

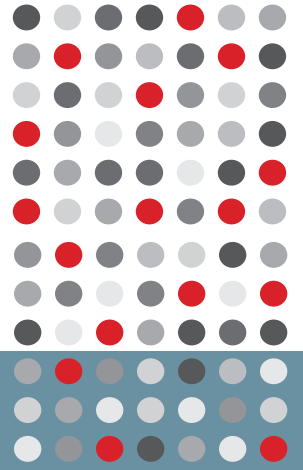


SEYCHELLES HIV & AIDS NATIONAL ACTION PLAN TO REMOVE LEGAL BARRIERS

AUGUST 2016



Empowered lives. Resilient nations.



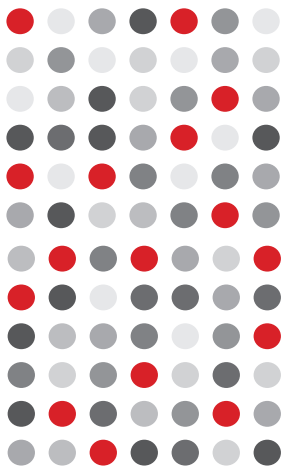
ACKNOWLEDGEMENTS

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NAC wishes to thank UNDP and WHO for their support.

NAC acknowledges the participation of stakeholders' workshop participants from ministries, agencies and civil society for their contributions to the Plan.

Finally NAC wishes to thank the consultants for drafting and finalising the Nation Action Plan.



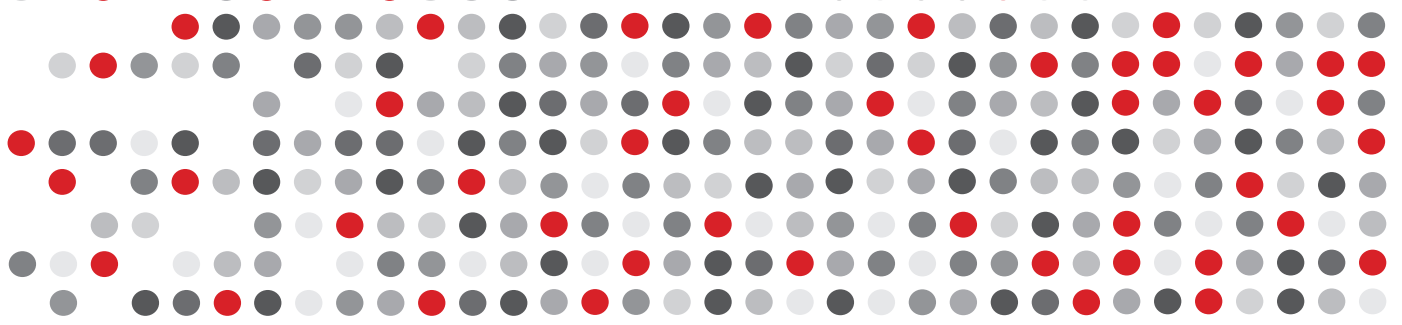


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BACKGROUND

A two-day National Action Planning workshop, aimed at strengthening HIV and AIDS legal and regulatory frameworks, was hosted to bring together key stakeholders from government, civil society organisations, key populations and other stakeholders from around the Seychelles. The aim of the workshop was to agree on a work plan for law/policy reform, for capacity development and to agree on a mechanism for accountability.

The workshop received technical assistance from its partners, namely ARASA.

SEYCHELLES LEA

The Seychelles finalised its Legal Environment Assessment (LEA) in 2013, and progress in policy has been seen as a result of the recommendations of the LEA.

Based on its assessment of the legal and regulatory framework in the Seychelles in accordance with its own Constitution and with regional and international human rights commitments made by the Seychelles, public health and human rights evidence found in a review of relevant literature, the views of key informants and focus group discussions with selected populations, the 2013 Legal Environment Assessment calls for the enactment of the following protections in law for HIV²:

- The law must protect and promote human rights in the context of HIV and AIDS and prohibit all forms of discrimination on the basis of actual or perceived HIV status

- Those provisions of immigration legislation and regulations that exclude migrant workers from employment or foreigners from residing in the Seychelles solely on the basis of their HIV status should be repealed and regulatory reform implemented to ensure that migrant workers and foreigners can access the same quality of HIV prevention, treatment and care services and commodities that are available to citizens.

