PILS

(Prévention Information Lutte contre le Sida)

Prévention Information Lutte contre le Sida

Membre de la Coalition Internationale Sida

Proximity Care & Prevention, Comprehensive Care and Advocacy

First Progress Report: July-December 2017

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1.0 INTRODUCTION

Sidaction's support, since 1999, has been crucial in positioning PILS as one of the key civil society players in the response to HIV/AIDS across the Indian Ocean. This constant support, together with the close collaboration of other national and international partners from across the public and private sectors, has enabled the advent of some considerable advances in the national HIV/AIDS response.

Today, more than 21 years after its creation, PILS has significantly evolved into an established, structured and renowned organisation, with multiple partners and supporters. It operates several interlinked units each bearing a specific focus, but with a common overall objective. The organisation is, for the most part, funded by international donors, including Sidaction. This international financial support provides PILS' financial independence from the State and allows the organisation to stand a firm ground on conflicting issues with the state, thus, acting as a watchdog.

On January 2017, a request for funding was made to Sidaction for the one-year project entitled 'Proximity Care and Monitoring of People Living with HIV (PLHIV), and Advocacy with Key Affected Populations'. The project was initiated in July 2017 and this present report details the activities and progress over the July to December 2017 period. The project focuses on the activities carried out by two active and prominent units of the organisation, namely the now Community Health Services (CHS) Unit (former Community Service Unit) and the Advocacy Unit.

1.1 Objectives of the Project

The overall objective of this project is to 'improve the prevention of HIV and other STIs, care, monitoring and quality of life of vulnerable populations in Mauritius'. The specific objectives are:

1. To provide proximity care and prevention (caravan)

To increase the proximity to Key Affected Populations by using existing networks to meet them to offer counselling, risk reduction materials, HIV test and refer them to appropriate services if needed. Primary health services are also given.

2. To provide comprehensive care of PLHIV

To reduce the vulnerability of PLHIV by offering them comprehensive care, including social, medical and psychological follow-up.

3. Advocating improvement in HIV prevention

To create an enabling environment that promotes the access of PLHIV to adequate and appropriate health systems, where they will be easily integrated without judgment or stigmatisation and without their basic human rights being violated.

The next section presents a brief methodology of the project.

2.0 METHODOLOGY

The monitoring and evaluation (M&E) unit at PILS is responsible for data collection, storage, management, analysis and reporting for all most in-house projects.

For this project, as well as on a routine basis for most projects, data sheets are generated and field workers are trained in data collection. Data is collected daily on first line data sheets (soft copy) and entered on second line data sheets (hard copy) on Microsoft Excel. The data collected is in line with the set objectives and the pre-determined indicators of the project.

From the CHS Unit, outreach workers, peer educators as well as staff of the caravan/mobile clinic and the infirmary are responsible for data collection and data entry. The data is then verified and consolidated by the M&E team on a monthly basis.

In order to support the quantitative data generated, qualitative interviews were carried out with the data collectors and heads of departments to narrate their experience as well as to identify any issues, challenges faced during the course of the project.

The next section addresses the unfolding of the project and presents both the qualitative and quantitative results.

30.UNFOLDING OF THE PROJECT

3.1 Organisational Changes within the CHS Unit at PILS

A previous report covering the period Jan-Jun 2017 for a project based on similar objectives was recently submitted to Sidaction. It addressed the changes within the organisation since the implementation of the PILS' 2014-2018 strategic plan in 2015. It is worth noting that following a midterm strategic plan review carried out in 2016, additional amendments were made to the different units and their individual focus was redefined. The following focus areas were identified:

1. Capacity building strategies which are mindful of the balance between strengthening civil society/good governance and managing an epidemic.
2. Community mobilisation strategies which focus on increasing social capital, i.e. the amount of trust community members have with the organisation and with each other.
3. Improved service delivery systems by increasing the quality of outreach, implementing active case finding for HIV and working towards community viral load suppression.
4. Fair distribution of advocacy efforts for issues most dominant for each key population, including gender responsive advocacy strategies.
5. Investing in institutional development which is responsive to emerging issues, not project driven and placing the right staff for the right functions.

This organisational restructuring was also accompanied by a modification of PILS' organigram. It is believed that through this operational shift, PILS will be better equipped to achieve its ultimate goal of ending the HIV epidemic in Mauritius.

