

**HEALTH BY ALL
AND
HEALTH FOR ALL**



**MINISTRY OF HEALTH
STRATEGIC FRAMEWORK
2005-2009
SECOND DRAFT**

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Adrienne	Kathleen	Manager, Emergency Preparedness and Response Unit
Amedee	David	Ag Director Clinical Laboratory
Asba	Patricia	Health Coordinator, Grand Anse Praslin Health Centre
Asba	Marie Andre	Public Relations and Media Manager
Barbier	Gemma	Director, Community Health Services
Betsy	Mariola	Health Coordinator, English River Health Centre
Bistoquet	Rosie	Ag. Director, National Institute of Health and Social Studies
Bonnelame	Unisy	Personal Assistant, Minister's Office
Bresson	Daniel	Manager, Food Control Unit
Brewer	Rubell	Commissioner of Health Services
Brioche	Judy	Ag Coordinator, Youth Health Centre
Brioche	Marie-Agnes	Director, Human Resource Planning and Development
Cafrine	Anselmine	Assistant Director, Community Health Services
Celestine	Viana	Ex-Manager, Family Planning Programme
Confait	Josianne	Ag Health Coordinator, Anse Aux Pins Health Centre
Denis	Marie-Ange	Director, Hospital Administration
Dinah	Nicole	Ag Director, Health Promotion and Nutrition
Dorby	Lanka	Manager, Information Technology Unit
Esther	Christina	Clinical Nutritionist
Estico	Lizie	Ag Health Coordinator, Les Mammelles Health Centre
Fostel	Julita	Nurse Coordinator, Unit for the Prevention and Control of Cardiovascular Diseases
Furneau	Astrid	Ag Health Coordinator, Beau Vallon Health Centre
Gabriel	Anne	Manager, AIDS Prevention and Control Programme
Gedeon	Jude	Ag Director General, Disease Prevention and Control Division
Henderson	Juliette	Ag Director, Programme Development Section
Hibonne	Dina	Health Coordinator, Baie Ste Anne Health Centre
Hoareau	Joe	Director, Technical Services
Hoareau	M.Antoinette	Nurse Coordinator, North East Point Hospital
Julienne	Tessie	Director General, Administration and Human Resources Division
King	Brenda	Ag Health Coordinator, Baie Lazare Health Centre
Lailam	Georges	Ex-Director, Director Pharmaceutical Services

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Legge	Anna Rose	Ex-Ag Health Co-ordinator, La Digure Health Centre
Louange	Meggy	Director, Occupational Health Section
Lucas	Lindy	Senior Nursing Officer, Mont Fleuri Health Centre
MacGaw	Therese	Manager, Transport Services
MacGaw	Marja	Ex-Principal Secretary for Health
MacGregor	Marie France	Director, International Cooperation Section
Malcouzanne	May	Health Coordinator, Beoliere Health Centre
Mariola	Betsy	Health Coordinator, English River Health Centre
Miller	Anthony	Financial Controller
Mirena	Souris	Ag Health Coordinator, Glacis Health Centre
Padayachy	Dana	Program Manager, School Health Programme
Palmyre	Philippe	Director, Public Health Laboratory
Pillay	Patrick	Minister for Health
Poiet	Danny	Director, Environmental Health Services
Pothin	Harold	Director, Dental Services
Reginald	Thelma	Health Coordinator, Anse Royale Health Centre
Rene	Patricia	Director, Physiotherapy Services
Samson	Jeanette	Director General, Primary Health Care Division
Servina	Monica	Director General, Health Education and Promotion Division
Shamlaye	Conrad	Minister's Special Adviser
Shamlaye	Nicolas	Principal Environmental Health Officer
Todorovic	Miodrag	Director General, Hospital Services Division
Vadivello	Jenny	Health Coordinator, Anse Boileau Health Centre
Valentin	Bernard	Ag Director General, Planning, Research and Health Information Systems Division
Victor	Virginia	Health Coordinator, Takamaka Health Centre
Vidot	Lorna	Ag Health Coordinator, Port-Glaud Health Centre

Abbreviations

AFRO	Africa Regional Office
AIDS	Acquired Immunodeficiency Syndrome
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
STI	Sexually Transmitted Diseases
UNDP	United Nations Development Programme
URTI	Upper Respiratory Tract Infections
WHO	World Health Organization
SARS	Sub-Acute Respiratory Syndrome
S.M.A.R.T	Specific, Measurable, Achievable, Relevant, Timely
USAID	United States Agency for International Development

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Foreword from the Minister

Chapter One

Introduction

We proudly present the strategic framework of the Ministry of Health for the years 2005 to 2010. This framework begins with the fundamental stipulations on health of the Constitution of Seychelles and the Health Policy Declaration of the Seychelles Government. These are then followed by a rapid assessment of the current health 'landscape' in Seychelles. The framework proceeds, next, to highlight the Ministry's vision of health, based on the people's health concerns, the government's health policy, the prevailing health 'landscape' inside the country and the macro-context outside. The framework also takes into due consideration the all important United Nation's Millennium Development Goals. The rehashed mission statement of the Ministry, its timeless core values, its age-old core functions and the new corporate motto that are presented subsequently have all been designed to translate the lofty aspirations of the Seychellois people into tangible health outcomes.

We need not emphasize that the goals, the objectives, the strategies and the targets that we have set for ourselves aim to achieve these outcomes. These carefully chosen health pointers are, in turn, an expression of our value system as a people and our health experience before and since Independence. They result from several years of extensive consultations between the Central Management Team of the Ministry of Health and a wide range of dedicated professionals working for the Ministry. Through innumerable official and quasi-official channels, these different experts made their voices heard. A large number of stakeholders outside of our Ministry also participated actively in providing priceless contributions towards the development of this strategic guide.

Unlike previous, similar Ministry of Health documents, which were more inclined to be activity or process oriented, the present strategy seeks to be problem-oriented, and therefore, outcome-oriented. This does not mean, however, that the document represents a paradigm shift in our strategies to improve the health of our people. On the contrary, the solid achievements of yesteryears have now become the foundation on which we hope to build further. We hope, also, that with the consolidation of our re-invigorated *health by all* thinking, all our strategic partners will continue to collaborate with us (and us with them), in order to implement and, later, to evaluate and reformulate this collective plan.

It must be acknowledged, however, that the end product of strategic planning may not always please everyone to the same extent. Experts in the field agree that the intention of having a strategic plan is to narrow down options and focus attention on some key areas on which to spend resources. Experts also assert that no plan on earth can ever serve everyone and do everything. There is wide acceptance, therefore, that a strategic plan or framework should be selective in its directions and its message. This framework seeks to achieve the, famously, S.M.A.R.T targets. It has tried to make them as direct, objective, practical and, hopefully, as adequate (USAID, 1998) as possible. The final outcome that the framework seeks is the continuous improvement in the health

© 2004, Division of Planning, Research and Health Information Systems, Ministry of Health, Seychelles and quality of life of the Seychellois Nation. It is to this one and only end that all of us working for the health of our people are called upon, now and forever, to direct all our efforts.