- The Patents Act 1901 should be amended in order to comply with the TRIPS Agreement and include specific directives on utilising TRIPS flexibilities in relation to public health for increased access to good quality and affordable generic medicines

- Consideration should be given to reviewing the provisions in the Penal Code 1955 acting to prohibit aspects of consensual sex work with a view to repeal; and to using the public nuisance' laws to punish, penalise or harass sex workers as harm reduction measures

- Consideration should be given to amending the Misuse of Drugs Act to make provision for needle exchange and substitution therapy programmes as well as for the referral of drug offenders to effective rehabilitation programmes in place of imprisonment

- Attention should be given to ensuring that all prisoners are afforded access to acceptable, affordable and accessible quality HIV voluntary testing and counselling and prevention, treatment and care services

- HIV-specific laws that criminalise HIV transmission and exposure should not be enacted

¹ <http://www.hivlawcommission.org/index.php/implementation-of-report/legal-environment-assessments>

LEA PRIORITIES FOR THE NATIONAL ACTION PLAN

The following recommendations from the 2013 LEA were identified as priorities for the national action plan. The workshop further identified specific areas of action under these identified priorities.

- Enact and enforce law/s to protect and promote human rights in the context of HIV and AIDS and prohibit all forms of discrimination on the basis of actual or perceived HIV status. Protection from HIV-related discrimination should be included within any proposed HIV law; alternatively consideration should be given to the enactment of general anti-discrimination legislation, which includes HIV as a prohibited ground of discrimination. Existing human rights and constitutional guarantees should be enforced. The State may also wish to consider an amendment to the Constitution to include HIV as a prohibited ground of non-discrimination.

- Repeal those provisions of immigration legislation and regulations that exclude migrant workers from employment or foreigners from residing in the Seychelles solely on the basis of their HIV status (i.e. ensure that HIV and AIDS is not viewed as a “prescribed disease” in terms of the Immigration Decree and that HIV and AIDS is not viewed as a justifiable public health concern for excluding persons from Seychelles.

- Enact legislation to give legal effect to the provisions of the Policy on HIV and AIDS in the Workplace, including on the prohibition of HIV-related discrimination in the workplace.

- Enact law to protect against discrimination, violence and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Anti-discrimination laws and regulations should guarantee sex workers’ right to social, health and financial services.

- Provide human rights based training programmes and services for ALL professionals across all sectors to avoid stigma, discrimination and promote enjoyment of the right to health

- Provide access for all prisoners, convicted and on remand, to acceptable affordable, accessible and quality HIV voluntary testing and counselling as well as prevention, treatment and care services including:

- Harm reduction programmes
- Rehabilitation programmes for prisoners who use drugs
- Information, education and communication

- Enact laws for children to provide for, amongst other things:

- The recognition of children as a vulnerable population in need of specific protection and targeted services, including ensuring women's access to prevention of mother to child transmission services
- Protection of children's rights to equality and non-discrimination on the basis of HIV and AIDS and equality in terms of access to health services, social services, inheritance and property rights
- Children's rights to access to age-appropriate HIV information, education and prevention services without discrimination
- Children's rights to access to treatment, care and support for HIV without discrimination, including care and support for children orphaned by AIDS
- The right to access independent and voluntary consent to HIV testing and to obtain related health care services when a child has the capacity to understand and appreciate so doing and the harmonization of the age of consent to sexual intercourse (15 years) with the age of consent to testing and treatment
- The provision of age-appropriate targeted services for young sex workers and young people who inject drugs

Note: The National Committee on Child Protection has agreed on the following: harmonisation of laws to align age of consent to sex and age of consent for reproductive health services at 16 years; 18 years for consent to marriage for both girls and boys. There is a need to carefully consider and cater for the implications of providing HIV test results to minors in the absence of parental consent or support.