The sections below will elaborate on the Sidaction-funded activities under the three afore-mentioned project objectives, reiterated as:

6. To provide proximity care and prevention (caravan)
7. To provide comprehensive care of PLHIV
8. Advocating improvement in HIV prevention

3.2 Proximity Care & Prevention

The proximity care and prevention activities at PILS are conducted by a dedicated team of outreach workers, peer educators and staff of the caravan/mobile clinic.

For the period July to December 2017, PILS has been pursuing its activities in proximity care and prevention, mainly targeting People Living with HIV (PLHIV) as well as Key Affected Populations (KAPs), including Female Sex Workers (FSWs) and People Who Inject Drugs (PWIDs).

3.2.1 Caravan/Mobile Clinic

The caravan/mobile clinic, managed by the caravan coordinator, has been travelling around the island targeting vulnerable populations including FSWs, mainly at Salons de Massage (SDMs) and PWIDs at Methadone Substitution Therapy (MST) sites. The caravan also operates as a mobile clinic and reaches PLHIV who do not have easy access to its infirmary.

Some statistics to quantify the services offered by the caravan/mobile clinic for the period Jul-Dec 2017 are shown below. The number of screening tests performed is on the rise, as well as the number of materials and products distributed. The number of positive HCV test results shows a drastic increase from 55 in the Jan-Jun period to 139 in the Jul-Dec period,

mainly because more of these tests have been conducted in the PWIDs community at MST sites. In Mauritius, HCV prevalence amongst PWIDs is 96.5% (National AIDS Secretariat, 2013 - Integrated Biological and Behavioural Survey (IBBS).

15750 condoms and 500 lubricants have been distributed during the Jul-Dec 2017 period. However, while the number of lubricants/gels should have been the same, fewer lubricants were distributed due to a persistent shortage in the available stock.

Table 1: Statistics on services offered by Caravan (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of HIV Rapid Tests	403	874
Number of Positive HIV Tests	21	20
Number of Syphilis Tests	0	3
Number of Positive Syphilis Tests	0	0
Number of HCV Tests	103	185
Number of Positive HCV Tests	55	139
Number of Male Condoms distributed	5400	15750
Number of Lubricants distributed	250	500
Number of Female Condoms	50	11
Number of care given in Caravan	35	39

3.2.1.1 Salons de Massages (SDMs)

From July to December 2017, SDMs remained the primary sites where the PILS caravan reaches FSWs and a total of 156 FSWs have been reached through 27 outings. The caravan coordinator delivered the standard package of preventive information/materials (15750 male & 11 female condoms and 500 lubricants) and offered HIV and STI testing. 156 HIV tests have been performed on FSWs over this semester. Since December is a very busy month at SDMs, the caravan coordinator, distributed three times more male condoms during this semester as compared to the previous semester. At the beginning of December 2017, he received several phone calls from SDMs owners or FSWs themselves to replenish their

condom stock. An average of two boxes of 100 male condoms were given to each FSW to ensure that they do not run out and are practising safe sex work at all times.

The caravan coordinator has acquired much experience over the years and is very efficient and effective in performing his duties at SDMs. These attributes ensure that he remains welcome at SDMs and trusted by FSWs. He has to carefully gauge the ambiance at a SDM and ensure that the environment is favourable before any intervention. Sex work at SDM, or at any other sites including street-based sex work, remain an illegal activity in Mauritius. As such, FSW and customers at SDMS are often on the qui vive.

The aim of the caravan coordinator is to deliver the maximum amount of information in the minimum amount of time. Discretion is key to avoid interfering with the running of the SDMs, where very often, there is a constant flux of customers. It may happen that a SDM is so busy, that the caravan coordinator finds it best to conduct VCT in the caravan, parked outside the SDM.

On average, 5-10 minutes is spent with each FSW during a private Voluntary Counselling and Testing (VCT) session. A longer session, would impede the smooth running of the business and might not be accepted by FSWs or the SDM owner/manager. During VCTs, FSWs are always in a hurry to get back to work. All FSWs have to be ready and available for any incoming customer, if not already taken up by a customer. New customers are presented to all FSWs and they proceed to make their choice.

The caravan coordinator ensures, through a professional and inventive approach, that FSWs are tested regularly. He often uses illustrative language as a means to stress on the importance of testing, especially given the nature of sex work which puts FSMs at considerable risk of infection. If the caravan coordinator is faced with unwillingness to test, he informs the FSW that he will be available next time and he also leaves his card in case she changes her mind. Testing is never imposed or pressured onto FSWs. He ensures that all FSWs know that VCT is a voluntary test performed in private, in all confidentiality. Eventually, over the next visits, most FSWs agree to get tested.

