

# SEYCHELLES NATIONAL HEALTH POLICY

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Final Draft

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# 1 Introduction

This National Health Policy builds on and replaces the current national strategic framework (2006-2016), which comes to an end in 2016. The health policy framework positions health at the centre of national development, both as a beneficiary of and a contributor to socio-economic development. It thus promotes the belief that pursuit of health is inseparable from the pursuit of wealth, seeks to ensure the participation of health in the national development planning processes and invites all sectors to ensure that health is considered in all such processes.

The policy document affirms the nation's commitment to health. Its purpose is to guide strategic planning, programme development and implementation, and monitoring and evaluation, not only in the context of health services, but also in the context of the National Midterm Strategic Plan. It also serves as an advocacy tool and a reminder to all actors and stakeholders that the health of the Seychellois nation is a key objective and a measure of economic, social and cultural development.

## 2 SITUATIONAL ANALYSIS<sup>1</sup>

### 2.1 DEMOGRAPHIC AND HEALTH STATUS

The Republic of Seychelles is a small, service-based, island state situated in the Indian Ocean. The country comprises 115 tropical islands spread over an area of approximately 444 square kilometers. It has an exclusive economic zone of almost 1.4 million square kilometers in one of the world's major tuna fishing grounds. Seychelles with a gross national income per capita of US\$ 14,766 (2013) is classified as a high-middle-income country. Tourism and fishing/fish processing are the major pillars of the economy, contributing 30 percent and 8 percent of gross domestic product, respectively. The national unemployment rate is recorded at 4.1 percent for 2014 (4.0 percent for males and 4.2 percent for females). Poverty is relatively low, with less than 2 percent of the population

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<sup>1</sup> To inform the preparation of the National Health Policy and the companion National Health Strategic Plan (to be developed) a comprehensive Health Situation Analysis has been carried out. What is presented in this section is a high level summary from recent reports including – MOH, Health Situation Analysis, June 2015; MOH, Health Task Force Report – strengthening and modernizing Seychelles' health system for improved health outcomes, June 2013; and World Bank, Seychelles Programmatic Public Expenditure Review Policy Notes – health, education and investment management, March 2014. Most of the figures referenced are taken from the Seychelles Bureau of Statistics website.

living on less than US\$2 per day. Seychelles enjoys a stable political system and has made significant progress in improving public sector governance. It is a relatively young democracy, having been independent since 1976. The first multiparty presidential election was held in 1993. Seven presidential elections have been held since then. Since 2008 economic crisis, the government has implemented a series of reforms to address public sector governance issues, which improved a number of governance indicators.<sup>2</sup>

Seychelles mid-year population in 2014 is 91,359 (50.4 percent females, 49.6 percent males). The population is characterized by a slow growth, an average rate of 1.5 percent per year between 1994 and 2014. Discounting migration, the rate of natural increase for the same period is 1.0 percent per year and at this rate the Seychelles population would double in 54 years. The population is aging. A clear shift in the age structure of the population is evident from the population and housing censuses of 1994, 2002, and 2010. Although Seychelles has one of the lowest fertility rates, trends in the total fertility rates are irregular - a replacement rate of 2.11 percent in 2006, increased to 2.38 in 2009, declined to 2.17 in 2010, increased to 2.42 in 2012, and slightly declined to 2.34 in 2014. No clear explanation has emerged for this uneven pattern. A breakdown by age group shows that 22.3 percent of the population is under 15 years and that the working-age population is 57.7 percent of the population. The median age is 34 years. The overall life expectancy at birth has continued to increase and reached 73.2 years in 2014 (78.3 for women and 68.4 for men). The women-men age difference has widened in recent years moving from 6.8 years in 2006 to 9.9 years in 2014. This requires further in-depth analysis to generate evidence for better understanding of the causes leading to the gap and to inform remedial policy measures.

Seychelles has already achieved most of the MDGs, especially for education, health, and poverty eradication. Gross enrollment in primary and secondary education is close to 100 percent. Education is fully subsidized up to the secondary level and partially subsidized at the tertiary level. The state provides free primary and universal access to healthcare, with very good indicators of health outcomes—infant mortality at 10.9 per thousand live births in 2014, maternal mortality of zero in most recent years (with the exception one maternal death in 2013), all children fully immunized, 99 percent of deliveries assisted by skilled health workers, and life expectancy at birth of 73.2 years—all of which compare favorably with other small island states, similar economies, and some OECD countries. Neonatal death constitutes majority of the overall infant mortality. In 2014, neonatal mortality rate is reported at 7.7 deaths per 1,000 live births, in part attributable to preventable intra-partum causes such as aspiration pneumonias mostly in the first week of life that lead to respiratory distress of the new born. HIV prevalence amongst the general population is less than 1% and is characterized as a concentrated epidemic amongst the high risk groups. A

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<sup>2</sup> Seychelles ranked at the 55<sup>th</sup> percentile on Rule of Law in the 2012 World Bank's Worldwide Governance Indicators, and it ranked 4<sup>th</sup> in the 2013 Ibrahim Governance indicators of African countries, in line with previous years.