- Law should provide for people with disabilities to ensure, amongst other things:

- Their recognition as a vulnerable population in need of special protection and targeted health care services
- The protection of the right to equality and non-discrimination on the basis of disability as well as on the basis of actual or perceived HIV status as well equality and non-discrimination in access to health care services, social services, employment and economic opportunity and other rights
- The protection of people with disabilities from violence, including sexual violence, and access to appropriate and timely health care services (including post-exposure prophylaxis) in the event of sexual assault
- Specific provision for the rights of people with disabilities to accessible and appropriate information and health care services, including HIV-related prevention, treatment, care and support and access to sexual and reproductive health care, without discrimination including information appropriate for people with disabilities (e.g. braille and audio).

GOALS AND OBJECTIVES OF THE SEYCHELLES HIV AND AIDS NATIONAL ACTION PLAN FOR REDUCING LEGAL BARRIERS

The National Action Plan has the following goals and objectives:

Goal 1: To ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases

Objective 1.1: To guarantee access to services, treatment and care of HIV and associated diseases without discrimination

Objective 1.2: To ensure non-discrimination in relation to immigration procedures and in the workplace

Objective 1.3: To provide legal protection against discrimination and violence and other violation of rights faced by vulnerable and most at risk key populations including sex workers and MSM

Objective 1.4: To develop an understanding of stigma and discrimination in relation to HIV and AIDs in the country vis a vis vulnerable and key populations

Goal 2: Provide prevention and rehabilitation programmes for remandees and prisoners in all prison settings with a view of reducing HIV and related infections

Objective 2.1: To develop policies, strategies and plans, and implementing programmes to reduce HIV and Hepatitis rates for remandees and prisons

Objective 2.2: To provide prevention information and enhance knowledge of sexually transmitted infections, as well as other prevalent diseases in prisons, emphasising legal and health rights within the prison setting

Goal 3: Ensure unrestricted access to health services for vulnerable populations

Objective 3.1: To create an enabling legal and policy environment to reduce the vulnerability of young people to HIV, sexually transmitted infections and early pregnancy

Objective 3.2: To protect the right to equality and non-discrimination of people with disabilities in accessing HIV related health care services

Objective 3.3: To protect the right to equality and non-discrimination of MSM and sex workers in accessing HIV related health care services

Objective 3.4: To further amend the Misuse of Drugs Act 2016 to support the appropriate implementation of harm reduction measures

STRATEGIES FOR IMPLEMENTATION

The following strategies for implementation of the plan are as follows:

- Legal assessment and reform
- Legal literacy
- Training on rights for police, officials and health workers and other professionals
- Monitoring and Evaluation
- Policy advocacy and social accountability

MANAGEMENT AND IMPLEMENTATION ARRANGEMENTS

Government (Ministry of Health and associated Ministries): The Ministry of Health through the National AIDS Council will be the Oversight and Coordinating Agency for the HIV & AIDS Removing Legal Barriers National Action Plan. The CEO NAC will be responsible for the setting up of technical committees for planning and monitoring of implementation of the National Action Plan.

HIV & AIDS Removing Legal Barriers Technical Committee: A Technical Committee will be set up for the overall guidance and technical orientation of the programme; it will monitor progress of the project components, with the role of reporting and trouble shooting. The indicative composition will be as follows: CEO NAC or her representative, AIDS programme representative, representatives of civil society and affected populations, a representative of the Judiciary and the Attorney

General's office, a representative of the National Human Rights Commission, representatives of the following government departments: Internal Affairs, Employment, Social Affairs, Health and Youth. Additional resource persons could also be invited to attend the Technical committee.

Technical Backstopping from UN Specialized Agencies: UNDP/ WHO/ UNAIDS and UNODC will be called upon as required to provide technical backstopping to the human rights components under the project as and when required.

