



# HEALTH OF OUR NATION

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## HEALTH SECTOR PERFORMANCE REPORT 2017



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# Executive Summary

The Health Sector guided by National Health Strategic Plan 2016-2020 (NHSP) is working to reach national and global health targets aimed at promoting, protecting and restoring the health and well-being of all people in Seychelles throughout the life-course.

The objectives of this Report are to demonstrate accountability of the Health Sector, report on progress made during 2017, and through identified remaining gaps and challenges, inform future implementation of the health agenda.

The Ministry of Health (MOH) provides leadership for the Health Sector and among key achievements in 2017 were Cabinet approval for a number of new regulations related to health practices and overseas treatment and the development of a national strategic plan for the prevention and control of non-communicable diseases. The Minister for health, Mr Jean-Paul Adam addressed eight questions for oral answers in the National Assembly.

To measure progress made in 2017, the Report looked at the health status; service coverage and health systems; implementation of strategic investments priorities proposed by the NHSP; new threats that the Health Sector faced during the reporting year; and also progress in reaching the Sustainable Development Goals.

## Health Status

The annual number of births (1500-1700) and deaths (700-750) registered during the last five years has not seen great variation. The life expectancy at birth for women which had reached a peak of 80.8 years in 2016, decreased to 78.53 years in 2017; while the life expectancy for both sexes was 74.34 years.

The indicators for reproductive, maternal, new-born and child health showed a mixed picture in 2017: there was one maternal death; the neonatal mortality rate at 9.69/1000 live births was slightly higher than the 2016 rate (9.16/1000 live births); and the stillbirth rate (10.73/1000 total births) was also higher than in 2016 (9.63/1000 total births). However, the infant and under-five mortality rates decreased in 2017. While the total fertility rate has decreased steadily over the last 30 years, the adolescent (15-19 years) fertility rate has increased in recent years to reach 99/1000 in 2017.

Among deaths due non-communicable diseases (NCDs) in the age group 30-70 years, 37% was due to cardiovascular diseases and 21 % to cancers. More analysis is required to understand the increase in deaths in this age group from chronic respiratory diseases which increased from 9% in 2016 to 30% in 2017. The number of newly diagnosed cases of both diabetes and high blood pressure increased in 2017. In its efforts to prevent and control NCDs, the MOH took several measures in 2017: a high level multi-stakeholder committee was set up to provide oversight for the implementation of the Seychelles Strategy for the Prevention and Control of non-communicable diseases 2016-2025; new tools (Diabetic Passport and National Integrated Pathway of care for diabetes) were developed and implemented; and an early detection programme for retinopathy was launched.

There was a welcome decrease in deaths following road traffic accidents from 19 in 2016 to 11 in 2017 (1.47% of all deaths compared to 2.5% in 2016).

Among infectious diseases, in 2017, the country recorded high numbers of new cases of HIV (112) and hepatitis C (189), both driven by the accelerating intra-venous drug use epidemic. The dengue epidemic which started in 2015 continued unabated in 2017. Seychelles implemented a robust national response to the plague epidemic in Madagascar with active surveillance of persons with history of travel to Madagascar, isolation and treatment of suspected cases and by giving prophylactic treatment to a large number of contacts - there was no confirmed case of plague in the country.

## Service coverage and health systems

Seychelles has achieved universal health coverage (UHC), everyone, irrespective of their living circumstances receives the health services they need free of charge in public sector. In the thriving private sector, in 2017, there were 16 health facilities, 22 pharmacies and eight dental practices legally in operation. The majority of people live within easy reach of a health facility; the ratio of hospital beds and health professionals to the population is high; and utilization of both hospital and community health care services in the public sector is high. The MOH offers comprehensive packages of health services at the community, secondary and tertiary levels, including overseas treatment for patients whose health needs cannot be met locally. With a shifting focus to quality of care, in 2017, MOH continued to promote patient-centred care (PCC), which aims at providing care that is responsive to individual patient needs, preferences and values and conducted several studies to assess different aspects of quality of care. Results of surveys show that patients' perception of quality of care improved in 2017 compared to 2013, at the same time several weaknesses and gaps were found relative to patient safety, while the country still has to increase efforts to reach quality of care targets to be on par with OECD countries for selected diseases (e.g. diabetes). Additionally, at the moment, there is no routine reporting for the quality of care indicators set in the NHSP.