During a VCT, the caravan coordinator always attempts to recap on the information shared with the FSW since the last time they met and answers any questions form the FSW. Preference is given to HIV testing over STI testing, due to time constraint. However, STI testing is always performed if requested or if the signs and symptoms described by the FSW suggest the possible presence of an STI. In some cases, the caravan coordinator may escort the FSWs to the PILS infirmary, following a positive rapid STI test result. Otherwise, she is referred for a consultation with the infirmary health care professionals.

The caravan coordinator estimates that only 40% of all preventive information delivered to FSWs is retained, hence the need to repeat the same information at each visit. Since the caravan coordinator visits a quasi-fixed number of SDMs, he is now well accustomed with most of the FSWs. Interestingly, he has noticed that over time, he receives fewer questions on HIV and STI and he believes that this translates into the FSWs retaining and adopting safer practices. He is convinced that the FSWs, whom he repeatedly reaches through the caravan, have had a definite change in behaviour.

From July to December 2018, the caravan coordinator has identified three new potential SDMs where sex work may be taking place. However, he has not yet obtained any confirmation or acknowledgement from FSWs who work there or from the owners themselves. He is often faced with denial which may continue for weeks on, but he eventually succeeds in getting them to admit and accept provision of these services. As mentioned in the past report, he believes that a female colleague would greatly facilitate the flow of this kind of information and help secure new SDMs.

Below is a summary of the caravan's statistics for the period Jul-Dec 2017 as well as for the previous semester for comparison.

Table 2: Statistics on Services of Caravan to FSWs (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of Caravan Outreach Outings towards FSWs	19	27
Number of FSW reached	97	156
Number of FSW tested for HIV	92 (no positive test)	156 (no positive test)
Number of new SDMs	6	0
Number of male condoms distributed to FSWs	5400	15750
Number of female condoms distributed to FSWs	50	11
Number of lubricants distributed to FSWs	250	500
Number of referrals to PILS Infirmary	-	2
Number of FSWs benefitted from medical care	8	0
Number of contacts referred to other services (FSWs)	0	0

3.2.1.2 Methadone Substitution Therapy (MST) Sites

Every Thursday of the week, the mobile clinic sets out to visit one particular MST site. The site opens early morning at 6:00 a.m. to allow methadone users to receive their daily doses before heading to work. The health care professional, usually either the nursing officer or the health care assistant, drives the mobile clinic, accompanied by an outreach worker. On site, the outreach worker meets a local contact responsible for easing access to the PWIDs/methadone user community. The team is gradually extending its services to other MST sites around the island through its network of PWIDs.

Access to MST sites and time constraints remain major obstacles to reaching more PWIDs. PWIDs do not always have time to receive preventive information or take an HIV/STI test. Often, they are only interested in receiving their methadone dose, and head off to work or to their daily activities.

On site, it happens that new contacts approach the outreach worker with a question about a recent risk he/she has taken. Most questions are answered on the spot by the outreach worker or the health care professional. In some cases, an appointment is given to visit the

PILS infirmary at a later stage. The outreach worker may experience aggressive behaviour from PWIDs/methadone users every now and then, but this is always dealt with in a diplomatic and professional manner. It has been observed that an attentive ear and a friendly, down-to-earth approach are important during these particular circumstances.

For the six-month period, from July to December 2017, the caravan had conducted 17 visits to MST sites and has made contact with 275 PWIDs. 270 HIV tests were conducted and 15 positive HIV cases obtained. 160 HCV tests were conducted on PWIDs and 132 positive HCV cases obtained[1]. Both HIV and HCV tests are systematically proposed to PWIDs. The table below shows additional statistics from the mobile clinic visits at MST sites.

Table 3: Statistics on Caravan Services at MST Sites (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of Caravan Outings to MSI Sites	13	17
Number of PWIDs Contacts made	199	275
Number of HIV Tests	189	270
Number of Positive HIV Tests	29	15
Number of HCV Tests	80	160
Number of Positive HCV Tests	55	132
Number of PLHIV reached at Methadone Sites	38	31

3.2.2 Peer Educators (PE) PLHIV

PILS has one PLHIV Peer Educator (PE) whose aim is to reach at least 50 new PLHIV in a month, on top and above his regular network of PLHIV. A PLHIV is reached when he/she receives preventive information, materials and referral. The PE is equipped with a backpack and travels around the island to meet PLHIV. His continuously growing network of PLHIV

[1] HCV prevalence amongst PWIDs is 96.5% (National AIDS Secretariat, 2013 - Integrated Biological and Behavioural Survey (IBBS))

allows him to always reach his target. His vast experience in field work and his close ties with his PLHIV network constitute essential assets to attaining his objective.

