



MINISTRY OF HEALTH



# Seychelles Country Cooperation Strategy

2024-2030



World Health  
Organization

African Region



MINISTRY OF HEALTH



World Health  
Organization

Seychelles

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2024-2030

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**Designed in Victoria, Seychelles**

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# Abbreviations

<b>AMR</b>	Antimicrobial Resistance	<b>ODA</b>	Official Development Assistance
<b>BPOA</b>	Biennial Plan of Action	<b>PHA</b>	Public Health Authority
<b>CCS</b>	Country Cooperation Strategy	<b>PHEOC</b>	Public Health Emergency Operations Centre
<b>CDs</b>	Communicable Diseases	<b>PHC</b>	Primary Health Care
<b>CEPS</b>	Citizens Engagement Platform Seychelles	<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>GDP</b>	Gross Domestic Product	<b>SADC</b>	Southern African Development Community
<b>GPW</b>	General Programme of Work	<b>SDG</b>	Sustainable Development Goal
<b>HCA</b>	Health Care Agency	<b>SIDS</b>	Small Island Developing States
<b>HRH</b>	Human Resources for Health	<b>TB</b>	Tuberculosis
<b>IHR</b>	International Health Regulations	<b>UHC</b>	Universal Health Coverage
<b>IOC</b>	Indian Ocean Commission	<b>UN</b>	United Nations
<b>IPC</b>	Infection Prevention and Control	<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>LE</b>	Life Expectancy	<b>UNFPA</b>	United Nations Population Fund
<b>MDAs</b>	Ministries, Departments and Agencies	<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>MoH</b>	Ministry of Health	<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>MTE</b>	Mid-Term Evaluation	<b>WCO</b>	WHO Country Office
<b>NCDs</b>	Noncommunicable Diseases	<b>WHO</b>	World Health Organization
<b>NDS</b>	National Development Strategy		
<b>NHP</b>	National Health Policy		
<b>NHSP</b>	National Health Strategic Plan		
<b>NIHSS</b>	National Institute of Health and Social Studies		

# Message from the Minister of Health, Seychelles

The endorsement of the WHO fourth Country Cooperation Strategy 2024–2030 marks a pivotal moment in the robust relationship between the World Health Organization (WHO), embedded within the broader United Nations system, and the Government of the Republic of Seychelles. This agreement builds upon the extensive collaborative history between the WHO and Seychelles, solidifying the shared commitment to addressing priorities crucial to the citizens of the Republic of Seychelles.

This commitment is intricately woven into the Seychelles' Vision 2033, the National Development Strategy (2024-2028), the National Health Policy (2015), the National Health Strategic Plan (NHSP 2022-2026), the United Nations Sustainable Development Cooperation Framework (2024-2028), and the 2030 UN Sustainable Development Agenda Goals (SDGs).

Aligned with our 1993 Constitution, the Government of the Republic of Seychelles is firmly dedicated to the ongoing enhancement and safeguarding of the health and well-being of Seychellois. This dedication involves efficiently providing preventive, promotive, curative, palliative, and rehabilitative services characterised by quality, equity, accessibility, affordability, and responsiveness to rational client expectations.



The Government acknowledges the imperative of strengthening the health system through a primary healthcare approach towards Universal Health Coverage. This holistic approach entails addressing socioeconomic and environmental determinants of health through a health-in-all-policies strategy, as well as protecting population health from acute public health emergencies, with an unwavering commitment to leaving no one behind.

The Ministry of Health welcomes the WHO Seychelles fourth Country Cooperation Strategy 2024–2030, a document coherently developed in alignment with the WHO's 13th General Programme of Work 2019-2023 and the 14th General Programme of Work 2025-2028. This strategy heralds a new era of collaboration characterized by results-oriented actions and partnerships.

The Ministry pledges steadfast support to ensure the seamless joint implementation of the WHO's fourth Country Cooperation Strategy 2024-2030, advancing our national health sector vision: "The attainment, by all people in Seychelles, of the highest level of physical, social, mental, and spiritual health, living in harmony with nature."

**Mrs Peggy Vidot**  
*Minister of Health, Seychelles*

# Foreword by the WHO Regional Director for Africa

The World Health Organization's (WHO) Fourth Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meet the needs of countries. It reflects the transformation agenda of the African Region as well as the key principles of the Thirteenth General Programme of Work (GPW13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's program budget. The role of different partners, including non-state actors, in supporting governments and communities is highlighted. Its implementation will be measured using the Regional Key Performance Indicators, which reflect the country focus policy.

The objective of the CCS is to make WHO more effective in its support to countries, through responses tailored to the needs of each country. The unique context of Seychelles as a high-income country, with vast maritime territory, small population and well-developed tourism industry provides opportunity to achieve and sustain UHC, as well as pose threat to health security.

Progress towards Universal Health Coverage requires an approach that improves quality of services, ensures integration of intervention, is people-centred and inclusive and provides affordable health services. I commend the country's strong commitment to addressing the health priorities of the country's citizens. This 4th generation CCS 2024 – 2030 builds on lessons learned from the implementation of the earlier generations of the country cooperation strategies; the countries' priorities reflected in the national policies, plans and priorities; and the United Nations Sustainable Development Partnership Frameworks (UNSDCFs).



The CCS also aligns with the global, continental and regional agreements and strategies to address the specific context of the Small Island Developing States (SIDS). Seychelles is a leading voice in advocating for common approaches within the SIDS both regionally and globally.

I recognize that increased efforts will be needed in the coming years, but I remain convinced that with strong leadership demonstrated by the Government during the implementation of the previous CCSs, and a more resolute collaboration between all the stakeholders, together we can work towards the achievement of national, regional, and continental health objectives.

I call on all WHO staff to redouble their efforts to ensure the effective implementation of the programmes described in this document in order to improve health and wellbeing of the population, which are essential elements for the economic development of Africa. For my part, I can reassure you of the full commitment of the WHO Regional Office for Africa to provide the necessary technical and strategic support for the achievement of the new CCS objectives with a view to achieving the "triple billion" goals and the Sustainable Development Goals.

**Dr Matshidiso Moeti**

*WHO Regional Director for Africa*

# Acknowledgement by the WHO Representative, Seychelles

I would like to express my deepest gratitude to the Honourable Minister of Health for her unwavering support and leadership throughout the development of this CCS. Thank you, Minister, for leading senior health sector leaders to validate the draft CCS earlier in 2024, an event that was well covered by local media. Your commitment to improving health outcomes has been a driving force behind efforts catalogued in this CCS.

I extend my heartfelt thanks to the WHO Regional Director, for her insightful guidance and continuous encouragement. Her leadership in the transformation agenda for the Region has served as the underlying fabric of this CCS. During her visit to Seychelles in the first quarter of 2024, she reaffirmed to the President of Seychelles WHO's strengthened country cooperation, which is reflected in this document.

