

Department of Health - Seychelles

Guide to National Health Strategic Framework

Introduction

The National Health Plan 1980 – 1984 was the first formal national health plan since 1976. The aim of the plan during that period was to achieve the transition from a dual system of health care to a more equitable unitary system by making health care available free to all Seychellois within the limits of available resources. In that regard it set the stage for the existing three-tier health care system.

The launching of the Primary Health Care goal, “ Health-For-All by the year 2000 and Beyond” by World Health Organization at the Alma Ata conference in 1978 further set the stage for strengthening the new health care system. Today the Seychellois population can boast of a high health status.

However as the country further develops increased demands on the health services are felt. The cost of health care keeps rising to the point where it is now a serious concern.

To sustain the progress made and to be responsive to the changing health needs of the Seychellois population, the Department of Health took the initiative in the year 2005, to develop a National Health Strategic Framework (NHSF).

Overview

The NHSF is introduced to address variations in standard of care and to achieve greater consistency in the availability and quality of services. It provides to the health care practitioners, coherent strategies for addressing the major causes of mortality and morbidity. It sets national targets by which performance can be measured. From the NHSF will emerge the sectors’ operational plans on which the annual evaluation process will depend to assess achievement levels.

The NHSF will be implemented in partnership with Social Services and other organizations which have a stake in the health sector.

The NHSF is a milestone for the Department, as it provides a comprehensive outcome (performance) oriented strategies that address the common health priorities of this country for the coming five years.

The drafting of the NHSF has been based on recommendations from quarterly and annual reports submitted by health care professionals themselves, mortality and morbidity data, past reports of health conferences held, and consultations with other people with expertise in health.

In addition a one-day consensus building workshop was conducted on Friday 8th July and was attended by different stakeholders.

The NHSF has eleven goals. These are:

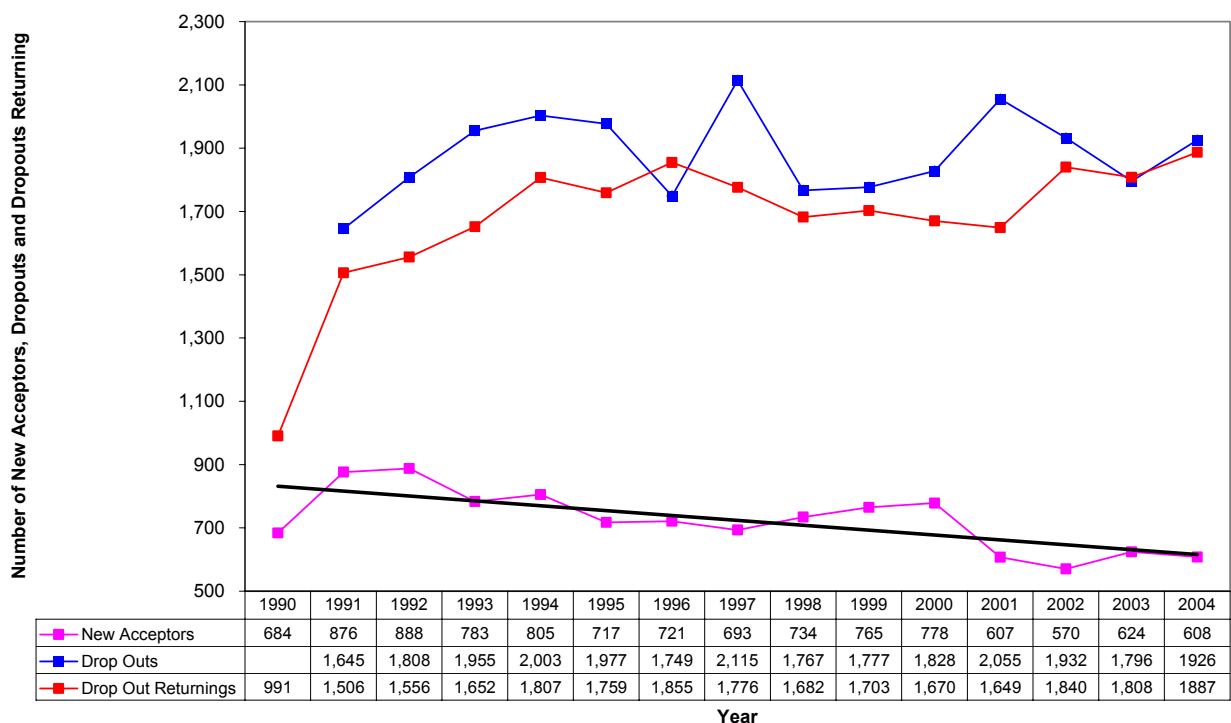
Goal 1: Improve the health status of all individuals, families and communities living in Seychelles