Chapter Two

Definitions

In this strategic framework, the following definitions are used.

Health: "...a state of complete physical, mental and social well being and not merely the absence of disease or infirmity..."

WHO, (p.2, 1978), Report of the International Conference on Primary Health Care, Geneva, WHO

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Goal: a long-term general aim or aspiration

Objective: frequently used interchangeably within the term goal; usually more specific and can be partly achieved during the planning period

Policy: an agreement on the consensus on the issues, goals and objectives to be addressed, the priorities among those objectives and the main directions for achieving them.

Strategy: broad lines of action to achieve the goals and targets, including:

- Identifying suitable points of intervention
- Ways of ensuring involvement of relevant partners
- A range of political, social, economic, managerial and technical factors
- Constraints and how to deal with them

Targets: an intermediate result towards the achievement of goals, objectives, that is:

- More specific than an objective
- Has a time horizon
- Frequently but not always quantifiable

WHO, (2000), Exploring Health Policy Development In Europe, Finland, WHO

Chapter Three

Guiding Principles

1) Right to health Care

The state recognizes the right of every citizen to protection of health and to the enjoyment of the highest attainable standards of physical and mental health and with a view to ensuring the effective exercise of this right, the state undertakes:

- a. To take steps to provide for free primary health care in state institutions for all its citizens
- b. To take appropriate measures to prevent, treat and control epidemic, endemic and other diseases
- c. To take steps to reduce infant mortality and promote the healthy development of the child
- d. To promote individual responsibility in health matters
- e. To allow, subject to such supervision and conditions as are necessary in a democratic society, for the establishment of private medical services

Article 29, Constitution of the Republic of Seychelles, p.33-34, 1994

2) Health Policy Declaration of the Government of Seychelles

1. The government of Seychelles hereby commits itself and all the people to an intensive action to attain the goal of health for and health by all the citizens by the year 2010 and beyond - that is: a level of health that will permit us to lead socially and economically productive lives at the highest possible level.
2. The government is convinced that the health of the people not only contributes to better quality of lives but also essential for the sustained economic and social development of the country as a whole
3. The Seychellois people have the inalienable right and duty to participate individually and collectively in the planning and implementation of their health care. This will require considerable public education to create greater awareness especially in health promotion and disease prevention
4. Primary health care which is the key to attaining the goal of health for all shall form an integral part of both the national health system of which it is the central function and the main focus and of the overall social and economic development of the country.
5. The government and the people will formulate strategies and plans of action, which will take into consideration the socio-economic factors, available resources

© 2004, Division of Planning, Research and Health Information Systems, Ministry of Health, Seychelles and particular health needs of the population. These strategies will be continuously reassessed in order to ensure their adaptation to evolving stages of the development and will always include a vision of a high degree of equity and social justice.

6. The government undertakes:

- To provide policy guidance and strategic support in efforts directed at intermediate and operational levels to establish health systems based on primary health care.
- To coordinate efforts in order to ensure a coherent nationwide health system in which the national health ideals and philosophy will have full expression.
- To continue to effectively develop an organized health system in which central referral institutions complete with all the relevant specialties will service strategically located health facilities.
- To provide incentives in selected health fields to the best of its economic ability, in order to promote this endeavour.
- To perform the overall responsibility of monitoring and evaluation of the implementation of the health strategy.

7. The government accepts to exercise political will to mobilize and utilize all available resources rationally so that the policy will provide all concerned with the formal framework and the national direction for the development of health in Seychelles.

Health Policy, Strategy And Organization In Seychelles, A Sectoral Review For Constructive Reform, p. 13, 1995

Chapter Four

Analysis of the current health landscape in Seychelles

Ever since the government's policy on health was first formulated (1977), and during the almost thirty years since its independence (1976), our country, Seychelles, has made considerable progress in health. That progress has been particularly remarkable in the area of primary health care, which became the main focus of our endeavours very early on. Thus, very early on, the Ministry of Health, synchronized and committed itself fully to the *health for all* global objective envisioned by the World Health Organization (1978) and it made "*the attainment by all Seychellois, by the year 2000, of a level of health that will permit (them) to lead a socially and economically productive life*" the battle cry of the nation.

Today, almost three decades down that road, we can proudly say that, as a team, we have made it. And we have done so with flying colours! Access to and utilization of our health services are among the best in the world. At 12% of the national budget, government expenditure on health is also among the best in the world. The country can comfortably boast that no Seychellois is ever barred from receiving the best service that the country can offer, if she/he presents with a genuine need for such service. Furthermore, our core programmes of Maternal and Child Health, Expanded Programme of Immunization, Family Planning, Antenatal and Post Natal Care, Environmental Sanitation, Oral Health, Domiciliary Care, Treatment of the Common Ailments, Health Promotion, Communicable Disease Prevention and Control, Secondary Care and Tertiary Care have succeeded beyond all our expectations to improve the health status of our people and consequently the quality of life of the individuals, the families and communities that we are mandated to serve. It is no exaggeration to suggest that Seychelles has already achieved most of what the Millennium Development Goals want to achieve for Africa by the year 2015. The far-reaching achievements of our health programmes have been amply documented and are no-where in dispute. Thus, among many other towering successes, life expectancy has significantly increased (for males and females, respectively, from 62.5 and 69.5 years in 1971 to 1975 to 66 years and 77 years in 2002), infant mortality has decreased considerably (from 46 per 1000 in 1976 to 15 per 1000 in 2002), maternal mortality is almost zero and the health status of every Seychellois at every stage of his/her life cycle has improved.

Strengths of the health system

It must be acknowledged right at the outset that one of the key strengths of our health system has been the proven commitment of our country's government to raise the level of human development of its people. Advocates of strong public health strategies will agree that improvements in gender equality, income, housing, education, environmental sanitation, water sanitation, agriculture, small industries as well as our national commitment to improve communication via land, sea and air transport and also via telephone, radio and television have had compound effects on the strategies

© 2004, Division of Planning, Research and Health Information Systems, Ministry of Health, Seychelles adopted by our Ministry to improve our country's health indicators and keep them at high levels. Ranked by the United Nation's Development Programme as 36th in the world, (2003), in terms of health, education and quality of life (i.e. the famous Human Development Index), Seychelles is yet another living example of how improvement in quality of life results in health improvement and health improvement leads to even further improvement in quality of life.