## Implementation of strategic investment priorities

The NHSP identified several strategies to optimize investment in health. The overarching objective is to strengthen the integration of health services, ensuring clients receive quality services for holistic well-being in line with their expectations.

Progress in the implementation of strategic investment priorities:

Investment Priority	Key Achievements in 2017	Remaining gaps and challenges
<b>Strengthened integrated health care</b>	<ul style="list-style-type: none"> <li>Several improvements in infrastructure: New Perseverance Hospital, renovated community health facilities, oncology unit,</li> <li>Improved formal referral system</li> </ul>	<ul style="list-style-type: none"> <li>Delay in implementation of electronic health information system (HIS)</li> </ul>
<b>Promoting and protecting health</b>	<ul style="list-style-type: none"> <li>Health of Our Nation initiative</li> <li>Revision of nutrition guidelines</li> <li>New NCD strategy</li> </ul>	<ul style="list-style-type: none"> <li>Missed opportunities to build synergy between different health promotion programmes</li> </ul>
<b>Human resources for health</b>	<ul style="list-style-type: none"> <li>Capacity building for in-service staff,</li> <li>Promotion of career in health in schools</li> <li>Recruitment of health care professionals</li> <li>Revision of scheme of service for different cadres started</li> </ul>	<ul style="list-style-type: none"> <li>Delay in recruitment process</li> <li>Sourcing specialist training for Seychellois doctors</li> </ul>
<b>Sustainable financing for health</b>	<ul style="list-style-type: none"> <li>Shift to full programme performance based budgeting (PPBB)</li> </ul>	<ul style="list-style-type: none"> <li>Spending on health relative to GDP still low (around 4%)</li> <li>Lack of cost awareness by both beneficiaries and health providers</li> </ul>
<b>Research and innovation</b>	<ul style="list-style-type: none"> <li>Several studies conducted to better understand availability and quality of health services.</li> <li>New study started on genetic profile of common cancers</li> </ul>	<ul style="list-style-type: none"> <li>Limited capacity in the research unit</li> <li>Limited funds dedicated to research</li> </ul>
<b>Partnership and coordination</b>	<ul style="list-style-type: none"> <li>70 expatriate doctors /dentists working under cooperation agreements</li> <li>MOH in collaboration with WHO successfully hosted the 6th Meeting of African Ministers for Health of Small Island Developing States</li> </ul>	<ul style="list-style-type: none"> <li>Partnership with the private sector and civil society still in nascent phase</li> <li>Not enough efforts to meaningfully involve beneficiaries in the planning process</li> </ul>

## **Way forward**

Much has been achieved and efforts continue to sustain gains secured and reach other targets. However, the Report exposed several gaps and challenges that need to be addressed systematically. There are gaps in the collection, analysis, sharing and use of data both in the public and private sectors. More efforts are needed to improve quality of care: there is a need to scale up implementation of PCC and to monitor and report on the quality of care indicators as proposed in the NHSP.

New strategic directions and innovative service delivery approaches are needed to respond to the rising rates of HIV, hepatitis C and illicit drug use. Recognizing that health outcomes are influenced by a host of factors outside the purview of the MOH, there is a need for stronger partnership and coordination within and beyond the Health Sector. Additional to this Report, an outline of a work plan to address cross-sectional and diseases specific gaps and weaknesses is in preparation and in the coming months the MOH Secretariat will support the agencies to develop and implement solutions.

# Summary Indicator Table

Indicator	2017 Data	NHSP Mid-term (2018) target	Performance		
Health Status					
Life expectancy at birth (years)	M - 70.34 F- 78.53	M-73 F-79			
Maternal mortality ratio (per 100,000 live births)	60.57	< 2 in 1600			
Neonatal mortality rate (per 1,000 live births)	9.69	< 6.25			
Infant mortality rate (per 1,000 live births)	10.90	< 10			
Under- five mortality rate (per 1,000 live births)	13.33	< 14			
Mortality (30-70 years) from cardiovascular diseases (%)	36.96	< 50%			
Mortality (30-70 years) from cancer (%)	21.43				
Mortality (30-70 years) from Chronic respiratory diseases (%)	29.81				
Mortality (30-70 years) from diabetes (%)	No data				
Mortality from road traffic accidents (%)	1.47%	1%			
Intentional self-harm ( number of cases)	83	127			
Mortality due to AIDS	2%	0.5%			
Leptospirosis case fatality rate (%)	5%	<15%			
HIV (newly diagnosed cases)	112	< 80			
STI (newly diagnosed cases)	587	350			
Hepatitis C (newly diagnosed cases)	186	< 130			
New cancer cases reported	216	< 134			
HIV prevalence (%)	0.87%	< 0.5%			
Hepatitis C prevalence (%)	No data	< 0.5%			
Service Coverage					
% of women of child bearing age on modern contraceptives	39.7%	60%			
Number of pap smears done	4720	10 000			
ANC coverage	99.2%	100%			
Immunization Coverage (DPT3)	97.1%	100%			
ART Coverage	62%	62%			
% of patients on ART with viral suppression	91%	>95%			
% of HIV positive pregnant women provided with ART to reduce MTCT	100%	100%			