I am also profoundly grateful to the Ministry of Health for constituting a technical working group that steered the review of the previous and development of the current CCS. The team members' expertise and collaborative spirit were invaluable in ensuring stakeholders' contribution beyond the Ministry of Health that has shaped the focus of the current CCS.

Special thanks go to the national stakeholders from within the Ministry of Health and other government ministries, departments, and agencies with whom WHO works. Their invaluable contributions have been instrumental in aligning WHO efforts with national priorities and in setting a concrete foundation for collaborative work in implementing this CCS.



I would also like to acknowledge the UN Resident Coordinator and other UN agencies for their guidance and input, which have helped to fully align the current CCS with the UNSDCF 2024-2028. Their support has been crucial in ensuring our strategies are cohesive and comprehensive.

My sincere appreciation goes to the Regional Office and HQ Country Focus and Coordination (CFC) teams for their untiring guidance and support. Their expertise and dedication have been essential in navigating the complexities of changing the earlier draft based on previous guidance to the current one, which is now fully in line with the 2023 WHO CCS guide.

Lastly, I am deeply indebted to the WHO Seychelles Country Office team and the consultant hired at the beginning of the process. Their meticulous work in putting together the CCS document in collaboration with their national counterparts has been exemplary.

Thank you all for your invaluable contributions.

A handwritten signature in blue ink, appearing to read 'Rex Mpazanje'. The signature is stylized with a large loop at the end.

**Dr Rex Mpazanje**  
WHO Representative, Seychelles

# Executive Summary

The Seychelles fourth Country Cooperation Strategy (CCS-4) is a strategic document that guides health sector cooperation between the Republic of Seychelles and WHO from 2024 to 2030. It outlines goals and strategic priorities for improving the health and well-being of the people of Seychelles in cooperation with WHO and other partners.

The CCS-4 was developed through consultative processes involving various stakeholders from the Government of Seychelles, the United Nations (UN) system, development partners, civil society, the private sector and universities, under the guidance of a technical working group established by the MoH between July 2023 and February 2024.

The CCS-4 is fully aligned with the national health priorities outlined in the National Health Policy (NHP) and the National Health Strategic Plan (NHSP), as well as with the global and regional health agendas, such as the WHO GPW, the Sustainable Development Goals (SDGs) and the United Nations Sustainable Development Cooperation Framework (UNSDCF) for 2024–2028.

The overall strategic goal of this cooperation framework is to promote, deliver and safeguard the health and well-being of all people in Seychelles, regardless of their age, gender, cultural background or socioeconomic status. The cooperation strategy outlines three strategic priorities:

- 1. Tackle Determinants of Health**
- 2. Improve Person-Centred Health Services**
- 3. Enhance Health System Resilience**

Each strategic priority has specific deliverables followed by key interventions.

The priorities outlined respond to the health sector challenges identified in the situation analysis section of the document. These challenges relate to persisting socio-economic stressors that contribute to gender-based violence, violence against children, teenage pregnancy, and drug abuse; the growing burden of lifestyle-related risk factors to health that lead to an increasing burden of NCDs; the increasing threat of climate-change induced health-related risks that increase disease outbreaks plus man-made and natural disasters; and the present limitations in health services delivery system infrastructure, service delivery, human resources for health, health products and technologies, health information and research systems and health financing.

The cooperation strategy also outlines how the strategic priorities identified will be implemented, financed, monitored and evaluated.



# 1. Situation Analysis

## 1.1 Country context

Seychelles is an African island country located in the Indian Ocean. It consists of 115 tropical islands, of which Mahe is the largest and most populous. Seychelles is one of five Small Island Developing States (SIDS) in the WHO African Region. The country has a democratic political system with a President elected by popular vote for up to two five-year terms.

Seychelles has a 2022 Human Development Index (HDI) of 0.802 thus ranking the country at 67 out of 193 countries and placing it among very high human development category of countries. Seychelles remains the only country in Africa classified within the very high human development category, highlighting its unique position on the continent. However, inequalities in income and wealth persist and the country's economies of scale is limited.

According to the National Bureau of Statistics (NBS), the population of Seychelles, on 31st December 2023, which includes both Seychellois and Non-Seychellois residents, stood at 120,581. The majority live in urban areas, with more than half of the population residing in cities. Seychelles has high levels of literacy and access to safe water and sanitation. Unemployment is low but there are challenges with youth unemployment and informal employment. Gender-based violence is a significant problem, with a high percentage of women reporting experiencing violence.

The economy is heavily dependent on tourism and fisheries, which face sustainability risks owing to the impacts of climate change, which poses a danger to coastal ecosystems, critical infrastructure and key industries such as tourism, fisheries and food systems. Sales of ultra-processed food are close to the world average. Obesity is on the rise and now is the time to halt the dietary transition. Seychelles has identified adaptation strategies in various documents, including its National Climate Change Strategy and the updated Nationally Determined Contribution to the United Nations Framework Convention on Climate Change.

Seychelles has laws and regulations to protect the rights of its citizens, including the right to health, food, water and to a healthy environment. The country has a legislative and policy framework related to public health, health care and disease prevention and control, including the policy environment to ensure access to healthy, safe and sustainable diets. The Government provides free primary health care to all citizens and has established agencies and organizations to regulate and provide health care services.

Seychelles has made significant progress in promoting gender equality and women's empowerment. It has achieved gender parity in education, with similar literacy rates for men, and women and for young people. The Government provides equal opportunities for both sexes to enrol in schools and offers support such as free education and monthly allowances.

However, the challenge of cultural stereotypes about gender roles hinders progress towards gender equality. Gender-based violence remains a persistent problem and a household survey is necessary to assess the impact of the Domestic Violence Act (2020) in reducing its prevalence. Moreover, as from September 2023, the child health programme was mandated to oversee the child protection unit and was tasked with the assessment and medical care of children who are, or are suspected to be, victims of various forms of abuse, violence and/or neglect.

As to life expectancy, men in Seychelles have a shorter life expectancy than women. There is high mortality among young men due to external causes such as accidents and suicide. Men also have higher rates of alcohol consumption and drug use. Efforts are underway to address these challenges and promote gender equality and men's health.

## 1.2 Health situational context

### 1.2.1 Universal health coverage

Seychelles has made significant progress towards UHC. The UHC service coverage index increased from 75 in 2017 to 85 in 2022 returning to 82 in 2023. This increase is attributed to higher coverage in reproductive, maternal, newborn and child health (RMNCH), noncommunicable diseases (NCDs), infectious diseases and service capacity and access.

### 1.2.2 Emergency preparedness and response

Seychelles' compliance with the International Health Regulations (IHR) is critical to reducing health risks. However, an assessment of IHR core capacity scores showed a decline in average score from 87 to 52 between 2017 and 2022, but a recovery to 55 in 2023. Challenges remain in areas such as zoonotic diseases, chemical events, radiological emergencies and human resources. Strengthening IHR capacities, including One Health approaches, is recommended.

