Seychelles Presentation

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Presentation Plan

• Emergency Preparedness and Response
• Non communicable Diseases
• Primary Health Care and Implementation of Ouagadougou Declaration
• Progress report on the Seychelles and Cap Verde Declarations
Emergency Preparedness and Response
Organization of Disaster management in Seychelles

• In 2005 the Department of Risk and Disaster management DRDM was created in 2005 through the Disaster management bill/Acts/Bylaws.

• In 2008 the Disaster Management Policy was launched which defines the role of each organization in Disaster management and response.

• DRDM is the coordinating body for Disasters and is under the Prime Ministers Office.
UNDP, the French government supported DRDM to conduct vulnerability assessment.

A risk profile database outlining potential threats to the country from natural hazards as well as identification of vulnerable infrastructure and community has been done.

Seychelles has one seismological station in Mahe and there is a need for expanding this facility into a network within the country as well as with the Indian Ocean countries.

In terms of diseases, IDSR surveillance is in place.

Influenza contingency plan in place.
Preparedness

– Disaster Plan revision and/or development
  • National health disaster plan developed for district and national levels
  • National simulation exercise carried out

– Business continuity planning
Non Communicable diseases
NCD activities

- Cardiovascular disease and cancer account for approximately 40% and 20% of all deaths, respectively.
- NCD policies developed since 2001 for diabetes, hypertension and lipid disorders and comprehensive tobacco control legislation.
- Seychelles was the first country to ratify the Framework on tobacco control and tobacco control Act enacted in 2009.
- National School nutrition policy was adopted in 2007 and a health promotion Policy in 2008.
- There is a need for integrated approach to control of NCD activities.
Primary Health Care and Implementation of Ouagadougou Declaration
Seychelles 30 years ago

Major Communicable disease burden

- Intestinal parasites
- Tuberculosis
- Leprosy
- Tetanus
- Mumps
- Measles
- Polio
- Etc..vaccine preventable diseases

Prevalent conditions
Prior to Alma Ata PHC declaration

- Payment for all medical services
- "Classed" medical care
- Centralised, hospital-based care
- Prevention not given due importance

Poor health indicators

- Lower life expectancy
- High MMR, IMR

Delayed presentation

Complications
Seychelles adopted Alma Ata declaration on PHC principles

• Came just after independence-1976
• Coincided with major social reform and transformation
• Political commitment and external (Bilat/Multilat) funds were available
• Development of Community infrastructures, roads, housing, telecommunication network
• Better access –roads, decentralisation of medical services; closer to community –clinics/health posts (each serving 2000 to 15,000 people)
• Better sanitation, (introduction of health inspectors),
• Free health care at the point of use became a constitutional right
• Increased access to treated water

In summary: Seychelles took the PHC principles seriously
The right to health: **the state undertakes:**

- To take steps to provide for free primary health care in state institutions for all its citizens

- To take appropriate measures to prevent, treat and control epidemic, endemic and other diseases
To take steps to reduce infant mortality and promote the healthy development of the child

To promote individual responsibility in health matters
Goal 4 target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Goal 5 target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate.

Done, Overnutrition is now the issue of concern

Compulsory 9 years of schooling Equal opportunity for boys and girls

• Adult literacy rate: 92%

Women well empowered, Equal opportunities.

IMR 13.2/1000 livebirth

MMR 40/10000 livebirth

Malaria free-Prevented entry. ARV-100% access

Leading by example - 50% of territory nature reserve

100% vaccination coverage
Activities carried out

• National Consultation on Ouagadougou declaration
• Health systems and PHC review conducted
• HRH and drug Policies developed
• Injections and waste management assessment conducted
• Regionalization of Health Facilities
• NHA established
• Hospital Quality assessment carried out
Way Forward

- Development of Health strategic Policy and Plan
- Development of HRH Policy and plan
- Development of HMIS and E- Health
- Development of Health Financing strategic plan and policy
- Development of Tertiary Hospital Improvement Plan
- Development of Health Component of Disaster Management Plan
- Development of waster management and Injection safety and Infectious Disease control plan
Progress report on the Seychelles and Cap Verde Declarations
## Progress report on the Seychelles and Cape Verde Declarations