Source: EPPS and DSRU

■ Achieved
 ■ On Track
 ■ Not on Track

## Notes:

1. There was only one maternal death in 2017. The NHSP mid- target is <2/1600 births.
2. Data for respiratory diseases include all chronic respiratory diseases and also pneumonias
3. HIV prevalence in the general population, KAPB study 2013
4. HCV prevalence data available for key populations (PWIDS, 46.5%; MSM, 41.9%; FSW, 34.6%).
5. The estimated number of people living with HIV is not known. 62% of those known to be living with HIV were on ART at the end of 2017



# Chapter 1: Introduction

The right to health is enshrined in the Constitution of Seychelles. The Health Sector is mandated to provide quality goods and services to clients for preventive, curative, rehabilitative, and palliative care.

The National Health Strategic Plan (NHSP) 2016-2020 lays out the Health Sector priorities and offers a unifying framework guiding the work of all the agencies within the ministry of health (MOH) and beyond the ministry into the private sector. It provides a roadmap for achieving key national and global health targets. In line with the Health Sector's vision and mission, the main goals of the NHSP are:

- increased expectation of life at birth
- reduced incidence, prevalence and mortality associated with priority non-communicable and communicable diseases
- increased level of satisfaction of the people and of health professionals with the existing health services and
- improved overall wellbeing of all people in Seychelles

## **Objectives of the Report**

The main objectives of the Annual Health Performance Report are to:

- demonstrate accountability of the Health Sector with the MOH at the centre of the sector;
- determine and give an account of the work done during 2017 and progress made towards reaching set NHSP targets and also global commitments e.g. sustainable development goals (SDGs); and
- inform future implementation of the NHSP.

## **Process of report development**

The development of this Report was led by the Office of the Principal Secretary for Health, Dr Bernard Valentin. A core group of writers from different agencies and programmes within MOH was tasked with writing or contributing to different chapters of the report.

## **Vision of Health in Seychelles**



The attainment, by all people in Seychelles of the highest level of physical, social, mental and spiritual health and living in harmony with nature.

## **Mission of the Health Sector**



To relentlessly promote, protect and restore the health and quality of life and dignity of all people in Seychelles, with the active participation of all stakeholders, through the creation of an enabling environment for citizens to make informed decisions about their health.

**Health for all:** The Health Sector places the well-being of the individual and the family at the centre of all efforts in the pursuit of social and economic development.



**Health by all:** The primary responsibility for health rests with each and every single individual and the individual's beliefs, attitudes and actions determine his or her health.

**Health in all:** The determinants of health are found in all sectors, permeating the economic, social, cultural and physical environments of people.



## Chapter 2: Governance and Leadership

Leadership and governance is one of the most complex but critical building blocks of any health system. Leadership and governance involves: *setting the strategic agenda; providing effective oversight and regulation; coalition building; and ensuring accountability.*

The Minister is responsible for the political leadership of the Health Sector. Under the new structure of the MOH which evolved from the Health Task Force Report, 2013, the MOH has been reorganised into a Secretariat and three public entities: the Health Care Agency (HCA), the Public Health Authority (PHA), and the National AIDS Council (NAC).

Key achievements during 2017 against thematic areas as outlined in the National Health Strategic Plan 2016-2020

- Sector stewardship and management capacity
  - A new Chief Executive Officer (CEO) for the HCA was appointed in 2017
- Legal and regulatory framework
  - Medical Practitioners and Dentists (Disciplinary Inquiries) (Amendment) Regulations, 2017 which specifies 52 actions considered professional misconduct gazetted.
  - Cabinet approved Registration of Health and Health Related Practices Regulations as prescribed by the Public Health Authority Act.
- Sector accountability
  - The Minister for Health was in the National Assembly in 2017 to answer eight questions for oral answers. Some of the topics addressed were:
    - Plans to expand the Intensive Care Unit.
    - Recruitment procedures of senior officials in the Ministry.
    - Need for foreign workers in the Bio-medical Unit and Procurement Unit.
    - Plans for improvement of the Takamaka Health Centre.