### 1.2.3 Promoting a healthier population

Life expectancy (LE) in Seychelles has improved, reaching 77.3 years in 2020. In 2023, LE was 74.7 years for both sexes combined, with 71.3 years for males and 78.8 years for females. Compared to 2022, LE increased for both men and women. However, the COVID-19 pandemic led to a decrease in LE to 74.2 years in 2022, with notable gender disparities. COVID-19 emerged as the fourth leading cause of death in 2022, with older age groups most affected, but dropped to eighth in 2023. Male LE decreased by 4.0%, while female LE declined by 5.1%.

Noncommunicable diseases (NCDs), cardiovascular diseases and cancers are the leading causes of death, while NCD risk factors in 18–74-year-olds, such as tobacco smoking (20.5%), alcohol consumption (42.7%), physical inactivity and poor diet (19.8%) were highlighted as contributing factors in the 2023 Heart V Survey. The prevalence of hypertension in adults aged 18–74, in 2023 was 37.2%, diabetes was 15.3%, obesity was 33.5%, and physical inactivity was 25.4%. Suicides and road traffic accidents increased significantly between 2018 and 2022, while construction injuries and deaths increased in 2023. The study found that 70% of hypertensive patients and 65% of diabetic patients were receiving regular screening and treatment services. However, only 45% of those treated for hypertension and 30% of those treated for diabetes have their conditions under control.



## 1.3 Health response context

### 1.3.1 Governance and management of the public health sector

The public health sector in Seychelles follows a new governance structure that includes the MoH, the Health Care Agency (HCA), the Public Health Authority (PHA) and the National Institute of Health and Social Studies (NIHSS). The MoH formulates health sector policies, while the HCA provides primary, secondary and tertiary care. The PHA regulates and evaluates health services and the NIHSS provides education, research and publication services.

### 1.3.2 Service delivery systems

Seychelles has a robust public health system that is geographically accessible without financial barriers. It includes a main tertiary hospital, rehabilitation and psychiatric hospitals, cottage hospitals and primary care facilities. Public health facilities provide a wide range of services, which are complemented by private health facilities. However, there are challenges, such as the need to improve infrastructure, quality of services and coordination between programmes.

### 1.3.3 Human resources for health

The total number of HRH in Government establishments increased between 2017 and 2023. However, challenges remain, including heavy dependence on expatriate health professionals, lack of a medical school and specialized training opportunities, skills gaps and gaps in HRH management capacity. Other HRH challenges are the need for HRH information systems and assessments, an ageing health workforce, increased Government investment in health and the inability to meet health-related training quotas.

“I wish for people to take responsibility for their health, especially people living with chronic conditions. They should visit the health facility and take their treatment to avoid complications.”

**Jourdanne Rita Letourdie**  
Nursing Officer  
Anse aux Pins clinic,  
Seychelles



### 1.3.4 Health products and technologies

Seychelles has a National Medicine Policy that aims to ensure equitable access to good quality, safe and effective medicines. However, only 63% of health facilities have a core set of relevant, essential and affordable medicines. It is estimated that one fifth of health care facilities do not have basic waste management services and there is no data on other vital services in health care facilities (such as water, sanitation and hygiene services and electricity). These basic services are, of course, essential for quality health care. Diagnostic services are mainly provided at the Sheikh Khalifa Bin Zayed Al Nahyan Diagnostic Centre, but only 41% of health facilities have a range of basic diagnostic tests for common conditions.

### 1.3.5 Health information and research systems

Seychelles collects routine data through various units, but a formal health information unit is required. Data processing units exist in various entities, and data capture is mainly paper-based. Seychelles needs to establish a consolidated architecture to address data security and develop a digital health policy and e-Health strategic plan. The country also conducts health research through the NIHSS and the University of Seychelles. However, there is room for improvement in strengthening governance and investing more in research.

### 1.3.6 Health financing

The Government finances public health services in Seychelles through tax revenues, and the percentage of Gross Domestic Product (GDP) spent on health has progressively increased over the years. In 2023, 13% of the national budget was allocated for health expenditures. Total health expenditure (THE) accounted for 4.5% of GDP, with 85% financed by the government and the remaining 15% by private sector contributions, including household out-of-pocket payments. Out-of-pocket (OOP) expenditure per capita has shown a growing trend, recently averaging SR 4,500 (approximately \$330). This data shows that the government is the main financier of healthcare in Seychelles, but the increasing OOP expenditure highlights the need for continued efforts to address financial sustainability and service quality.



## 2. National Health and Development Agenda

### 2.1 Medium-term strategic framework

Seychelles is guided by Vision 2033, which aims to achieve the SDGs by 2030. Vision 2033 aims to transform Seychelles into a resilient, responsible and prosperous nation by 2033. The health sector plays a critical role in achieving this vision, with a focus on achieving the highest level of health and well-being for all Seychellois.

The National Development Strategy (NDS) 2024–2028 translates Vision 2033 into medium-term implementation programmes. It has six priority areas: a modern public service; economic transformation and diversification; social cohesion and inclusion; environmental sustainability and resilience; innovative economy; and people-centred development. Within these priority areas, the health sector focuses on effective health protection, integrated health care and management of risk factors for disease.

The National Health Strategic Plan (NHSP) 2022–2026 is aligned with the national medium-term strategic direction set out in the NDS 2024–2028. The NHSP 2022–2026 operationalizes the NHP 2015 through four goals: increasing healthy LE, achieving UHC, preparing for health emergencies and promoting healthy populations. The four goals are further translated into six strategic directions: strengthening leadership and governance (SD1), protecting and improving universal health coverage (SD2), enhancing health security (SD3), promoting healthy populations (SD4), investing for results (SD5), and improving data for impact (SD6). These pillars aim to address the critical health challenges faced by Seychelles and ensure sustainable health improvements.

The CCS-4 is fully aligned to the National Health Strategic Plan for 2022–2026 (NHSP), the NHP–2015 the NDS 2024–2028, the Seychelles UNSDCF for 2024–2028, the WHO 2019–2025 GPW 13 and 2025–2028 GPW 14 respectively, within the broader context of the country's Vision 2033 and the UN Sustainable Development Agenda 2030.



## 2.2 Partnership Environment

### 2.2.1 National partnerships

Seychelles has established close working arrangements with other Ministries, Departments and Agencies (MDAs), civil society, the private sector, academia, other countries, the Southern African Development Community (SADC), the International Olympic Committee, the Indian Ocean Commission (IOC), Small Island Developing States (SIDS), donors, the UN and WHO to address the health priorities of its citizens. The MoH has established close working arrangements with other sectors, including education, housing, environmental sanitation, water supply, agriculture, food security and community development.

The Citizens Engagement Platform Seychelles (CEPS) was established as the national umbrella organization for civil society in Seychelles. It consists of 72 accredited nongovernmental organizations from various sectors. Under the umbrella of CEPS, the MoH works with various civil society organizations in the areas of family welfare, education, advocacy, delivery of complementary health services and community engagement.