During the period Jul-Dec 2017, the PE PLHIV reached 591 PLHIV and made 40 follow-ups as shown in the table below.

Table 4: Statistics on work conducted by PE PLHIV (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of Contacts Reached	584	591
Number of Patient Follow-ups	34	40

3.2.3 Outreach Workers

Outreach workers are always on the move. They leave the office every morning to meet beneficiaries and KAPs either at National Day Care Centres for the Immunosuppressed (NDCCI), at home or at MST sites. They, just like the PEs, have a network of contacts with whom they have established strong ties. They have both a professional and friendly approach with beneficiaries/KAPs. One outreach worker reported that she has made 10 new contacts, mostly youth, during the Jul-Dec 2017 period. The main objective of outreach workers is to spread preventive messages to those who are not HIV infected and ensure that PLHIV receive care and support. On field, KAPs and PLHIV are always receiving new and updated information about HIV/STI prevention and care.

outreach workers are constantly striving to bring those lost to follow up back in the care continuum. The list of 'perdus de vue'[2] is consulted and updated regularly. If a beneficiary has not attended an NDCCI appointment or a scheduled visit at the PILS infirmary, he/she is contacted and queried.

[2] Perdue de vue refers to those lost to follow-up

Please note that the statistics obtained by outreach workers have been reported under the statistics for the caravan in Table 1.

3.3 Comprehensive Care of People Living with HIV (PLHIV)

From Jul-Dec 2017, PILS offered comprehensive care to PLHIV through a number of services with the help of one nursing officer, one health care assistant and three outreach workers. The overall aim of this unit is to improve the quality of life of PLHIV by offering services and assistance in a non-discriminatory and non-stigmatising environment, while helping them to become autonomous, actors of their own well-being and a full-fledged member of the Mauritian society.

The work done, from July to December 2017, by this unit is described quantitatively in the table below and reflects similar figures to that of the previous semester.

Table 5: Statistics on Comprehensive Care of PLHIV at PILS (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of people reached at PILS	60	36
Number of Follow-ups NDDCI	99	103
Number of Follow-ups Sécurité Sociale	1	0
Number of Escorts to other medical services	1	0
Number of Home Visits	27	18
Number of Hospital Visits	3	3
Number of Calls	123	68

The section below details the three types of care and support services provided by PILS.

3.3.1 Medical Support

Medical support to PLHIV is provided by the staff of the infirmary which consists of a nursing officer and a health care assistant. A part-time doctor will be recruited in 2018 to provide more specialised medical services to beneficiaries and reduce the number of referrals to public hospitals and private specialists.

As at July 2018, the infirmary team has been conducting more outreach via the mobile clinic. Moreover, the PILS infirmary received more and more visits by beneficiaries and by the general public. As mentioned in the past progress report, the new infirmary, although well-equipped and designed, remains congested, especially when both staff are present together with a patient and his/her relatives. At the moment, the infirmary does not have a day care centre and cannot accommodate patients in need of bed rest or prolonged observation and monitoring. Previously, the infirmary was equipped with a two-bedded facility for day care admissions.

A major problem faced by the infirmary is the inability of the infirmary staff to accede to some of the beneficiaries' request which may, in the worst cases, result in aggressive behaviour. These requests range from food and money to escorts to social services e.g. for ID card application amongst others. The infirmary team has since held meetings with groups of beneficiaries to inform them of the new service orientation of the infirmary which is now solely a medical service provider.

A previously unreported service of the infirmary is the collaboration with 'Mathieu Opticien', a local eye care service provider. This collaboration has been initiated a few years ago and has proven to be very beneficial to those beneficiaries in need of eye care and spectacles. Funding from the Corporate Social Responsibility (CSR) mechanism has offered free eye consultations from licensed Mathieu optometrists, with prescribed spectacles to a number of PLHIV beneficiaries visiting the infirmary. This popular service currently has a waiting list of ten beneficiaries for 2018.