This goal addresses the need for the health and well being of the individual, family and the local community, with emphasis on the three levels of disease prevention and control.

The issue

- The number of registered births in 2005 was 1,536. The data is the highest recorded compared to the previous five years.
- The number of registered deaths in 2005 being 673 is also the highest recorded ever. The crude death rate of 8.12 per 1000 population is the highest when compared to the previous 5 years.
- While the maternal death remains significantly low with only one death in 2004, the reported number of cases of abortions remains high at 435 in 2004.
- This needs to be addressed in relation to the number of new acceptors in family planning as the latter shows a declining trend over the last decade, as indicated in the graph below:

New Acceptors, Dropouts and Dropouts Returning in the Family Planning Programme 1990 to 2004 in Seychelles



Goal 2: Provide mental health services to the individual, family, and community throughout the lifespan

This goal emphasizes on the importance of promoting a preventive approach to the problem of mental health, starting with the well-being of the individual in the early years of life and providing adequate support to families of those affected by mental illnesses.

The issue

- In the year 2003, mental and behavioural disorders was ranked 9th on the overall causes of hospitalization with 18.6 % due to alcohol. More men were affected.
- The incidence of suicide in young men and women has increased significantly in the last decade, with six cases succeeded to commit suicide. These cases were all males. The self harm is more related to drug overdose or other biological substances e.g.: insecticides.
- Bed occupancy rate for year 2004 was 86.74 % in the psychiatric ward with average length of stay of 8.41 days.

The social implications of these problems have not been mentioned but it is worth noting that:-

- There may be strong links between mental and social problems in children and young people and juvenile crimes, alcohol, drug misuse, self-harm and eating disorders.

Goal 3: Improve the prevention and management of priority non-communicable disease (NCD)

The comprehensive total risk factor approach, prevention, early detection and treatment are the focus on the management of care of these non-communicable diseases, in particularly cardiovascular diseases, diabetes and cancer.

The issue

- Diseases of the circulatory system are the **first** cause of deaths in Seychelles, for year 2004. These include diseases such as hypertension, myocardial infarction, diabetes and cerebral-vascular accident. It contributes to 35 – 39% of total death.
- These diseases are more prominent in the 50+ year's age group. There is evidence to suggest that the disease pattern is changing to affect younger age group.
- The Seychelles Heart Study in 2004 showed that 63% of Seychellois adults aged between 25 to 64 years are overweight as opposed to around 30% of adults in 1994.

- The study also revealed that obesity in our children aged 5 to 16 years is increasing. In 1998, 10% of all children within the same aged group were overweight compared to 16 in 2004. The increase in the prevalence of obesity has occurred in both genders. For boys, levels of obesity rose from 2.1% in 1998 to 5.5% in 2004; equivalent figures for girls were 3.2% and 6.3%.
- For the years 2004 and 2005 a total of 40 patients underwent major limb amputation due to diabetes. Of these three died; one female and two males. The youngest being a male of 53 years.
- Cancer is the **second** leading cause of death with a percentage of 18% of total death for year 2004.

Goal 4: Improve the detection, prevention and treatment of priority communicable diseases and outbreaks of new diseases.

This goal aims at reducing the rate of infectious diseases and outbreaks in the country through the establishment, among other things, of the Integrated Disease Surveillance and Responds Guidelines as set out by the World Health Organization.

