

**WHO COUNTRY COOPERATION
STRATEGY**

REPUBLIC OF SEYCHELLES

2004-2007

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Virus
AMS	Activity Management System
BCG	Bacillus-Calmette-Guerin
CCS	Country Cooperation Strategy
CVD	Cardiovascular Diseases
DPT	Diphtheria-Pertussis-Tetanus
EPI	Expanded Programme for Immunization
GDP	Gross Domestic Product
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
IDSR	Integrated Disease Surveillance and Response
KAP	Knowledge Attitudes and Practices
MERP	Macro Economic Reform Programme
MISD	Management and Information Systems Development
MMR	Maternal Mortality Rate
IMR	Infant Mortality Rate
NEPAD	New Partnership for Africa's Development
NIHSS	National Institute of Health and Social Services
PHC	Primary Health Care
SARS	Severe Acute Respiratory Syndrome
TFR	Total Fertility Rate
URS	Unemployment Relief Scheme
VCT	Voluntary Counselling and Testing
WLO	WHO Liaison Office
WHO	World Health Organization

FOREWORD

In the year 2000, the Executive Board of the World Health Organization (WHO) approved a Corporate Strategy to guide the work of the WHO Secretariat. This Corporate Strategy emphasized the central role of countries in the work of WHO; hence, the global strategy was revised and adapted to the needs of each country. These measures constitute the basis for the WHO Country Cooperation Strategy (CCS).

The Country Cooperation Strategy describes WHO strategic priorities for each country in order to obtain an integrated response from the three levels: country office, regional office and headquarters. The CCS is a clear expression of the WHO country focus: the strategic agenda will guide cooperation between WHO and Member States for the medium term. The CCS will serve as a reference for WHO workplans and resource allocations, whether those resources are from countries, region, HQ or other sources such as collaborating centres.

The WHO Cooperation Strategy was developed through an extensive consultative process involving the Organization at all levels, the Ministry of Health, other government agencies, private sector and civil society organizations, training and research institutions, development partners and other key stakeholders in health. The process involved questioning, in-depth analysis of key health and development challenges of each country and consideration of the WHO comparative advantage.

I acknowledge the exhaustive process that has led to the formulation of this document, and I would like to thank the government and all stakeholders in health for their efforts and active participation. I have no doubt that the CCS process will help countries in their efforts to focus on priority health issues and coordinate the actions of different partners and stakeholders.

Our challenge now is to transform these strategies into concrete actions, with a view to improving WHO performance at country level as well as the health outcomes for populations in greatest need.

Dr Ebrahim Malick Samba
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1 INTRODUCTION

The WHO Country Cooperation Strategy for Seychelles is a framework of WHO collaboration with the government and partners in the health sector covering a period of 2004-2007, to reflect a health programming cycle whose impacts can be measured.

The development of the Seychelles Country Cooperation Strategy (CCS) is part of the global WHO Corporate Strategy¹ adopted to respond more efficiently to evolving country-specific health and development challenges. The CCS will therefore strengthen the performance of WHO at the country level and enhance its technical and intellectual leadership as well as its advisory role as it supports the Government of Seychelles towards the achievement of stipulated health policy objectives.

Over the years, with significant contribution from WHO, Seychelles has made remarkable progress in health development based on the principles of Health-for-All. The CCS has been developed at a time when Seychelles is promoting the vision of Health-by-All, a concept which makes the health of Seychellois the responsibility of the government as well as every member of the population. It is pertinent to note that the CCS will be implemented within the climate of the macroeconomic reform programme (MERP). The strategy intends to broaden WHO's partnerships in Seychelles with other development partners in a complementary way within the framework of the Millennium Development Goals. The CCS noted the directions proposed in the New Partnership for Africa's Development (NEPAD) health sector strategy.

The CCS team consisted of officials from the Ministry of Health, Ministry of Foreign Affairs, the Ministry of Information Technology and Communication and WHO staff from the Country and Regional Offices. The team had extensive consultations with the Ministry of Health, other government ministries, the National Assembly, the private sector, the civil society organizations, the main churches and other key partners to solicit their contribution to the process.

These consultations formed the basis of this document with the strategic agenda, which fully realizes that the Ministry of Health and other national stakeholders are the owners, leaders and main implementers of the national health policy and plan. WHO in working with MOH will offer strategic interventions in the following areas:

- (a) Strengthening national health systems development;
- (b) Health promotion;
- (c) Diseases prevention and control.

¹ WHO: EB105/3, A Corporate Strategy for the WHO Secretariat

2 WHO CORPORATE POLICY FRAMEWORK: GLOBAL AND REGIONAL DIRECTIONS

WHO has been - and is still - undergoing changes in the way it operates, with the ultimate aim of performing better in supporting its Member States to address key health and development challenges. This organizational change process has, as its broad frame, the WHO Corporate Strategy.²

2.1 Goal and mission

The mission of WHO remains "the attainment by all peoples of the highest possible level of health" (Article 1 of WHO Constitution). The Corporate Strategy and the Policy Framework for Technical Cooperation with Member Countries of the African Region outline key features through which WHO intends to make the greatest possible contribution to health in the world, and indeed in the African Region. The Organization aims at strengthening its technical, intellectual and policy leadership in health matters, as well as its management capacity to address the needs of Member States.

2.2 New emphases²

The WHO Corporate Strategy emphasizes the following WHO responses to the changing global environment:

- (a) adopting a broader approach to health within the context of human development, humanitarian action and human rights, focusing particularly on the links between health and poverty reduction;
- (b) playing a greater role in establishing wider national and international consensus on health policy, strategies and standards by managing the generation and application of research, knowledge and expertise;
- (c) triggering more effective action to improve health and to reduce inequities in health outcomes by carefully negotiating partnerships and catalysing action on the part of others;
- (d) creating an organizational culture that encourages strategic thinking, global influence, prompt action, creative networking and innovation.

² WHO: EB105/3, A Corporate Strategy for the WHO Secretariat

2.3 Strategic directions²

On the basis of these new emphases, WHO has set out four strategic directions for its contribution to building healthy populations and combating ill-health. These strategic directions, which are interrelated, provide a broad framework for the technical work of the Secretariat:

- (a) reducing excess mortality, morbidity and disability, especially in poor and marginalized populations;
- (b) promoting healthy lifestyles and reducing risk factors to populations;
- (c) developing health systems that equitably improve health outcomes, respond to peoples' legitimate demands, and are financially fair;
- (d) developing an enabling policy and institutional environment in the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

2.4 Core functions²

The typology of WHO core functions, presented below, is based on the comparative advantage of the Organization at all its levels:

- (a) articulating consistent, ethical and evidence-based policy and advocacy positions;
- (b) managing information, assessing trends and comparing performance of health systems; setting the agenda for and stimulating research and development;
- (c) catalysing change through technical and policy support in ways that stimulate action and help to build sustainable national capacity in the health sector;
- (d) negotiating and sustaining national and global partnerships;
- (e) setting, validating, monitoring and pursuing proper implementation of norms and standards;
- (f) stimulating the development and testing of new technologies, tools and guidelines for disease control, risk reduction, health-care management and service delivery.

2.5 Global and regional priorities³

In order to be more effective and efficient in its interventions, the Organization has selected a limited number of global priorities on which to focus over the four-year period (2002-2005). The global priorities selected on the basis of those criteria are:

³ WHO: General Programme of Work (GPW), 2002-2005

malaria, HIV/AIDS and TB; noncommunicable diseases (cancer, cardiovascular diseases and diabetes); tobacco; maternal health; food safety; mental health; safe blood; and health systems.

The WHO African Region⁴ is facing enormous health challenges in relation to health. The WHO Regional Office for Africa has decided to focus its attention on 12 priorities closely related to the 11 global priorities, but adapted to the regional context. These 12 priorities are: HIV/AIDS; tuberculosis; malaria; maternal health; child and adolescent health; strengthening of health systems; blood safety; humanitarian and emergency action; health promotion; noncommunicable diseases control including mental health; and poverty and health.

2.6 Making WHO more effective at country level

The expression of WHO Corporate Strategy at country level will vary from country to country. Taking into consideration country-specific health and development challenges, the involvement of other external partners, WHO's current work in and with the country, and the global and regional policy frameworks, WHO will look at getting the balance right between its key functions at the country level. This means the Organization will act more as an adviser, a broker and a catalyst and will involve itself in routine implementation in case of specific, clearly identified initiatives, with a time-limited perspective. A working typology of WHO functions at country level has been developed based on the broader core functions presented above.

The specific functions at country level are:

- (a) supporting routine long-term implementation;
- (b) catalysing adoption of technical strategies and innovations; country-specific adaptation of guidelines; and seeding large-scale implementation;
- (c) supporting research and development; policy experimentation; development of guidelines; stimulating monitoring of health sector performance; and trends assessment and anticipation;
- (d) sharing information; generic policy options and positions; guidelines and standards; case studies of good practice; and advocacy;
- (e) providing specific high-level policy and technical advice; serving as broker and arbiter; exercising influence on policy, action and spendings of government and development partners.