Additionally, in October 2017, free breast cancer screenings were provided to female PLHIV beneficiaries. These included a doctor's consultation with a breast ultrasound. Similar services, including diabetes and cardiovascular disease screenings, have been scheduled for 2018.

During the period Jul-Dec 2017, the infirmary has operated its Nutritional Clinic, Foot Clinic and STI Clinic, as usual. Referrals were made to both public and private health care institutions. The infirmary collaborates with City Clinic, a private clinic in the capital city of Port-Louis, where beneficiaries receive care by a plethora of health care specialists at a discounted price. These private specialists include dermatologists, orthopaedists, gynaecologists and internal medicine specialists, amongst others.

Most children who come to the infirmary are already being followed at the NDCCIs for treatment. During their monthly visit at the infirmary, they are given supplements and treatment literacy and channelled towards the staff in charge of the organisation of the 'Activités Enfants'. Children who visit the infirmary are always accompanied by their parents or guardians. The latter are briefed and empowered on how best to take care of these children and are channelled to the 'Groupes Parents'.

There is no actual need for the staff of the infirmary to conduct hospital visits. Occasionally, follow-ups are conducted to patient admitted at the hospital or treatment literacy is provided to patients. Only one such visit has been conducted from July to December 2018. The infirmary staff reported a weak collaboration and occasional clashes with the NDCCI staff, for instance, refusal to share CD4 levels of patients. However, outreach workers have reported a cordial relationship with them. It is possible that such clashes exist only amongst health care professionals.

Although, no prison visits have been conducted in 2017, these will be re-initiated in 2018 and will comprise of treatment literacy and HIV prevention sessions delivered to inmates.

The table below shows the statistics of the infirmary for the period Jul-Dec 2017.

Table 6: Statistics of the PILS Infirmary (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Number of HIV Tests	199	256
Number of Positive HIV Tests	5	6
Number of Syphilis Tests	55	52
Number of Positive Syphilis Tests	3	6
Number of HCV Tests	31	29
Number of Positive HCV Tests	5	12
Number of Treatment literacy and Number of Medical Care PILS	207	387
Number of STI treatment	9	5
Number of Prison Sessions	0	0
Number of Prison Contacts	0	0
Number of Hospital Visits	0	1
Number of Home Visits	1	14

3.3.2 Empowerment

Empowerment sessions have been conducted during the second semester of 2017 but in the absence of social workers, their numbers have decreased. The aim of these sessions is to empower PLHIV and their family members through interactive workshops and talks on topics such as self-esteem, respect for others, sexuality and treatment adherence amongst many others.

The table below summaries the number of empowerment sessions and activities organised during the period Jul-Dec 2017. The figures are low due to the disruptions caused to the CHS department over this transition period. The CHS unit has maintained most of the empowerment sessions but their frequency has been reduced, as mentioned above.

Table 7: Empowerment sessions conducted at PILS (Jul-Dec 2017)

INDICATORS	Jan-Jun 2017	Jul-Dec 2017
Community Meetings	1	0
Activités Enfants	0	0
Comités Patients/Espoir	3	8
Groupes (Les Jaguars) /Activités Ados	1	1
Groupes Parents	1	1
Groupes Femmes (Pretty Women)	4	4
Groupes de Paroles	3	0

3.4 Advocacy

The previous progress report tracks the main advocacy efforts and achievements of the advocacy team at PILS, headed by the Executive Director of the organisation, for the period January to June 2017. The first semester of year 2017 has been quite eventful politically, with the coming to power of the new Prime Minister, followed by the appointment of a new Minister of Health and Quality of Life after a Cabinet reshuffle in January. It recounts (1) the re-introduction of the Methadone Substitution Therapy (MST) Programme in April, (2) the evaluation of the Harm Reduction Programme coordinated and funded by UNAIDS in May, and (3) the successful ***Support Don't Punish*** campaign led by Collectif Urgence Toxida (CUT) and supported by PILS in June 2017.

Similarly, the second half of year has also witnessed several advocacy actions and events directed towards the media, communities, authorities, politicians and policy-makers in view of influencing decision-making for a better HIV/AIDS response. Both major and minor advocacy actions undertaken by PILS and its numerous partners have contributed to paving the way to help promote a rights-based approach and creating an enabling environment in the national HIV/AIDS response year after year. These events are detailed below.