Over the past almost 30 years since our independence, we have also developed the physical health infrastructures of our country (fourteen new clinics and two new hospitals have been built anew or upgraded) and we have enhanced its human resource capacity as much as our financial resources allowed us. At the end of 2003 there were as many as 125 doctors, 25 dentists and 400 nurses working for our small population of 81,000 people. Half of the doctors and dentists and almost 100% of the Nurses are now Seychellois. The number of other health professionals is equally impressive for our population and is far above the average for our continent. Now, with 16 district health centers, three cottage hospitals, one general referral hospital and two specialized hospitals serving our population, one can safely argue that our health infrastructure and our human resource base are some of our greatest assets and strengths. Dedicated health teams, consisting of both our own nationals and our invaluable expatriate colleagues, working mostly in new or renewed health facilities, have remarkably lent their expertise to our collective goals. International agencies, including the World Health Organization, and many others, have also been strong bulwarks in our efforts to develop and sustain our capacity to promote and restore the health of our people. Tribute is here paid to them all.

Our strength has also been the tiny geographic size of our country (444 sq. Km). Furthermore, our proud and small population, united by an unrivalled socio-political stability, has been excellent in their support throughout. Right from the beginning, they have been highly receptive to all our health improvement initiatives. Later, through their increasing social development and growing sophistication, they have kept the quality of our performances in check. We cannot thank them enough for helping us to help them and for helping us to improve.

Weaknesses of the health system

However, we also recognize that not everything has been plain sailing. We recognize that we could have done even better with, perhaps, even less. Most health-workers and most other people cognizant of our health system will agree that this is a statement of fact. However, over the years we have pondered enough over our weaknesses. This framework demands that we now pull up the sleeves and socks of our uniforms and commit ourselves to right the wrongs. Real health improvement imposes upon us to do just that.

What are our weaknesses? There is universal agreement that we can and should be doing better at preventing and treating diseases, both acute and chronic, at both primary and secondary care level. Facts indicate that we must aim specifically at

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reducing risk factors and complications of our main diseases. Thus the quality of our care needs to improve. We must re-look at the competence of our staff in the management of all chronic conditions but especially diabetes, hypertension and other cardiovascular diseases - to cite only those diseases imposing the heaviest resource burden on our country. Mortality from these diseases alone approached 40% of all mortalities in 2003. Although we cannot completely stop these diseases, we should certainly be able to post-pone some of the fatalities attributed to them by improving our preventive and curative services. This means that we must develop primary and secondary prevention and curative services that work and really serve their purpose.

At primary care level, we must add to the competence of our staff in the management of common ailments. Henceforth, we must think more and more in terms of **primary care teams** to improve the management of patients presenting at our health centres with basic problems. Improvements at district levels are called for in the fields of obstetrics, ophthalmology, otorhinolaryngology and psychiatry. At secondary care level we must raise the standards of all our specialties and turn that Victoria Hospital of ours into a real center of diagnostic and treatment excellence. We can and we must do it by 2010. But in order to do so, we must improve the tools and equipment at the disposal of our staff. Obsolete pieces of equipment must be replaced by new technology as much as possible. We must also improve the technical and professional leadership of all our services. Medical leaders, nurse leaders and other professional leaders have to rise to the requirements of these challenging times and lead us through a journey of innovative management and real service improvement.

We must also re-look seriously into the issue of accountability of our staff to our patients and clients. How accountable are we, really? How committed are we? Do we always, body and soul, deliver the very best of ourselves? In the past, the quality of our collaborative working and communication has failed us in many ways. There has also been too much duplication and insufficient coordination at all levels of our health system. Communication amongst us (and between our partners and us) has lacked luster through and through. Our documentation system has also not been up to the standard desired. The adage that the quality of care is as good as the quality of documentation of that care is timeless. We have talked a lot about these weaknesses. Some of our colleagues have even argued that there has been too much talking and too little doing. The present strategic framework is meant to be action-oriented and demands much more doing than talking.

Huge deficiencies persisting in the management of our transport and equipment maintenance services have constrained our health programmes and lowered the morale of our staff. The issue of transport and equipment management calls for our immediate and undivided attention. We must vigorously pursue the task of correcting this problem once and for all. But we must, also, take a serious look at the quality and quantity of the different levels of our management. A health Leader, who does not lead from the front and does not lead our health system forward, is not a leader and should, therefore, make room for others. The question that we must always try to answer should be: How can we achieve more and better health battles with fewer generals and more foot-soldiers.

Our Challenges

In the face of our economic slow-down, new threats (let us call them challenges) to our health gains are now looming. Furthermore, the unhealthy lifestyle of our people, the rapid urbanization of our country, Substance abuse, the rising level of crime and violence nationwide, the AIDS pandemic and the risky sexual behaviour of a large section of our population, our ageing population and the migration in and out of our country are all different dynamics that we must consider in our health planning exercises. We must therefore tap from our own resources and from the resources of others who are still willing and still able to assist us, to rise up to these old and new challenges. Although our reliance on foreign assistance for resources, both human and material, is a problem that we acknowledge, as a small country, we are limited as to what we can do about it. However, remodeling our health financing system to be more in tune with these challenging times and having a robust health plan that provides for more judicious use of our scarce resources are solutions that spring immediately to mind.

A significant challenge to the health system is the brain-drain. We recognize that nurses are leaving in significant numbers. Some of their reasons for leaving are far beyond our control but some are not. Our challenge is to continue to provide the country with

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suitably qualified personnel to render that quality of service that their government has vouched for, no matter what happens.

Our Opportunities

Strong foundations have been laid. On these strong foundations we must now build. Let us turn the weaknesses and challenges into opportunities. Not just Victoria Hospital but all our health services should become centres of excellence. And the question that we must pose ourselves is: what do we need to do to turn them into such centres of excellence? If we need training, let us have training. If we need standards let us have and implement them. If we need reliable support services, transport and equipment alike, let us make them so.

It cannot be overemphasized that we must make more judicious use of all our resources. If a leaner and more integrated management is what we need, let us have it. We should make better use our resources, reduce complacency, avoid wastage, avoid personal agendas and emphasize commitment, teamwork and continuous health improvement. Here is a marvelous opportunity for us to return home to values that were meant to form the basis of our health education and training.

Chapter Five

The future – some issues

Returning to the basics

Many health professionals and members of our public have remarked that the Ministry of Health has an obligation to get the basics right. By the basics, they mean the profound human touch that is sometimes missing in our care and cure processes. Too often, we, health professionals, are so concerned with machines and what these machines have to display about our patients that we forget to listen, to talk to and to touch them. We need, therefore, to stop for a moment and explore our patients' agendas and try to understand the root causes of their disease (and '*dys*'- ease) processes. In the final analysis, we must always remember that even if all the vital signs and tests have been transformed from abnormal to normal but the patient is grossly unhappy with the human aspect of our care, we have failed. In the years to come, the Ministry of health must return to the basics of nursing care in particular and of health care in general. We must be able to touch the heart and soul of our patients and bring back to our job the 'humanity' that was once brimming.