⁴ The Work of WHO in the African Region, Strategic Framework, 2002-2005

3 COUNTRY SITUATION ANALYSIS: HEALTH AND DEVELOPMENT CHALLENGES

3.1 Country Profile

With its land area of 445 sq. km., the Republic of Seychelles consists of an archipelago of 115 islands in the south-western Indian Ocean at more than 1500 km from the east coast of Africa. The country's economic zone, however, covers an area of 1.3 million sq. km. allowing it access to vast marine resources.

The preliminary results of the 2002 population census⁵ indicate the total population of Seychelles as 81 117 people in 20 391 households. The population structure is as follows: under five years, 8.6%; 5-14 years, 26%; 15-64 years 67% and above 65 years, 7.5%. The upward movement from a younger to an older population started in 1971. The current proportion of women in the total population is 53%.

Almost all of the country's population lives on Mahé, Praslin, La Digue and a couple of nearby islands. Scarcity of land and uneven population distribution pose enormous concerns regarding housing development, solid waste, water and land use management, deforestation, erosion and destruction of marine environment through land reclamation.

The number of births generally showed an increasing trend up to the 1980s, when it started to decline. In the 1990s, the average annual number of births was 1585, with the exception of 1997 and 1998, which recorded the lowest number of births, 1475 and 1412, respectively.

The total fertility rate (TFR) also declined rapidly after 1966 when it was around 7 children per woman and 2.08 in 2002. In the year 2000, first pregnancies were recorded at 31% for women in the age group 15-19 years old and 37% in the age group 20-24 years old. The current estimated maternal mortality rate⁶ is 53 per 100 000 live births.

The average life expectancy at birth has also improved, since 1960, from 63.4 years up to 71.2 in 2002. The life expectancy for men has improved from 58.4 in 1980 to 66.6 in 2002, and for women, from 67.8 years in 1980 to 75.8 in 2002. Over 10% of the population is now over 60 years old.

⁵ MISD-2003 Estimated Seychelles Population, 2003.

⁶ MOH and WHO Epidemiological Bulletin, No. 4, March 2004.

Socioeconomic situation

Seychelles economic and social progress since independence has been very remarkable. According to the *Human development report 2003*, Seychelles is currently ranked 36th in the world. However, the economy is very vulnerable due its dependence on two main sectors, tourism and fisheries. Tourism directly and indirectly contributes 10-15% of GDP, employs 17% of the labour force and is responsible for two-thirds of the foreign exchange earnings. Fisheries provide the bulk of national income as well as foreign exchange.⁷ Tourism especially is very sensitive to changes in the international economic and political environment. Further, the economy of Seychelles is, to a very large extent, dependent on imports.

According to the 2002 preliminary Population and Housing Census,⁶ 86.9% of the households had access to piped water, 97.1% to electricity, and 87.5% to flush toilets. About 90% of homes have television, 71% a fixed telephone line and 21% cellular phone.

The country has been able to achieve relatively high levels of GNP per capita, which rose from US\$ 6000 in 1994 to over US\$ 8000 in 2001.⁸ However, significant social and economic progress has not led to a total elimination of poverty. A poverty assessment carried out by the World Bank in 1994 estimated that 6% of the population was living below absolute poverty line (US\$ 90) while 18% of the population was considered to be living below the national poverty line (US\$ 150 per household per month).⁹ In a 1996 study, it was also confirmed that there are "pockets of poverty" in the Seychelles.¹⁰ For most of the population, wages and salaries are the most important sources of income (74%), followed by pensions and social security benefits (16%), and self-employment (8%).⁶

However, recent economic trends saw the foreign exchange earning not being adequate to sustain the current development momentum, import requirements and the servicing of debt. In a bid to address the situation, the country implemented a Macro-Economic Reform Programme (MERP) in July 2003.

Governance

The Republic of Seychelles achieved its independence from Britain on 29 June 1976. Between 1977 and 1993, the country was governed under a single-party socialist system. In June 1992, a new constitution was approved by a national referendum.

⁷ Social Development Strategy for Seychelles Beyond 2000, 1999.

⁸ Household Income and Expenditure Survey (1999-2000), 2002.

⁹ ICD-10 in Seychelles, 2001

¹⁰ Republic of Seychelles, Poverty in the Seychelles, 2002.

The country had its first multi-party presidential and parliamentary elections in 1993. The People's Assembly has 34 members, among them, 25 elected and nine nominated by the Parties based on the percentage of votes acquired by each Party.

In 2002, women were well represented at all levels of the government. Women occupied 37% of the post of district administrators in the local government, 30% of the posts as directors-general in government, 27% in cabinet and 24% at parliament. In 1997, 41% of the approved loans were disbursed to women. However, in March 2003, the Unemployment Relief Scheme (URS), which provides temporary employment for 6 months, had 942 people on the scheme with 212 being men and 730 women.¹¹

The country is member of the United Nations, and is also a member of the Commonwealth of Nations, African Union, Francophonie, COMESA and Indian Ocean Commission among others. Seychelles has ratified most international conventions including the Framework Convention on Tobacco Control (FCTC).

3.2 Health Profile

The development of health over the past two decades has followed the primary health care approach. Government is the major provider of health services which are tax-financed and free at all points of service. Political commitment towards health remains a high priority, with the Ministry of Health being provided with the second highest allotment in the national budget (12%) in 2002 and highest allotment of 16% in 2003.

The demand for health has been increasing due to several factors, namely demographic, social, environmental and technological, emergence of new diseases, and increased public expectations. However, there is growing concern over the sustainability of meeting the rising expectations of the population.

As a result of the effective primary health care and the government priority to health care, Seychelles has achieved rather impressive health care indicators (Table 1), especially regarding infant mortality rate (17.6/1000 live births in 2002), immunization coverage (BCG, DPT3, OPV3 and measles 100%¹²) and 99.9% of deliveries carried out by trained personnel. Currently life expectancy, maternal mortality ratio (MMR), infant mortality rate (IMR) and other indices are similar to those in countries such as Singapore and New Zealand.

¹¹ The Situation of Poverty in the Seychelles, 2002.

¹² Report of a Review of the Expanded Programme on Immunization in the Republic of Seychelles (June-July 2003), 2003.

Table 1: Vital and health personnel statistics, Seychelles, 1997 to 2002

Vital statistics	Years					
	1997	1998	1999	2000	2001	2002
Mid-year population	77,319	78,846	80,410	81,131	81,202	80,821
No. of births	1,475	1,412	1,459	1,511	1,440	1,481
Crude birth rate (per 1000 pop)	19.1	17.9	18.1	18.6	17.7	18.3
No. of deaths	603	570	560	553	554	647
Crude death rate (per 1000 pop)	7.8	7.2	7.0	6.8	6.8	8.0
No. of infant deaths	12	12	14	15	19	26
IMR (per 1000 livebirths)	8.1	8.5	9.6	9.9	13.2	17.6
No. of child deaths	4	5	1	5	3	1
No. of maternal deaths	0	2	0	0	0	1
MMR (per 100 000 livebirths)	0.0	111.7	0.0	0.0	0.0	21
Total fertility rate	2.1	2.0	2.0	2.1	2.0	2.0
Life expectancy at birth (years)						
Both sexes	71.0	71.7	72.4	72.7	72.5	70.9
Number of doctors	102	105	104	103	97	101
Population per doctor	758	751	773	788	837	800
Number of dentists	11	15	15	16	14	13
Population per dentist	7,029	5,256	5,361	5,071	5,800	6,217

Source : Ministry of Health, Planning Research and Information Division

Main causes of mortality

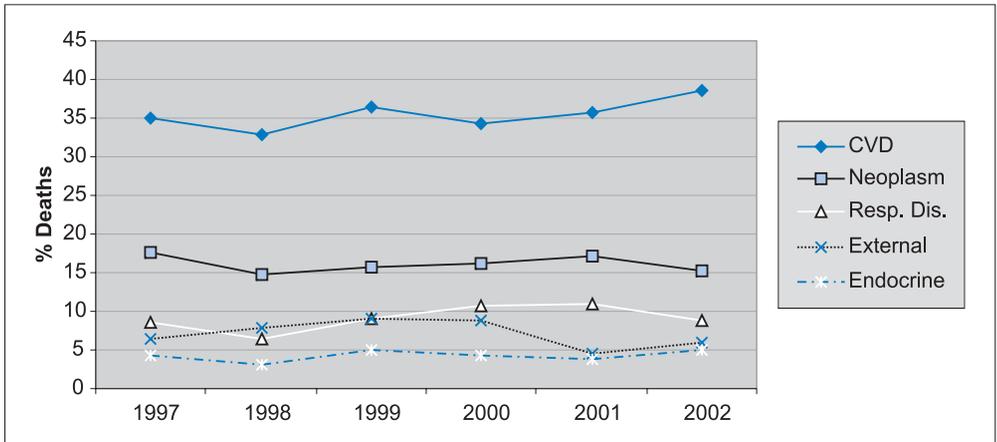
In the last five years, cardiovascular diseases were the leading causes of deaths in Seychelles.^{13 14 15} Neoplasms, mainly from the digestive tract, are the second leading cause, followed by diseases of the respiratory system, mainly pneumonia that has been increasing in the last four years (mainly among people over 55 years old). Deaths due to external causes, including traffic accidents (33%), were the fourth leading cause of mortality in 2002 (Figure 1).

