

Seychelles



This map is an approximation of actual country borders.

Total population (2007) ¹	85,032
% Under 15 (2005) ²	23.4
Life expectancy at birth (2007) ¹	73
Under-5 mortality rate per 1000 (2007) ¹	13
Maternal mortality rate per 100 000 live births (2007) ²	0
Total expenditure on health as % of GDP (2006) ¹	4.6
General government expenditure on health as % of general government expenditure (2004) ³	12%
Human Development Index Rank, out of 177 countries (2007) ⁴	50
Adult (15+) literacy rate (2007) ¹	96%
Adult male (12+) literacy rate (2007) ¹	96%
Adult female (12+) literacy rate (2007) ⁵	96%
% Population with access to improved drinking water source (2002) ¹	87
% population with improved access to sanitation (2002) ¹	94

Sources:

1. National Statistics Bureau
2. Ministry of Health and Social Development (MOHSD)
3. Ministry Of Finance
4. UNDP
5. 2002 Population census Estimate

Seychelles is a multi-ethnic tri-lingual state with its origin from three continents: Africa, Asia and Europe. Whilst Creole is the mother tongue, English and French are the main administrative languages. The main religion is Christianity but other major religions are represented. The country is organised into 25 districts. The estimated mid-year total population in 2007 is 85,032 within 20,933 households (National Statistics Bureau, August 2007), and a demographic transition of upward population shift from a younger to an older population since 1971 is leading to an increasingly ageing population.

With its land area of 445 km², the Republic of Seychelles consists of an archipelago of about 116 islands in the South-Western Indian Ocean at more than 1,500 km from the East Coast of Africa. The country's economic zone, however, covers an area of 1.3 million km². The main islands are Mahé, Praslin and La Digue and together they share the bulk of all economic activities. Victoria, the capital of Seychelles, is located on Mahé, the largest of the three main islands. Whilst three main islands are permanently inhabited, the remaining islands are sparsely populated and residence is not permanent.

The Republic of Seychelles achieved its independence from Britain on the 29th of June 1976. The first multi-party presidential and national assembly (parliamentary) elections were held in 1993. The constitution, adopted in 1993 guarantees fundamental human rights, ensures equal opportunity and protection for men and women, and provides for the separation of powers of the three branches of government (the executive, the legislative and the judiciary). The National Assembly has 34 members, among whom, 25 are elected and 9 nominated on a proportional basis.

HEALTH & DEVELOPMENT

Although Seychelles is categorized as a middle income country, with a high Human Development Index, the economy is very vulnerable due to overdependence on tourism.

The Government of Seychelles is the principle health care provider. Its health care provision is inspired by the Constitution of the Republic of Seychelles and the Health Policy Declaration, underscoring the principles of basic human rights, equity and access and ensuring the availability of free basic health service to the entire population. Government health expenditures are between 11% and 13% of the national budget. A three-tier health care system exists with the bulk of highly specialized treatment provided overseas and almost fully funded by the Government.

Seychelles has achieved impressive health care indicators and is on track for most of the Millennium Development Goals (MDGs). Immunization coverage in 2006 for BCG, DPT3, OPV3 and measles was 100%. As a result of very high coverage rates, vaccine-preventable diseases have disappeared from the island and the neonatal and infant mortality rates were 6.13 and 9.5 per 1000 live births respectively in the same year. Life expectancy in 2007 stood at 73.1 years - 77.7 for females and 68.9 for males (National Statistics Bureau, Statistical Abstract 2007).

Whilst further progress is needed especially in the control of noncommunicable diseases (diabetes, cardiovascular diseases injuries, neoplasm and mental illnesses) which are currently the main burden of diseases due to unhealthy lifestyles, urbanization, aging population, tobacco and alcohol abuse and rising levels of domestic violence. Increases in sexually transmitted diseases including HIV/AIDS, emerging diseases such as chikungunya and dengue and potential threats from Human Avian Influenza call for continued robust surveillance, prevention and control of persisting communicable diseases.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • High political commitment of the Government towards health • Major investment by government in health infrastructure and services • Vaccine Preventable diseases eliminated and most infectious diseases under control • Accessibility to health facilities by the population • Good network of communication facilities within the country • High level of human development. • Health-related MDGs are on track • Free health care at the point of use 	<ul style="list-style-type: none"> • Problems with sustainability of health financing • Increase of HIV/AIDS epidemic • Natural disasters and pandemic diseases • Dependence on expatriate health specialists • Absence of Monitoring and Evaluation mechanism to assess programme implementation • High turnover of programme managers and attrition of qualified staff • Lack of degree-providing training facilities for health care workers