Population dynamics

Taking due consideration of the annual birth rate, the annual death rate, the net reproduction rate and the migration rate, there is enough evidence to suggest that more and more the population pyramid of Seychelles is bulging at the top. Forecast of the Management Information Systems Division of the country indicate that the population of Seychelles will have reached 92,000 by the end of 2009 and close to 94,500 by 2010. The greatest segmental increase will be in the category of the elderly. Our health services must therefore be ready to cope with an increasingly ageing population. It is foreseen, that as we move closer and closer towards 2010, we must arm ourselves to better to better confront the disease challenges of our ageing population. Furthermore, we must always be mindful that in the aged population, in theory and in practice, the border between social and medical care is much less distinct. Health services, willingly or unwillingly, must sometimes also cater for social needs.

Men as a vulnerable group

With a life expectancy at birth of only around 66 years compared to that of women whose life expectancy at birth is around 77 years, it is crystal clear that living eleven years less than their female counterparts, the male population of Seychelles needs special attention. Indeed one of the ways to raise the overall life expectancy of the nation is through a rise in the life expectancy of all male cohorts to a figure that is closer to 77 years.

The vulnerability of the Seychellois men to diseases is supported by further statistics. These statistics illustrate that men are more prone to external injuries; they use curative

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and preventive health services less than their female counter-parts and are less likely to be compliant to treatment. At the same time, they have a higher propensity to abuse substances such as drugs, alcohol and cigarettes. The female to male prevalence of HIV infection in Seychelles at the end of 2002 was at 45% to 55% respectively. Other evidence demonstrate that males have a different perception of ill health than their female counter-parts and tend to seek medical assistance only at the eleventh hour when their condition is probably, already at an advanced stage and, quite probably, irreversible. Statistics of the Youth Health Centre indicate further that an overriding majority of girls use the services of the centre. Boys somehow fill that their needs are not being met and tend to stay away. The Ministry of Health must therefore work to reverse this trend by giving more attention to the *masculine sex* in our health promotion programmes and by making our health services much more men- and boy-friendly.

The elderly again

Elderly patients everywhere are a high-risk group. Often they have no or low income and little or no social support. Although most of the elderly in Seychelles are well taken care of by different national and family structures, there remain multiple pockets of elderly citizens who are living alone in poorly maintained houses and are rejected. With their mobility and their vision often impaired, their diet ends up being poor and their risks of accidents and falls are high. Some senior citizens are often seriously abused within their own family structures. All these conditions are harbingers of all kinds of diseases and premature death. Working with other social forces to improve the lot of the high-risk elderly citizens should be one of prime objectives of the Ministry of Health. Our care must go much beyond treating. We must support and we must prevent.

Children and adolescents

Our attention to children as a nation is remarkable. As a Ministry we must do even more to improve their growth. Children and adolescents from dysfunctional families constitute very high-risk groups, too. Left to their own devices they often resort first to truancy and petty theft and subsequently to substance abuse, sexual promiscuity and, in later years, to major crimes. The commitment of the Ministry of Health to work with all the significant others to turn the tides for these young Seychellois, through appropriate services should be unwavering. Stakeholders will use the National Targets / Performance Indicators that we have set for ourselves in relation to child health and welfare, to judge us by. Our targets in this domain must therefore show to what extent we are prepared to go, to keep our children healthy and safe.

Non-communicable diseases

At the turn of this new millennium and at this particular stage of its development, there is universal agreement that one of the priority health problems of our country are the non-communicable diseases. Evidence gathered by the statistics unit and other sections of the Ministry indicate, beyond any doubt, that cardiovascular diseases, cancers and traumata are indeed the main causes of morbidity, mortality and disability. Furthermore, while the country is fast aging and our lifestyle is becoming more and more characterized by unhealthy nutrition, inactivity, substance abuse and rising rates of crime and violence on an alarming scale, the repercussions of this state of affairs on the health bills of our country are already being felt. As a Ministry of Health that is worth its salt we must respond effectively to these current and future health needs of our people.

Communicable diseases

In the arena of communicable diseases, evidence demonstrates that our country must deal even more strategically with the HIV/AIDS and STI pandemic. We have already outlined our specific strategic plan for the management of these diseases. We must now muster the resources to implement the plan fully and successfully. The importance of the contribution of our local and international partners cannot be emphasized enough.

Not far from our shores also lie the nasty communicable diseases of Africa, our mother continent. We must therefore fully commit ourselves to ensure that afflictions such as yellow fever, meningitis, cholera, typhoid, malaria and a whole host of others, are permanently kept at bay and never pose a threat to our much-touted health gains.

Although not one single case of that killer disease was detected in Seychelles, the 2002-2003 Sub-acute Respiratory Syndrome (SARS) epidemic reminded us that new communicable diseases are still usurping and that we must always be sufficiently prepared to deal with any eventuality. Hence we must consolidate our public health services and sharpen all our strategies to prevent the spread of communicable diseases. With this in mind, we must build on our resources to implement the now widely accepted concept of Integrated Disease Surveillance and Response. In addition, we recognize that an isolation unit for communicable diseases is at the moment an urgent necessity and therefore we must see this come to fruition. Our Expanded Programme of Immunization with its 100% coverage of children under five years must continue to be the best in Africa and, possibly, the World.

Cost-Sharing (Co-payment)

The question that many national and international observers never cease to pose about our health system, as it is run today, is whether it is sustainable. The slow course of our economy and the relatively high buying power of our patients and other clients (the per capita income of Seychelles was US\$8000 in 2003) have attracted observers to propose health-financing changes. Faced with the rising expectation of the users of our services,

our expensive burden of chronic non-communicable diseases, the expensive strategies to prevent and treat the communicable diseases, the need to keep pace with technology and scientific developments in the health sector, it is clear that our country's population, one way or another, will have to be called upon to participate more actively in the restoration and maintenance of their own health. Secondary care and tertiary care, by virtue of their high expenses, are already beckoning such financial participation. The time to introduce an effective cost-recovery scheme is considered, by many, to be long overdue. This must come during the timeline of this strategic framework.

Health by all

The re-adoption and promotion by our Ministry of the **health by all** thinking is a major step in the direction of cost-sharing. Free primary health care at the point of use, however, remains a constitutional guarantee that is unlikely to change in the near future. Nevertheless, attention must be drawn once again to the seminal Alma Ata Declaration of 1978. That declaration clearly stated that: *“Primary health care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation **and at a cost that the community and country can afford**”*. In this respect, we need to adapt the frame of primary health care for our context. We need to delineate clearly where it starts and where it ends. We must do this very early in the lifespan of this framework.