Private sector involvement in the health sector is still at an early stage, but is growing. There are currently, 64 general practitioners, 16 dentists and 63 pharmacists practising in the private health sector. There are two main academic institutions in Seychelles involved in health-related research and education: NIHSS and the University of Seychelles.



### 2.2.2 International partnerships

Seychelles has South-South cooperation agreements with countries such as Cuba, China, Nigeria and India to recruit doctors and train doctors and dentists overseas. Seychelles became the 14th member of the SADC on 31 July 1998. In August 1999, Seychelles signed the SADC Protocol on Health. Seychelles is also a member of the IOC.

Seychelles is one of the five African SIDS (alongside Cabo Verde, Comoros, Mauritius and Sao Tome and Principe) and has actively participated and is a signatory to various SIDS commitments, including the WHO SIDS strategy, SIDS Summit for Health - Outcome Statement 2012, and the Antigua and Barbuda Agenda for SIDS, 2024.

Seychelles is a high-income country (since 2015) and became an official development assistance (ODA) graduating country in 2018. Various bilateral and multilateral partners continue to support Seychelles outside the ODA framework. Within the UN, the MoH works mainly with WHO, UNAIDS, UNFPA and UNODC.

### 2.2.3 The partnership with WHO

The WHO Country Office (WCO) in Seychelles has worked closely with the country since 1986, first as a liaison office and now as a representation office. The previous CCS for the period 2016–2023 focused on five strategic priorities: tackling noncommunicable diseases, combating communicable diseases, improving essential services, developing the health workforce and promoting health for all ages.

From 2016 to 2023, WHO spent over USD 6 million on direct country support activities in Seychelles. This expenditure exceeded the committed budgets for 2019/21 and 2022/23 owing to additional funds mobilized for the COVID-19 response. The collaboration between WHO and Seychelles has resulted in improved coverage of essential services and successful control of COVID-19.

Lessons learned include the importance of seamless collaboration between different levels of the WHO and the need for continued capacity-building (integration of data and evidence into health workforce decision-making) and resource mobilization at the country level. The WCO in Seychelles is currently staffed by a country representative, national professional officers and country support unit staff. Efforts are required to strengthen resource mobilization at country level to sustain this capacity for the implementation of CCS-4.



## 3. Strategic Agenda

The CCS-4 strategic agenda is presented using the WHO theory of change framework for CCS development. It starts with summaries of CCS-3 achievements, country challenges drawn from the situation analysis that then leads to the presentation of three strategic priorities of the CCS-4, each with relevant strategic deliverables and key interventions.

The overarching goal of this framework for cooperation between the Republic of Seychelles and WHO from 2024 to 2030 is a Seychelles in which all people attain the highest possible standard of health and well-being, living in harmony with nature. This is to achieve the objectives of the NHSP 2022–2026 and the national SDGs targets.

The vision of CCS-4 is to promote, provide and safeguard health and well-being of all people in Seychelles, regardless of age, gender, cultural background or socioeconomic status. The vision is consistent with WHO's mission and current global programmes of work.

### 3.1 CCS-3 achievements (2016-2023)

Seychelles made significant strides towards achieving Universal Health Coverage (UHC) for essential health services, with the UHC Service Coverage Index rising from 70% in 2016 to 80% in 2023. Moreover, the proportion of the population with access to these services increased from 85% in 2016 to 95% in 2023. The incidence rates of malaria and tuberculosis (TB) saw reductions of 20% and 25%, respectively, due to enhanced surveillance and treatment measures. Existing health centres were reprofiled to improve efficiency and digitalisation. These advancements were maintained despite some setbacks caused by the COVID-19 pandemic.

In effectively safeguarding the health of its residents during emergencies, Seychelles enhanced its emergency response capabilities, including the establishment of the Public Health Emergency Operation Centre (PHEOC). This led to a 90% recovery rate among COVID-19 patients and significantly mitigated the socioeconomic impact of the pandemic. However, it's worth noting that the International Health Regulations (IHR) core capacity scores declined from 82 in 2015 to 48 in 2021, partially due to changes in the assessment methodology.

In promoting healthier lives, Seychelles achieved notable success. Tobacco control measures resulted in a decrease in cigarette consumption from 25.9% in 2015 to 20.2% in 2020. Enhanced screening and management of hypertension and diabetes led to a reduction in disease progression and related complications. There was a 20% reduction in hospital admissions due to hypertension and diabetes complications, a 15% decrease in severe complications such as heart attacks and strokes, and a 10% reduction in mortality rates among patients with these conditions.

### 3.2 Summary of challenges indicated in the situation analysis

Seychelles faces several determinants of health that need urgent attention. The increasing prevalence of noncommunicable diseases (NCDs) such as hypertension, diabetes, and cancer, coupled with rising rates of obesity, drug abuse, and alcohol-related harm, poses a significant challenge. Additionally, deaths from external causes like falls, road traffic accidents, drowning, and suicide are particularly concerning among young men. These issues are compounded by international travel and climate change, which all contribute to changes in lifestyles. To mitigate these challenges, Seychelles needs to encourage healthier lifestyles, tackle the commercial determinants of health, and foster multisectoral action on health determinants.

For person-centred care, the country faces challenges that include old infrastructure that amplify safety risks. There are also challenges in being able to assure the population on service quality. Other challenges are on clinical governance and back-referrals/feedback mechanisms. Additionally, the increasing out-of-pocket (OOP) expenditure for healthcare is a major concern, highlighting the need for continued efforts to address financial sustainability and service quality. Furthermore, the heavy reliance on expatriate health professionals, skills gaps, and the lack of a Human Resources for Health (HRH) strategy further complicate the situation. There is also a challenge of completing the journey in the control of communicable diseases. Addressing these issues requires continued efforts in improving performance of the health system for Universal Health Coverage (UHC), further expanding access to affordable high-quality healthcare and continuing efforts to address priority communicable & noncommunicable diseases.

Enhancing health system resilience is critical for Seychelles, as the average International Health Regulations (IHR) core capacity score has declined significantly. The country must deal with high public health emergency risks due to increasing human-animal interaction, antimicrobial resistance (AMR), and natural disasters. Additionally, Seychelles needs to lower the health system's carbon footprint, implement specific climate adaptation and mitigation measures, and increase the capacity of the health delivery system to adequately prepare for and respond to all-hazard health emergencies while continuing to deliver essential health services. Strengthening the resilience of the health system will ensure it can withstand and adapt to these growing challenges.

### 3.3 Strategic priorities, deliverables and key interventions

The strategic priorities are as follows:

- Tackle Determinants of Health
- Improve Person-Centred Health Services
- Enhance Health System Resilience

The strategic priorities along with their deliverables and key interventions are outlined below and in the annex, indicators at goal, strategic priority and deliverable levels are presented. Each indicator has baseline and target values as well as information on related SDG, GPW, NDS, UNSDCF & NHSP result areas and indicators.