MONITORING & EVALUATION

In order to ensure implementation of the National Action Plan, monitoring, evaluation and reporting will be undertaken. An Annual Progress Report will be prepared by the chair of the Technical Committee to be submitted to the NAC Board and shared with the relevant national and international partners. Meetings will be held as per agreed schedule and will be coordinated by the NAC Secretariat.

RISKS AND ASSUMPTIONS

The main assumptions relate to Government's commitments to law reforms and the adequate resources to carry out extensive consultations with stakeholders and beneficiaries, as well as the participation of civil society in policy development. One of the main risks may be the lack of understanding of human rights promotion and protection principles for vulnerable and key populations affected by HIV and AIDS.

CROSSCUTTING ISSUES

Human rights and legal reform are the cornerstones of the programme. Equality and non-discrimination are fundamental issues underpinning the programme. The Attorney General's Office will have a key supporting role in drafting relevant legislation to be presented to the National Assembly for approval.

STAKEHOLDERS AND PROJECT BENEFICIARIES

The main stakeholders will be the Police, the Prisons, the Department of Legal Affairs, Immigration, Employment, Civil Society, State and Non State Actors, the Judiciary, the Legislature, social sectors, business sectors and members of institutions such as the Ombudsman, National Human Rights Commission and the Gender Secretariat.

The main beneficiaries are: persons affected by HIV and AIDS, young people, persons with disabilities, key populations such as migrant workers and their families, workers, sex workers, MSM and people who inject drugs and the prison population (on remand and convicted prisoners).

Capacity building will benefit the police, prison staff, civil society organisations, health workers, immigration and employment staff and members of the community and persons from related sectors.

FINANCIAL ARRANGEMENTS

The Government of Seychelles is responsible for the implementation of the Plan.

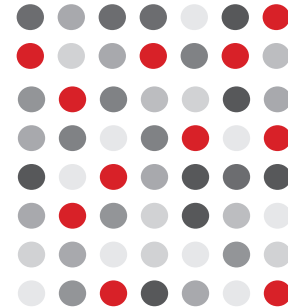
SEYCHELLES HIV & AIDS NATIONAL ACTION PLAN FOR REMOVING LEGAL BARRIERS 2016

RESULTS AND RESOURCES LOGICAL FRAMEWORK

Goal 1: To ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases

Objective 1.1: To guarantee access to services, treatment and care of HIV and associated diseases without discrimination

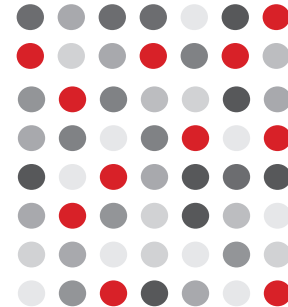
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
<p>1.1.1 Review existing law and/or policies with the aim of developing and enacting a HIV/AIDS Act, including:</p> <ul style="list-style-type: none"> • Policies and legislation relating to insurances and loans • Policies and legislation to ensure employers are responsible towards treatment costs of non-Seychellois employees 	Act(s) gazetted and made available	Official Gazette	<p>Lead: NAC, Ministry of Health, Attorney General's Office</p> <p>Partners: Insurance companies, banks, Ministry of Employment, SCCI, CSOs and relevant organisations</p>	<p>Members of the National Assembly have a solid understanding of HIV/AIDS related issues and are supportive of the agenda</p> <p>Acceptance by private sector</p>	<p>2017</p> <p>2018</p>	40,000 USD
1.1.2 Integrate protections relating to HIV and AIDS into existing and new policies and legislation	Policies amended or developed	Policy Documents	<p>Lead: Relevant agencies and AG</p> <p>Partners: NAC, MOH, CSOs</p>	As above	2017-2018	In House



Goal 1: To ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases

Objective 1.2: To ensure non-discrimination in relation to immigration procedures and in the workplace