Respondent Driven Sample survey (RDS) carried out amongst MSM and IDU showed high HIV and Hepatitis C prevalence amongst this group. A new HIV policy, Strategic Plan and Monitoring and Evaluation Framework have been developed in 2013 and approved by the National AIDS Council. Other high risk groups include prison inmates and migrant workers.

The burden of disease in Seychelles has shifted to non-communicable diseases, injuries, and mental health problems. Non-communicable diseases, in particular, have been the main causes of death in recent years and reflect changing lifestyles and diet—the major risk factors being obesity, tobacco use, alcohol abuse, and lack of physical activity. No structural change was found in the causes of death for the full population in Seychelles between 2003 and 2014. Cardiovascular, respiratory diseases and cancer account for about 60 percent of deaths. Amenable cancers constitute a third of all cancer deaths, which implies the role primary prevention and early detection could play in reducing the cancer mortality. More specifically, it is important to note that although the adult cancer risk factors have reduced over time in response to preventative campaigns, the prevalence is still high – current smoking is at 31 percent among men and 8 percent among women; adult men consume an equivalent of 9 liters of pure alcohol per capita per year whilst among women this is at 2 liters per capita but steadily rising; the level of physical inactivity among men and women is 18 and 23 percent respectively. External causes (accidents), infectious and parasitic diseases, and diseases of the digestive system (in about equal order of importance depending on years) -together account for another 20 percent **Error! Reference source not found..**

Despite Seychelles' remarkable achievements, the health sector still presents a number of challenges. Coverage of some important services is low, for example, contraceptive use remains low at 54 percent. In 2014, 12 percent of all births occurred to women aged under 20 years old. The prevalence of overweight including obesity in all sex and age categories continue to rise. In 2014, 60 percent of adults are found to be overweight or obese. There are high teenage pregnancies and the proportion of abortions increased in recent years. Between 15 percent to 20 percent of all pregnancies are unplanned and unwanted, resulting in rising unsafe abortion rates and premature deliveries, school dropouts and a multitude of social, medical and psychological problems. Many women still opt for illegal abortions (legal medical abortions can be obtained for very specific reasons following a review by a medical board). The prevalence of substance abuse appears to be increasing. Rates of HIV-AIDS, although low, continue to rise. New HIV infection has registered a sharp increase from 45 in 2013 to 93 in 2014. As the age structure of the population shifts from younger to older individuals, pressure on the health system to treat illnesses related to old age is rising. The widening gap of life expectancy between women and men is also a matter of concern.

## 2.2 SOCIAL DETERMINANTS OF HEALTH

The country has enjoyed socio-political stability since independence. The Constitution of Seychelles ensures the progressive realization of economic and social rights such as education, health, housing, employment, food security, social security, safety and a safe environment. These efforts and continued investments have paid off. School enrolment at the level of secondary school is at 100 percent and the literacy rate is estimated at 94 percent with no disparity between the sexes. Free primary health care and universal access to health care, including anti-retroviral therapy. Universal access to safe drinking water, good sanitation and housing provision. Whilst in 2013, up to 82 percent of households owned their home. Social housing provided for the needy. To mitigate the challenges of land availability for housing land reclamation is ongoing with the current example being the reclaimed Perseverance Island. Seychelles also has established an advanced social safety net to support the most vulnerable. Seychelles is classified as a high human development country (UNDP HDI Report, 2013) with a Human Development Index ranging from 0.756 – 0.806 and continuously increasing ranking 71, 52, and 43 out of 187 countries in 2011, 2012 and 2013, respectively.