The issue

- Respiratory diseases are on the increase, particularly the influenza – like syndrome.
- Due to the increased level of immigration of foreign workers and visitors coming from infected areas, the Department of Health recorded in 2005, a high incidence of cases of chikungunya, affecting most districts in the country. Two cases of typhoid were also reported for the **first time** in this country. These highlight the need for good surveillance and management of communicable diseases
- Health care workers responsible for reporting of cases have been trained to improve surveillance.

Goal 5: Improve the prevention and management of life-threatening accidents, emergencies and mass casualties.

This goal aims at reducing fatalities, morbidity and disabilities from accidents, emergencies and mass casualties through health education and information for prevention and prompt, effective response and treatment of casualties.

The issue

- Accidents are the leading cause of death among children and young adults. From 1995 to 2004 the major causes were:-

Road traffic accidents:
It was the cause of death in the age group of 5 – 14 years (25%) and 15 – 24 years (20.6%).

Accidental drowning and submersion:
11% of cases were reported and together with intentional harm (16%) they were the leading cause of deaths in the age group of 15 – 24 years.

Accidents in the home:
About half of all deaths among children under 5 happen within the home. Choking, poisoning and cuts are all major causes of injury.

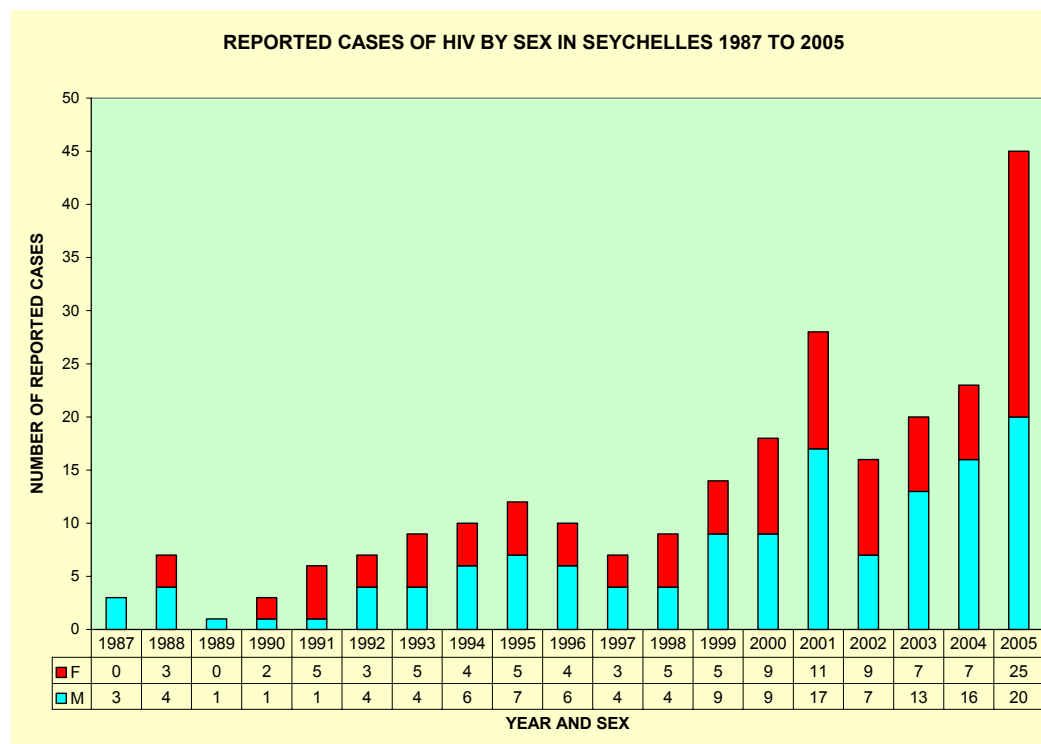
- Older people are also at risk. Osteoporosis affecting older women may mean that the consequences of falls are more severe.
- Emergency Preparedness and Response is essential as experienced from the tsunami of December, 2004.

Goal 6: Improve the prevention and control of HIV/AIDS and Sexually Transmitted Infections (STI).