In the context of the World Hepatitis Day (28 July 2017), PILS organised a workshop on the 9th August 2017, which brought together actors of the civil society and the state. A focus was laid on Hepatitis C, termed the 'silent killer', ten times more infectious than HIV through blood-to-blood contact. The workshop aimed at bringing forward findings from the most recent scientific research on HCV treatment and care, as well as take cognizance of the status of HCV treatment and care in Mauritius. The Ministry of Health presented an exposé on the topic and remained open and receptive to comments from the organisations present on the treatment and care of Hepatitis. Two eminent doctors from Reunion Island, namely, Dr William Lederer, addictologist, and Dr Christian Dafreville, hepato-gastroenterologist, as well as Dr Phillipe Lam, consultant in charge of the medical unit at the Victoria Hospital in Mauritius, intervened during the workshop. A key information which emanated from these expert interventions was the efficacy and affordability of new HCV treatments, which are no longer subject to any exclusion criteria. These criteria include the lifestyle practices and living conditions (injecting drug user, methadone user or prison inmate) or physical health condition (liver function) of an HCV infected person. Given that Hepatitis C is curable, this brings much hope for the end of HCV in the country. However, the diagnostic tools currently available in Mauritius cannot determine the sub-category of the virus or the viral load in an infected person. This in turn prevents the most adequate treatment to be prescribed with accuracy. Indeed, Dr Lam highlighted the current challenges which include the need to update the diagnostic software and the lack of local expertise to operate the diagnostic machine. Although PILS appreciates the openness on the part of the Ministry of Health in disclosing these challenges, however, the situation raises a number of critical questions on measures and actions taken to tackle these issues. Still, PILS pledges to conduct systematic follow-up of all co-infected beneficiaries and subsequent referral to the public health care service. Moreover, PILS is convinced of the urgent need to set up a national plan for the fight against Hepatitis C, which should include a defined budget and a robust data collection and monitoring & evaluation system. This plan, together with the strong coordination and commitment of all partners involved, will ensure that no more new transmissions and deaths related Hepatitis are registered.

On 27 September 2017, a conference, themed "MHRC17 - All Lives Matter", was organised by CUT with the usual support and collaboration of PILS. It aimed at highlighting the need to reform current drug policies and the importance harm reduction programmes. The Prime Minister, the President of the Republic of Mauritius, the Minister of Justice as well as other members of parliaments and high officials of the Ministry of Health were present during this two-day conference. International guests present included Mr Shaun Shelly, academic and project manager on risk reduction in South Africa, Mr Pascal Tanguay, Risk Reduction Expert and Deputy Director of the Law Enforcement And HIV Network (LEAHN), and Mr Ricardo Fuertes, Director of the NGO IN-Mouraria in Portugal and member of GAT, partner of CoalitionPlus. This conference also welcomed the presence of the advisor of the Prime Mister who actively participated in the numerous debates as well as in *adhoc* meetings with members of the civil society. She was also invited to participate, as a representative of the PMO, in one Global Fund Country Coordinating Mechanism (CCM) meeting thereafter. Her interest and commitment has paved the way for future dialogue with the PMO.

The Executive Director of PILS has been actively involved in both afore-mentioned events and has also engaged with several officials and partners of the public and private sector during the July to December period. In August, he was welcomed by the Lord Mayor of the capital city of Port-louis to discuss a prospective collaboration in reducing the vulnerability of key affected populations. He was also convened for a meeting with the President of the Republic to reflect on drug issues where he proposed that the PILS' hotline (8999) be made available for any future campaigns. Several meetings were organised at the National AIDS Secretariat (NAS) and the AIDS Unit of the Ministry of Health to discuss the introduction of the needles/syringes in prisons and the organisation of a national HIV/AIDS campaign amongst others, which remains an unsettled matter. During the same month, discussions were initiated for the procurement of the legal services of a lawyer for the organisation. In September, a first technical committee meeting of the Legal Environment Assessment was organised to assess the current laws and practices that constitute obstacles to the prevention, screening and care of PLHIV. In the context of World AIDS Day, the Executive Director was active in the media and was invited to a workshop organised by the Ministry of Health. Following this event, a meeting with the Senior Chief Executive of the Ministry, provided the

Executive Director with the opportunity to again advocate for the confidentiality of Injecting Drug Users (IDU) by the Ministry who requests the disclosure of their identity card numbers for their participation in the Needle Exchange Programme (NEP). He reiterated the need to publicly release the report of the evaluation of the Harm Reduction Programme, coordinated and funded by UNAIDS, as well as to consider its recommendations for the National Drug Control Masterplan (NDCMP).