Vector borne diseases such as dengue, chikungunya and leptospirosis have assumed public health importance. Other new and emerging diseases Ebola, Influenza and SARS are also potential threats that call for national Health security in the context of the International Health Regulations calls for the development of health emergency policy and contingency plans

The food safety objective from production to consumption (farm-to-fork) is through strengthening the food control systems including food borne disease surveillance for detection, prevention and control of epidemics and other emergencies from bacterial chemical contamination as well as control of genetically modified food import. Food Safety in the country is governed by the Food Act of 1987. The act reflects the international norms and standards as outlined in the *Codex Alimentarius*. Food Security is one of the vulnerabilities of the country. Seychelles is a net importer of food with about US\$87.79 million worth of food imported into the country in 2011 compared to the US\$40.88 million food export mainly as fish and fish products. Production of local vegetables and fruits and local poultry is decreasing. Local food production continues to decline. From 1995-2012 vegetable and fruit production fell from 65 percent to 50 percent in 2012 whilst local poultry production fell from 80 percent to 10 percent in 2012 due to trade liberalization as part of the overall economic reform from 1998.

The government has undertaken several measures to improve food safety and security in the country through the development and implementation of sectoral policies such as the

Agricultural Development Strategy (2007-2011), the Food Security Strategy 2008-2011, the Seychelles Biosecurity Policy, the National Agricultural Medium Term priority Framework the National School Nutrition Policy, the 2005 Fisheries Policy, the Seychelles Dietary Guidelines 2008 the Hospital Infant Feeding Policy and the Sustainable Development Strategy, National Food and Nutrition Security Policy 2014.

### **2.3 GENDER AND WOMEN EMPOWERMENT INCLUDING GENDER VIOLENCE**

Gender parity is very strong in Seychelles in terms of educational levels. Equal opportunities are offered for enrollment of boys and girls in school up to the tertiary level and government makes the effort to create a fair level playing field in schools such as (free education, monthly allowances for students, bus passes, ensuring no gender stereotyping in selection of students). However, disparity exists in enrollment, achievement and job seeking behaviors. Girls are three times more likely to be enrolled in secondary and tertiary education than boys. Tenfold increase in drug dependence and is seen more in boys compared to girls.

Gender based violence is increasing in Seychelles with police cases doubling from 2000 to 2005. Majority of reported victims are females and it is believed that many more victims remain silent. The Ministry of Health in collaboration with other relevant departments is adopting a Risk Indicator Framework for Domestic Violence which will facilitate identification of individuals at risk of abuse and their perpetrators. The Ministry of Health is developing Domestic Violence, Rape and Assault Operational Guidelines for healthcare service providers with appropriate referral pathways and multi-agency case management.

### **2.4 ORGANIZATION OF THE PUBLIC HEALTH SECTOR**

Following the recommendations of the *Health Taskforce Report (2013)* and the overarching goal of modernizing and strengthening the health system, the public health sector has introduced organizational restructuring. Since January 2014, the public health sector has implemented a new structure that introduces delineation and separation of functions consisting of the health ministry and three public bodies.

- **Health Ministry:** headed by a Principal Secretary and responsible to formulate health sector policy development, planning, monitoring and evaluation, and oversees the implementation of health strategies by the three public bodies for health care provision and training in health care.
- Three **public bodies** for health care provision and training in health care:
  - (i) **Health Care Agency:** An autonomous agency to manage the provision of primary, secondary and tertiary care. It will oversee the development of integrated health care services, strengthening community-based care, (including recruiting family

health specialists in regional health centres), and improving the efficient use of Seychelles Hospital services (including improved admissions and referral mechanisms, deployment of selected specialists consultations in regional centres and reorganisation of centralised specialist clinics).

- (ii) **Public Health Authority:** An independent entity to regulate the health sector and provide for the protection of the population's health. It regulates health services, health premises, health practitioners as well as the environmental and commercial activities that impact on health.
- (iii) **National Institute of Health and Social Services:** An autonomous entity to be the academic arm of the teaching hospital, provide pre-service education and for continuous in-service education of health workers and the institutionalization of high level health research.

The three public bodies will account for their performance to the Minister through regular reports and other mechanisms to be identified. The roles and functions of the Public Health Authority and the Health Care Agency are detailed in the Acts that were passed in 2013.

Other ministries, agencies, professional councils, NGOs and private sector contribute to the health of the nation. Including Ministries of Agriculture, Environment, Education, Labor and Human Resources, Land Use and Habitat, Community development and Social Affairs, Youth, Sports, Finance; and Agencies for Social protection, DRDM, SLTA, Public Utilities, Waste Management; professional councils and associations, district committees, National Councils for Children, Youth, Disabled, Elderly, Youth, civil society organizations, Church groups, and the Private sector. The Ministry of Health has facilitated enactment of the Allied Health Professional Act. The activities of NGOs are recognized as important in the health sector in areas of prevention and awareness creation.