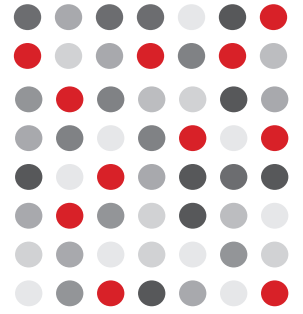
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
1.2.1 Review and amend Immigration legislation in regards to HIV and AIDS based on Human Rights standards	HIV/AIDS no longer a ground for being declared a prohibited immigrant Removal of HIV/AIDS from prescribed disease list	Amendments published in Official Gazette	Lead: Immigration Dept., AGs Partners: NAC, MOH, CSOs	National Assembly has solid understanding of immigration decree in regards to “prescribed disease list” Status of the prescribed list is clarified	Sept 2016-17	30,000 USD
1.2.2 Review the Employment Act with the aim of integrating the Policy on HIV and AIDS in the Workplace to include: • Universal precautions for law enforcement officials and health care workers • Provision of post exposure prophylaxis • Appropriate allowances for all HCW and other service providers at risk of infection	Workplace Policy, Universal precaution and PEP given legal effect taking an human rights approach	Amendments published in Official Gazette	Lead: Ministry of Employment, Workers Union. Employers’ Federation, AGs Office Partners: NAC, MOH, CSOs	Employers, workers union and Ministry responsible for Employment are supportive of the review	End 2017	30,000 USD
1.2.3 Provide training on Immigration legislation and Employment legislation to relevant groups for law enforcement (to include immigration officers, employment officers and employers)	Number of trained officials and properly applying the law Number of complaints received	Training reports	Lead: Employment, Immigration Partners: NAC, AGs Office, Internal Affairs, CSOs	Laws have been reviewed and enacted	2018-2021	USD 120,000 (USD 6000 for each session. 4 sessions/ year over 5 years)
1.2.4 Training on universal precautions for law enforcement officials and health care workers	Number of participants trained	Training reports	Lead: MOH, Internal Affairs Partners: NAC, CSOs	Laws have been reviewed and enacted	2018	4 sessions 24,000 USD



Goal 1: To ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases

Objective 1.3: To provide legal protection against discrimination and violence and other violation of rights faced by vulnerable and most at risk key populations including sex workers and MSM

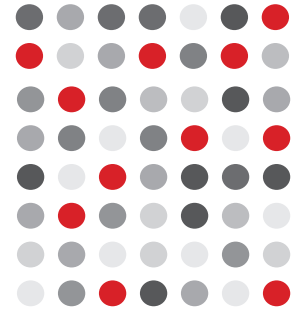
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
1.3.1 Review provisions of the Penal Code 1955 with a view of facilitating access to services for sex and develop guidelines for access to services that are aligned with the revised law workers	Sex work decriminalised Number of visits to services by sex workers Decrease of drug demand and violence in prison	Amendments published in Official Gazette Guidelines	Lead: Health, AGs Office, CSOs Partners: NAC, Social Affairs, representatives of vulnerable groups	Members of National Assembly have a solid understanding of sex work issues and are supportive of the agenda	2017-2019	20,000 USD
1.3.2 Develop and implement programmes to ensure services are made available, accessible and acceptable to vulnerable groups and most at risk populations including sex workers and MSM	Programmes in place Vulnerable groups have access to services	Statistics on member of vulnerable groups	Lead: Health, Social Affairs Partners: NAC, Employment, CSOs, representatives of vulnerable groups	The community, service providers, and beneficiaries are supportive of the programmes	2017-2019	60,000 USD
1.3.3 Undertake national sensitisation campaigns and training of law enforcement officials and health care workers on non discrimination against vulnerable groups and most at risk populations including sex workers and MSM	Number of sensitisation and training sessions held Number of officials trained	Participants lists, newspaper clippings. Training document and reports, certificates	Lead: Health, Social Affairs, Internal Affairs Partners: NAC, AGs Office, CSOs	Service providers and stakeholders are supportive of the campaigns	2017-2019	60,000 USD



Goal 1: To ensure equality and equity with the aim of reducing stigma and discrimination in the country in relation to HIV and AIDS and related diseases

