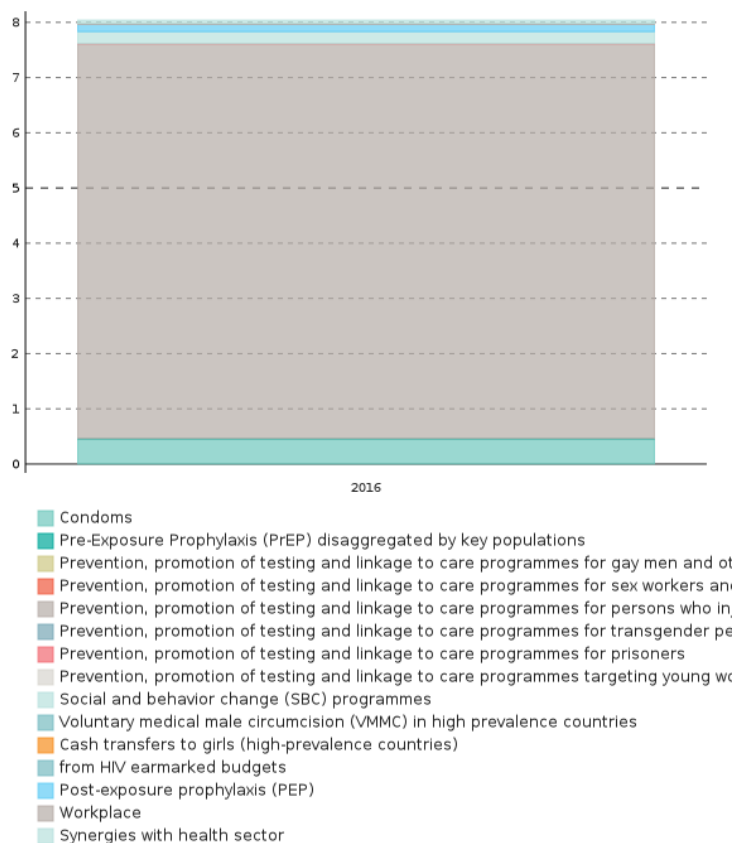
Expenditure per person on treatment, Seychelles (2016)



Share of effective prevention out of total, Seychelles (2016)



Structure of investments on effective and other prevention programmes (%), Seychelles (2016)



Commitment 9

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

Progress summary

The National Commitments Policy Instrument has been useful in opening debate on available policies, laws and services.

The Workplace Policy for HIV and AIDS has been reviewed and approved by the Cabinet of Ministers.

The National Action Plan for removing legal barriers to HIV and AIDS was developed in 2016 and will address such issues.

In the meantime, of note in 2016, were: Decriminalisation of sodomy and amendment of the Misuse of Drugs Act.

Policy questions

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Ombudsman, Human right commission, Citizen advisory bureau

Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

Does your country have any of the following barriers to accessing accountability mechanisms present?

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

Commitment 10

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

Progress summary

10.1-10.3

Tuberculosis remains at low prevalence in Seychelles. There were 7 new laboratory confirmed cases reported in 2016, a reduction of 22% as compared to 2015 and 1 related death and .one co-infection with HIV. All persons testing positive for TB are screened for HIV and the reverse also applies.

10.4-10.5

Sexually transmitted infections were reported at one centre only (the national referral centre for STIs); It is possible that others are treated by syndromic approach at primary health care centres, both public and private.

It is to note that an increase of 50% in the incidence to 6 per 1000 tests was observed in 2016. An increase of 20% in new syphilis cases contrarily to a reduction of 7% in the number of RPR/TPHA tests performed in 2016 compared to 2015.

The year 2016 reported 130(102M/28F) Gonorrhoea cases and with a positivity rate of 12.3%, an increase of 50% compared to 2015; age ranging from 14 to 71 years old.

10.6-10.7 Hepatitis B

There was 1 new case of Hepatitis B reported in 2016, a reduction of 75% compared to 2015 and an increase of 1% in the number of tests conducted in 2016 compared to 2015

10.8 HEPATITIS C

A cumulative of 777(648M/129F) cases of Hepatitis C were reported from 2002 to 2016, 648 (83%) males and 129(17%) females; 99% of the total cases reported were Intravenous Drug Users and males being more predominantly affected. Of note, out of the 777 cases, 122(104M/18F) were HIV and Hepatitis C co-infected, age ranging from 18-51 years and 26 (16M/10F) Hepatitis C related deaths.

The year 2016 reported the highest number of Hepatitis C cases since 2008, 150 (125M/25F)

new cases representing an increase of 6 % in new reported cases compared to 2015. A cumulative of 122 (104M/18F) HIV and Hepatitis C co-infection was reported from 2002 to 2016 of which 27 (24M/3F) were new cases in 2016; a reduction of 31% in new cases compared to 2015.

Over the years, 199 cases of Hepatitis C were diagnosed in prison, 20 in 2016 alone, all males.

10.9

Treatment for Hepatitis C was made available for 50 patients in 2016, but only 4 were started on medication and treated successfully.

All female patients testing positive for HIV are screened for cervical cancer through a Pap smear test.