### SECRETARIAT

Under the executive leadership of the Principal Secretary, is responsible for: policy development, planning, monitoring and evaluation, oversight and coordination of the implementation of health strategies by the three public bodies and the private sector responsible for health care provision. The Secretariat is also responsible for human resource development, health promotion and international cooperation

### HCA

Agency to manage the provision of primary, secondary and tertiary care.

### PHA

Authority to regulate health and provide protection of the population's health.

### NAC

Authority to provide strategic guidance and coordination of HIV activities on the national level.

### NIHSS

Falls under the aegis of the Secretariat, it is an academic entity that provides pre-service and in-service education of health care providers level.

## Chapter 3: Health Status

Health status is the measurement of the health of an individual or population at a particular point in time against identifiable standards or indicators. We look at vital statistics (births and deaths) and some key indicators for:

- Reproductive, Maternal, New-born and Child Health (RMNCH)
- Non Communicable diseases (NCDs): cardiovascular diseases, cancers, chronic lung diseases and diabetes.
- Infectious diseases
- Mental health

The indicators for RMNCH showed a mixed picture in 2017 with improvements in some indicators and some remaining challenges.

Among deaths due NCDs in the age group 30-70 years, 37% was due to cardiovascular diseases and 21% to cancers. The number of newly diagnosed cases of both diabetes and high blood pressure increased in 2017.

In its efforts to prevent and control NCDs, the MOH took several measures in 2017: a high level multi-stakeholder committee was set up to provide oversight for the implementation of the *Seychelles Strategy for the Prevention and Control of non-communicable diseases 2016-2025*; new tools (Diabetic Passport and National Integrated Pathway of care for diabetes) were developed and implemented; and an early detection programme for diabetic retinopathy was launched.

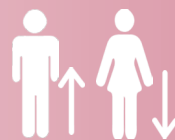
Among infectious diseases, in 2017, the country recorded high numbers of new cases of HIV and viral hepatitis C, both driven by the accelerating intra-venous drug use epidemic.

Information about risk factors at the population level is usually collected during surveys which are done periodically. A national survey done in 2015 among school children revealed high rates of obesity.



**1651 / 748**

The total number of live births was 1651, while deaths was 748.



**74.34 years**

Life expectancy at birth for both sexes was 74.34. It increased for men from 64.49 (2016) to 70.34 and decreased for women from 80.84 (2016) to 78.53.



**10.90**

Infant mortality rate decreased to 10.90 from 13.37 in 2016. Under-five mortality also decreased to 13.33 from 14.59 in 2016.



**10.73/6.69**

Increases in still birth rate (10.73) and neonatal mortality rate (6.69) compared to 2016 figures



**11**

11 deaths were due to road traffic accidents, a decrease from 19 in 2016.



**112**

112 newly diagnosed cases of HIV (75 cases in 2016), 18 new AIDS cases and 16 AIDS related deaths.



**186**

There were 186 new Hepatitis C cases (increase in annual number of cases since 2009).



**83**

Reported cases of intentional self-harm (95 in 2016).

## Chapter 4: Service Coverage and Health Systems

Seychelles has achieved universal health coverage: this means that everyone, irrespective of their living circumstances can receive the health services they need without risk of financial hardship.

The majority of people live within easy reach of a health facility; the ratios of hospital beds and health professionals to the population are high; and utilization of both hospital and community health care services in the public sector is also high. The MOH offers comprehensive packages of health services at the primary, secondary and tertiary levels, including overseas treatment for patients whose health needs cannot be met locally.

With a shifting focus to quality of care, in 2017, MOH continued to promote patient-centred care which aims at providing care that is responsive to individual patient needs, preferences and values. Results of surveys show that patients' perception of quality of care improved in 2017 compared to 2013.

The Ministry of Health is addressing remaining gaps in quality of care and health services where coverage is below set targets.



### ACCESS



**2.6**

The health care facility density is 2.6 per 10,000 population.



**56.8**

The distribution of health professional per 10,000 population.

### UTILISATION



**451, 260 / 250,017**

Doctor consultations - 451,260

Patients/clients seen by nurse - 250,017.