Objective 1.4: To develop an understanding of stigma and discrimination in relation to HIV and AIDS in the country vis a vis vulnerable and key populations

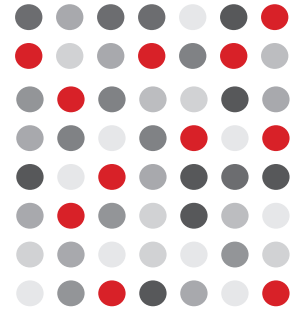
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
1.4.1 Develop and implement a Stigma Index and monitoring mechanisms	Mechanism in place & Stigma Index developed Focal points established	Media & National Human Rights Reports Stigma Index	Lead: NAC Partners: CSOs, Health, Community Development, Social Affairs, National Human Rights Commission, Education	Ministries responsible for Education and Community Development have a solid understanding of HIV/AIDS issues and are supportive of the agenda Mechanism is established	2018	50,000 USD
1.4.2 Conduct sensitisation campaigns and training for all groups concerned on laws relating to HIV and AIDS and on stigma and discrimination	Information disseminated Number of participants trained	Evidence of campaigns Training reports	Lead: Health, CSOs Partners: AGs, Education, Social Affairs, Community Development	Mechanism is established	On going	50,000 USD
1.4.3 Integrate the subject of stigma and discrimination in the school curriculum (PSCE)	Information included in PSCE curriculum	PSCE curriculum	Lead: Ministry of Education Partners: NAC Employment, representatives	Ministry responsible for Education is supportive of the initiative	2018	5,000 USD



Goal 2: Provide prevention and rehabilitation programmes for remandees and prisoners in all prison settings with a view of reducing HIV and related infections

Objective 2.1: To develop policies, strategies and plans, and implementing programmes to reduce HIV and Hepatitis rates for remandees and prisons

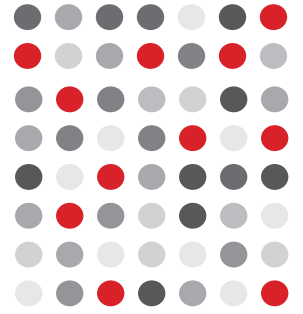
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
2.1.1 Review plan, develop guidelines and provide resources for treatment and harm reduction measures for remandees and prisoners	Decrease in Hepatitis C rates Increase in HIV treatment (compliance and continuation) Decrease of drug demand and violence in prison (compliance and continuation)	HIV testing (decrease to zero viral load) Prison records on rates of infection Number of users of facilities	Lead: Secretary of State on Drugs Demand and Reduction, Health, Internal Affairs, Partners: NAC, CSOs, AGs, Social Affairs, DAC	Engagement of government, CSOs, families and beneficiaries Commitment of relevant organisations	2016-2019	In House
2.1.2 Provide training for implementation of treatment and harm reduction measures for law enforcers and health providers	Number of personnel trained	Training reports	As above	As above	On going	12,000 USD
2.1.3 Develop plans for facilities (construction or refurbishment) for treatment and storage of medication	As above	Facilities in place	As above		Construction and refurbishment – 2017	SR 1 million (construction or refurbishment, utilities, security, staff remuneration)
2.1.4 Develop industry specific programmes for acquisition of skills for inmates	Number of released prisoners employed	Number of inmates benefitting from programme	Lead; SS, Employment, Education Partners: CSOs, Families, beneficiaries	Engagement of government, CSOs, families and beneficiaries	On going	12,000 USD (Qualified personnel materials and equipment, allowance for prisoners)



Goal 2: Provide prevention and rehabilitation programmes for remandees and prisoners in all prison settings with a view of reducing HIV and related infections

Objective 2.2: To provide prevention information and enhance knowledge of sexually transmitted infections, as well as other prevalent diseases in prisons, emphasising legal and health rights within the prison setting