On 1st January 2018, PILS noted with appreciation the announcement of the Prime Minister on the imminent setting up of a National Drug and HIV Council (NDHC) in his new year's address to the nation. PILS' relentless efforts for promoting a national HIV/AIDS response have, once more, paid off. PILS is hopeful that the NDHC will act as a catalyst to boost all initiatives undertaken to fight HIV/AIDS and lead the way forward in its quest for the elimination HIV/AIDS in the Republic of Mauritius.

4.0 CONCLUSION

The new Sidaction funding granted to PILS for a period of one year, starting in July 2017, has financed programmes and activities under three pillars, namely, of (1) Proximity Care and Prevention; (2) Comprehensive Care PLHIV and (3) Advocacy. This report presented a quantitative and qualitative evaluation of these activities and programmes.

The main objectives of these programmes which include (1) *Increasing the proximity to Key Affected Populations by using existing networks to meet them to offer counselling, risk reduction materials, HIV test and refer them to appropriate services if needed. Primary health services are also given; (2) Reducing the vulnerability of PLHIV by offering them comprehensive care, including social, medical and psychological follow-up and (3) creating an enabling environment that promotes the access of PLHIV to adequate and appropriate health systems, where they will be easily integrated without judgment or stigmatisation and without their basic human rights being violated*; have been achieved, although still ongoing, through activities ranging from outreach activities towards KAPs for prevention, care and empowerment and the continued advocacy efforts at high and community levels. Nonetheless, PILS is conscious that it still has a long way to go, and it remains guided by the goal of "*zero infections, zero discrimination and zero deaths*".

The caravan has been very effective in reaching FSWs at SDMs and PWIDs at MST sites. More visits were organised in these communities. Indicators show a rise in the number of tests conducted (HIV, STI and HCV), as compared to the previous semester (Jan-Jun 2017). Similarly, more condoms and lubricants have been distributed to those KAPs. The caravan is in contact with a continuously growing network of FSWs and PWIDs who have built a trusting relationship with our team of outreach workers and peer educators.

Similarly, the infirmary recorded higher levels of HIV tests conducted in Jul-Dec 2017 as compared to the previous semester. A record number of treatment literacy sessions has been conducted with PLHIV beneficiaries newly on ARV. The mobile clinic conducted 14

home visits to PLHIV who cannot easily access the PILS infirmary. Although prison visits have not been conducted throughout 2017 due to accessibility problems, these will be resumed in 2018.

Sidaction's support to PILS since 1999 has enabled several significant advocacy achievements in the national HIV/AIDS response. In 2017, the re-introduction of the MST remains by far one of the major advocacy achievements. In fact, the shift in the political environment in early 2017 was favourable to PILS' advocacy actions and has facilitated lobbying. The second semester of 2017, has witnessed relentless advocacy actions at different levels. However, we are yet to achieve the 90-90-90 objectives of the UNAIDS. A lot of hope now lies in the National Drug and HIV Council for the rallying of all partners from different quarters who, together, will take up new challenges, thus paving the way towards more meaningful gains.

5.0 ANNEX

5.1 Advocacy Activities of PILS' Executive Director

Table 8: Advocacy Activities of PILS' Executive Director (Jul-Dec 2017)

Mois	Activités de Plaidoyer (Nicolas RITTER)	Conséquences
Juillet	- Comité Réduction des Risques au National AIDS Secretariat (NAS)	- Réintroduction de la Méthadone pour le programme des réductions des risques.
Août	- Rencontre avec le maire de Port-Louis	- Plaidoyer pour que la municipalité de Port-Louis s'investisse plus dans le Lutte contre le Sida avec des projets innovants pour réduire la vulnérabilité des pop-clé (projet Kazibi/ Projet Tapaj/Mairie Sans Sida).
	- Invitation au Cocktail Swiss Day	- Premier contact avec le commissaire de la prison.
	- Convocation de la Présidente de la République de Maurice.	- Réflexion autour des problématiques de drogues. PILS propose que le numéro 8999 soit rendu disponible dans le cadre d'une éventuelle campagne.
	- Atelier sur les hépatites virales.	- Le point sur les avancés scientifiques (expertise internationale présente) et sur la situation mauricienne en matière de prise en charge. Le Ministère de la Santé fait une présentation sur les hépatites et est réceptif aux commentaires des associations dans le but d'améliorer la prise en charge. Docteur Lam et Docteur Ramen proposent un comité technique pour accélérer la prévention, le dépistage