Clinical Governance

Nationally our resources for health are becoming more and more limited. However, there is no doubt that the quest for more judicious resource allocation and utilization is a recognized health dilemma worldwide. We also recognize that throughout our society there are now loud and just calls for more resource effectiveness, clinical effectiveness, strategic effectiveness as well as collaboration and user-involvement in planning, implementation and evaluation of health services. These ideas are all encapsulated in the notion of clinical governance that, as a Ministry, we have now adopted as our main quality assurance framework. Total quality assurance or clinical governance, however we call it, will bring added value to our services, if we have enough stamina to pursue all that is needed to make it work.

Evidence-based management and evidence based medicine

Efficiency and effectiveness in resource utilization call for a substantial amount of action research and implementation of research findings. These ideas are encapsulated within the concept of evidence-based management and evidence-based medicine. These two concepts are not just academic fads but well-recognized health priorities both in the developed and developing health systems. As a Ministry, we have never been strong in the area of health research. Available knowledge has not always been implemented by our services and new knowledge to improve cure and care processes has not been vigorously sought.

Furthermore, although, between 1987 and 1997, assisted by the WHO/AFRO Health Systems Research Programme, the Ministry of Health trained at least forty-five health workers in health systems research methods, only a meager third of those trained at that time are still working with. Even more sadly, little research have taken place ever since. The brighter side of the story, fortunately, is that since that time, a good number of our colleagues have gone on to undertake Masters Degrees overseas and have gained sufficient insight and experience in research methods. Not only must the Ministry of Health now invest more in research activities but also it must use its critical mass of research skills to further develop its present human capacity to do research on the priority health problems of our country. We recognize that in the final analysis, it is only through well-conducted, nationally appropriate research that our managers and clinicians will improve their decision-making processes.

Workforce planning

The contribution of our expatriate workforce to our nation's health improvement has been celebrated above. Although these highly skilled colleagues of ours provide invaluable help to our Ministry and our people, their high number and turnover also equate with a lack of continuity in health service delivery and disjointed health service planning. For these and other strategic reasons, localization of posts, as we call the process of shifting from expatriate to local skills, must be a major priority for our Ministry and country in the coming years. At the same time, we must do everything we can to 1) develop new skills in our staff and 2) retain those local skills that we develop. That robust workforce plan which we often talk about is long overdue. It must come and it must take into consideration crucial issues like manning level of each and every unit, continuous staff training and development, staff motivation and retention and other crucial workforce issues. Human resource capacity building will remain a high priority for the Ministry of Health as we work with local and international partners to garner resources to implement our programmes. Furthermore, we submit to our staff, through this strategic framework, that the Ministry shall prove that it values its workforce as its most endeared asset. At the same time the Ministry will bank on its high caliber human capital to continually suggest ways and means for each health profession to raise its standards to the highest international benchmarks. We need both stronger and more outcome-oriented technical leadership at all echelons of the health system.

Technology and Communication

The need to keep pace with technology in order to be more resource effective in all our strategies goes without saying. It is certain that information technology will improve resource and clinical effectiveness. Our Ministry makes a commitment to itself and health service users that both the quality of its communications with them and the standard of its documentation about them will improve inside and out. If teamwork is to really become the lynchpin that holds our separate endeavours together, communication at all levels of our organization must significantly improve. We must not only say so but we must also do so.

It is with this background that the Ministry of Health has developed this strategic framework. We reiterate that this document is a planning frame which will help us to focus our attention on what we consider to be the priority problems of our health service at the moment. We shall join forces with our esteemed strategic partners and we shall really try not just to succeed but also to excel in whatever we do – for the good of our patients and clients and for our own professional satisfaction.

Chapter Six

Vision, mission, values, motto and functions of the Ministry Of Health

Vision

The vision of health is for all people in Seychelles to attain the highest possible level of physical social spiritual and mental and spiritual well-being and fulfilling community relationship and life in harmony with nature.

Mission

Health for all and Health by all

¹ Dr C. Shamlaye, extract from a presentation to the 30th Commonwealth Regional Health Ministers' Conference, Seychelles, 1999

Health for all

- Our vision of complete health, with individuals attaining the highest possible level of physical and mental health, enjoying happy and fulfilling family and community relationships and living in harmony with nature
- A *principle* that places the well-being of the individual and the family at the center of all our efforts in the pursuit of social and economic development
- A *recognition* that health is a fundamental right of every citizen and the pursuit of better health for every Seychellois is a personal and collective commitment
- An *expression* of our desire and determination that every person must have access to health care and that the exclusion of anyone from the basic needs for a better health is unacceptable
- A *collective national effort* to promote the development of comprehensive, appropriate and effective health care services the mobilization of all sectors and partners in the promotion and protection of health.

Health by all

- A *philosophy* that recognizes that the primary responsibility for health rests with each and every single individual and that the individual's beliefs, attitudes and actions determine his or her health
- An *acknowledgement* that the promotion of better health for our nation involves a shared commitment between the government and its national and international partners
- An *invitation* to all sectors and organizations whether governmental, non-governmental or private to join together in mobilizing the resources and optimizing efforts towards common goals
- A *desire* and a determination that health workers in cooperation with professionals in other sectors and, most importantly, in partnership with the community, seek to ensure that the health care services are efficient and effective and of highest standard
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An *expectation* that members of the community will respect and support their health workers and health services and will utilize their health services appropriately

Mission of the Ministry Of Health

We promote, protect and restore health

Values of the Ministry Of Health

Care	Our main business in health is to provide quality care
Development	We shall always develop the health sector to lead our people to healthier lifestyles
Excellence	Anything we do now, we shall try to do it better the next time.
Partnership	We believing in a perpetual partnership between us and all our stakeholders
People	We value our health workforce as our most important asset.
Productivity Through People	We shall strive untiringly, for a committed leadership and well-trained workforce
Professionalism	We believe that skills development is indispensable for health improvement and that a capable motivated workforce is essential
Reward and teamwork	We believe that teams bring better results and that team achievements bring reward to everyone
Service	We shall make service improvement one of our continuing priority
Empowerment	We believe that people as partner in health care should be empowered to take responsibility of their own health
Compassion	We believe that when dealing with patients and clients we must demonstrate compassions in the process of care
Commitment	To give the best of one's self in providing quality care at all times

Accountability

Each and every health worker is accountable for his or her own practice this means that he or she is answerable to his or her own action and omission regardless of advice from other health care workers

Ethics

As health care workers we are abided to professionals ethics thus must ensure that we promote, protect and respect the interests and dignity of patients and clients, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs

Proposed Motto of the Ministry Of Health

Health for all and Health by all

Core functions of the Ministry of Health

1. To improve on the country's health gains.
2. To mobilize national and international resources for the nation's health maintenance and improvement.
3. To spearhead collaboration with all strategic partners in the planning, implementation and evaluation of health services.
4. To effectively and efficiently confront the cure, care and health promotion challenges of the country's current and future disease patterns.
5. To ensure that the health system of the country functions within the boundaries of the constitution and the laws of Seychelles and within the ethical standards of the health professions.
6. To keep pace with technological, scientific and academic developments in health as much as the country's resources allow