¹³ Annual Report 1999 - Ministry of Health, 2000.

¹⁴ Annual Report 2000 - Ministry of Health, 2001.

¹⁵ Annual Report 2001 (Draft) - Ministry of Health, 2002.

Figure 1: Main causes of mortality in Seychelles, 1997-2002



Source : Ministry of Health, Planning Research and Information Division

Communicable diseases

Enormous progress has been made in the Expanded Programme on Immunization (EPI) in Seychelles since the provision of routine immunization services for all citizens was established in the 1950s and 1960s, and this was confirmed during the last WHO EPI mission in June/July 2003.¹⁰ Vaccine-preventable diseases have disappeared from the islands due to the high vaccination coverage (Figure 2). The last neonatal tetanus case was last recorded in 1960, poliomyelitis in 1968 and whooping cough in 1990.

Figure 2 : Vaccination coverage, 1980-2002

Source : Ministry of Health, EPI

Malaria is not endemic in Seychelles (the vector of the disease was last seen in 1930). However, each year a few imported cases of malaria are reported, mainly among the 15-44 age group (79 cases since 1996).

HIV and AIDS in Seychelles continue to increase since 1987 when the first HIV-positive person was diagnosed. Until October 2003, the Ministry of Health reported a cumulative total of 179 HIV-infected persons, including 65 AIDS cases.¹⁶ Although the current estimated HIV prevalence is below 1%, several risk factors highlight the need to strengthen educational and preventive programmes. These include early sexual intercourse among youth, high incidence of unprotected sex, limited access to condoms, increased trends of substance abuse particularly among youth and high number of tourists. Since August 2002, antiretroviral drugs have been made freely available for all eligible HIV positive pregnant women and their newborn. Voluntary counselling and testing was introduced in 1995 and the uptake of VCT in pregnancy is about 80%. In a national KAP study on HIV/AIDS carried out in 2003 involving people 15-65 years, 99% of the respondents had heard about HIV/AIDS (a total of 1706 persons participated voluntarily in the survey).¹⁷ However, several

¹⁶ Epidemiological Bulletin, November 2003.

¹⁷ Ministry of Health. How Much the Seychellois Population Knows about STIs, HIV and AIDS, 2003.

misconceptions still exist concerning the HIV modes of transmission. Attitudes, discrimination and stigma against people infected with HIV and AIDS are still prevalent.

Noncommunicable diseases

Noncommunicable diseases in Seychelles is the main burden of diseases,⁶ with an upward trend in the mortality rates for the last ten years, mainly in cardiovascular diseases (38.6%); neoplasm (15.3%); obstructive chronic respiratory diseases (8.7%); endocrine, nutritional and metabolic diseases (5.1%). The decreasing age range of affected population is of particular concern.

A recent study carried¹⁸ out in 2001 among 5353 children aged 5-16 years old in Seychelles, showed that the overall prevalence of overweight was 14.5%, and 4.8% were obese. The prevalence of high blood pressure was 11.8% among boys and 12.8% among girls.

Cancer is the second leading cause of death in Seychelles⁶ and is a matter of concern for the Ministry of Health. In men, cancers of the lungs, oral cavity and pharynx have been the leading causes of death, while cancer of the breast, cervix, uterus and ovary has been prominent in females. While the incidence of cervical cancer now appears to have stabilized (probably thanks, at least in part, to the cervical screening programme), the incidence of uterine cancer is increasing¹⁹ (Table 2).

Table 2: Reported cancer in Seychelles, 1995-2001

Cancer	1995	1996	1997	1998	1999	2000	2001
Oral cavity	15	9	6	3	16	4	4
Colon/Rectum	8	4	9	6	14	14	9
Larynx	2	6	11	5	3	7	2
Lungs	6	5	5	3	4	2	7
Lymphomas	5	5	3	2	10	4	3
Skin	17	10	6	8	21	16	2
Prostate	3	5	12	8	4	7	0
Breast	11	9	11	14	7	10	20
Cervix	32	27	13	12	5	7	7
Uterus	0	1	1	1	3	2	1
Ovary	1	4	5	3	2	1	1

Source : Ministry of Health , Planning Research and Information Division

¹⁸ Ministry of Health. Survey on Health Behaviours in School-aged children in Seychelles, 2001.

¹⁹ Report on Gynaecological Cancer Programme in Seychelles, 1995.

Reproductive and child health

All health centres offer maternal and child health as well as family planning programmes and a full range of other services.

The contraceptive prevalence rate for modern contraceptive method use among all women aged 15-49 stood at over 60% in 1996, 48% in 1999 and 38% in 2000. The decline is presumed to be the result of poor recording and inaccurate service statistics. Condoms are supplied free by the Ministry of Health as a means of preventing the spread of STIs and HIV/AIDS. Condoms are sold at the three private pharmacies and at a few other shops. The number of users is not really known hence this can make a difference to the overall estimate for contraceptive prevalence.

The crude birth rate (births per 1000 population at mid-year estimates) has continued to fall over the past 20 years. It stood at 21.01 in 1995 and 18.32 in 2002. The total fertility rate fell from 2.27 in 1995 to 2.2 in 2002 with an all time low of 1.98 in 2001.

Noticeable progress has been made in reducing the maternal mortality ratio through rigorous antenatal care and delivery handled by trained personnel. Five maternal deaths due to direct obstetric causes were recorded between 1992 and 2002 (Table 3).

Table 3: Maternal Deaths in Seychelles (1992-2002)

Year	No. maternal deaths	No. livebirths	MMR
1992	0	1601	0.00
1993	0	1689	0.00
1994	1	1700	58.82
1995	1	1582	63.21
1996	0	1611	0.00
1997	0	1475	0.00
1998	2	1412	141.64
1999	0	1460	0.00
2000	0	1512	0.00
2001	0	1440	0.00
2002	1	1481	67.5

Source : *Statistical Abstracts, MISD/ Health Information Section, Ministry of Health*

From 1995 to 2002 there was a 35% increase in the number of all recorded abortions;⁸ during the same period, pregnancies increased only 3%. Over the past years, the Ministry of Health has expressed concern over the number of illegal abortions. Statistics from the main hospital (Table 4) indicate that the percentage of unsafe abortions is alarmingly high (81%). No death associated with unsafe abortion was registered. A policy²⁰ change introduced a new abortion law in 10 May 1994, providing indications and procedures for termination of an unwanted pregnancy.

Table 4: Abortions reported in wards in Seychelles, 1995- 2002

Year	All abortions	All known pregnancies	All abortions as % of pregnancies	Termination of pregnancies	% of abortions that were unsafe
1995	297	1879	15.8	81	73
1996	378	1989	19.0	80	79
1997	372	1847	20.1	79	79
1998	411	1823	22.5	105	74
1999	536	1995	26.9	133	75
2000	495	2018	24.5	124	75
2001	455	1895	24.0	114	75
2002	460	1941	23.7	88	81

Source : Health Information Section, Division of Planning, Research and Information, Ministry of Health

Alcohol and Drug Abuse

The level of alcohol consumption and drug abuse, particularly among the youth, is of national concern. A recent Global Youth Tobacco Survey²¹ was conducted in October 2002 among 1453 eligible boys and girls (students) of an average age 14.0 years. The survey revealed that 49% had tried smoking at age 16, 50% had drunk alcohol at least once during the past 30 days (32% at age 12 to 67% at age 16); frequency of drinking was similar in boys and girls. Marijuana use was reported by 8% at age 13 and 28% at age 16. This high prevalence of risky behavior calls for strengthened adolescent and school health.

²⁰ Supplement to Official Gazette-Termination of pregnancy Bill, 1994.

²¹ Global Youth Tobacco Survey in Seychelles, 2002.

3.3 Health Systems Development

Health policies and systems

The National Health Policy in Seychelles is based on the principle of health for all and by all.²² Government strategy is to ensure that health care services are accessible to all Seychellois and that access is based on need and not ability to pay. Health services are, therefore, free at the point of use and organized as close as possible to all those who require such services. In this regard, government top priorities are sustained development of PHC, development of human resources, quality-assurance and ensuring that the services respond appropriately to changing health needs. Health promotion and protection are therefore emphasized, since most of the health problems are related to changing life styles. Furthermore, with increasing cases of cancer, cardiovascular and chronic degenerative diseases, attention is focused on strengthening the role of secondary and tertiary care for provision of specialized services in support of primary health care.

The government believes that the health of the people not only contributes to better quality of life but also is essential for the sustained economic and social development of the country as a whole.

Organization of health services

The Ministry of Health is the principal provider of health services in Seychelles. It has the overall responsibility for planning, directing and developing the health system for the benefit of the entire population of Seychelles. The Ministry is headed by the Minister of Health and supported by a Principal Secretary who is the Chief Executive Officer, and by a Special Advisor appointed by the President. The Principal Secretary benefits from the services of a Technical Advisor. The Commissioner of Health Services is, in effect, the Chief Medical Officer for the country and technical head of all health services.

Below the rank of Commissioner of Health Services are six Directors-General. Each Director-General heads a strategic division. Currently the Health services are organized into six divisions namely, Primary Health Care, Hospital Services, Disease Prevention and Control, Health Education and Promotion, Administration and Human Resources, and Planning, Research and Information. Each Division is further divided into sections or directorates headed by directors. There are currently forty-five sections and units immediately below the rank of Director General.