		et le traitement du VHC. - Réunion entre RP pour le l'allocation des fonds pour le programme FM. Plaidoyer pour que PILS prenne plus d'indicateurs pops clés en raison de sa bonne performance sur le cycle actuel. - Exploration de possibilités de collaborations avec l'Institut Français de Maurice (IFM). - Projet TAPAJ pour aider la réinsertion sociale des UD.
	- Réunion à la NAS - Rendez-vous avec les nouveaux responsables d'Institut Français de Maurice (IFM) - Brainstorming avec les différentes associations qui s'occupent des utilisateurs de drogues (UD) - Réception Ambassade de France	- Le commissaire de prison signale à M. Ritter qu'il n'a rien contre l'introduction des seringues et de préservatifs. Rencontre avec le nouveau Président de la Chambre de Commerce et l'Industrie. - La conseillère du PM participe pour la première fois au CCM.

	- CCM à UNDP	
Septembre	- Rencontre avec NAS et AIDS Unit	- Première étape pour la réalisation d'une campagne nationale autour du dépistage du VIH/SIDA.
	- Interview Legal Chambers	- Recrutement d'un avocat qui donnerait des conseils légaux à PILS. PILS associe à son programme de plaidoyer les services d'un avocat.
	- Première réunion du projet Legal Environment Assessment (LEA)	- Présentation du projet LEA aux membres du groupe technique. L'Ile Maurice conduit pour la première fois une étude pour évaluer les lois et les pratiques qui constituent des obstacles à la prévention, au dépistage et à la prise en charge PVVIH.
	- Conférence Collectif Urgence Toxida (CUT)-MHRC 17 – All Live Matters	- Deux jours d'atelier organisés par CUT. Plaidoyer avec le Premier Ministre (PM) et le nouveau ministre de la justice en vue d'une réponse aux drogues moins répressive et plus basé sur les droits humains. Premiers échanges très positifs avec la conseillère du PM en vue d'un changement positif.
Octobre	- Réunion ARASA avec les parties prenantes	- Réunion pour parler des activités et des stratégies pour le country programme.
	- Plan d'action du plaidoyer réunion d'équipe plaidoyer.	- Réunion axée sur les stratégies pour 2018.
	- Rencontre avec IFM	- Les circuits de cinéma ne souhaitant pas le diffuser à Maurice, l'IFM est d'accord pour s'associer à PILS pour la projection

		de 120 Battements Par Minute.
Novembre	- Formation Initiale (FI) de AIDES (Pantin)	- Nicolas Ritter et Pascal Lamisong participent à la FI de AIDES pour relancer, repenser et mettre l'emphase sur la dimension politique du militantisme et le volontariat chez PILS.
	- Entretien avec les médias	- Dans le cadre de la journée International du Sida, Nicolas a participé à deux émissions radios et a été interviewé pour des journalistes. Les liens pour Inside news, le defimedia.info
	- CCM à PILS	- Réunion sur les divers sujets sur le programme du FM. Nicolas Ritter interpelle la coordinatrice nationale de la réponse au VIH sur les demandes inacceptables du MOH qui exige toujours les noms et numéros de carte d'identité des UDI qui utilisent les services d'échanges de seringues de CUT.
	- Cocktail à l'Ambassade de France	- Rencontre avec le nouvel ambassadeur de France à Maurice.
Decembre	- Atelier du Ministère de la Santé à l'hôtel de Goldcrest	- Atelier dans le cadre du 1er Décembre pour la journée internationale de la lutte contre le Sida. Suite à l'interpellation de Nicolas Ritter du dernier CCM, Le Ministre de la Santé propose une réunion.
	- Rendez-vous au Ministère de la Santé avec le Senior Chief Executive.	- Plaidoyer sur l'anonymat des UDI. Plaidoyer pour que soit rendu publique le rapport d'évaluation des réductions des

		risques à Maurice fait par des consultants sous l'égide de ONUSIDA en Avril 2017 et pour la prise en compte des recommandations de ce rapport dans le plan d'action national autour des drogues (NDCMP). Relance sur le comité sur les Hépatites virales qui n'est toujours pas opérationnel.
	- Message à la nation du Premier Ministre	- Création d'un Drug and HIV Council sous l'égide du PMO. Comité multi sectoriel et interministériel, présidé par le PM comme le réclame PILS.

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