Chapter Seven

THE GOALS

Goal One: Improve the health status of all individuals, families and communities living in Seychelles

Objectives:

- Reduce morbidity, mortality and disability at all stages of the life cycle
- Increase function level
- Increase life expectancy

Strategies:

1. Maintain and **improve** the quality and **scope** of the Expanded Programme of Immunization
2. Strengthen and **expand** the Child Health Programme
3. Strengthen and **expand** the Maternal Health Programme
4. Strengthen and **expand** the School Health Programme
5. Strengthen and **expand** the Adolescent and Youth Health programmes
6. **Establish** a programme for care of the elderly
7. Strengthen and **expand** the Family Planning Programme
8. Strengthen and **expand** the Domiciliary Care Programme
9. Strengthen and **expand** the Environmental Health Services
10. Strengthen and **expand** the Oral Health Services
11. **Establish** a programme for Rehabilitative Care Services
12. Strengthen and **expand** Health Promotion throughout society
13. Strengthen Treatment of Common Ailments
14. **Establish** a programme for Community mental Health

National Targets/Performance Indicators:

In the next five years

- a. Maintain 100% coverage for all vaccine preventable diseases
- b. Maintain maternal mortality rate at zero percent
- c. Reduce unplanned pregnancies by 5-10% year on year
- d. Reduce teenage pregnancy by 5- 10% year on year
- e. Reduce abortions by 5-10 % year on year
- f. Reduce the incidence of STIs by 5-10% year on year
- g. Reduce the incidence of dental caries by at least 10% year on year
- h. Reduce the incidence of suicides and attempted suicides by 10% year on year

- i.
- j. Reduce drugs and alcohol abuse among adolescents and youths by 10 %
- k. Extend rehabilitative care services by 50%
- l. Develop occupational therapy services regionally by 50%
- m. Extend domiciliary care services by 50% Provide community mental health services regionally by 50%

Goal 2: Improve the prevention and management of priority non-Communicable Disease (NCD)

Objectives:

1. Decrease levels of risk factors of Non-Communicable Disease in the population.
2. In particular raise the level of healthy lifestyles and diet in the population throughout the lifespan
3. Reduce rates of complications and case-fatality of Non-Communicable Disease
4. In particular improve prevention and management of HBP, diabetes, substance abuse, and cancer
5. Promote an environment enabling the adoption of healthy lifestyles
6. Ensure early detection of priority Non-Communicable Disease

Strategies:

1. Develop and strengthen policies related to Non- Communicable Disease
2. Optimize services for prevention and management of HBP, diabetes, CVD, cancer, and substance abuse
3. Determine other priority NCD and optimize their management and prevention
4. Promote an integrated approach for the prevention and management of NCD
5. Establish strategic multi-sectoral partnerships in the management and prevention of NCD
6. Ensure surveillance of risk factors of NCD and selected priority NCD
7. Ensure sustainability of health care and prevention programs

National Targets/Performance indicators:

In the next five years

Reduce the prevalence of obesity in children under eighteen years by 10%.

Reduce obesity in adults by 10%

Reduce the number of adolescents who smoke by 25%

Increase the number of patients with diabetes and hypertension whose condition is well controlled on any visit the health centre by 50%

Reduce mortality from non-communicable diseases in the under 70 age-group by 50% in the next five years.

Goal Three: Improve the detection, prevention and treatment of priority communicable diseases and outbreaks of new

Objectives:

- Reduce incidence and prevalence of priority communicable diseases
- Reduce morbidity, mortality and disability from priority communicable diseases

Strategies:

1. Strengthen public health infrastructures
2. Strengthen health promotion
3. train epidemiologists and public health specialists
4. Implement the Integrated Disease Surveillance and response Plan
5. Modernize the Communicable Diseases Control Unit
6. Sustain and strengthen public health controls at points of entry in the country
7. Establish strategic partnerships in communicable disease prevention and treatment

National Targets /Performance Indicators:

In the next five years

- a) Decrease by 50% the breeding grounds for rats and mosquitoes in the Country
- b) Decrease by 50% the population of rats and mosquitoes in the country
- c) Train at least two epidemiologists
- d) Train at least two statisticians
- e) Build an isolation containment unit

Goal Four: Improve the management of life-threatening accidents, emergencies and mass casualties

Objectives:

- Reduce mortality and disability from accidents, emergencies and mass casualties
- Contribute to the reduction of risk factors associated with accidents and mass casualties.

Strategies:

1. Strengthen health promotion
2. Develop and implement plans for emergency and mass casualty prevention
3. Improve human resource capacity in emergency and mass casualty management
4. Enhance the National Emergency Response Plan
5. Develop and sustain a modern ambulance service
6. Strengthen psychological support after traumata
7. Strengthen rehabilitation after disabling traumata
8. Establish strategic partnerships in the management of accidents, emergencies and mass casualties
9. Educate and involve the general public on emergency procedures and response.
10. Strengthen the financial /material resources required.

National Targets / Performance Indicators:

In the next five years

- a. Reduce mortality from accidents and emergencies by 25% in the next five years
- b. Reduce disabilities from accidents and emergencies by 25% in the next five years
- c. Ensure that 50% of Seychellois are trained in basic life support techniques
- d. Ensure that doctors and nurses are 100% competent in advanced life support techniques.

Goal Five: Improve the prevention and control of HIV/AIDS and STIs

Objectives:

Reduce the prevalence of risk factors associated with HIV/ AIDS & STIs

Risk Factors

- Poverty
- Social deprivation
- Unhealthy lifestyle
- Illicit drugs

- Reduce incidence and prevalence of HIV/ AIDS and STIs
- Reduce mortality from AIDS

Strategies:

Implement HIV/ AIDS and STIs Strategic Plan

National Targets/Performance Indicators:

In the next five years

- a) Decrease the incidence & prevalence of HIV/AIDS by 50%
- b) 80% of AIDS patients shall be put on AIDS treatment when indicated

Goal Six: Improve the efficacy of the Ministry's transport service

Objectives:

- Introduce new vehicles in the fleet
- Reduce number of vehicle breakdown
- Reduce number of road traffic accidents
- Enforce a preventive maintenance schedule
- Make transport available when needed

Strategies:

- Replace the obsolete vehicles and ensure that repairs are done in a timely manner.
- Assign specific drivers to specific vehicles for better accountability.
- Introduce a booking system to ensure better controls of movements of vehicle and to better accommodate emergency situation.
- Proper selections of drivers in the employment process to ensure reliability, emotionally stable, etc... to reduce accidents.
- Preventive maintenance plan to be drawn up and appropriate funds allocated for its effective implementation.
- Address urgent replacement of vehicles within a five year period
- Maintain a good partnership with other transport organizations, e.g with SPTC, so that we can be urgently assisted when transport difficulties are encountered.
- In still discipline and commitment in drivers by sensitizing them on the costs involved to run and maintained vehicles.