²² Health Policy, Strategy and Organization in Seychelles, 1995.

The health care system in Seychelles is organized according to three distinct levels, namely primary, secondary and tertiary care. The distribution of health facilities and beds by level of health care (Table 5) also reflects the geographic characteristics of Seychelles, which comprises several islands. Emphasis has been and continues to be on primary health care where most of the disease prevention, health promotion, curative care and rehabilitation take place. To assist in the delivery of primary health care services, the country is divided into sixteen health districts. Each health district has a health center staffed by a district health team, headed by a Health Coordinator, who is a senior member of the health team. The main function of the health coordinator is to ensure the smooth running of the district health programmes. The health coordinator responds to the Director of Community Health Services who in turn responds to the Director General for Primary Health Care.

Secondary care consists principally of hospital care where each specialty is headed by a Consultant-in-Charge and a Nurse Coordinator aided by a Nurse-in-Charge, heads each ward.

Table 5: Distribution of health facilities, 2002

Level of care	Name	No. of beds
Specialized services	Psychiatric Hospital	46
	Home For the Elderly	111
	Geriatric Hospital	68
Tertiary	Victoria Hospital	241
Secondary	Anse Royale Hospital	24
	Baie Ste Anne Hospital	36
	La Digue Hospital	13
Primary	Beoliere	0
	Silhouette	10
	English River	0
	Mont Fleuri	0
	Beau Vallon	0
Total		438

Source : Health Information Section, Ministry of Health

Victoria Hospital is the main referral hospital, which offers certain forms of tertiary care. The Les Cannelles referral hospital offers psychiatric care while the North East Point hospital offers rehabilitative care. The bulk of highly specialized treatment takes place overseas.

Organization of private health care services

Although private practice was discontinued in 1979, the Government revised its policy in 1992 to allow such operation. There are altogether 23 private medical and paramedical practitioners in the country. Most of the private practitioners practice within the ambit of primary care and refer patients to government-run secondary and tertiary care services when required.

Human resources development

The total staff of the Ministry of Health stood at 1740 at the end of 2001, absorbing 58% of the total health budget. The largest proportion (32%) of the employees is in the category "other health auxiliaries" which largely consists of non-clinical support staff such as clerical and accounting staff and drivers, among others. This category is followed by the para-medical group, in terms of size and accounts for 25% of the total staff. The rapid rate of increase of the ancillary staff category, at over 34% per annum on average for the period of 1980-1999 is too high and is likely to bloat the service and strain the budgetary situation. Categories such as medical officers, nurses and other primary health care staff are still considerably short-staffed.

The country is still heavily dependent on expatriate personnel at the top professional cadres of medical officers, dental officers and consultants; with 60% of all medical doctors being expatriates, human resources development has been and still is one of the major concerns for the country. This is mainly due to the continuous shortage of nationals trained in the health professions. Currently there are 12.5 medical doctors per 10 000 inhabitants, 24 midwives per 10 000 inhabitants and 46.9 nurses per 10 000 inhabitants. There is no local university in the country and most undergraduate and post-graduate training is done overseas. Special arrangements exist with a number of reputable institutions such as University of Manchester (UK) and Edith Cowan University (Australia) for students to pursue studies in certain specific fields to do part of their degree courses locally.

The National Institute of Health and Social Services

In-country training of nurses started in 1953 at the Nursing School, which grew over the years into the National Institute of Health and Social Services in 2002. It now has an expanded mandate of providing quality education and training in health and social studies at tertiary level through national and international collaboration and partnerships.

The Institute has a staff of 31 and offers certificate level training programmes in nursing, biomedical laboratory science, pharmaceutical dispensing, environmental health sciences, dental therapy, emergency care, occupational therapy and

physiotherapy. It also offers post-basic professional training programmes in mental health, midwifery, intensive care, paediatric, community health, advanced physiotherapy, biomedical laboratory science, environmental health and pharmaceutical dispensing. It offers a diploma in social work in collaboration with the Edith Cowan University of Australia.

Health financing

Since 1977, health has been one of the priority areas in the country's budgetary allocation. It has featured as the most important sector for the years 2003 and 2004 in terms of annual budgetary allocations (13%). In addition, the Social Security Fund finances the MOH's specialized overseas treatment programme.

In 2002, the health budget was distributed as follows: Administration and finance (31.7%), PHC (24.5%), hospital services (49.8%) and disease prevention and control (4%). In 2002, the annual per capita expenditure on health was equivalent to US\$ 350.

Table 6: Government expenditure, 1994-2002 (millions of Seychelles rupees)

	1994	1995	1996	1997	1998	1999	2000	2001	2002**
Ministry of Education and Youth*	167.9	135.9	139.2	149.1	149.6	134.2	135.8	144.0	150.5
Ministry of Health	106.9	102.2	111.3	136.4	141.3	141.2	132.8	136.9	139.6
Ministry of Social Affairs and Employment	20.9	20.5	18.8	20.7	26.2	29.2	29.5	30.4	29.3
Ministry of Land Use and Habitat	7.7	6.3	6.9	9.2	10.0	11.0	12.2	14.1	15.0
Ministry of Environment and Transport	-	-	-	36.9	45.4	47.4	48.4	42.1	21.1
Social Security Contributions	110.0	75.7	93.5	114.6	119.9	119.0	119.0	125.0	131.0
Capital Projects	157.3	125.6	185.0	215.9	390.2	385.6	401.0	186.0	200.0

*The 2002 allocation is the budgeted and not the actual figure.

Source : Management Information Systems Division, 1997 and 2001.

There is growing public expectation for even better healthservices at a time when economic performance is slowing down. Modernization of health care equipment and technologies has not proceeded as fast as required because of resource constraints. The consequences might be a decline in the quality of health care, inability to carry out essential diagnostic tests, decreasing public confidence in the country's health

services and increasing pressures for specialized overseas treatment. The role of private practitioners in Seychelles has been expanding, and there is even potential for expansion in the future.

3.4 Health and Development Challenges

The following challenges need to be addressed:

- (a) Sustainability of the current quality and coverage of health care services in the country by the government and other stakeholders including international partners to maintain already achieved health indicators.
- (b) Strengthening human resources for health, reduce high turn over of key staff and promote continuous capacity building, motivation and retention of existing staff particularly the national specialists.
- (c) Strengthening the secondary and tertiary care to provide high quality, specialized referral care, training and development of health workers as well as information and research to minimize specialized overseas treatments.
- (d) Ensuring decreasing level of unhealthy lifestyle and risky behavior such as alcohol consumption & drug abuse and unhealthy diets resulting in upward trends of non-communicable diseases such as cardio-vascular, obesity and diabetes while sexual promiscuity and unsafe abortions particularly among the productive age groups result in upward trends of infectious diseases such as STI and HIV.
- (e) Ensuring availability of vital health care equipment and technologies for diagnostic tests to meet the challenges of demographic and epidemiological changes.
- (f) Promoting maintenance of medical equipment, vehicles and ambulances.
- (g) Strengthening the coordination mechanisms for maximum impact among health actors;
- (h) Improving quality of data collection at different levels of health care system and utilization of collected data for decision-making process for maintenance of the institutional memory.

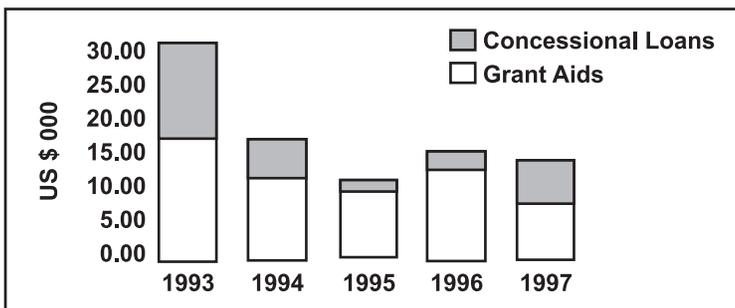
4 DEVELOPMENT ASSISTANCE: AID FLOWS, INSTRUMENTS AND COORDINATION

Over the past 28 years, Seychelles has relied heavily on the support of international agencies and friendly countries for assistance in the health sector. Consequently, donor funding has been a major factor in health care financing in Seychelles. However, Official Development Assistance has declined substantially since the 1990s as the country's per capita income rose. As a result, many countries and donor agencies have removed Seychelles from their list of countries destined for assistance.

4.1 Overall Trend in Development Aid

Official development assistance to the country shows downward trends in both concessional loans and grant aid from the high level of 1993 as shown in Figure 3. From 1997 to date a similar trend has been observed.

Figure 3 : Aid flow by terms, 1993-1997



Source : Ministry of Finance

The total amount of grants given through the Ministry of Foreign Affairs by bilateral partners such as Britain, China, Cuba, France and Russia in the form of scholarships, equipment, medical supplies, logistics and experts come to about US\$ 4 000 000 annually, representing approximately 16% of the national health budget. Other countries currently providing assistance to the health sector in Seychelles include India, Malta and Nigeria.

