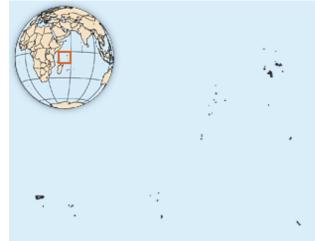


### Country Cooperation Strategy at a glance

## Seychelles



### http://www.who.int/countries/en/

WHO region	Africa
World Bank income group	High-income
Child health	• 1
Infants exclusively breastfed for the first six months of life (%) ()	-
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	96
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2017)	74.34 (Both sexes) 78.53 (Female) 70.34 (Male)
Population (in thousands) total (2015)	96.5
% Population under 15 (2015)	23.4
% Population over 60 (2015)	10.9
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2007)	0.3
Literacy rate among adults aged >= 15 years (%) (2007-2012)	92
Gender Inequality Index rank (2014)	
Human Development Index rank (2014)	64
Health systems	
Total expenditure on health as a percentage of gross domestic product (2015)	3.38
Private expenditure on health as a percentage of total expenditure on health (2015)	2.2
General government expenditure on health as a percentage of total government expenditure (2015)	10.35
Physicians density (per 1000 population) (2012)	0.984
Nursing and midwifery personnel density (per 1000 population) (2012)	4.433
Mortality and global health estimates	1
Neonatal mortality rate (per 1000 live births) (2016)	9.0 [6.7-11.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	14.3 [11.2-18.3]
Maternal mortality ratio (per 100 000 live births) (2017)	
Births attended by skilled health personnel (%) (2017)	99.0
Public health and environment	
Population using safely managed sanitation services (%) (2015)	98
Population using safely managed drinking water services (%) (2015)	96

### **HEALTH SITUATION**

Seychelles is the only African country now declared a high-income country having made remarkable political, social and economic progress in the recent past. Instituting a firm social growth mechanism embedded in its constitution, Seychelles provides universal health coverage for a comprehensive health package at all levels including anti-retroviral therapy and non-communicable diseases, universal access to education at all levels and safe drinking water, good sanitation and housing. High political commitment for social services including health enabled the country to achieve most of the MDGs.

Notwithstanding the country's impressive health achievements, emerging and reemerging issues remain a challenge. Whilst responding to health, climate change, environmental and other threats faced by other small island developing states, Seychelles is additionally burdened by increasing non-communicable diseases due to prevailing risk factors such as poor diet, physical inactivity, substance abuse and increasing alcohol consumption. As a result, the country's health expenditure continuous to balloon raising doubts concerning sustainability of the tax-based health financing in the medium term.

### HEALTH POLICIES AND SYSTEMS

Comprehensive national health policy and national health strategy have been elaborated within the context of Sustainable Development Strategy. Seychelles is resolutely committed towards attainment of health SDGs through consolidation of MDGs gains, enhanced focus on patient-centred quality health services, preventive and promotive services for NCDs, innovative interventions to address HIV/AIDS and Hepatitis C, whilst strengthening health security using an all hazard approach.

In order to achieve the aforementioned, Seychelles recognises the need to improve health workforce productivity and sustainability including availability of specialised health workers. An identified high priority is improvement of the health information system for evidence-based policy decision-making and incremental shift to a resultsbased management approach. Redesigned service delivery system focuses on person centeredness with an emphasis on community involvement in health actions through the "my health, my responsibility" campaign. Better and more efficient health financing modalities are being explored to improve efficiency of use of available resources and to introduce innovation for sustainability.

### **COOPERATION FOR HEALTH**

Due to the high-income status, very negligible development partners work in Seychelles health sector. WHO remains the main partner to Government in health due to its unique mandate providing much needed policy advice and technical support to address the MDG unmet needs as the country committedly advances towards SDG attainment.

Seychelles has been in the forefront of sustainable development within the Indian Ocean Countries network as well as the AFRO Small Island Developing States (SIDS) platform using these avenues to learn and share experiences.

Seychelles became a Delivering as One (DaO) country in 2013, bringing greater harmonization and alignment of cooperation programs in the UN. The work of UN agencies locally is coordinated through the Strategic Partnership Agreement 2016-2020 (SPA), the overarching agreement between the UN System and the Government of Seychelles. The SPA is built around three results groups: Blue and Green economy; Health, HIV/AIDS and substance abuse and Rule of Law.



# **Country Cooperation Strategy**

at a glance

#### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016-2021) Strategic Priorities Main Focus Areas for WHO Cooperation **STRATEGIC PRIORITY 1:** Strengthen the capacity of the health system to implement the NCD strategic plan with specific 0 Halt, and reversal of the rising burden focus on alcohol and tobacco control, plus promoting healthy nutrition and lifestyles of NCDs through a multi-sectoral 0 Improve access to interventions addressing substance use and abuse and rehabilitative services to approach to address the 4 diseases address drug use and mental health challenges Improved capacity for evidence generation on the magnitude, root causes and consequences of and 4 risk factors most responsible for 0 violence and injuries and the development of prevention strategies. current & future NCDs in Seychelles Strengthen the national capacity to prevent, detect and respond to health security threats in line STRATEGIC PRIORITY 2: 0 with the International Health Regulations (IHR) Introduction of new and ensuring Consolidate immunization activities, with a focus on vaccination guality assurance, initiation of sustained delivery existing of 0 new immunization products & technologies, and accelerating polio end-game initiatives. interventions targeting emerging or re-Support equitable access to innovative approaches and evidence based interventions for 0 emerging conditions to eradicate, control and/or eliminate targeted prevention, treatment and care of HIV/AIDS, STIs and Hepatitis. communicable diseases **STRATEGIC PRIORITY 3:** Establish innovations in client management that improve person centeredness, targeting 0 Putting in place innovations in quality, improvements in quality assurance, standards setting, accreditation, and technology adoption Improve health information systems design and effectiveness, targeting systems for research and effectiveness & responsiveness in 0 knowledge management, patient management and vital statistics provision of essential services focusing Modernized health service delivery system, with prioritization of norms, standards and protocols on person centeredness, client 0 for effective service delivery, innovative financing approaches, and reoriented organization of management & service organization services Establish a system and a comprehensive long-term plan for the production and management of **STRATEGIC PRIORITY 4:** 0 human resources for health based on the national health policy and strategic plan. Attaining a fit for purpose and Increase skills supply through pre-service medical education, continuous professional motivated health workforce through 0 development, increased career development opportunities and targeted recruitment. improvements in regulation, Increase productivity of the health workforce through process reengineering, performance production and management of the 0 management, strategies for staff retention, motivation and optimal use of public and private health workforce sector skills. **STRATEGIC PRIORITY 5:** 0 Improve health services for women, children, adolescents and any underserved age cohorts Achieving health for all at all ages 0 Enhance the capacity for provision of health services for the elderly including palliation. through the promotion of health 0 Increase scope of services for vulnerable target groups with special needs across the life course through the life course

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