### 3.3.1 Strategic Priority 1: Tackle Determinants of Health

Strategic Deliverables	Key Interventions
<p><b>3.3.1.1</b>  <b>Encourage Healthy Living and Address Lifestyle-Related Health Conditions</b></p>	<ol style="list-style-type: none"> <li>1. <b>Adapt WHO Policies for Key Risk Factors:</b> Support adaptation of WHO policies, intervention packages, and delivery strategies for addressing key risk factors, noncommunicable diseases (NCDs), and mental health.</li> <li>2. <b>Promote Health Education Campaigns:</b> Support health promotion campaigns (including digital health education) on health living and facilitating access to health services for those with NCDs.</li> <li>3. <b>Create Supportive Environments:</b> Support initiatives that create or maintain physical and socio-economic environments conducive to healthy lifestyle choices and actions.</li> <li>4. <b>Implement WHO Lifestyle Risk Factor Packages:</b> Support the adaptation and implementation of WHO intervention packages for lifestyle risk factors, such as the SAFER initiative for tobacco control.</li> <li>5. <b>Develop Health Promotion Strategies:</b> Support development of health promotion strategies for various settings (schools, workplaces, recreation areas, communities) to institutionalize promotion of healthy lifestyles, including regular physical activity, healthy diets, reducing alcohol consumption, avoiding tobacco, fostering healthy relationships, and preventing substance abuse.</li> <li>6. <b>Support the National Stop Obesity Campaign:</b> Continue to support the implementation of the national stop obesity campaign, including ongoing monitoring and evaluation of its effectiveness.</li> <li>7. <b>Participate in Global Surveys and Reports:</b> Facilitate the country's participation in global surveys and reports on health risk factors and noncommunicable diseases.</li> </ol>



Strategic Deliverables	Key Interventions
<p><b>3.3.1.2</b>  <b>Mitigating Commercial Determinants of Health</b></p>	<ol style="list-style-type: none"> <li>1. <b>Regulate Marketing of Unhealthy Products:</b> Advocate for regulations on the marketing of unhealthy foods, breastfeeding substitutes, beverages, tobacco, and alcohol, focusing on protecting children and adolescents and addressing dietary transition risks.</li> <li>2. <b>Promote Corporate Accountability:</b> Promote regulations holding corporations accountable for public health impacts and increasing transparency in corporate lobbying.</li> <li>3. <b>Implement Health Impact Assessments and Fiscal Measures:</b> Support the implementation of health impact assessments and WHO-advocated fiscal measures for controlling unhealthy consumption.</li> <li>4. <b>Advocate for Trade Policies Prioritising Public Health:</b> Advocate for trade policies that prioritise public health, ensuring health considerations are integrated into economic agreements.</li> <li>5. <b>Support Policies for Reducing Sugar and Salt Intake:</b> Advocate for policies aimed at reducing sugar and salt intake in processed foods to combat diet-related NCDs.</li> </ol>



Strategic Deliverables	Key Interventions
<p><b>3.3.1.3</b> <b>Facilitate Multisectoral Action</b></p>	<ol style="list-style-type: none"> <li>1. <b>Strengthen Youth Wellbeing:</b> Support review plus development of youth wellbeing interventions package and operationalisation of a family wellbeing centre.</li> <li>2. <b>Operationalising At-Risk-Youth Centre:</b> Support development of at-risk-youth centre service package plus service delivery tools and training of service providers.</li> <li>3. <b>Facilitate National Dialogue on GBV, Teenage Pregnancy and Child Maltreatment:</b> Facilitate ongoing national dialogue on gender-based violence (GBV), teenage pregnancy and child maltreatment.</li> <li>4. <b>Promote Health in All Policies (HiAP):</b> Advocate for the integration of health considerations into policymaking across all sectors to address the social determinants of health and continue to support government policy analysts networking across ministries.</li> <li>5. <b>Support Health-Promoting Schools Strategy:</b> Support implementation of health-promoting schools' strategy to consolidate all currently implemented initiatives in schools, fostering healthy environments and behaviours among students in a streamlined, efficient, and coordinated manner.</li> <li>6. <b>Advocate for Workplace Health Programmes:</b> Advocate for workplace health programmes addressing physical safety, mental health, work-life balance, and access to healthcare for all workers, including migrants.</li> <li>7. <b>Promote Healthy Urban Planning:</b> Advocate for urban planning that includes green spaces, safe walking and cycling paths, and recreational facilities to encourage physical activity and reduce pollution.</li> <li>8. <b>Support Development of a Road Safety Strategy:</b> Support development of a road safety strategy based on the Global Plan (Decade of Action) with particular focus on improving road safety legislative frameworks, data systems, and post-crash care services.</li> </ol>



### 3.3.2 Strategic priority 2: Improve Person-Centred Health Services

Strategic Deliverables	Key Interventions
<p><b>3.3.2.1</b>  <b>Improve Performance of the Health System for Universal Health Coverage (UHC)</b></p>	<ol style="list-style-type: none"> <li>1. <b>Facilitate Pooled Procurement Mechanisms:</b> Support the development and implementation of the SIDS pooled procurement mechanisms to ensure sustainable and cost-effective access to essential supplies.</li> <li>2. <b>Review and Develop Health Strategies:</b> Assist in the mid-term and end-term review of the 2022-2026 NHSP and the development of a successor plan, incorporating recommendations from various conferences, national surveys, and recent data sources.</li> <li>3. <b>Promote South-South Collaboration:</b> Leverage opportunities for South-South Collaboration to share best practices and resources, including SIDS and small states meetings.</li> <li>4. <b>Revitalize Primary Health Care:</b> Support the revitalization of the primary health care (PHC) system, including the reorganization of services for effective delivery of the PHC package.</li> <li>5. <b>Conduct Equity and Efficiency Assessments:</b> Support equity and efficiency assessments on the performance of the health sector towards achieving universal health coverage, ensuring access to essential health services for all, particularly vulnerable populations.</li> <li>6. <b>Develop Health Workforce Strategies:</b> Support the development and implementation of national health workforce strategies and comprehensive strategic plans for Human Resources for Health (HRH).</li> <li>7. <b>Strengthen Health Information Systems:</b> Enhance health information systems, including research aligned to national health priorities, to improve data collection, analysis, and dissemination</li> <li>8. <b>Promote Integrated Care Models:</b> Support the development and implementation of integrated care models to enhance coordination and continuity of care across different levels of the health system.</li> </ol>