Net foreign loans to finance the national budget increased from 1999 to 2000 when it reached a peak and decreased the year after in 2001.²³ Loans offered by funding agencies had interest rates ranging from 1% to 12%. Many of these loans have a

²³ Central Bank Annual Report, 2001.

grace period of five years. Loans destined for the health sector have also seen a downward trend since the year 2000. Since then, the Abu Dhabi Fund (ADF) and the African Development Bank (ADB) have been the main financial institutions granting investment loans to the sector (Table 7).

Table 7: Amount of investment loans to the health sector, 2000-2002 (Seychelles rupees)

Lender	Purpose	Prior to 2000	2000	2001	2002
ADB	Health	91,867.77	2,410,268.12	125,358.85	0.00
ADF	Integ. Health project	18,455,372.36	4,724,578.18	0.00	0.00

Source : Ministry of Finance.

4.2 Major Active Development Agencies in the Health Sector

Major development agencies active in the health sector have been the WHO, the ADB and the ADF, among others. While WHO has provided most of the freestanding assistance to Seychelles in the form of capacity building, technical assistance and provision of equipment and supplies, the ADB and ADF have contributed to infrastructure. Several benefactors also made other grants, in the form of health equipment and other supplies, directly to the Ministry of Health. Such grants amounted to an approximate total of US\$ 450 000. With a health allocation of well over US\$ 25 million in 2002, grants received represented a meagre 0.06% of the health budget allocation.

The Cuban government has provided a wide range of technical assistance in various specialized fields. In the year 2000, this assistance was valued at about US\$ 80 000 for scholarships and training and at about US\$ 160 000 for technical assistance. At the end of 2003, there were 33 Cuban specialists employed by the Ministry of Health on a contract of two years.

Cooperation with the Chinese government has been in the form of technical assistance, equipment and medical supplies. Every two years Seychelles receives four to six Chinese medical experts.

The cooperation with the French government is mainly done through the Island of Reunion. In 1996, approximately €500,000 were allocated to support the reduction of infant mortality in Seychelles and to strengthen institutional linkage between Victoria Hospital in Seychelles and the *Centre Hospitaliere Departementale de La Reunion*,

Felix Guyon. Medical personnel from Seychelles have undergone short training courses in Reunion. Specialists from Reunion regularly visit Seychelles. In the year 2000, grants given by France to the social development sector amounted to about €490 000 and to the environment sector to about €60 000.

Bilateral agreements between Seychelles and its partners are based on traditional, political, economic or cultural ties. Under the Indian Technical and Economic Cooperation Programme, Seychelles has benefited from the deputation of Indian personnel and donations of medical supplies. The current Memorandum of Understanding is aimed at increasing cooperation of training of Seychellois medical students and working visits by Indian medical specialists to Seychelles. The Indian government will also facilitate access of Seychellois patients to specialized medical institutions in India.

The Knights of Malta granted SR1, 000,000 in 1995 for the construction of the Haemodialysis Unit at the Victoria Hospital. Two ambulances were donated to the Ministry of Health in August 2001. Two donations of medical supplies amounted to €124 632 in 2003.

Local NGOs are also active in assisting the Ministry of Health. Over the years the Round Table Organization, the Rotary Club, the Masonic Lodge of Seychelles, the Amusement Center and many other individuals and organizations, have made donations of equipment and supplies. The Ministry has acknowledged these as being valuable and significant.

Under the Technical Corps Scheme Agreement signed in 1987 between Seychelles and Nigeria, a number of Nigerian doctors and dentists have rendered their services to Seychelles. There is currently one Nigerian doctor working for the MOH.

UNDP under its fourth Country Programme (1992-1996) for Seychelles granted US\$ 101 000 for rodent control and in 2002 allocated US\$ 74 000 towards the prevention of HIV/AIDS. The European Union has also been involved in the HIV/AIDS activities with €60 000.

UNFPA has made significant contributions towards the health sector. Under its second Country Programme for Seychelles (1997-2000), UNFPA allocated US\$ 400 000 to the Programme for Reproductive Health and Family Life Education in Youth. The Programme was extended to 2001-2002, and the total budget allocated was US\$ 93 000.

4.3 Mechanisms and Tools of Coordination

During consultations with the various partners and donors, it emerged that the coordination mechanism between the MOH and the other ministries and partners is not effective. As a result, there is duplication of activities and lack of common vision in respect to health priorities. However, the MOH is addressing this issue by initiating several interagency partnerships, such as National AIDS Council, National AIDS Trust Fund and Public-Private partnership, to prevent overlapping.

5 WHO CURRENT COUNTRY PROGRAMME

5.1 Country Office

Cooperation between WHO and Seychelles began on 7 October 1980 with the signing of the Agreement for the Establishment of Technical Advisory Cooperation Relations. However it was not until December 1986 that WHO formally established its office in Seychelles with the appointment of a resident WHO Liaison Officer (WLO). Prior to that, WHO/Kenya and later WHO/Tanzania had overseen the WHO activities in Seychelles. From 1986, the office initiated a wide range of collaborative programmes with the Government of Seychelles and plays an important role in national health development.

Organization of Health Services

The greatest concern of the Ministry of Health has been the shortage of trained national health personnel. WHO support has therefore been largely focused on managerial and technical capacity building of nationals, particularly in the areas of health information management, oncology, psychiatry, occupational therapy, paediatrics, family medicine etc. As a result of foreign exchange problems, the salaries of five foreign health experts were topped up to assist in retaining them in the country.²⁰

Disease Prevention, Control and Surveillance

WHO provided support for the leprosy control programme; integrated diseases surveillance and response (IDSR); HIV/AIDS control and development of national strategic action plan; drugs and alcohol control; equipment supplies for severe acute respiratory syndrome (SARS) control; blood safety; research, data analysis; and production of epidemiological bulletins.^(20, 21)

WHO, as part of intersectoral involvement, has been giving technical support to different bodies such as the Drug and Alcohol Council, the Millennium Development Goal Advisory Committee, the National AIDS Council, the UN Theme Group on AIDS and the National Research Committee on Health.

Under the 2002-2003 biennium,²⁴ the total Regular Budget allocation was US\$ 1 515 000 to cover the 13 areas of work selected by the country as well as the activities directed at enhancing the performance of WHO at country level. This is an

²⁴ WHO Biennial Plan of Action for Programme Budget (2002-2003), 2001.

increase of 44% over the Regular Budget allocation in the 2000-2001 biennium²⁵ which was US\$ 1 055 880. Extra-budgetary funds of US\$ 10 000 for polio surveillance; US\$ 5000 for HIV/AIDS and US\$ 10 000 for mental health were granted to Seychelles during the 2002-2003 biennium. This was a marked decrease from the US\$ 371 480 allocated in the 2000-2001 biennium. Areas of work by budgetary allocation are shown in Table 8.

Table 8: Areas of work with approved budgets for the 2002-2003 biennium²⁰

AREA OF WORK	Regular Budget US\$ and % distribution	Extra-budgetary US\$
Communicable Disease Surveillance (CSR)	332,000 (21.9)	10,000
Communicable Disease Prevention, Eradication & Control (CPC)	35,000 (2.3)	5,000
Health Promotion (HPR)	40,880 (3)	
Health and Environment (PHE)	13,000 (0.8)	
Mental Health & Substance Abuse (MHA)	70,000 (5)	10,000
Child and Adolescent Health (CAH)	20,000 (1)	
HIV/AIDS (HIV)	50,000 (3.3)	
Emergency Preparedness and Response (EHA)	10,000 (0.6)	
Integrated Surveillance, Prevention & Management of NCD (NCD)	50,000 (3.3)	
Evidence for health policy (GPE)	10,000 (0.6)	
Making Pregnancy Safer (MPS)	20,000 (1.6)	
Resource Mobilization & External Cooperation Partnership (REC)	10,000 (0.6)	
Organization of Health Services (OSD)	472,000 (31)	
Sustainable Development (HSD)	80,000 (5)	
Country Office Operations (COO)	302,120 (20)	
TOTAL	1,515,000 (100)	25,000

In an attempt to meet the needs of the country for human resource development and capacity building of existing national staff, over 30% of the total country budget was allocated to Organization of Health Services and approximately 22% to Communicable Disease Surveillance.

Human Resources

The current staff component stands at six, including two technical officers (WLO and the HIP), one administrative assistant and three support staff. From the outset, the post of WLO has been jointly incorporated with that of a specific technical position

²⁵ WHO Biennial Plan of Action for Programme Budget (2000-2001), 1999.

requested by the MOH. This trend has continued with the current WLO providing technical support to the Epidemiology and Statistics Department of the MOH, as part of the terms of reference. WHO is the only UN specialized agency based in the country, and it is recognized as an important partner in health.

5.2 Support from Regional Office and Headquarters

The main areas of support received by Seychelles from the WHO Regional Office and HQ has been in policy and technical advice, equipment and supplies, information sharing and national capacity building. The Regional Office undertook in 2002-2003 ten technical missions to the country to assist in areas of HIV/AIDS, leprosy, blood transfusion, maternal and child health (MCH), immunization review, environmental health, administrative support, training in EPIINFO and the Activity Management System (AMS), and the Country Cooperation Strategy.