**12,347**

Total number of hospital admissions.



**50,123**

Number of patients seen in casualty.

### COVERAGE



**97.1%**

Childhood Immunization (DPT3).



**99.2%**

Antenatal care coverage

**100%**

PMTCT Coverage



**39.7%**

Only 39.7% of women of child-bearing age on modern contraceptives and only 4720 pap-smears done.



**62%**

Number of people known to be living with HIV on treatment.



# Chapter 5: Delivering on Strategic Investment Priorities

Several strategies are needed to optimize investment in health. The overarching goal is to strengthen the integration of health services, ensuring clients receive quality services for holistic well-being in line with their expectations.

The seven strategic investment priorities set by the NHSP are:

1. Strengthened integrated health care
2. Promoting and protecting health
3. Human resources for health
4. Sustainable financing for health
5. Research and innovation
6. Partnership and coordination
7. Governance and leadership

In 2017, achievements were reported for each of the investment priorities.



## Priority 1



- New hospital in Perseverance
- Renovation completed for health centres and oncology unit
- Decentralised specialist care at regional level.

## Priority 2



- Health of our Nation (HOON) campaign
- Disease –specific health promotion campaigns

## Priority 3



- Promotion of career in health in schools
- Capacity building for in-service staff
- Revision of scheme of service for different cadres started

## Priority 4



- Ministry of Health moved to Programme Performance-based budgeting

## Priority 5



- Surveys conducted to better understand availability, and quality of services
- Study started to understand genetic profile of common cancers

## Priority 6



- 70 expatriate doctors working under cooperation agreements
- MOH in collaboration with WHO hosted the 6th Meeting of African Ministers for Health of SIDS

For **Priority 7** refer to chapter 2.

## Chapter 6: Responding to New Threats

The world is interdependent and interconnected. While globalization offers enormous economic and cultural opportunities, it can also present threats and challenges for public health.

### Plague

In 2017, one of the most important public health intervention was the preparedness and response to the plague epidemic in neighbouring Madagascar. Seychelles implemented a robust national response to the plague epidemic with active surveillance of persons with history of travel to Madagascar, isolation and treatment of suspected cases and by giving prophylactic treatment to a large number of contacts. There was no confirmed case of plague in the country.

### Dengue

The dengue epidemic which started in 2015 is still ongoing. In 2017, more suspected cases were reported (2356) compared to 2015 and 2016 combined (1967). Public Health Officers have greatly increased the number of home visits to eliminate mosquito breeding sites. A multi-sectorial committee is leading a health promotion campaign to sensitize the public about the epidemic and to promote prevention measures. Studies are ongoing into the nature of the dengue virus in circulation that could explain its continued maintenance, especially during periods of low rainfall which is atypical.

### Early detection of out-breaks

To improve response to outbreaks, there is a need for early detection and prompt reporting. The Public Health Act governs all disease surveillance and response activities in the country, and it is mandatory for all public and private health facilities to report notifiable diseases in a timely manner. Unfortunately, reporting is suboptimal: the majority of public facilities report in a timely manner even though there are still a few weaknesses; reporting from private health facilities remains patchy.





## Chapter 7: Health In All SDGs

The Sustainable Development Goals (SDGs) were launched in 2015 and they provide a roadmap for achieving sustainable development. Of the 17 SDGs, SDG 3 is specifically related to health, however, while health contributes to all the SDGs, health is also an outcome of all SDGs.

In 2017, Cabinet endorsed the *Health in all Policies* pledge that commits Government to prioritize health and health equity in all national policies. Under the guidance of the MOH, other sectors should coordinate and synergise their efforts to positively influence the social determinants of health.