A strong focus on HIV/AIDS is being placed in this goal both at primary level to control the spread of the disease and at secondary level to ensure adequate treatment and care of those affected. Antiretroviral drugs which have been made freely available since August, 2002.

The issue

- HIV/AIDS continue to increase since the first HIV positive person was diagnosed in 1987.
- At the end of December 2005 the Department of Health reported a total of 45 newly detected HIV infected persons for that year.
- This indicates that the number of detected cases has nearly doubled the number recorded in 2004 which was 23.
- More patients in 2005 who were detected as HIV positive already were developing AIDS related syndromes on reporting to Communicable Disease Control Unit (CDCU). Compared to previous years more females are reported to CDCU than males. Reference is made to the graph below:



Goal 7: Achieve a health promoting society

The changing face of society in the 21st century is a greater challenge for the Department of Health. Hence this goal places responsibility of health primarily on the individual, family and community

The issue

- The number of men and women who meet the recommended 30 minutes of moderate intensive physical activity such as brisk walking, cycling and heavy gardening is reducing.
- Obesity as already mentioned in goal three is a major concern if reduction in cardiovascular diseases especially diabetes is to be achieved.
- Health centre attendances have increased from 3.16 attendances per person in 1995 to 3.64 per person in 2004. This excludes the number of visits to private practices. The dependency of the population on medical practitioners is high.

Goal 8: Improve the performance of the Ministry's strategic equipment

In today's age of technological advancement in medicine, bio-medical equipment is of paramount importance for early accurate diagnosis and monitoring of care.

The issue

- There is a minimal allocation of the Department of Health budget to the maintenance of equipment.

E.g.: SR 700,000 allocated in the year 2005
SR 1.2m was required.

- Absence of a planned preventive maintenance schedule.
- Constraints of foreign exchange for software support, spare parts and technical manuals.
- Lack of opportunity for technical personnel to keep abreast with changes in medical technologies through appropriate training

Goal 9: Improve the efficacy of the Ministry's transport service

This goal highlights the challenges faced to manage a fleet of 57 vehicles when half of them are not always fully operational. It aims at improving the transport system to better serve both the hospital and community health services.

The issue

- About 50% of the vehicles are operational. Of the remaining half some are undergoing repairs and others have to be written off after road worthy assessment failed.
- Other problems related to transport management are:-
Unreliable drivers
Too frequent breakdowns
Unnecessary trips which increase fuel consumption and wear and tear of vehicles.

Goal 10: Improve management practices in health service delivery

This goal places quality at the heart of healthcare. Capacity building of health professionals will continue. Emphasis will be placed on clinical auditing and evidence-based practice to ensure that standards and guidelines are reflected in the delivery of services.

The issue

- At present there are unacceptable variations in the quality of care available to different patients in different areas of care.
- Lack of standards to guide clinical practice especially in areas where there is a high change over of expatriate doctors.
- To develop a culture in the Department of Health which celebrates and encourages success and innovation.

Goal 11: Ensure that the public health sector is staffed to provide quality health services.

This goal addresses the need for adequate staffing for efficient and effective delivery of the health services.

The issue

- Number of health personnel who have left the department in the last five years are:

Years	2000	2001	2002	2003	2004	Total
Doctors	24	24	11	27	5	91
Nurses	17	30	9	8	7	71
Allied Professionals	0	7	2	2	2	13

- Turn over rate of expatriate doctors is very high.
- This causes a great deal of disruption not only in service delivery but also in patient care leading to dissatisfaction.
- Recruitment formalities are lengthy.

Conclusion

The NHSF will serve several purposes:-

- Guide the actions and priorities of the Department of Health to improve sector performance.
- Improve the planning process within the Department, in particular, by highlighting the need to improve co-ordination, eliminate duplication of activities and use available resources more effectively and efficiently.
- Provide a platform for dialogue and partnership with all stakeholders.
- Assist the Ministry of Health and Social Services in furthering the reform process.

The success of achieving the targets set in the NHSF depends on the commitment of the whole nation. All partners in health should use their available resources to build upon the work already being carried out.