## 2.5 HEALTH SYSTEM

**Health service delivery infrastructure:** Seychelles has developed a robust network of health facilities that focused on primary care and has achieved universal coverage of services. Altogether there are 14 health centers (12 in Mahe, 1 in Praslin, and 1 in Silhouette islands); 3 cottage hospitals (one each on Mahe, Praslin, and La Digue); and a tertiary hospital (1), rehabilitative hospital (1), and psychiatric hospital (1) all located on Mahe. Facility based services are complemented with a number of programmes such as the school health programs, workplace interventions, community interventions and home visits. A growing number of private health facilities complement the government health services. There are 14 private general practitioner's clinics offering family health care, diagnostic facilities and some specialized care, 6 dental clinics and 7 pharmacies.



**Human resources for health:** A health workforce survey conducted in 2013 and the associated analysis documented that Seychelles has a robust staffing despite challenges in recruitment and retention. The number of doctors, nurses, and midwives in relation to the population (7 per thousand individuals) far exceeds the benchmark associated with good basic maternal and child health outcomes (2.3 per thousand individuals). Medical doctors, particularly specialists (in demand owing to the disease burden and aging population), are less numerous than other health workers. Seychelles has no medical school or post-graduate opportunities, so physicians or specialists either train or are recruited from abroad. The time required to fill a specific health worker vacancy in Seychelles is very long, possibly reflecting the difficulty of recruiting doctors or doctors with particular specializations. Attrition in the public health sector is low (5 percent per year) but may be on the rise. Among health workers, 20 percent say that they plan to work in the private sector, largely motivated by higher earnings; 26 percent plan to switch to work outside the health sector within five years, drawn by higher perceived earnings. Five percent plan to leave the country annually to obtain specialized training. While currently low, the number of retired health workers will double in one decade and triple in two. The bottom line in the Seychelles is that health workers are sufficient in terms of numbers but not skills—more specialization is needed. The distribution of health workers could be optimized based on workloads. Performance could be further adjusted through additional research to achieve even better health outcomes with the human resources already available.

**Health promotion and education:** A draft Health promotion document was developed in 2008 and had not been validated for use. In spite of this health promotion activities are being undertaken by the Ministry but lacks coordination coherence and leadership. There is a need therefore to develop a coherent and inclusive health promotion policy and strategic plan to coordinate and streamline activities not only in the health sector but in other sectors and with other partners. Positive outcomes over the years include the enactment of the National Tobacco Control Act entered into force in 2009, Food Act in 2014, National Drug Control Master Plan 2013 to 2017 with Prevention Strategies, focusing on reducing consumption of illicit drugs. Increasingly, a number of civil society partners such as the Cancer Awareness Group, Diabetic Association etc. are participating to enhance health literacy and advocate for the quality of health services offered. There is need to develop a formal mechanism of coordination among the civil society as well as aligning their activities to target sector priorities. The Ministries of Education the Ministry of Community Development, Youth, Sports and Culture for health education have gained valuable experience in health promotion efforts and have established health promotion programs and networks.

**Medicines and Health Supplies:** Medical products, medicines in particular are expensive as Seychelles lacks economies of scale. Sourcing of good quality products at competitive prices remains a priority for the country. The current expenditure will continue as provision of

vaccines, treatment of chronic conditions such as hypertension, heart disease, diabetes and HIV require life-long treatment. Seychelles has become a member of WTO in April 2014, which offers a potential advantage to influence the cost and access to medicines through TRIPS and the TRIPS flexibilities. Following the enactment of the Public Health Law, a unit in charge of Medicines regulation has been created. As member of SADC the country, strategies of pooled procurement of medicines and technology is being discussed to mitigate the issues of the economies of scale.

**Health Technologies:** The main diagnostic facilities are Diagnostic Centre, and the Clinical Laboratory run by the Health Care Agency and the Seychelles Public Health laboratory (SPHL) run by Public Health Authority. These facilities are used by other sectors and the private sector health services for their specific needs. The maintenance and repair services are supported by the Biomedical Engineering Department whose objectives are to provide knowledgeable, timely and cost effective quality service to clinicians in a professional and responsible manner in order to improve and enhance patient care. The absence of an equipment management policy and plans which define standard equipment needs by health facility and procurement procedures, repair and maintenance and disposal of unserviceable equipment should be addressed. Although an inventory of all equipment in each facility is now available, almost 90 percent of equipment is donations some of which lack specifications and standardization creating challenges for operation, maintenance, repair and acquisition of spare parts. Planning for new equipment and infrastructure must include detailed budget for running costs, including preventive maintenance and calibration.