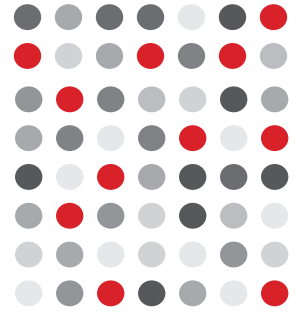
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
2.2.1 Conduct sensitisation sessions for prisoners and prison officers on prevention and treatment of HIV and other STIs and other prevalent diseases in prisons and the prevention of sexual violence	<p>Number of prisoners accessing condoms, PEP</p> <p>Number of cases of sexual violence reported</p> <p>Number of prisoners accessing medical</p>	<p>Prison records</p> <p>Records of medical appointments and interventions</p>	<p>Lead: Internal Affairs, Health</p> <p>Partners: NAC, Social Affairs, CSOs</p>	<p>Services are available in prison</p> <p>Trained personnel are available to deliver services</p>	2017	40,000 USD
2.2.2 Train personnel in counseling to assist Prisons	Number of prisoners counseled	Training records	<p>Lead: Health</p> <p>Partners: Internal Affairs, CSOs</p>	As above	2017	20,000 USD



Goal 3: Ensure unrestricted access to health services for vulnerable populations

Objective 3.1: To create an enabling legal and policy environment to reduce the vulnerability of young people to HIV, sexually transmitted infections and early pregnancy

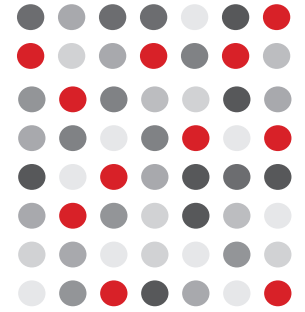
Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
3.1.1 Develop and enact legislation giving children under 18 years unrestricted access to HIV & SRH, including harm reduction services based on their needs	Act gazetted Percentage of young people under 18 accessing health care services Percentage of pregnancy / abortion below 18 years Decrease of drug demand and violence in prison	Official Gazette Service, technical and epidemiological data/reports	Lead: Social Affairs, AGs Partners: NAC, Health, CSOs, NCC	Parents are supportive Advocacy by SNYC/ Youth parliament	2017	20,000 USD
3.1.2 Review, amend the SRH; HIV, AIDS & STIS; and Harm Reduction policies	Amended policies	Policy documents	Lead: Health, SNYC Partners: NAC, Social		2017-2018	24,000 USD
3.1.3 Training for educators and sensitisation of the public on the new legislation and amended policies	Number of trained educators	Training reports	Lead: Health Partners: NAC, CSOs, Social Affairs		2018	24,000 USD (4 sessions)
3.1.4 Conduct a KAPB study and accessibility of SRH services for young people below the age of 18	Number of released prisoners employed	Number of inmates benefitting from programme	Lead; SS, Employment, Education Partners: CSOs, Families, beneficiaries		2018	50,000 USD



Goal 3: Ensure unrestricted access to health services for vulnerable populations

Objective 3.2: To protect the right to equality and non-discrimination of people with disabilities in accessing HIV related health care services

Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
3.2.1 To develop policies and review/draft a National Disability Act to ensure access of persons with disabilities to services	Policies developed Act gazetted Access to services	Policy documents Official Gazette	Lead: Council for the Disabled, Health, Social Affairs, AGs Partners: NAC, CSOs	Government Commitment	2017-2019	40,000 USD
3.2.2 Raise awareness on the Act and types of disabilities, for health professionals and the public	Number of sensitisation sessions held	Dissemination materials Training reports	Lead: Council for the Disabled Partners: AGs, Health, Social Affairs. CSOs	Law has been enacted	2019	30,000 USD
3.2.3 Develop resources, including (i) IEC/SBCC materials (sign language, braille, visual) (ii) Infrastructure for physical access to services and (iii) training and employment of a medical sign language professional to enhance access of persons with disabilities to services	Availability of IEC/ SBCC Modified infrastructure	Number of infrastructure modified	Lead: Council for the Disabled, Health Partners: Health, Social Affairs,		Ongoing from 2017	(i) 25,000 USD (ii) 130,000 USD (iii) 170,000 USD