### **Promoting health and promoting sustainable development: health in all SDGs**

	SDGs	Relevance to Health	Relevant Issues in Local Context
1	<b>No Poverty</b>	Prioritise health needs of poor to improve equity.	- Significant prevalence of poverty noted (World Bank 2016): improving health and equity breaks the vicious cycle; focus on multi-dimensional poverty which includes health related parameters
2	<b>Zero Hunger</b>	Address the causes and consequences of all forms of malnutrition.	- Obesity and micronutrient deficiencies - Food security: issues of sustainable fishing and agriculture; accessibility and affordability of food; addressing poor diets and links with health
3	<b>Good Health and Wellbeing</b>	Ensure health lives and promote well-being for all at all ages.	- SDG with Primary Focus on Health - Seychelles looks on track to achieve majority of health related SDGs - Attention to HIV: Country missed this MDG target and currently not on track to achieve this SDG
4	<b>Quality Education</b>	Support quality education for all, to improve health and health equity.	- Improved education acts as a 'health productivity multiplier'; improved health is a strong determinant of learning and educational success - Health-promoting campaigns in schools
5	<b>Gender Equality</b>	Fighting Gender inequities, including violence against women.	- Identifying potential gender gap, including access, utilisation and benefits from health services and programmes - Protecting the rights and well-being of all citizens with no discrimination on the basis of gender identities - Addressing heroin-use epidemic and the overwhelming male predominance
6	<b>Clean Water and Sanitation</b>	Preventing disease through safe water and sanitation for all.	- Testing and improving Water quality; - Promoting hygiene in homes, schools and work places - Sustainability of safe water and sanitation services
7	<b>Affordable and Clean Energy</b>	Promote sustainable energy for healthy homes and lives.	- Sustainable and affordable energy sources, including renewable energy; pollution relating to energy generation



8	<b>Decent Work and Economic Growth</b>	Promoting Healthy Employment as a driver of inclusive Economic growth.	<ul style="list-style-type: none"> <li>- Addressing Youth unemployment;</li> <li>- Workplace health promotion programmes;</li> <li>- Employee rights and responsibilities</li> <li>- Health and Safety</li> </ul>
9	<b>Industry, Innovation and Infrastructure</b>	Promoting National R&D capacity and Manufacturing of Affordable Essential Medical Products.	<ul style="list-style-type: none"> <li>- Innovation in health care</li> <li>- Quality testing of imported medications;</li> <li>- Negotiating better drug and vaccine prices through TRIPS flexibilities.</li> </ul>
10	<b>Reduced Inequalities</b>	Ensuring equitable access to health services through Universal Health Coverage based on stronger community health care.	<ul style="list-style-type: none"> <li>- Collecting equity data and data on unmet needs</li> <li>- Using equity data to develop tailored interventions</li> <li>- Empowerment of people;</li> <li>- Improving Primary Care;</li> <li>- Targeting of welfare programmes and assistance</li> <li>- Improving social mobility;</li> </ul>
11	<b>Sustainable Cities and Communities</b>	Fostering Healthier Cities through urban planning for cleaner, safer, more active living.	<ul style="list-style-type: none"> <li>- City infrastructure planning with aim of promoting healthy behaviours;</li> <li>- Improving access for persons with disabilities</li> </ul>
12	<b>Responsible Consumption and Production</b>	Promoting responsible consumption of medicines to combat antibiotic resistance.	<ul style="list-style-type: none"> <li>- Preventing anti-microbial resistance;</li> <li>- Protection and promotion of local food production</li> <li>- Use of antibiotics and pesticides in food production and imports</li> </ul>
13	<b>Climate Action</b>	Protecting Health from Climate risks and promoting health through low-carbon development.	<ul style="list-style-type: none"> <li>- Climate adaptation: risk of local and regional epidemics (Dengue, Plague, Leptospirosis), heat strokes, water and food insecurity, natural disasters</li> </ul>
14	<b>Life Below Water</b>	Supporting the restoration of fish stocks to improve safe and diversified healthy diets.	<ul style="list-style-type: none"> <li>- Promoting the value of the ocean and supporting sustainable utilisation of marine resources</li> </ul>
15	<b>Life on Land</b>	Promoting Health and Preventing Disease through Healthy Natural Environments	<ul style="list-style-type: none"> <li>- Community environment that protects and promotes all aspects of health;</li> <li>- Vector control (Mosquitoes, Rats)</li> </ul>
16	<b>Peace, Justice and Strong Institutions</b>	Empowering Strong Local Institutions to develop, implement, monitor and account for ambitious National SDG responses.	<ul style="list-style-type: none"> <li>- Ensuring strong and effective leadership, institutions, coordinating mechanisms and engagement of all stakeholders for achieving SDGs.</li> </ul>
17	<b>Partnerships for the Goals</b>	Mobilising Partners to monitor and attain the Health-Related SDGs.	<ul style="list-style-type: none"> <li>- Breaking down silos-thinking and moving towards 'whole of Government' approaches.</li> <li>- Building synergies to address multiple gaps for target populations</li> </ul>

SDGs – Sustainable Development Goals; MDG- Millennium Development Goals; TRIPS – Trade-Related Aspects of Intellectual Property Rights

## Chapter 8: Taking Ownership Of The Health Agenda

The objectives of this report are threefold, to:

- demonstrate accountability of the sector
- report on progress made towards NHSP and global targets
- inform future implementation of the NHSP

Efforts to address the relentless epidemic of non-communicable diseases (NCDs) need to be heightened as a matter of urgency. Adequate implementation of the national NCD strategy is an existential priority for Seychelles, given the magnitude of the NCD-challenge.