**Quality, safety and patient centered care:** The gap analysis study conducted in 2010 revealed that the MOH does not have an established quality improvement and patient safety program and plan. Equally, staff has not been trained in quality improvement. The study also raised the need for a hospital-wide infection control program and development of policies and procedures for reduction of risk of infection. Feedback information to clients from the providers is not based on a standardized system and there is need for wide dissemination of public information to clients on their entitlements and on the services provided in the Health facilities. Findings from a patient exit survey (2013) suggest that users perceive that the services are of high quality and access to services is high. The vast majority of patients, 86 percent, take less than 30 minutes to get to their health facility of choice, mostly via public transportation or walking. Most come for consultations and pharmacy services. Just over 20 percent of patients were prescribed sick leave during their visit. Less than one-fifth of respondents reported taking more than 10 days of sick leave in 2012, although the rate is often assumed to be higher. Nearly 67 percent of patients waited a very reasonable time (30 minutes or less) to be seen by a health worker. Patients' survey responses indicate that they find health workers' responsiveness to be very good overall, their providers to be competent, and conditions within health facilities to be good.

**Health information system, and Monitoring and Evaluation:** Seychelles has a number of information systems in the health sector, including a laboratory information system, a pharmacy information system, a central store system, a radiology information system (not yet covering the outer islands), a surveillance system, a geographic information system, a medical record system, a GPS for vehicle tracking, a statistical information system, a school surveillance system, and a human resources system. Aside from their lack of integration, some of these systems are not up to global standards, and some require updating. Seychelles lacks a legal framework to govern the confidentiality and lawful use of data maintained by such systems. Existing information are not fully analyzed and utilized to inform evidence based planning, program management, Monitoring and Evaluation of sector performance. Ministry of health with financial support from the Indian Government is developing an integrated health information system as part of the modernization agenda recommended by the health taskforce.

**Health financing and sustainability:** Health care is provided free of charge at the point of use and financed through general tax revenue. Government is the major financier of health accounting for 87 percent (in 2009) and 93 percent (in 2013) of the total health expenditure. The two rounds of National Health Accounts have further documented that total health expenditure has increased substantially between 2009 (per capita US\$297) and 2013 (per capita US\$500), Health as a share of GDP has also increased from 3.5 percent in 2009 to 4.5 percent in 2013. Total health expenditure as a percentage of GDP is lower compared to other island economies and small OCED countries. However, the rate of increase in recent years has been steep and calls for strategies for cost containment, efficiency and alternative financing in the medium term. The two main cost drivers in the health sector are salaries and wages, and medicines and medical supplies. The main factors influencing the current and projected increase in health investment include the increase in the burden of non-communicable diseases requiring expensive tertiary care treatment, including overseas treatment and the ageing of the population. Moreover, as a small island state, Seychelles has low economies of scale particularly for capital investment, and unit cost of service provision will remain high. Advances in technology further increases cost, and rising public expectations for high quality care demand continuing and expanding investment.

## 3 Vision, Mission, Guiding Principles and Values

### 3.1 VISION

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

### 3.2 MISSION

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.

### 3.3 GUIDING PRINCIPLES AND VALUES

#### 3.3.1 Rights to health

The Government of Seychelles believes firmly in the right to health and the unyielding respect for human dignity. The capacity of the government and partners must be built to ensure the respect, protection and fulfilment of the rights to health of all individuals in Seychelles and demonstrate accountability towards citizens with regards to these obligations. At the same time, citizens must be sensitized to their rights and empowered to fulfil their responsibilities.

Article 29 of the Constitution of Seychelles reiterates the commitment of the State in health care provision and reaffirms the responsibility of the citizen therein. Article 29 states:

*The State recognizes the right of every citizen to protection of health and to the enjoyment of the highest attainable standards of physical and mental health and with a view to ensuring the effective exercise of this right, the State undertakes:*

- *To take steps to provide for free primary health care in state institutions for all its citizens*
- *To take appropriate measures to prevent, treat and control epidemic, endemic and other diseases*
- *To take steps to reduce infant mortality and promote the healthy development of the child*
- *To promote individual responsibility in health matters*

- *To allow, subject to such supervision and conditions as are necessary in a democratic society, for the establishment of private medical service*

### 3.3.2 Health for All, Health by All and Health in All

The birth of Seychelles as an independent country coincided with the emergence of the Health for All movement and the Alma Ata Declaration. Building the health system for a new nation gained inspiration and support from that movement. Health for All, and later Health by All, phrased into a set of ideals and principles that harmonised with the Seychellois cultural outlook, in turned inspired health professionals and partners in health. Primary Health Care blossomed and significant health gains were made in a short space of time. The success motivated Seychelles to play a role as health leader within international health organisations.