Goal 3: Ensure unrestricted access to health services for vulnerable populations

Objective 3.3: To protect the right to equality and non-discrimination of MSM and sex workers in accessing HIV related health care services

Main Activities	Indicators	Methods of verification	Responsible persons	Key assumptions	Timeline	Estimated cost
3.3.1 Training for vulnerable groups, health care workers and law enforcement officers to ensure access of MSM and sex workers to HIV related health care services	Number of beneficiaries accessing information on the revised law Number of people trained	Training reports Client satisfaction survey	Lead: Health Partners: Social Affairs, CSOs	Understanding on the needs of beneficiaries	2017-2019	60,000 USD

Objective 3.4: To further amend the Misuse of Drugs Act 2016 to support the appropriate implementation of harm reduction measures

3.4.1 Conduct extensive consultations with stakeholders and beneficiaries and Review the Misuse of Drugs Act to include appropriate provisions for harm reduction	Number of consultations conducted Act gazetted	Consultation reports Official Gazette	Lead: SS, Internal Affairs, AGs Partners: Social Affairs, Health, DAC, Affairs, CSOs	Political will Support and understanding of drug use and harm reduction measures	2017	40,000 USD
3.4.2 Prepare appropriate dissemination materials and Raise awareness on the new legal provisions of the Misuse of Drugs Act for law enforcement officials, judicial officers, health care providers and beneficiaries	Number of beneficiaries accessing information on the revised law Number of people trained Number of complaints received	Dissemination material Media coverage Reports of mistreatment by police Workshop reports Client satisfaction survey	Lead: Internal Affairs, CSOs Partners: NAC, AGs, Internal Affairs, Health	Acceptance of drug reduction measures Laws have been reviewed and enacted Understanding on the needs of beneficiaries	2017-2019	200,000 USD



ANNEX 1

TERMS OF REFERENCE OF THE STEERING COMMITTEE ON THE SEYCHELLES NATIONAL ACTION PLAN ON HIV AND AIDS

1.

OBJECTIVES OF THE NATIONAL ACTION PLAN STEERING COMMITTEE

The primary objective of the National Action Plan Steering Committee shall be to provide strategic guidance on the implementation of the National Action Plan in order to promote a human rights based response to HIV and AIDS in the Seychelles

2.

ROLE AND FUNCTIONS OF THE STEERING COMMITTEE SHALL INCLUDE

- Guiding the National Action Plan in accordance with national priorities and recommended guidance, as a multidisciplinary reference group;
- Providing on going technical support to the implementation of the national plan;
- Overseeing and monitoring the National Action Plan through each stage of the process;
- Strengthening and ensuring political commitment to the National Action Plan and its outcome;
- Reviewing and endorsing the National Action Plan recommendations and supporting action plans for strengthening the legal and policy environment for HIV and AIDS; and
- Reporting on the outcomes of the process to key stakeholders.

3.

MEMBERSHIP

Membership of the National Action Plan Steering Committee shall be in a representative capacity and shall comprise not more than ten (10) representatives from the following institutions , sectors or group:

- Chief Executive officer of the National Aids Council or her representative
- AIDS Programme officer
- Representatives of government ministries and entities (i.e. Health, Internal Affairs, Employment, Social Affairs, and Youth)
- Human Rights Commission
- Representatives of civil society and affected populations
- Judiciary
- Attorney General's Office
- UN agencies (e.g. UNAIDS, UNDP, UNFPA, UNICEF, UNODC, ILO, WHO, etc.)

Primarily these should be persons that were involved in the Seychelles' Legal Environment Assessment and/or were part of the Seychelles National Action Plan.

4.

SECRETARIAT

The National AIDS Council (NAC) will provide the secretariat function for the Steering Committee.

5.

COMMUNICATION AND MEETINGS

Meetings of the Steering Committee will be held quarterly.
Communications between meetings will be conducted primarily through emails.