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<tr>
<td>To designate a focal person to coordinate monitoring of the activities identified</td>
<td>Partially Achieved</td>
<td>Focal person designated early in 2011. Coordination and monitoring have not effectively taken place since 2009</td>
</tr>
<tr>
<td>To identify partners to support efforts to implement decisions taken</td>
<td>Partially achieved</td>
<td>Many partners have been identified to address health challenges generally and they are working in close collaboration with the health ministry. However, this has not been as a direct result of the SIDS framework.</td>
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<td>To set up mechanisms for documenting and sharing best practices by using modern communication technologies including the creation of a website and drawing upon specific expertise existing in each country.</td>
<td>Partially implemented</td>
<td>The Ministry of Health of Seychelles has re-launched its own website. The website contains information on the Ministry of Health of Seychelles. More needs to be done to document best practice, especially in immunization and health care accessibility which are perhaps the strongest points of Seychelles.</td>
</tr>
<tr>
<td>To develop plans of action for implementation of decisions taken including measures in the Seychelles Declaration that have yet to be implemented or have been partially implemented</td>
<td>Not achieved</td>
<td>Plan of action not developed</td>
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# Progress report on the Seychelles and Cape Verde Declarations

## AGREED ACTION IN PRAIA | STATUS IN 2011 | Remarks
--- | --- | ---
To set up mechanism for prohibiting advertising of alcohol and tobacco and for sponsorship of state activities by industries concerned | Partially achieved. | Advertising of alcohol is prohibited on broadcast media. Still permitted on print media and billboards. The tobacco Control Act prohibits advertising of tobacco and tobacco products, among many other measures. The Act is being successfully implemented.

To develop exchange of information and experiences with the small island states of WPRO and PAHO | Not implemented | Activity hampered by lack of funding
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<td>Monitoring and evaluation of health programmes</td>
<td>Partially implemented</td>
<td>M and E framework for HIV and AIDS developed. Initiatives taken towards having a “cost-tagged” measurable Strategic Framework.</td>
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<td>Health work force training and capacity building</td>
<td>Partially implemented</td>
<td>Seychelles Health Workforce Policy is in place. A plan needs to be developed. However, even without a strategic human resource plan, health workforce training is going on and capacity is being built in various priority health fields.</td>
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<td>Collaboration in the management of mental health issues</td>
<td>Partially implemented</td>
<td>Seychelles is building a brand new Wellness Centre that will cater for the holistic care of mental patients. SIDS support with the management of that centre and exchange of experiences are envisaged. An international survey has been carried out in France, Seychelles, Mauritius and Reunion with the assistance of WHO.</td>
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<td>Collaboration in prevention and control of substance abuse among young people</td>
<td>Partially implemented</td>
<td>The Customs and Police Divisions of Indian Ocean Countries are collaborating to address the problem of illegal drugs. Programmes to treat persons affected by drug addiction who want to come out of their addiction have been set up in Seychelles with the help and experience of Mauritius through the Roman Catholic Church. A Drugs and Alcohol Council is very active in Seychelles and has formed links with other countries.</td>
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<tr>
<td>Collaboration in the practice of gerontology</td>
<td>Partially implemented</td>
<td>Little collaboration between SIDS in this domain but two Seychelles nurses have obtained diploma training in gerontology in the Republic of Malta (another small island state). Exchanges have taken place between Senior citizens associations of Seychelles and Mauritius and Seychelles and Reunion (Indian Ocean).</td>
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<td>Exchange of experiences in national health accounts and health care financing</td>
<td>Partially implemented</td>
<td>Seychelles has formed a Committee to work on its first round of National Health Accounts. A World Bank consultant will be in Seychelles early in 2011 to move this process forward. Collaboration between the World Bank and WHO to help Seychelles in National Health Accounts conducted to bear fruits in Feb 2011.</td>
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Challenges

• Whilst the small island states forum is a highly desirable forum to address the particular health circumstances of small island states, its outcomes are not as evident as they should be.

• Most of these five countries have worked in isolation of each other or if they have collaborated at all, it has not been with the small island states framework in mind.

• Collaboration between Seychelles, Mauritius and the Comoros, the three small island states of the Indian Ocean has been almost entirely within the context of the Indian Ocean Commission and not within the context of the SIDS group.

• There has been little or no collaboration or “rapprochement” between the Indian Ocean small island states and the Atlantic Ocean small island states other than the WHO-funded meeting which takes place every two years.
Challenges

• In Praia it was suggested that a focal person from each small island state would be appointed to coordinate the decisions taken. It was also decided that the minister for health of the hosting country would lead the other ministers in ensuring that decisions taken are followed through until the next meeting.

• Two years after the Praia meeting and on the verge of the 2011 Comoros meeting, it is evident that all concerned must sit down and take a long hard look at the strengths, weaknesses and opportunities of this initiative.

• In general, the best way is for these five states to work together in health to make their common voice heard on the world stage. There is an urgency to find the best mechanism for doing so.
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