5.3 Strengths, Weaknesses, Opportunities and Threats

Below are presented the main strengths, weaknesses, opportunities and threats in the current situation in Seychelles. Future changes are based on the WHO strategic agenda.

Strengths

- Actual presence of WHO in the country
- Ongoing and open dialogue between WLO, MOH and other partners
- Good network communication within the country
- Easy communication system with AFRO
- High level of human development
- Most infectious diseases under control or eliminated

Weaknesses

- WHO country office short of human resources capacity to face the current demand
- Delays in acquiring equipment and supplies from AFRO
- High dependence on expatriate specialists (60%)

Opportunities

- Political stability
- Government political commitment towards health
- Recognition of the role of WHO at country level
- Existence of National Health Policy and Public Health Act
- High level of motivation of MOH staff
- WHO presence in several country level steering and technical committees
- Major government investments in health infrastructure and services
- Good government sector partnerships
- AMS installed and operational

Threats

- Shortage of foreign currency in the country
- Limited access to global fund due to the current GDP
- Components of the Macroeconomic Programme, e.g. General Sales Tax

6 WHO STRATEGIC AGENDA FOR SEYCHELLES

6.1 Shifts in General Directions

Over the next years, WHO in Seychelles will increase its efforts at strengthening its advisory and advocacy functions, as well as its role as a broker supporting the efforts of government in sustaining and improving health sector performance in the country. In line with its new corporate policy, WHO will take a more selective and strategic approach to its work in Seychelles by focusing more attention on the provision of information and high level technical assistance to policy development and analysis, institutional development, promoting partnerships, health sector financing and performance assessment. The Country Cooperation Strategy will form the basis of the technical programme of cooperation between WHO and the Government of Seychelles as reflected in the Biennial Plan of Action.

The World Health Organization reiterates its position that the Ministry of Health and other national stakeholders are the owners, leaders and main implementers of the entire health plan. WHO will only be minimally involved in routine implementation on short-term, time-specific cases with evident critical gaps.

WHO in collaboration with MOH will specifically offer strategic interventions in the following areas:

- (a) Strengthening national health systems development (including supporting the development of health services, sustainable development, human resources development, strengthening the surveillance system, research and health information system and promotion of cooperation and strategic partnership for health development);
- (b) Health promotion;
- (c) Disease prevention and control.

6.2 Objectives

The overall goal of the Seychelles national health policy and strategy is "to permit every citizen the enjoyment of a level of health that will enable him/her to live a socially and economically productive life; to establish a comprehensive health care system based on primary health care which integrated health promotion, disease prevention, restorative and rehabilitative care with the community's involvement; and to provide a level of health-care within the available resources of the government."¹⁸

The WHO goal in Seychelles is to support the overall national efforts through focused interventions and priority areas identified during the CCS process. This will facilitate the achievement of the national development objectives on health and support in monitoring policy actions and health outcomes.

6.3 Components of the Strategic Agenda

Strengthening National Health Systems Development

Although the country has achieved impressive health indicators, few but key weaknesses and constraints were identified that need to be addressed in order to sustain and further improve the health indicators achieved so far. Therefore, WHO will collaborate with the Ministry of Health in strengthening the health systems in the country in order to meet the expectations of the population.

Organization of health services and sustainable development

Support will be given towards:

- (a) Supporting the Ministry of Health in its stewardship function in the analysis, review, finalization or formulation of national health policy and sectional policies and plans mainly in the areas of noncommunicable diseases, health promotion, food and nutrition, mental health and human resources for health and research;
- (b) Providing technical support to strengthen the capability of health systems to deal with chronic conditions, to enhance adherence to therapy and behaviour and to reinforce long-term care;
- (c) Providing technical advice on models of best practices of cost-sharing of health care;
- (d) Strengthening ministry of health capacities to develop technical guidelines in specific areas;
- (e) Providing technical support in strengthening the management structure for maintenance of medical and hospital equipments;
- (f) Supporting the MOH in the development of mechanisms to ensure an effective drug supply management system, including rational use of pharmaceuticals including ARV;
- (g) Provide expertise and promote local capacities to ensure monitoring and evaluation mechanisms of impact of public health interventions programmes;
- (h) Promoting systematic monitoring and assessment of impact and health outcomes of progress towards Millennium Development Goals (MDGs).

Human resources development

The development of a critical mass of health professional staff has been identified as a key issue to sustain and further improve the performance of the health systems in the country. In order to facilitate the achievement of this goal, WHO will:

- (a) Assist the Ministry of Health in updating human resource policies and plans to ensure appropriate skills among nationals based on human resources needs;
- (b) Support selective capacity building in collaboration with MOH, involving private practitioners as a strategy to promote public-private partnership in health care delivery;
- (c) Facilitate the networking with health training and research institutions based on the major needs and specificities of the country;
- (d) Continue to support fellowship awards in the main areas identified in the human resources development plan, preferably in the African region;
- (e) Facilitate discussions about upgrading managerial skills of health professionals, addressing the issues of motivation and staff retention;
- (f) Strengthen the development of the National Institute of Health and Social Services (NIHSS) with experts; curriculum development, documentation and networking with other regional similar training institutions to effectively perform its role as the main national training institution.

Strengthening surveillance, research and health information systems

In order to ensure that Seychelles is better equipped for early detection, identification and rapid response to threats to national, regional and international epidemic-prone and emerging infectious diseases, as well as in the generation of new knowledge and information for decision-making process, WHO will:

- (a) Advocate for strengthening the health information and research units within the Directorate of Planning Research and Information;
- (b) Facilitate the formulation of the Technical Guidelines for Integrated Disease Prevention and Response and capacity building for early detection for emerging and re-emerging diseases;
- (c) Provide technical support for strengthening the epidemiological surveillance system through the IDSR;
- (d) Support in the review of the Health Research Policy and priorities;
- (e) Provide technical support in capacity building on health systems research, mainly in development of research proposals, data analysis and report writing;

- (f) Provide adequate technical and financial support in development of research in key identified priority areas;
- (g) Support the maintenance of a feed back system of epidemiological data to facilitate decision-making process based on evidence-based information.

Promoting cooperation and strategic partnership for health development

The government and partners emphasized the role of WHO to act as a broker and to catalyse partner coordination for better understanding of the major needs and gaps in supporting sustainable health development in the country. WHO will:

- (a) Advise partners in health-related activities and continue to advocate for health to be addressed as a key element for country's development;
- (b) Provide technical support to the MOH to enhance its capacity for partners coordination, including the organized private sector, NGO's and CBO's and other national stakeholders;
- (c) Act as a broker for appropriate allocation of partners' resources based on the main identified priorities and gaps;
- (d) Provide technical support to MOH to develop guidelines for promoting partnerships and project proposals for local and international resource mobilization.

Health Promotion

Although several education activities have been promoted to ensure healthy life-styles and to reduce the incidence of substances abuse or communicable (sexually-transmitted infections and HIV and AIDS) and noncommunicable diseases such as CVD, diabetes and obesity among others, these efforts are yet to fully yield the expected results. The WHO will:

- (a) Provide technical support to develop or update policies, establish institutional framework and mechanisms and mobilize and allocate resources for health promotion components in programmes on a horizontal integrated basis;
- (b) Support the MOH to undertake advocacy to increase the awareness and support for the use of health promotion in health and non-health sectors and players;
- (c) Support in the establishment of appropriate mechanisms for linking health promotion interventions in non-health sectors with the national health systems;
- (d) Provide technical guidelines for health promotion interventions and for evaluation of the effectiveness and impact of health promotion interventions among target population;

- (e) Support the country's implementation of the Framework Convention on Tobacco Control.

Adolescent and school health programmes

Behaviour adopted during adolescence has major implications for health and developing during adolescence and adulthood and for future generations. This includes unsafe sex leading to sexually transmitted infections, HIV infection, and unwanted and unsafe pregnancy that might in some cases result in abortions.

Adolescent sexual and reproductive health and development remains an important strategic area for WHO in Seychelles in the coming years, due to the current level of unsafe abortions particularly among adolescents. The main focus of the strategic intervention will be on:

- (a) Advocacy for adolescent-friendly health services;
- (b) Provide technical support to improve understanding of adolescent behaviour through focused operational research;
- (c) Support the implementation of active adolescent and school health programmes to promote positive behavioral changes to reverse the trend of risk behaviors and unhealthy lifestyles;
- (d) Provide technical support to strengthen the family planning program to prevent the unsafe pregnancies and the frequency of abortions, particularly among adolescents and youth.

Diseases Prevention and Control

Vaccine preventable diseases

Seychelles, has achieved extremely high vaccine coverage in all the antigens necessary for controlling vaccine preventable diseases. It is therefore worth noting that most vaccine-preventable diseases no longer represent any public health threat to the country. However, WHO will:

- (a) Advocate with MOH and partners, including the private sector to ensure sustainability of the levels of vaccination coverage achieved so far with the addition of other vaccines as appropriate;
- (b) Provide support in disease surveillance for the early detection of new cases;
- (c) Ensure technical support for polio-free certification process in the country;
- (d) Strengthen the information system, sharing documentation and promoting participation of nationals in the regional and international meetings on vaccine preventable diseases.