With the growing awareness of the importance of the social determinants of health, and the realisation that health must play a more assertive role in the process of national development, the rallying call of Health in All will become louder and more prominent. Clearly, health contributes to fundamental human rights, promotes productivity and participation, and improves the quality and duration of life. Health capital not only contributes directly to human capital and the production of the material, social and cultural conditions for wellbeing, but is also valued, enjoyed and invested for future enjoyment and for the wellbeing of future generations. In concert with the Health of Our Nation movement, designed to mobilise the entire society for health, and the Social Renaissance movement, aiming to empower and strengthen families and communities, Health in All urges the whole of society to value and work for better health as it seeks to create the wealth of the nation.

### 3.3.3 Health for all

- A ***principle*** that places the well-being of the individual and the family at the centre of all our efforts in the pursuit of social and economic development
- A ***recognition*** that health is a fundamental right of every citizen and the pursuit of better health for every Seychellois is a personal and collective commitment
- An ***expression*** of our desire and determination that every person must have access to health care and that the exclusion of anyone from the basic needs for a better health is unacceptable
- A ***collective national effort*** to promote the development of comprehensive, appropriate and effective health care services the mobilization of all sectors and partners in the promotion and protection of health.

### 3.3.4 Health by all

- A **philosophy** that recognizes that the primary responsibility for health rests with each and every single individual and that the individual's beliefs, attitudes and actions determine his or her health
- An **acknowledgement** that the promotion of better health for our nation involves a shared commitment between the government and its national and international partners
- An **invitation** to all sectors and organizations whether governmental, non-governmental or private to join together in mobilizing the resources and optimizing efforts towards common goals
- A **desire** and a determination that health workers in cooperation with professionals in other sectors and, most importantly, in partnership with the community, seek to ensure that the health care services are efficient and effective and of highest standard
- An **expectation** that members of the community will respect and support their health workers and health services and will utilize their health services appropriately

### 3.3.5 Health in all

- A **conviction** that the health of our nation is inextricably linked with the wealth of our nation, and that the creation and enjoyment of health and wealth are inseparable in the pursuit of personal, community and national development
- An **affirmation** of the contribution of health in all areas of development and the involvement of health leaders in informing and influencing governmental, private sector and community action
- An **awareness** that determinants of health are to be found in the economic, social, cultural or physical environments
- An **imperative** for all sectors to ensure that the promotion and protection of health are fundamental considerations in all their policy and strategic decisions
- A **declaration** on the part of all health workers of their commitment to actively support the efforts of other development partners in improving the well-being of all Seychellois.

### 3.3.6 Values

Inspired by the World Health Organization's definition of health and the Constitution of the Republic of Seychelles, the vision proclaimed in the National Health Policy also reflects the cultural values of the Seychellois. The health policies are similarly inspired by universal health values and Seychellois ideals and desires. In implementing the policies, these same

values must be upheld, so that the pursuit of health, the exercise of professionalism and the application of health technologies, all respect human dignity and seek to serve the best interest of patients and clients.

At all times, health care must be people-centred, respectful of fundamental human rights and dignity, including the rights of people to make informed choices and decisions and to participate in all aspects of their health care.

Access to health care services will be on the basis of need, and the delivery of services on the basis of equity will ensure available, accessible and affordable care to all citizens. Those who are more vulnerable, disadvantaged or marginalised will receive special considerations to ensure that their needs are also met. Services will be responsive to changing needs and seek to inspire the confidence and ensure participation of citizens.

Government will invest consistently in health care to raise and sustain the level of efficiency, effectiveness and quality, and demonstrate sustained improvement in health outcomes and impact.

Health is a social endeavour and the spirit and practice of solidarity, care for others, self-reliance and personal responsibility will be nurtured. This same spirit will guide the health sector's participation in national efforts to improve the wellbeing of the Seychellois.