Strategic Deliverables	Key Interventions
<p><b>3.3.2.2</b>  <b>Expand Access to Affordable High-Quality Healthcare and Address Priority Communicable and Noncommunicable Diseases</b></p>	<ol style="list-style-type: none"> <li>1. <b>Address Substance Abuse:</b> Support the generation of data, development of plans, and strategies including intervention packages for addressing substance abuse.</li> <li>2. <b>Enhance Mental Health Services:</b> Support the finalization and monitoring of the national mental health policy and action plan, including expanding treatment coverage for mental health as part of national universal health coverage (UHC).</li> <li>3. <b>Develop SOPs for Blood Products:</b> Provide technical assistance and support for the development of standard operating procedures and guidelines for the rational use of blood products.</li> <li>4. <b>Adapt WHO Policies for SIDS:</b> Support the adaptation of WHO policies, strategies, and health programs to the specific needs and constraints of SIDS, considering their unique challenges and limited economies of scale.</li> <li>5. <b>Improve Maternal, Neonatal, and Child Health Services:</b> Support the continued improvement of maternal, neonatal, and child health services to maintain low mortality and high service quality.</li> <li>6. <b>Strengthen Cancer Programs:</b> Strengthen cancer prevention, early detection, and treatment programs.</li> <li>7. <b>Expand Preventive Health Services:</b> Advocate for the expansion of preventive health services, including vaccination programs and health education campaigns, to reduce the burden of communicable and noncommunicable diseases.</li> <li>8. <b>Enhance Communicable Disease Control:</b> Implement strategies for the control and elimination of communicable diseases (CDs), including certification processes.</li> </ol>



### 3.3.3 Strategic priority 3: Enhance Health System Resilience

Strategic Deliverables	Key Interventions
<p><b>3.3.3.1</b>  <b>Lower the Health System's Carbon Footprint by Implementing Health-Specific Climate Adaptation and Mitigation Measures</b></p>	<ol style="list-style-type: none"> <li><b>1. Support development of sector-level climate policy frameworks:</b> Support Seychelles to undertake vulnerability and adaptation assessments, establish robust climate-health surveillance and response capacities, and develop a health-component of National Adaptation plans.</li> <li><b>2. Facilitate Access to Global Funding:</b> Support Seychelles in leveraging the Global Environment Facility and other global funding sources to strengthen climate-resilient health infrastructure.</li> <li><b>3. Promote Digital Health Solutions:</b> Advocate for the adoption of digital health technologies, including telemedicine, to improve remote care access and reduce the health system's carbon footprint.</li> <li><b>4. Encourage Sustainable Practices:</b> Promote programs aimed at reducing environmental hazards, encouraging sustainable practices, and improving waste management systems to protect public health.</li> </ol>



Strategic Deliverables	Key Interventions
<p><b>3.3.3.2</b>  <b>Increase Health Delivery System Capacity to Adequately Prepare and Respond to All Hazards Health Emergencies While Continuing to Deliver Essential Health Services</b></p>	<ol style="list-style-type: none"> <li>1. <b>Support Multi-Hazard Preparedness Plans:</b> Assist in developing multi-hazard health emergency risk mitigation and climate change resilience and adaptation plans.</li> <li>2. <b>Enhance IHR Core Capacities:</b> Enhance International Health Regulations (IHR) core capacities for health emergencies preparedness and readiness, including through the One Health approach.</li> <li>3. <b>Strengthen Surveillance and Control Strategies:</b> Implement surveillance and control strategies for antimicrobial resistance (AMR) and vector-borne diseases, including vaccination-preventable and vector-borne diseases, and environmental health.</li> <li>4. <b>Ensure Continuity of Essential Health Services:</b> Develop and implement plans to ensure the continuity of essential health services during health emergencies.</li> <li>5. <b>Support Integrated Vector Management:</b> Assist in the development and monitoring of integrated vector management plans.</li> <li>6. <b>Capacity Building for Health Workforce:</b> Support capacity-building initiatives for the health workforce to enhance their ability to respond to health emergencies and deliver essential services.</li> <li>7. <b>Community Engagement and Education:</b> Promote community engagement and education programs to increase public awareness and participation in health emergency preparedness and response efforts.</li> <li>8. <b>Strengthen National Laboratory Capacity:</b> Enhance national laboratory capacity through updated standard operating procedures, staff training, provision of kits, and participation in regional quality control networks.</li> <li>9. <b>Improve WASH and IPC Practices:</b> Improve water, sanitation, and hygiene (WASH) services and infection prevention and control (IPC) practices in health facilities to prevent waterborne, respiratory, and other diseases.</li> </ol>

## 4. Implementing the Fourth Country Cooperation Strategy

### 4.1 WHO country presence strengthening

WHO's full representational presence in Seychelles is highly valued by the country with expectation that this will be maintained and strengthened for CCS-4 implementation. Below, therefore, are identified interventions to strengthen WHO capacity in Seychelles for the implementation of the 2024-2030 country cooperation strategy.

- Maintain WHO in-country representational leadership for more effective advocacy, diplomacy, and partnership-building for implementation of CCS-4.
- Facilitate the country's active participation in global and regional intergovernmental forums to showcase its leadership, foster alliances, and advocate for SIDS on health issues.
- Assist in coordinating support from the UN and other development partners for the health sector and facilitate multi-sectoral action on health determinants.
- Continue optimizing WHO country office operations to ensure effective internal controls and efficient country support by keeping staff, administrative processes, and digital tools current.
- Conduct timely planning, regular performance monitoring, and accountability reporting of WHO's country support operations to various levels within WHO and the country.
- Raise awareness among national counterparts about WHO's mandate, unique advantages, methods of providing support, and ways of working.
- Monitor CCS-4 implementation through semi-annual, mid-term, and end-of-term reviews of the biennial plans of action (BPOAs), as well as through mid-term review and end-term evaluation of the CCS-4.
- Strengthen local and sub-regional resource mobilization by enhancing further the WHO's partnership-building and resource-mobilization capacity.
- Strengthen staffing capacities of the WHO country office with backup expertise support from the Multi-Country Assignment Team (MCAT) to ensure effective CCS-4 implementation, while leveraging additional support from the pandemic hub, regional office, and headquarters.
- Promote joint efforts between WHO, other UN agencies, development partners, civil society organizations, and the media for implementing CCS-4.

### 4.2 WHO cooperation pathways

WHO will use the following cooperation pathways to support the implementation of the CCS-4 strategic priorities at the country level:

1. **Leadership** through diplomacy, convening, advocacy, strategic communication and policy dialogue.
2. **Technical cooperation** through strategic support, leveraging partnerships, technical assistance and capacity-building for technical and managerial leadership; and
3. **Operational support**, which includes capacity-building for service delivery, including the donation of health technologies, medicines, reagents and supplies or funding health services delivery operations, may be used in acute emergencies.

### 4.3 Financing the implementation of the fourth Country Cooperation Strategy

The estimated budget will be financed through assessed contributions, voluntary funds mobilized at the global or regional level, and voluntary funds mobilized at the country level. The allocation of assessed contribution and funding mobilized at WHO headquarters and at regional levels is expected to cover up to 50% of the funding requirements.

Therefore, local mobilization of funding will remain critical, despite minimal opportunities at the country level owing to the ineligibility of Seychelles for ODA. It may therefore be necessary to explore other possible sources that have similarly funded CCS implementation in other middle-to high-income countries, such as using fiscal resources to finance health interventions.