Other diseases

- (a) Promote the implementation of the National Strategic Plan for STI/HIV and AIDS, with multisectoral involvement;
- (b) Ensure technical support for the prevention and control of HIV transmission through effective management of STI, prevention of mother-to-child transmission and voluntary counseling and testing;
- (c) Advocate for support on drugs availability particularly for STI, ARV, anti-tuberculostatics for DOTS and leprosy.

Noncommunicable disease prevention

Taking into account the current burden of noncommunicable diseases mainly cardiovascular and neoplasm, NCDs will remain on of the most important area of WHO support for at least the period of 2004-2007. The strategic direction of WHO at country level in order to reduce the burden of premature mortality, morbidity and disability related to non-communicable diseases, will be based on a comprehensive response in surveillance, prevention and management of main diseases and their associated risk factors. The focus will be mainly on:

- (a) Assist in the development of national policy and strategic plan for NCDs;
- (b) Provide technical support in the implementation of the NCD operational plans, monitoring and evaluation of the impact of the interventions;
- (c) Provide technical support in the formulation of technical guidelines in the management of NCD, mainly in diagnosis and treatment;
- (d) Facilitate the integration of non-communicable diseases within the IDSR;
- (e) Provide technical support in the assessment of risk factors associated with NCD, mainly in cardiovascular diseases, neoplasm, obesity and diabetes;
- (f) Promote technical support to ensure cost-effective interventions in mental health and substance abuse.

Table 9: Relevance of WHO functions to the strategic agenda in Seychelles

Components of the Strategic Agenda	F1 Routine implemen- tation	F2 Catalyzing adoption of guidelines	F3 R&D, monitoring assessment	F4 Information, knowledge & advocacy	F5 High level policy & technical advice
A. STRENGTHENING NATIONAL HEALTH SYSTEMS DEVELOPMENT					
1. Organization of Health Services & sustainable development		√	√√	√√	√√√
2. Human Resources Development	√	√	√	√√√	√√
3. Strengthening Surveillance, research and HIS	√	√√	√√	√√√	√√√
4. Promoting cooperation and strategic partnership for health development			√	√√	√√√
B. HEALTH PROMOTION					
1. Health promotion	√	√√	√√√	√√√	√√
2. Adolescent and school health	√	√√	√√√	√√√	√√
C. DISEASES PREVENTION AND CONTROL					
1. Vaccine preventable diseases		√√	√√√	√√√	√√
2. Other diseases		√√	√√√	√√√	√√
3. NCD prevention		√√	√√√	√√√	√√

Key: √ Minor contribution
 √√ Medium contribution
 √√√ Major contribution

7 IMPLICATIONS FOR WHO

In order to facilitate the implementation of the proposed strategic response in Seychelles with measurable and sustainable impact, the WHO Liaison Office (WLO) would require substantial support and concerted interventions at each of the three levels of the organization, which are summarized below:

7.1 WHO Liaison Office

The most important task for the WHO Liaison Office will be to support the country in sustain the current health indicators achieved so far in joint partnership with the government, partners and the community. However, taking into account the main country expectations on the role of the WHO Liaison Office, there is a need to:

- Re-organize the country office in terms of staffing, funding and communication, short term experts, inter-country activities involving Seychelles and technical back up necessary to effectively support the changes in areas and functions proposed in the Strategic Agenda.
- Advocate for increased level of funding from other sources for the identified priority areas, such as CVD, obesity, diabetes and STI, HIV/ AIDS;
- Continue the dialogue with the Ministry of Health and other partners to ensure smooth implementation of the planned interventions in the POAs and continuous assessment of the level of implementation of the CCS;
- Strengthen the technical response capacity of the office with the recruitment of a national DPC officer, particularly for disease control and implementation of IDSR;
- Facilitate technical support with the involvement of experts in areas of health policies in NCD, health promotion, nutrition and mental health, health financing, integrated disease surveillance and response and in the human resources development plan, among others.
- Facilitate the staff development plan for the WLO staff and their participation in training to strengthen the administrative and technical competences and their capacities to effectively support the shift to a more strategic role.

7.2 WHO Regional Office and Headquarters

Continuous support from the regional and headquarters offices will also be crucial to ensure a successful implementation of the CCS, which will require:

- Advocacy support to include Seychelles in potential areas of financial support even though the levels of health indicators, low HIV prevalence and high GDP;
- Support in ensuring funding through the regular budget and other sources for implementation of the planned interventions;
- Improvement of communication system including the GPN connection;
- Technical support in the implementation of the AMS;
- Facilitation of sharing the best practices and exchanging experiences among the countries in the Indian Ocean Islands.

8 MONITORING AND EVALUATION

The development of the CCS document was based on extensive consultations and reviews to reflect the health and development situation as well as challenges prevalent in Seychelles in 2003. The current CCS will form the basis of the biennial plans of action from 2004-2007 and be subjected to review and evaluation to accommodate changes in the health and development situation in the country.

The level of implementation of the components and sub-components of the CCS Strategic Agenda will be monitored every six months with a written report by an expanded CCS monitoring team made up of (i) members of the CCS Core Team and five members of the stakeholders group consulted during the CCS formulation exercise representing the partners, other Ministries, private sector, civil society and the media.

The effectiveness of implementing the CCS Strategic Agenda and their impact on the health and development challenges identified in the CCS document will be evaluated in June 2007 by a constituted team made up of representatives from Seychelles, AFRO and HQ. The CCS document will be reviewed shortly after the evaluation in accordance with prevailing situation in the country and outcomes of the evaluation.

9 CONCLUSION

The Country Cooperation Strategy for the Republic of Seychelles 2004-2007 has been guided by a large consultation process involving key national stakeholders, international partners and the civil society. The CCS document was formulated taking into account the national development priorities, the WHO comparative advantage in the area of health and a realistic assessment of available funds and potential for resource mobilization from the different donors.

The Country Cooperation Strategy will guide the technical cooperation between the Republic of Seychelles and WHO for the period 2004-2007. Its implementation will be carried out within the process of planning and management through the two-biennium work plans from 2004-2007.

Based on a broad situation analysis and perceptions expressed by national and international partners, there is a general perception that top priority should be given to strengthening national health systems development; health promotion and diseases prevention and control. The implementation of these strategic interventions will contribute to reduce the mortality and morbidity from the main killer diseases; improve performance of the health system and increased awareness of the population on health related issues.

The Strategic Agenda offers an immeasurable opportunity for WHO to strengthen its collaboration with the country involving different partners working together in a coordinated form to make a significant difference to the health and welfare of all Seychellois.

The challenge now is for WHO at different levels to make the CCS document a live, dynamic and sustainable process to meet all expectations of its partners and to the principles stated in the corporate strategy.

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ANNEX 1 PERSONS AND INSTITUTIONS CONSULTED

Mr. Patrick Pillay	Minister of Health
Mr. Francis MacGregor	Speaker - National Assembly
Mrs. Marja MacGaw	Principal Secretary of Health
Mr. Finley J. Racombo	Principal Secretary for Agriculture
Mrs. MacSuzy Mondon	Principal Secretary for Education
Mr. Allain Volcère	Principal Secretary for Youth
Mrs. Jeannette d'Offay	Principal Secretary for Foreign Affairs a.i.
Mr. Maurice Loustau-Lalanne	Principal Secretary of Environment
Mr. Ian Cormick	British High Commissioner a.i.
Mrs. Chen Meifen	Ambassador Extraordinary and Plenipotentiary of the People's Republic of China to the Republic of Seychelles.
Mr. Evangelio Montero Hernandez	Ambassador Extraordinary and Plenipotentiary of the Republic of Cuba
Mr. Claude Fay	French Ambassador
Mr. Malay Mishra	High Commissioner of India
Lt. General Sandro Azais	Ambassador du Souverain Militar Ordre de Malta
Dr. Conrad Shamlaye	Special Adviser to the Minister of Health
Mrs. Monica Servina	Director General of Health Education - MOH
Mrs. Jeanette Samson	Director General for PHC - MOH
Ms. Tessie Julienne	Director General for Administration & H R - MOH
Dr. Miodrag Todorovic	Director General for Health Services - MOH
Mrs. Lekha Nair	Director General Financial Planning & Control Division - Ministry of Finance
Dr. Michel Rosalie	Director General for Social Services - Ministry of Social Affairs
Mgr. Denis Wiehe	Roman Catholic Church, Monsignor
Rt. Revd. Bishop French Chang-Him	Anglican Church, Bishop
Mr. Antoine Marie-Moustache	FAO National Correspondent
Dr. Shobha Hajarnis	Technical Advisor to PS Health
Mr. Joachim Didon	Director of Health Information Systems - MOH
Ms. Christina Esther	Nutrition Programme - MOH