## 4 POLICY OBJECTIVES

In order to attain this vision and accomplish this mission, the national health sector shall strive to attain the following policy objectives:

- Improve the health status of the Seychellois population through policy actions in all sectors and by expanding preventive, promotive, curative, palliative and rehabilitative health programmes strategies
- Provide comprehensive, high quality integrated health care services and free primary health care at the point of use
- Strengthen the governance and accountability of the health care system
- Achieve self-sufficiency in human resource for health.
- Achieve sustainability of the health-system
- Promote research, data and information management and innovation to improve the nation's health
- Support the growth of the private health sector and public private partnership for health development

### 4.1 STRENGTHENING INTEGRATED HEALTH CARE

1. Build a strong health system, capable of responding adequately to present and future health challenges of the Seychellois nation.
2. Sustain and consolidate an optimal national primary health care (essential health care) model to achieve, through universal health coverage, better holistic health for all people in Seychelles. Ensure that primary health care remains the central function and main focus of the national health care system delivered through a network of community based facilities offering a well defined, cost effective package of health intervention centred on disease prevention, health promotion, multi-sectoral collaboration and on each individual, family and community taking responsibility for its own health.
3. Reinvigorate, and improve the quality of, secondary and tertiary health care services, to address health care needs.
4. Ensure that health care for the individual patient is administered through a three-tier national referral health system on the basis of equity of access according to needs, effectiveness and efficiency.



5. Support the development of private health care and create a framework for collaboration between public and private sectors.
6. Support the development of effective complementary (or alternative) health care services.
7. Ensure that Seychelles Hospital, the national flagship for post-primary care, is continuously upgraded to become and to remain an internationally accredited teaching hospital for doctors, nurses and midwives as well as other clinical and allied health personnel.

## **4.2 PROMOTING AND PROTECTING HEALTH**

1. Reinforce national health gains, increase life expectancy and maintain functionality through effective public health interventions.
2. Provide steadfast support for appropriate, evidence-based policies, regulations, strategies, programmes and projects that address the priority communicable and non-communicable diseases by focusing on primary prevention, secondary prevention and tertiary prevention and take into account the social determinants of health and the life course approach.
3. Support and facilitate the implementation of all evidence-based policies, regulations, strategies, programmes and projects that seek to prevent and control antimicrobial resistances.
4. Integrate a health dimension into all areas of public policy.

## **4.3 HUMAN RESOURCES FOR HEALTH**

1. Ensure that the health sector is staffed with adequate, highly-competent, motivated and equitably-distributed health human resources, effectively contributing to the promotion, protection and restoration of the health of all people in Seychelles.
2. Maintain a health workforce that is predominantly Seychellois by promoting careers in health, supporting continuing professional development and ensuring that Seychellois are encouraged and assisted to take on responsibilities at all levels, while at the same time recognizing the valuable contribution of international staff including Seychellois in the diaspora.
3. Ensure that an agreed set of minimum standards for overseas recruitment are established and respected during recruitment, whenever it is imperative that human resources for health are recruited from overseas.

4. Ensure appropriate attention is given to all cadres of human resources including allied health professionals and critical support staff and health managers.
5. Ensure that comprehensive human resource development plans including norms and standards and specialisation requirements are developed and implemented to meet the national human resources needs for health.

#### **4.4 SUSTAINABLE FINANCING FOR HEALTH**

The assurance of health care free at the point of use as an appropriate approach to ensuring equitable access to effective health interventions and the attainment of desired health outcomes and impact is reaffirmed. Sustaining ever-expanding health services remains a challenge requiring the exploration of new approaches to the mobilisation of resources and efficiency.

1. Ensure that health care provided in state institutions remain free of charges at the point of use.
2. Ensure that public health services receive adequate funding from public funds, in line with Constitutional obligations and international commitments such as the Abuja Declaration and that the allocations of funds are consistent with the policy of giving priority to preventive health.
3. Explore with the private sector and civil society appropriate mechanisms for interaction and partnerships in order to further the objectives of sustainable financing and optimal health gains.
4. Pursue efforts towards greater education and awareness on the part of the public and service providers of the costs of health care in order to promote rational and effective allocation and use of health care services and efficiency throughout.
5. Explore, in consultation with the people and with all sectors, options for sustainable health financing

#### **4.5 RESEARCH AND INNOVATION**

Research is vital to ensure a greater understanding of health and the acquisition of knowledge and experience that will assist in providing optimal health care and addressing health issues and challenges. The culture of research and innovation is an essential part of professional health care.

1. Ensure that research is integrated into all health programmes and serve to inform the development of policies, strategies and programmes.
2. Ensure that all health research conducted in Seychelles adhere to the highest ethical standards and that effective provisions are made for the protection of participants in all forms of research.
3. Ensure that research carried out in partnerships with scientific, academic or other external organisations or individuals benefit the population of Seychelles.

#### **4.6 PARTNERSHIP AND PARTICIPATION**

Partnership for health is founded on the principle of Health by All and the spirit of the Health of Our Nation. It creates and nurtures collaboration and mobilises efforts and resources to address common challenges and shared concerns. In the process of partnership and participation, synergies may be developed and outcomes for better health maximised.