PARTNERS

The Government of Seychelles has a number of key partners for the health sector, including the United Nations (UN), bilateral partners, financial institutions such as the African Development Bank, the Arab Bank for Economic Development in Africa, the World Bank, and nongovernmental organization regional institutions such as the Indian Ocean Commission, who contribute to the overall health development, as set out in the Seychelles Health Strategic Framework 2006-2016 and Vision 2017. The focus of development assistance for the health sector includes diseases control (polio, tuberculosis, HIV/AIDS), health systems strengthening and infrastructure development. Given the excellent performance in the Human Development Index and health indicators, the Official Development Assistance (ODA) provided to Seychelles has gradually declined by over 50% since year 2000. The World Health Organization is the only resident UN agency in Seychelles, and the Government's major multilateral partner in health care with an average biennial budget of \$ 1.6 million.

The responsibility for coordinating grants and technical assistance is vested with the Ministry of Foreign Affairs. Whereas no formal coordination mechanisms exist, the Ministry of Foreign Affairs is committed to promoting sector-wide approaches in the coordination of grants and technical assistance in order to ensure performance. The Ministry of Health and Social Development implement, monitor and evaluate Development Assistance for Health.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Availability of Health Sector Strategic Framework as entry point for development of costed plans to be supported by the UN Country Team (UNCT) • Increasing interest of Health Partners in Health due to financial crises and reform in country • Support from WHO for Health Systems Strengthening e.g. Human Resources for Health reform and Policy development and Health Financing 	<ul style="list-style-type: none"> • Limited number of partners and funding opportunities for health due to Seychelles status as middle income developing country • WHO as only resident UN organization in Seychelles • Lack of formal mechanism for coordination of partners

WHO STRATEGIC AGENDA (2008-2013)

- 1. Support the development and implementation of integrated Intersectoral approaches in order to prevent and reduce disease, disability and premature death from noncommunicable conditions, mental disorders, violence and injuries**
 - a) Strengthen capacity for the development and implementation of policies, strategies and regulations for chronic noncommunicable conditions, mental disorders, violence and injuries, including a Monitoring and Evaluation framework;
 - b) Strengthen Intersectoral collaboration for control prevention and rehabilitation of noncommunicable diseases.
- 2. Reduce the health, social and economic burden of communicable diseases**
 - a) Strengthen national capacity in disease surveillance and response to major epidemic, diseases for global eradication or control or elimination and pandemic-prone diseases in line with Integrated Disease Surveillance (IDS) strategy and the International Health Regulations (IHR) 2005;
 - b) Strengthen national capacity for the comprehensive and integrated management of reproductive health including sexually transmitted diseases, HIV/AIDS, tuberculosis and leprosy.
- 3. Reduce the health consequence of emergent disasters crises and conflicts and minimize their social and economic impact**
 - a) Provide technical support in capacity building for national emergency preparedness and disasters response.
- 4. Enhance Health System Performance and Health Research**
 - a) Strengthen Human Resources for Health policies and enhance the capacity of the Ministry of Health for improved implementation of health interventions;
 - b) Develop Ministry of Health capacity for developing, implementing, monitoring and evaluating a comprehensive health financing system in Seychelles;
 - c) Strengthen the national health systems research for decision making;
 - d) Assess, develop and implement plans to improve health information systems as well as establish a framework for the monitoring and evaluating of national/global goals and targets;
 - e) Provide support to develop national drug policy and plan;
 - f) Strengthen national capacity for effective regulations to ensure high-quality and safe medical products and technologies including blood transfusion and administration of parenteral therapy;
 - g) Provide technical support in strengthening the management structure for maintenance of medical and hospital equipment.
- 5. Promote healthy lifestyles, healthy environment, multisectoral public policies and address the socioeconomic determinants of health**
 - a) Improve country capacity for occupational and environmental health prevention, service delivery and surveillance. Provide technical assistance to strengthen community development initiatives to address health determinants, meet local needs and promote community participations;
 - b) Strengthen health promotion capacity nationally and integrated across all relevant programmes;
 - c) Strengthen multi-sectoral collaboration in health related activities and advocate for health to be addressed as a key element for country's development.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/syc/en/>

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WHO/DGR/CCO/09.03/Seychelles

Updated: May 2009