The estimated budget does not include the cost of technical support from WHO headquarters, the WHO Regional Office for Africa and subregional country support teams in Seychelles.

### 4.4 WHO Country Office staffing for the implementation of the fourth Country Cooperation Strategy

CCS-4 has implications for the structure of WCO Seychelles. Currently, there are two national professional officer positions corresponding to strategic priorities 1 and 3, but there is a vacancy for strategic priority 2 owing to funding constraints. There is also a vacant international expert position for strategic information as a result of these constraints.

CCS-4 calls for the vacancies to be filled, subject to funding availability, in order to implement the strategy effectively. In addition, there will be a continuing requirement for leadership support for partnerships, external relations, resource mobilization and communications. Existing partnerships with the UN Volunteers Programme, which provides this capacity, will therefore need to be maintained. The technical expertise from the multicounty assignment teams in Nairobi and the human resources support team in Pretoria will also be required for the successful implementation of CCS-4.



#### 4.5 Implementing arrangements for the fourth Country Cooperation Strategy

This CCS spans four biennia (seven years) and is aligned with four WHO operational and budgetary planning cycles. Specific implementation activities for these planning cycles will be reflected in the Biennial Plan of Action (BPOA) and the budget agreed every two years between the MoH of Seychelles and the WCO. The BPOA reflects specific activities, budgets and implementation modalities that translate the CCS into action. The first BPOA covers the period 2024–2025.

As the CCS has been deliberately aligned with GPW 14, it is expected that the resulting WHO subregional, regional and headquarters operational plans will provide for the anticipated technical assistance that is not directly costed in the CCS. The biennial planning process provides for making such requests. Further alignment of the CCS with the UNSDCF and the SDGs will also help to leverage UN-wide and other development partnerships to support its implementation as the country accelerates actions to meet SDG 2030 commitments.

Throughout the CCS, the core partnership for its implementation will be between the MoH, the WCO and other relevant Ministries, Departments and Agencies (MDAs). The three levels of WHO, including WHO collaborating centres, partner organizations and professional not-for-profit organizations, will also be engaged as appropriate.



## 5. Monitoring and Evaluation

This CCS will be monitored and evaluated based on the WHO impact and accountability framework. As an element of the WHO results-based management system, this framework, which is consistent with the impact and outcome approach of the WHO GPW, articulates the health impact and outcomes resulting from the programme outputs, activities and inputs. While WHO will be responsible for inputs, activities and outputs, the Government of Seychelles and WHO will share responsibility for the outcomes and impact. This chapter outlines the monitoring and evaluation approaches, including performance monitoring, performance targets and evaluation, that will be used to track the impact and accountability of this CCS.

### 5.1 Performance monitoring

The BPOA that will be developed to implement this CCS includes a robust monitoring framework of intervention-specific indicators that collectively contribute to the planned outputs and outcomes. The status of these indicators will be assessed and tracked to determine their outcomes and impact on the national health development of Seychelles, using WHO's six-monthly semi-annual monitoring of workplan implementation. Every biennium, the performance of the CCS will be monitored and evaluated through performance monitoring reports as follows:

- A. First semi-annual performance monitoring report at six months
- B. Mid-term performance monitoring report at 12 months
- C. Second semi-annual monitoring report at 18 months
- D. End of biennium performance report at 24 months

As a complementary element of the monitoring and evaluation reporting framework, the performance of the CCS will also be monitored and evaluated through annual reviews with the Government of Seychelles and stakeholders, and annual UNSDCF results reports, in line with the UN Seychelles results reporting cycle.

#### 5.1.1 Reprogramming and adjustment

Based on the monitoring outcomes, activities related to strategic priorities may be reprogrammed to adapt to evolving health needs or operational challenges. This flexible approach ensures that the CCS remains dynamic and responsive to the changing health landscape in Seychelles.

#### 5.1.2 Shared responsibility and accountability

While WHO is responsible for the inputs, activities and outputs, the Government of Seychelles shares the responsibility for the outcomes and impact. This collaborative approach strengthens the commitment of both parties to achieving the goals set out in this cooperation strategy.

#### 5.1.3 Learning and improvement

The monitoring and evaluation process is designed not only for accountability but also as a learning tool. The insights gained from monitoring and evaluation will inform future adjustments to WHO strategy, policy development and implementation of health programmes in Seychelles.

## 5.2 Performance targets

The overall measurement of the impact of the CCS will be tracked using the healthy LE (HALE) achieved in Seychelles at goal level, the UHC Index, the Better Protected Index and the Healthier Population Index at strategic priorities level, as defined in GPW 13 and 14 results framework. Outcomes of implementing this CCS will be tracked or measured using NHSP targets and indicators that are aligned to GPW 13/14 outcome indicators and the SDG targets and indicators. Progress in achieving deliverables will be assessed and reported in biennial performance reports, using BPOA monitoring tools. Proxy indicators for monitoring strategic deliverables have been identified with baseline and targets set and are reflected in the annex.

## 5.3 Evaluation of the CCS

The CCS will be evaluated for its relevance, effectiveness, efficiency and overall impact on the health system and population health in Seychelles. The evaluation process will also consider the coherence of the CCS with broader health and development agendas. In this regard, WHO will evaluate the outcomes and impact of this CCS at the mid-term and at the end of the period up to 2030. In addition, periodic in-depth evaluations of selected programmes may be conducted to determine their outcomes and impact on national health development. Thematic evaluations of some key areas/issues will also be undertaken as appropriate.

### 5.3.1 Mid-term evaluation

The mid-term evaluation (MTE) of the CCS-4 will assess the results up to 2026 and compare them with the intended results (outcomes and impact) outlined in the monitoring framework. This evaluation will provide evidence for the reprogramming of activities in subsequent biennial workplans and identify challenges that hinder effectiveness and efficiency and enhance learning and mutual accountability. To maximize efficiency, the MTE may be conducted together with the final evaluation of the NHSP 2022–2026 of the MoH.

### 5.3.2 Final evaluation of the CCS

The final or summative evaluation of the CCS-4 will be conducted at the end of 2030 to review the outcomes and impact of the implementation. It will assess the relevance, coherence, effectiveness, efficiency, impact and sustainability of the CCS-4 strategic agenda. Using a mixed-methods approach, the evaluation will identify achievements, lessons learned, missed opportunities and priorities for the next CCS cycle. It will also aim to strengthen collaboration between WHO and Seychelles. The robust monitoring and evaluation framework for the WHO CCS for Seychelles is essential to ensure that the strategic objectives are effectively achieved, leading to meaningful improvements in health outcomes in the country.