1. Create the framework, consistent with national norms and standards and in accordance with national priorities, to promote the active participation of all sectors and stakeholders, bilateral and international agencies and partners in support of sustainable public health programmes and services.
2. Seek to play a prominent international leadership role in health, in particular within and as a representative of Small Island Developing States.
3. Promote the active participation of individuals, families and communities in the development and delivery of health care.

## 5 Governance Framework

### 5.1 ORGANISATION OF HEALTHCARE DELIVERY

1. In order to ensure equitable access to health services the three tier health care system shall be maintained. Movement from a lower tier to a higher tier shall continue to be through an appropriate referral system. Access shall be governed by need, through the principle of equal access for those with equal needs.
2. The focus of the health system shall be on primary prevention through the community-based programmes. In order to bring secondary prevention closer to where people live, work and play, appropriate specialist services shall be decentralized to the regional health centres.
3. Mechanisms shall be developed for joint delivery of services with other community service providers.
4. Community groups have a right and a duty to participate in their health care and mechanisms shall be designed to facilitate active participation of all citizens. Government and non-governmental groupings in the community shall be utilized as mechanisms to engage with the community. Strategies shall be developed to include the marginalised and to have more effectively and efficiently led groups.

### 5.2 GOVERNANCE AND ACCOUNTABILITY

1. In recognition of the need for autonomy for effective health service delivery, legislation has been introduced to formalise the separation of the oversight of the public health service from the health care delivery function and health regulation. In addition to governance standards set by central government for public bodies, clear statements of measures of performance and mechanisms of performance reviews shall be developed for improved accountability.
2. Although the health public bodies set up through legislation are autonomous and prepare their budget for submission to government for funding, the Ministry of Health shall have the responsibility to ensure equitable resource allocation and to identify additional resources where there is increased vulnerability in addition to supporting capacity development and providing technical assistance for the development of the health public bodies.

3. Institutions in the government health sector must work as an integrated whole, interact effectively and share information. A mechanism for consultative decision making shall be designed with the aim to involve all government health institutions and provide an opportunity for all to contribute to policy development, development of new legislation and protocols and coordinating policy implementation in the health sector.
4. Mechanisms shall be developed to facilitate collaboration between public and private health services while ensuring the highest standards of accountability.
5. The professional councils shall be supported to strengthen their role as regulators of health professionals and increase their contribution towards improving the accountability of health professionals. .

### **5.3 MONITORING AND EVALUATION**

1. A robust health monitoring and evaluation framework shall be developed and implemented, centred around key health indicators taking into consideration agreed national health targets and Seychelles obligations under a number of conventions and treaties that it is party to.
2. Structures and processes shall be established to ensure optimal collection and analysis of valid and reliable data and the timely dissemination of information for correct and timely decision-making at all levels of the health system and beyond.
3. In addition to the statutory quarterly and annual reports, a process for regular reporting on the performance of specific domains of the health system shall be instituted. Periodic national health reports will highlight progress in the health of the nation.
4. A clear process for documentation and analysis of patient/public feedback supported by regular service delivery surveys shall be instituted and an appropriate structure installed to coordinate this across the health sector.
5. A robust health information system capable of producing all critical health system management information, supporting health sector research, continuing professional development and public information and education shall be established.

## 6 Indicators

The achievement indicators will be aligned to specific policy objectives and social determinants of health and organized at different levels of an M&E framework including impact, outcome, process and output. There will be need to describe the targets to be measured based on specific reference time frame and also describe the assumptions and risks on evaluating the indicators.

### 6.1 HEALTH STATUS

- a) Life expectancy.
- b) infant mortality rate, neonatal mortality rate
- c) Maternal mortality
- d) Proportion of adults and children who are of normal weight.
- e) National smoking rate.
- f) Physical activity among adults.
- g) Prevalence of diabetes, hypertension and obesity
- h) HIV infections and mortality from AIDS
- i) Prevalence of Hepatitis C
- j) alcohol and drug related admissions
- k) Prevalence of substance use and abuse.
- l) Harm reduction service established.
- m) % budget allocation to prevention and health promotion-PBB/NHA: Increase by 3% of total health budget to prevention and HP

### 6.2 HEALTH SYSTEM PERFORMANCE

- a) potentially preventable hospital admissions
- b) Waiting times to see specialists.
- c) Seychellois human resources for health
- d) Essential medicines and lifesaving commodities availability.