Whilst NCDs remain a huge challenge, the emerging and re-emerging communicable diseases cannot be overlooked. Seychelles did not meet the MDG targets for HIV/AIDS and current figures show that the country is not on track to reach NHSP and SDG targets. There is a need for a stronger and more coherent national response with new strategic directions, innovation service delivery approaches and better coordination.

The response to both NCDs and communicable diseases require increased funding for the implementation of cost-effective, evidenced-based prevention and public health interventions. These will bring greater return on investments. In 2015, only 12% of total health expenditure was spent on preventive care.

The experience of preparing the Report has helped to identify many specific problems (strategic, managerial and operational) that have to be resolved. To that end, and additional to this Report, an outline of a work plan is in preparation and in the coming months the Secretariat will support the agencies to develop and implement solutions.

### **Governance**

5 years since the re-organization of the MOH, it's an opportune time to review the Task Force Report and evaluate the implementation of its recommendation.

### **Health Service Delivery and Quality of care**

Interventions to improve and also measure quality of care will be a major focus of the health sector going forward.

### **Health Information System (HIS)**

There is a need for reliable and timely data. MOH must accelerate the implementation of an electronic HIS and an effective M&E system.

### **Human Resources (HR) for Health**

HR is the most important asset of the health sector. A master plan for HR is needed urgently with clear strategies for production and retention of the human capital needed to maintain and elevate the gains of the health system.

### **Vaccines, Drugs and Technology**

We need to introduce more specialized diagnostics and also single-tablet regimens for some chronic conditions (e.g. HIV, Hypertension)

### **Health Financing**

MOH needs to lead the debate on future financing of health services.

## Chapter 9: Epilogue

There is a clear vision of health that touches and inspires all stakeholders, ensures the visibility of health in all aspects of life and the commitment of resources and efforts to the Health Sector. The success of the ongoing “My Health, My Responsibility” campaign has educated citizens and built a strong foundation and receptive audience for health interventions. The Health Sector must seize these opportunities and build on these advantages for the promotion and protection of health. In the area of clinical care of those who suffer from ill-health, health care providers enjoy similar advantages: person-centred, compassionate and quality care has an impact on the patient; provides opportunities for better interaction between patient and health professional; and is cost-saving.

This Report does not adequately reflect all the efforts of the Health Sector and the outcomes and impact derived. However, it does point to the right direction and next year’s report will be an improvement. The annual health sector performance review should be a year-long continuous process and not a once-a-year episodic event. It must be participatory and engage all health professionals, managers and leaders.

In demonstrating the accountability, performance and achievements of the Health Sector, the Report brings to light the contributions of health professionals and those who support them; in exposing the gaps and weaknesses, it gives further justification for greater investment in health and galvanises all those who devote their lives to health to greater effort. With a clear vision, shared mission, robust leadership, coordinated action throughout the health sector and, above all, the support of leaders in all sectors and of all Seychellois, the stage is set for better performance.

# Glossary

**Life expectancy at birth:** The average number of years that a new-born could expect to live if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory or geographical area.

**Neonatal mortality rate:** Probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1000 live births.

**Under- five mortality rate:** The probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period, expressed per 1000 live births

**Infant mortality rate:** The probability that a child born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1000 live births.

**Maternal mortality ratio:** The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100 000 live births, for a specified time period.

**Perinatal Mortality rate:** Combined number of deaths of babies aged less than 7 days and the number of still births in a year per 1,000 total births during the year.

**Adolescent fertility rate:** The number of births to women ages 15–19 per 1,000 women in that age group per year. This is a subset of Age Specific Fertility Rates.

**Facility density:** An indicator of outpatient service access which measures the number of facilities per 10,000 population

**Health workforce density:** Number of core medical professionals, including physicians, non-physicians, clinicians, registered nurses and midwives per 10,000 populations.

**PMTCT:** Prevention of mother-to-child transmission of HIV

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