National Targets/Performance Indicators:

In the next five years

- a) Replace all vehicles that are not road worthy with new ones
- b) Replace all vehicles that are older than 15 years by new ones
- c) Increase funds for repair and maintenance by 10% year by year
- d) Perform maintenance on 100% of vehicles according the formal schedule
- e) Reduce vehicular accidents by 50% year by year

- f) Reduce breakdowns by 50% year by year

Goal seven: Improve the performance of the Ministry's strategic equipment

Objectives:

1. Formulate policy for procurement of bio-medical equipment
2. Develop and Implement a preventive maintenance programme
3. Ensure availability of equipment
4. Establish Strategic Partnership and Equipment management
5. Ensure backup equipment

Strategies:

1. Standardize all BME
2. Maintain adequate buffer stock of spare parts
3. Timely procurement of new BME and replacement of old equipment
4. Establish strategic partnership in equipment management
5. Ensure backup equipment
6. Train and Update of Bio Medical Engineering personnel

National Targets/Performance Indicators:

1. 80% of equipment maintenance as per preventive maintenance schedule
2. Repair 80% equipment within reasonable time frame
3. replace 80% equipment within time frame
4. 80% staff of BME unit fully trained (qualified technically)

Goal Eight: Improve management practices in health service delivery

Objective:

- Improve efficiency and efficacy of health services
- Develop a culture of evidence-based management
- Obtain consensus in priority setting
- Ensure minimum stock levels at all times and for all strategic supplies

Strategies

1. Strengthen capacity building of health workers
2. Develop a culture of evidence-based practices
3. Incrementally remodel the health financing methods
4. Introduce a comprehensive information technology system

5. Introduce a computerized patient Administration System
6. Keep pace with technological and academic development in health

7. Develop and implement a Health Workforce Plan
8. Improve the sourcing and use of clinical and non-clinical supplies
9. Establish strategic partnerships in the delivery of health services.

National Targets / Performance Indicators:

In the next five years

- a. Ensure that 90% of programmes and activities function within their budgets
- b. Ensure that key stakeholders are genuinely involved in 90% of health planning, implementation and evaluation activities
- c. Perform clinical audit in all clinical areas
- d. Perform programme and service evaluation in all programme and service areas
- e. Reduce number of staff complaints by 50% year on year
- f. Reduce complaints from members of the public by 50% year on year
- g. Increase the percentage of service users satisfied with health service based on survey of random sample of service users

Goal nine: Achieve a health promoting society
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Objective:

Empower each individual to be personally responsible for the promotion and maintenance of his/her own health and help create the necessary enabling environment.

Strategies:

1. Develop and implement clear health promotion goals, strategies and targets
2. Develop human capacity to plan, implement and evaluate health promotion activities
3. Strengthen mechanisms which help communities to develop a shared responsibility for health.
4. Base health promotion plans and targets on priorities identified in strategic plan
5. Strengthen health promotion activities in all institutions and programmes of the nation.
6. Collaborate with all sectors/stakeholders to create a conducive environment for all health promotion activities at all levels of delivery.

National Targets / Performance Indicators:

In the next five years

- a. Integrate health promotion activities in the curriculum of 100% of schools
- b. Ensure that at least 5% of television air-time is dedicated to health promotion issues
- c. Ensure that at least 5% of radio air-time is dedicated to health promotion issues
- d. Ensure that at least 5% of printed media space is dedicated to health promotion issues
- e. At least 10% of private, parastatal and state organizations shall host regular health promotion activities for their staff

<p>Goal Ten: To ensure that the public health sector is staffed to provide quality health services.</p>
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Objectives:

- To improve the quality and quantity of health staff required to provide quality health services by the year 2009.

Strategies:

1. Develop a human resource plan
2. Proper placement of specialized health workforce
3. Networking between Ministries for recruitment and training of health staff.
4. Ensure localization of health sector posts as far as practicable
5. Motivate all staff to participate in continuing development through innovative ways.

National Targets/Performance Indicators:

In the next five years

- a. Reduce staff turnover by 10% on a yearly basis
- b. Complete and implement human projection plan for the next 5 years
- c. Ensure 50% of health professionals participate in continuing development.
- d. Provide opportunities for self development of non professional cadres of staff for better services delivery
- e. Increase the local health professionals by 5% on a yearly basis
- f. Ensure proper placement of specialized health workforce

Chapter Eight

Assumptions for successful Implementation

General

1. The country shall remain politically, socially and economically stable throughout the next five years
2. The Principal Secretary of Health shall be responsible for implementing this Strategic Framework and for achieving the National Targets that have been herein set forth through consensus.
3. To implement this Strategic Framework the Ministry of Health shall continue to be organized according to three distinct horizontal levels of care. To ensure resource effectiveness, each level shall act as gatekeeper for the next level. Thus primary health care shall be the main basic level of care. Patients from primary health care shall be referred to the referral centers providing secondary care as appropriate. Specialists in secondary care shall refer patients for tertiary care as per standing rules and policies.
4. Appropriate structures shall continue to be set up to support these three levels of care.
5. The Constitutional Guarantee of free primary health care at the point of use for every Seychellois shall be respected
6. Health care services shall be available as close to the people as is practical
7. The people of Seychelles shall be continuously encouraged to be responsible for the protection, promotion and restoration of their own health
 - International organizations and friendly countries shall continue to assist the country in health and health related matters.
 - The Ministry shall actively seek funding partners both nationally and internationally to implement its programmes
 - There shall be optimal coordination at national level to prevent duplication of efforts

At Community Level

1. Greater emphasis than ever before shall be placed on community-based health interventions. Family health nurses and other specialized cadres shall be trained to reach out more into the community and be equipped to perform health needs assessment and to respond to health needs.
2. Decentralization of district health planning and budget-management based on local priorities shall be actively encouraged.
3. Management of district health facilities shall be enhanced
4. Infrastructures at district level shall be built or developed where appropriate. There shall be at least one district health facility for every ten thousand population and there shall be at least one doctor and one dentist per 3000 people. More resources shall be provided where necessary
5. Seychellois health professionals shall be given additional incentives to specialize in priority specialties. The final aim is for all district health facilities to be fully manned by Seychellois.
6. Patients shall be encouraged to use health facilities appropriately. Not every patient needing health care have to see a doctor if there are other suitably qualified health workers who can give the same level of service.