## 6. Annexes

### I. Overall strategic mission/goal level monitoring indicator with baseline and target figures

Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, GPW, NDS, UNSDCF & NHSP result areas or indicators	Comments
Health	Healthy Adjusted Life Expectancy (HALE) from birth	64.7 (2021, WHO)	69 (2026, NHSP)	SDG 3.4, Ind 3.4.1; GPW14 OC 1.1.1; NDS SO 3.2, Ind 3.2.1; UNSDCF OP 3.1.1; NHSP RA 2.1, Ind 2.1.1	Target calculated from NHSP LE target of 79. NHSP observed that there is a difference of approximately 10 years between LE and HALE

### II. Strategic priorities and their monitoring indicators with baseline and target figures

Strategic Priority	Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, GPW, NDS, UNSDCF & NHSP result areas or indicators	Comments
<b>2.1 Tackle Determinants of Health</b>	Healthier Population	Healthier Population Index	TBD	TBD	SDG 2.2.1; 2.2.2; 3.4.1; 3.5.2; 3.6.1; 3.a.1; 4.2.1; 5.2.1; 6.1.1; 6.2.1; 7.1.2; 11.6.2; 16.2.1; GPW14 SO 2.1, 2.2, 2.3; NHSP SO4.1, NDS Pillar 3	New Indicator
<b>2.2 Improve Person-Centered Health Services</b>	Universal Health Coverage	UHC coverage index	75 (2022, APR 2023)	80 (2022-26 NHSP)	SDG 3.8.1; GPW14 RA1.1; NDS RA1.1; UNSDCF 1.1; NHSP P1 11	Current indicator with national baseline and target data
<b>2.3 Enhance Health System Resilience</b>	Public Health Environment and Emergency protection	Better Protected Index	70.4 (WHO, 2030)	80 (WHO, 2030)	SDG indicator 3.d.1, GPW14 SO 5.1-5.2, NHSP SO2.4, NDS Pillar 3	New Indicator

### III. Strategic deliverables and their monitoring indicators with baseline and target figures

Strategic Deliverable	Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, NDS, UNSDCF & NHSP result areas or indicators	Comments
<b>Encourage Healthy Living and Address Lifestyle-Related Health Conditions</b>	Physical inactivity	Prevalence of insufficient physical activity	74% females, 53% males (2022, Heart Survey 2024)	10% reduction (2016-25 NCD Plan)	SDG 3.4.1; WHO GPW14 RA2.4; NDS RA2.2; UNSDCF 2.4; NHSP P3 I4	Current indicator with national baseline and target data
	Obesity in adolescents and adults	Prevalence of obesity among children and adolescents (aged 5–19 years) and adults aged ≥18 years	Adults: 49% females, 27% males (2022, Heart Survey 2024)	Adults: 2%, Children: 3% reduction (2023 Obesity plan)	SDG 3.4.2; WHO GPW14 RA4.5; NDS RA5.7; UNSDCF 3.5; NHSP P4 I3	Current indicator with national baseline and target data
<b>Mitigating Commercial Determinants of Health</b>	Alcohol use in adults	Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	7.4 L/year males, 3.1 L/year females (2022, Heart Survey 2024)	10% reduction (2016-25 NCD Plan)	SDG 3.5.2; WHO GPW14 RA2.6; NDS RA3.5; UNSDCF 4.4; NHSP P3 I6	Current indicator with national baseline and target data
	Tobacco use in adults	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	41% males, 21% females aged 18-34 (2022, Heart Survey 2024)	30% reduction (2016-25 NCD Plan)	SDG 3.a.1; WHO GPW14 RA2.5; NDS RA3.4; UNSDCF 4.3; NHSP P3 I5	Current indicator with national baseline and target data

Strategic Deliverable	Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, GPW, NDS, UNSDCF & NHSP result areas or indicators	Comments
<b>Facilitate Multisectoral Action</b>	Health-promoting schools	Percentage of schools implementing at least 50% of the health-promoting strategies	60% (2023, Ministry of Education, Seychelles NDS)	100% (2030, Ministry of Education, Seychelles NDS)	SDG 4.7.1, GPW14 SO5.2, NDS Pillar 3	Consolidate and streamline health initiatives in schools
	Road safety	Number of road traffic fatalities per 100,000 population	12 (2023, Ministry of Transport, Seychelles NHSP)	5 (2030, Ministry of Transport, Seychelles NHSP)	SDG 3.6.1, GPW14 SO8.2, NHSP SD3.1	Improve legislative frameworks and post-crash care
<b>Improve Performance of the Health System for Universal Health Coverage (UHC)</b>	Patient experience	People centeredness of primary care	-	Score of 80%	SDG 3.8.2; WHO GPW14 RA1.2; NDS RA1.2; UNSDCF 1.2; NHSSP P1 I2	New indicator: "Patient experience surveys to be conducted"
	Neonatal mortality	Neonatal mortality rate (per 1,000 live births)	12.2 (2023, APR)	5 (2026, NHSP)	SDG 3.2.2; WHO GPW14 RA1.5; NDS RA3.7; UNSDCF 4.6; NHSSP P1 I5	Current indicator with baseline data

Strategic Deliverable	Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, GPW, NDS, UNSDCF & NHSP result areas or indicators	Comments
Expand Access to Affordable High-Quality Healthcare and Address Priority Communicable and Non-communicable Diseases	Hypertension and diabetes treatment control	Proportions treated for high blood pressure and diabetes to the recommended 'controlled' targets	BP <140/90: 40%, FBG <7.0 mmol/l): 30% (2023, Heart Survey 2024)	50% glycaemic (NCD Plan) 80% glycaemic & BP control (WHO)	SDG 3.4.1; WHO GPW14 RA4.1; NDS RA5.1; UNSDCF 3.1; NHSP P4 I1	Current indicator with national baseline and target data
	Hepatitis B Birth Dose Coverage	Percentage of newborns who receive the hepatitis B vaccine within 24 hours of birth	0% (Introduced in Dec 2023, 2024, APR)	90% (WHO 2030)	SDG 3.3.4; WHO GPW14 RA4.9; NDS RA5.11; UNSDCF 3.9; NHSP P5 I7	New indicator: Programme launched in Dec 2023
Lower the Health System's Carbon Footprint by Implementing Health-Specific Climate Adaptation and Mitigation Measures	Renewable energy	Percentage of health facilities using renewable energy sources	-	100% (WHO 2030)	SDG 3 & 7, Ind 3.2.1 & 7.2.1; GPW14 O 3.2; NDS SO 4 Ind 4.1; UNSDCF OC 2.3; Ind 2.3.2; NHSP RA 5 Ind 5.4	New indicator: "Health facility survey to be conducted"

Strategic Deliverable	Indicator Area	Indicator Definition	Baseline Values (Year and Source)	2030 Target Values	Related SDG, GPW, NDS, UNSDCF & NHSP result areas or indicators	Comments
<b>Increase Health Delivery System Capacity to Adequately Prepare and Respond to All Hazards Health Emergencies While Continuing to Deliver Essential Health Services</b>	National health emergency preparedness	SPAR total capacity adjusted score	52 (2022, APR 2023)	80% (WHO 2030)	SDG 3.d.1; GPW14 RA2.1; NDS RA6.1; UNSDCF 2.1; NHSP P2 I1	Current indicator with national baseline data but no target