Policy questions

Is cervical cancer screening and treatment for women living with HIV recommended in:

a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b. The national strategic plan governing the AIDS response

No

c. National HIV-treatment guidelines

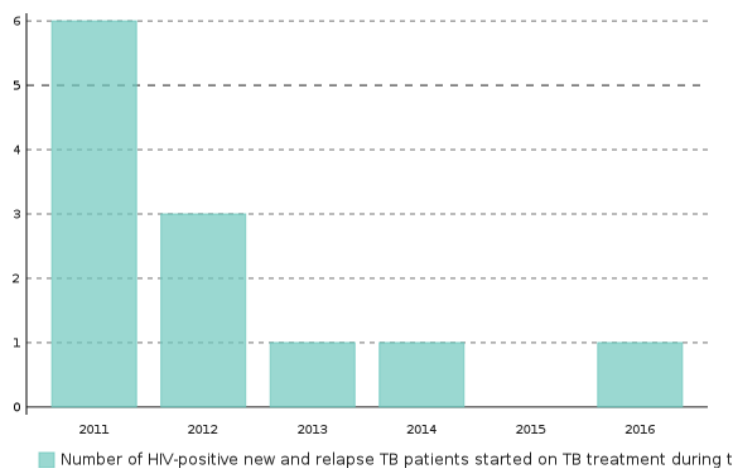
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

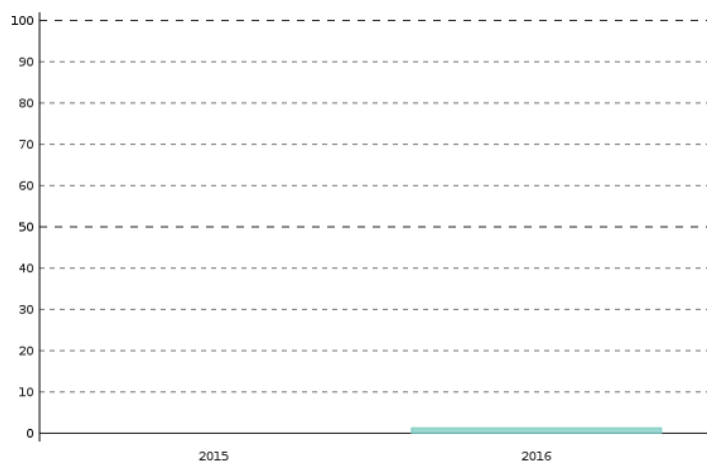
Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

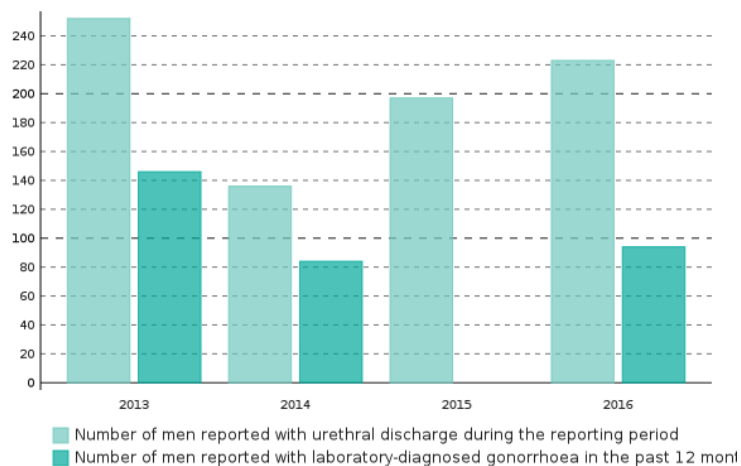
10.1 Co-managing TB and HIV treatment, Seychelles (2011-2016)



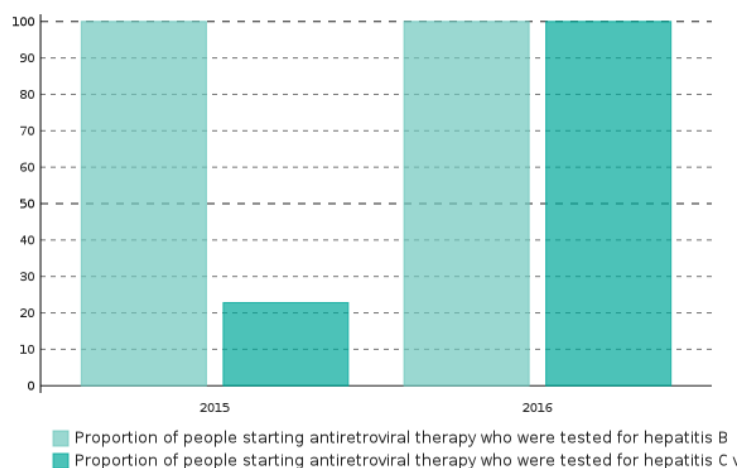
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Seychelles (2015-2016)



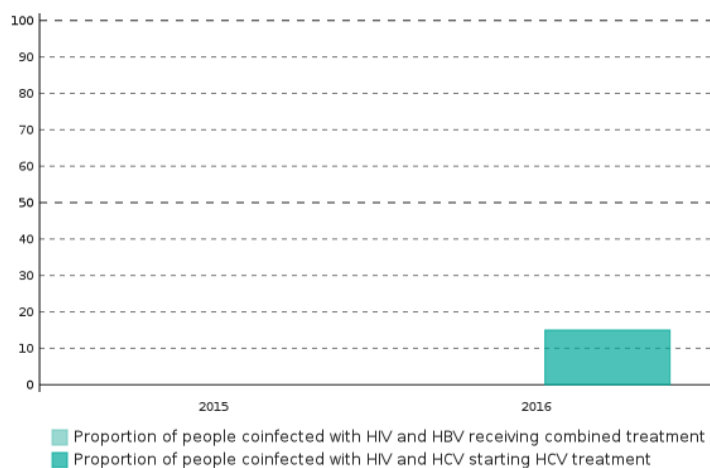
10.4/10.5 Sexually transmitted infections, Seychelles (2013-2016)



10.6/10.8 Hepatitis B and C testing, Seychelles (2015-2016)



10.7/10.9 HIV and Hepatitis B/C, Seychelles (2015-2016)



10.10 Cervical cancer screening among women living with HIV, Seychelles (2016)