Annex 1: Persons and Institutions Consulted

Ms. Julita Fostel	Nurse UPCCD - MOH
Mr. Philip Palmyre	Director of Public Health Laboratory - MOH
Mr. Patrick Youpa	Director of Clinical Laboratory - MOH
Mr. Harold Pothin	Director of Dental Services - MOH
Mrs. Gemma Barbier	Director of Community Health Services - MOH
Mrs. Kathleen Adrienne	Emergency Preparedness & Response - MOH
Mrs. Brigitte Camille	Health Promotion - MOH
Mr. De Soyza	Director of the Nat. Inst. of Health & Social Serv.
Dr. K. Agarwal	Consultant in charge of Psychiatry
Mrs. Isabelle Joubert	Nurse Coordinator of Psychiatry
Mr. Ralph Mein	Procurement Manager
Mrs. Juliette Henderson	EPI Programme Manager - MOH
Mrs. Viana Celestine	MCH/FP/Home base care - MOH
Ms. Dana Padayachy	Programme Manager MCH/FP
Mrs. Patricia René	Director of Physiotherapy Services
Dr. Anne-Gabriel Gedeon	AIDS Programme Manager
Mrs. Octavie Choisy	Nurse Coordinator Child Development Centre
Mrs. Gillian Mein	Nurses Association
Mrs. Judie Brioche	Youth Health Center - MOH
Mrs. Gina Michel	Nurses Association
Mrs. Inese Freminot	Nurses Association
Mrs. Rosie Bistoquet	Seychelles Nurses & Midwives Council
Mr. Hazel Hokan	PSM Medical Enterprise
Mr. Roy Nibourette	Seychelles Red Cross Society
Dr. Valentina Seth	SMDA/SMDC
Mrs. Daniella Larue	Seychelles Red Cross Society
Mrs. Rosemary Elizabeth	ASFF
Mr. Joseph Rath	FAHA
Mrs. Hélèn Maiche	Freelance
Dr. Dereck Samsoodin	Private dentist
Mr. Albert Payett	President of the Chamber of Commerce
Mrs. Nichole Tirant-Gherardi	Secretary-General of the Chamber of Commerce

ANNEX 2 LIST OF PARTICIPANTS IN THE WHO COUNTRY COOPERATION STRATEGY STAKEHOLDERS MEETING 24TH NOVEMBER 2003

No	Name	Title	Institution
1.	Dr. Luis Gomes Sambo	Director of Programme Management	WHO/AFRO
2.	Mrs. Marja MacGaw	Principal Secretary	Ministry of Health
3.	Mrs. MacSuzie Mondon	Principal Secretary	Ministry of Education & Youth
4.	Mr. Alain Volcere	Principal Secretary	Ministry of Education & Youth
5.	Mrs. Jeanette d'Offay	Representing the PS	Ministry of Foreign Affairs
6.	His Excellency, Mr. Montero Hernandez	Extra-Ordinary & Plenipotentiary Ambassador of Cuba	Cuban Embassy
7.	His Excellency, Mr. Malay Mishra	High Commissioner of India	Indian High Commission
8.	His Excellency, Mr. Claude Fay	Ambassadeur de France	Ambassade de France
9.	Lt. General rt. Sandro Azais	Conseiller et Charge d'Affaire	Ambassade de L'Ordre Souverain et Militaire de Malte
10.	Dr. Conrad Shamlaye	Special Advisor to the Minister	Ministry of Health
11.	Dr. Rubell Brewer	Commissioner of Health Services	Ministry of Health
12.	Dr. Shobha Hajarnis	Technical Advisor	Ministry of Health
13.	Dr. Patrick Herminie	Director General - DPC	Ministry of Health
14.	Dr. Patrick Govinden	Ag. Director General - HS	Ministry of Health
15.	Mrs. Jeanette Samson	Director General - PHC	Ministry of Health
16.	Mrs. Monica Servina	Director General - HEP	Ministry of Health

Annex 2: List of Participants in the WHO Country Cooperation Strategy Stakeholders Meeting

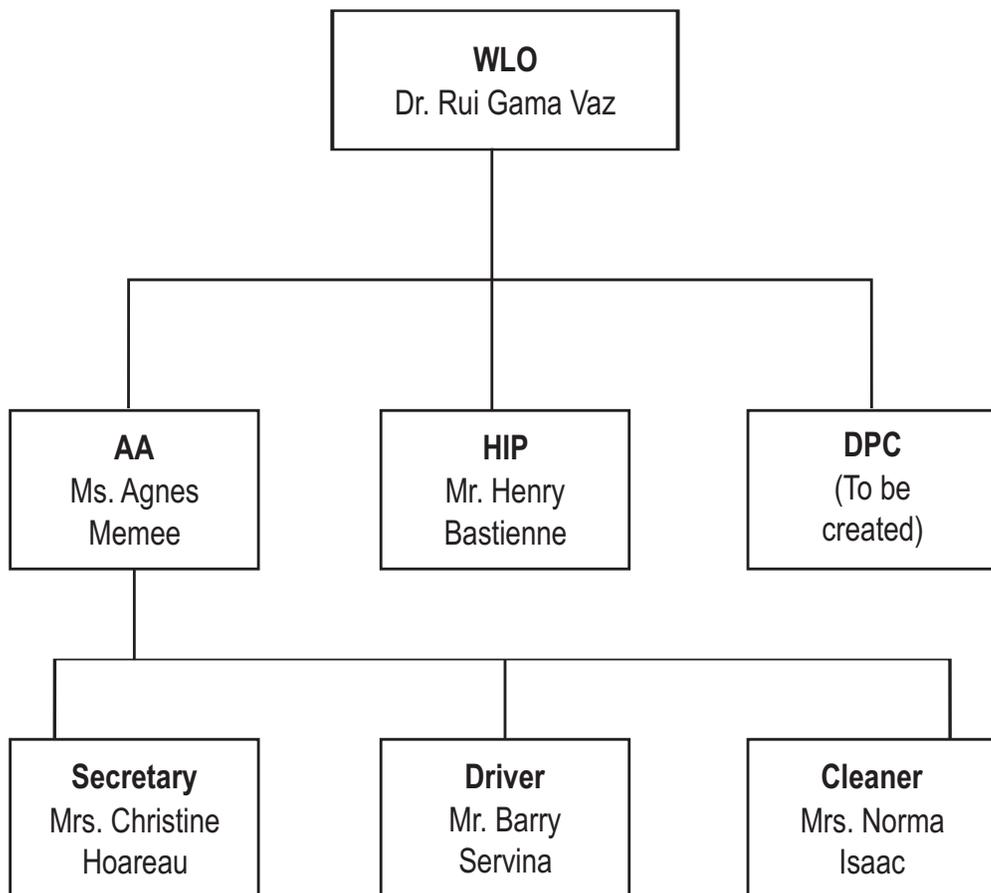
No	Name	Title	Institution
17.	Ms. Tessie Julienne	Director General - Admin & HR	Ministry of Health
18.	Dr. Harold Pothin	Director - Dental Services	Ministry of Health
19.	Mr. Joachim Didon	Director - Health Information System	Ministry of Health
20.	Mr. Patrick Youpa	Director - Clinical Laboratory	Ministry of Health
21.	Mr. Phillip Palmyre	Director - Public Health Laboratory	Ministry of Health
22.	Mr. Seranath de Zoysa	Director - Nat. Inst. of Health & Social Services	Ministry of Health
23.	Mrs. Gemma Barbier	Director - Community Health Services	Ministry of Health
24.	Mrs. Octavie Choisy	Nurse Coordinator - Child Dev. Unit	Ministry of Health
25.	Mrs. Judie Brioché	Nurse Coordinator - Youth Health Center	Ministry of Health
26.	Ms. Julita Fostel	Nurse Coordinator - UPCCD	Ministry of Health
27.	Mrs. Juliette Henderson	EPI Programme Manager	Ministry of Health
28.	Mrs. Kathleen Adrienne	EPR Programme Manager	Ministry of Health
29.	Ms. Christina Esther	Nutritionist - Health Promotion Section	Ministry of Health
30.	Mrs. Brigitte Camille	Health Promotion Officer	Ministry of Health
31.	Mrs. Marie-Andre Asba	PRMM	Ministry of Health
32.	Msg. Denis Wiehe	Bishop	Roman Catholic Church
33.	Bishop French Chang-Him	Bishop	Anglican Church
34.	Mr. Ibrahim Afif	Managing Director	Seychelles Broadcasting Corp.
35.	Mr. Roy Nibourette	Red Cross Official	Red Cross Society
36.	Mrs. Inese Feminot	President	Nurses Ass. (NARS)
37.	Mrs. Rosemary Elizabeth	Executive Chairperson	ASFF
38.	Dr. Valentina Seth	Chairperson	SMDA/SMDC

**Annex 2: List of Participants in the WHO Country Cooperation Strategy
Stakeholders Meeting**

CCS Country Core Team

No	Name	Title	Institution
39.	Dr. Rui Gama Vaz	WLO	WHO/Seychelles
40.	Dr. Funke Bugunjoko	CAS	WHO/AFRO
41.	Mrs. Marie-France MacGregor	Director, Int. Cooperation	Ministry of Health
42.	Dr. Bernard Valentin	Director Clinical Governance & Risk Management	Ministry of Health
43.	Ms. Claudette Harrison	2nd Secretary	Ministry of Foreign Affairs
44.	Ms. Agnes Memee	Admin. Assistant	WHO/Seychelles
45.	Mr. Henry Bastienne	HIP	WHO/Seychelles

ANNEX 3 WLO IN SEYCHELLES - ORGANISATION CHART



ANNEX 4 MINISTRY OF HEALTH - ORGANOGRAM