At Secondary Care Level

1. The Ministry shall continue to invest in the specialized training of Seychellois doctors, dentists and other health professionals
2. Recruitment of expatriate specialists to support our local cadres shall continue unabated
3. All specialists recruited shall avail themselves to provide training to other health professionals if so asked
4. Special incentives shall be given to Seychellois doctors to take up specific specialties as the need arises
5. Training of Seychellois specialists shall be in accordance with the Government's policy on training
6. The Ministry shall develop strategies to retain its staff as much as possible
7. The final aim is for all specialties to be fully manned by Seychellois specialists

At Tertiary Care Level

1. Super-specialization of local specialists shall be encouraged only when considered to be of strategic benefit to the country
2. Seychellois patients who can be saved by super-specialized managements not available locally shall be sent overseas for such managements if and when funds are available
3. Seychellois patients who are not likely to benefit significantly from super-specialized treatment shall not be sent overseas
4. For the purposes of this framework a super-specialized management is any evidence based high technology treatment or diagnosis that has been recognized by the Ministry's Central Management to be beneficial to the patient and affordable by the country but cannot be offered locally.

At Central Level

1. The Ministry of Health's Central Management shall provide policy directions as necessary
2. The Central Management shall continue with its role of regulating health care and ensuring quality and quantity in the delivery of health services. Equity, responsiveness, efficiency, effectiveness, accountability and transparency shall be the overarching principles guiding the actions of the health service.
3. It shall monitor and evaluate health structures, processes and outcomes in accordance with internationally accepted criteria and standards.
4. The Principal Secretary shall determine the vertical arrangements of the Ministry into different divisions based on exigencies of the moment. The Ministry's Management shall appoint General Directors as appropriate. The Directors-General shall determine the organization of their divisions into smaller units.
5. The Government of Seychelles shall provide to the Ministry of Health a minimum annual sum of 160,000,000 rupees and this sum shall be offset against any possible inflation rate.
6. There shall be an additional budget of at least 2,000,000 rupees annually dedicated specifically for human capacity building to achieve the targets.
7. Training provided by the National Institute for Health and Social Studies shall be of the highest possible standard and shall take into account the basic

health needs of the country. **The Centre shall be equipped to be the best in the region, both in terms of its personnel and the quality of its training.**

8. Health in the country shall be financed from government funds as well as from private and donor funds. Higher emphasis will be put on coordination of donor funding. Coordination will take place at the highest level of government

Chapter nine

Monitoring and Evaluation

1. The Division of Planning, Research and Health Information Systems shall be the watchdog for this Strategic Framework. All units, sections and divisions of the Ministry of Health shall submit regular reports of their structures, processes and outcomes to the Planning Section of the Ministry. Their progress on these National Targets/ Performance Indicators shall be monitored.
2. The Division of Planning, Research and Health Information Systems shall develop appropriate tools to gather data on the progress being made with respect to the priority targets.
3. Baseline data with respect to all the aforementioned targets shall be properly documented before the start of the implementation of the Strategic Framework
4. The Division of Planning, Research and Health Information Systems shall compile appropriate reports for the Ministry's Central Management and for the Public.
5. Where appropriate and in consultation with other Divisions, the Division of Planning, Research and Health Information Systems shall propose to the Ministry's Central Management, corrective actions to reach the targets.
6. The Ministry shall provide training on programme evaluation to all programme managers.
7. All stakeholders shall be involved in the evaluation of the performance of the public health sector.
8. This Strategic Framework, being a rolling framework, shall be subject to review when appropriate.

References

British Department of Health, (1999), Health Service Circular: Clinical Governance in the new NHS, London, Crown Copyright

Global Forum for Health Research, (2004), The 10/90 Report on Health Research 2003-2004, Geneva, Global Forum for Health Research

Government of Seychelles, (1994), Constitution of the Republic of Seychelles, Victoria, Government of Seychelles,

Ikiara K, (2000), Strengthening health care financing and cost containment in Seychelles, Victoria, WHO

Joint Project on Health Systems Research for the Southern Africa Region, (1994), Summaries of Health Systems Research Reports -1988-1993, Harare, Joint Project on Health Systems Research for the Southern Africa Region

Khatib O, (2000), Seychelles Health Policy Review, Victoria, WHO

Ministry of Health (1990), Health Policy and Strategy, Victoria, Ministry of Health

Ministry of Health (1995), Health Policy, Strategy and Organisation in Seychelles, A sectoral Review for Constructive Reform, Victoria, Ministry of Health

Ministry of Health (2000), Conference Report- Promoting Excellence in Health, Victoria, Ministry of Health

Ministry of Health (2001) Performance Audit, Victoria, Ministry of Health

Ministry of Health (2001), Conference Report- Working together for better health, Victoria, Ministry of Health

University of Leeds, (2002), Strategic Health Planning, Guidelines for Developing Countries, Leeds, University of Leeds

Ministry of Health, (2003), Health Statistics 2002, Victoria, Ministry of Health

WHO, (1978), Report of the International Conference on Primary Health Care, Geneva, WHO

WHO, (1981), Health Programme Evaluation, Guiding Principles, Geneva, WHO

WHO, (2004), The World Health Report – Changing History, Geneva, WHO

Strategic Framework 2005-2009

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WHO/AFRO, (2000), Health for all policy for the 21st Century in the African Region,
Harare, WHO/AFRO

Annex

United Nations Millennium Development Goals

By 2015 all 189 United Nations Member States have pledged to:

1. Eradicate extreme poverty and hunger
 - Reduce by half the proportion of people living on less than a dollar a day.
 - Reduce by half the proportion of people who suffer from hunger.
2. Achieve universal primary education
 - Ensure that all boys and girls complete a full course of primary education.
3. Promote gender equality and empower women
 - Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.
4. Reduce child mortality
 - Reduce by two-thirds the mortality rate among children under five.
5. Improve maternal health
 - Reduce by three quarters the maternal mortality ratio.
6. Combat HIV/ AIDS, malaria and other diseases
 - Halt and begin to reverse the spread of HIV/ AIDS
 - Halt and begin to reverse the incidence of malaria and other major diseases.
7. Ensure environmental sustainability
 - Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources.
 - Reduce by half the proportion of people without sustainable access to safe drinking water.
 - Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020.
8. Develop a global partnership for development
 - Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction--nationally and internationally.
 - Address the least developed countries' special needs. This includes tariff-and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction.
 - Address the special needs of landlocked and small-island developing States.
 - Deal comprehensively with developing countries' debt problems through

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national and international measures to make debt sustainable in the long term.

- In cooperation with the developing countries, develop decent and productive work for youth.
- In cooperation with pharmaceutical companies provide access to affordable essential drugs in developing countries.
- In cooperation with the private sector, make available the benefits of new technologies--especially information and communications technologies.

The drafting of this Strategic Framework was coordinated by Bernard Valentin, MBBS, MA (HSM)