National Health Promotion Policy

Seychelles

Ministry of Health

January 2023

Contents

About this Policy

Title	**National Health Promotion Policy 2023**
Purpose	The purpose of this policy is to
Developed by	Health Promotion Media and Communication Unit Policy Unit World Health Organization
Lead Implementing Agency	Health Promotion Media and Communication Unit
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Revision Dates	

Key Policy Statements

1) *Provide National leadership and coordination* for health promotion.
   a) Improve *coordination* through establishment and leadership of an inter-sectoral coordination body for health promotion.
   b) Provide *technical support, practical tools, technologies and guides* for health promotion actors.
   c) Establish effective *monitoring, reporting and evaluation mechanisms* for tracking health promotion activities across society.
2) Ensure relevant supports for successful health promotion: adequate human resources (both numbers and expertise), finance, equipment and infrastructure.
   a) Work with the Ministries, Departments and Agencies responsible for Education to deliver courses to build health promotion competencies for professionals across all sectors.
   b) Ensuring adequate regular budget allocations for the routine operations of the Health Promotion Unit (HPU).
   c) Through negotiation with the Ministry responsible for Finance, ear-mark an agreed fraction of alcohol and cigarette taxes and sugar tax, to health promotion activities, administered through the MOH Secretariat.
   d) Establish clear mechanisms for access to allocated finance, with accountability.
   e) Leverage on *modern Health Promotion Technologies* for health promotion.
3) Develop and implement healthy public policies.
   a) Support the implementation of the Health-in-All-Policies approach (HiAP).
   b) Support development of new, and revision of existing legislation (regulations) to protect and promote health.
   c) Advocate for implementation of strategic taxation and subsidies to promote health.
4) Advocate for actions across society to address the root social determinants of health.
5) Engage communities and build partnerships to mainstream health promotion across sectors.
6) Conduct tailored and targeted health promotion,
   a) By targeting key populations (vulnerable groups; groups at highest risk) and settings (schools, workplaces, health centres).
   b) Across the life-course (age- and sex-specific) and to address priority disease conditions (Non-communicable diseases (NCDs), communicable diseases and injuries).
   c) Ensure health promotion is culturally appropriate and delivered in all National languages.
7) Empower people to take responsibility for health, by improving their personal skills, health literacy and create supportive environments.
8) Reorient health services and programmes to deliver preventive and promotive interventions.
9) Use research, evidence, modern technologies and innovations to inform design and delivery of health promotion.
10) Support risk communication and community engagement (RCCE) for health hazards, in partnership with Public Health Authority (PHA) and Disaster Risk Management Division (DRMD)
11) Guide health promotion across the Sustainable Development Goals (SDGs).

Acknowledgements

The Policy process could not have been achieved without the support of the MOH of Seychelles, the World Health Organisation (WHO) Country Office for Seychelles, and WHO Regional Office for Africa (WHO-AFRO). Note that the nomenclature MOH is used throughout the document to represent the Department of Health, as applicable in time.

Special thanks also extended to the visiting Health Promotion Consultant from the WHO, Regional Office for Africa, Dr Suvajee Good, for technical support and advice throughout the policy process.

The valuable inputs of stakeholders, both within health, and from across the various sectors, during consultative meetings are appreciated.

The National Health Promotion Policy Technical Working Group (TWG) members were as follows:

1. Mr George Madeleine, Director, Health Promotion Unit, MOH (TWG Chairperson).
2. Ms Doreen Hotive, Health Promotion Officer, WHO Country Office.
3. Dr Sanjeev Pugazhendhi, Policy Analyst, MOH.
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5. Mr Joel Edmond, Policy Analyst, MOH.
6. Mrs Nichole Barbé, Senior Programmes Officer, APDAR.
7. Ms Bharathi Viswanathan, Programme Manager, UPCCD, PHA.
8. Dr Emelyn Shroff, Director, Research Unit, PHA.

A number of expert reviewers from outside the TWG have contributed to the improvement and finalisation of this policy.

The Health Promotion Logo

The Health Promotion logo on the front cover was conceived and designed by Mr George Madeleine. It reflects an adaptation of the Ottawa Charter Emblem to the Seychelles context, with the individual sub-units coloured in the colours of the National flag, and the circular sub-unit replaced by a Coco-de-mer. The text encircling the logo states the national vision set through this policy.

Abbreviations

APDAR – Agency for Prevention of Drug Abuse and Rehabilitation
CEO – Chief Executive Officer
CDs – Communicable Diseases
DOH – Department of Health
DRMD – Disaster Risk Management Division
DSAPTR – Division for Substance Abuse, Prevention, Treatment and Rehabilitation
GNI – Gross National Income
GDP – Gross Domestic Product
HIA – Health Impact Assessment
HiAP – Health in All Policies
HDI – Human Development Index
HIV – Human Immuno-deficiency Virus
HP – Health Promotion
HP(MC)U – Health Promotion (Media and Communication) Unit
IEC – Information, Education and Communication
M&E – Monitoring and Evaluation
MDAs – Ministries, Departments and Agencies
MDGs – Millennium Development Goals
MEHRD - Ministry of Education and Human Resource Development
MOH – Ministry of Health
MPI – Multi-dimensional Poverty Index
NBS – National Bureau of Statistics
NCDs – Non-Communicable Diseases
NHSP – National Health Strategic Plan 2022-2026
PHA – Public Health Authority
PHC – Public Health Commissioner
PS – Principal Secretary
PWID – Persons Who Inject Drugs
RMNCAH – Reproductive, Maternal, Neonatal, Child and Adolescent Health.
SDGs – Sustainable Development Goals
SDHs – Social Determinants of Health
SIDS – Small-Island Developing State
SWOT – Strengths, Weaknesses, Opportunities and Threats analysis
TWG – Technical Working Group
UPCCD – Unit for Prevention and Control of Cardiovascular DiseasesUHC – Universal Health Coverage
WHO – World Health Organisation

Foreword

I am delighted to present this health promotion policy document for Seychelles, which has been developed by the Ministry of Health in collaboration with the World Health Organisation and other stakeholders. Seychelles, like many other countries, faces significant public health challenges, including the issues of obesity, non-communicable diseases, and substance use. These health issues have a major impact on the well-being of individuals, families, and communities, and require urgent and sustained attention.

This policy document outlines a broad strategy, under the theme 'health in all professions, policies, programmes, policies and people, through partnerships', to effectively address societal health priorities such as obesity and substance use. The policy sets out a range of evidence-based principles and approaches that are designed to improve the health outcomes of the people of Seychelles. The document is intended to be operationalized by the Ministry of Health and other stakeholders, and to guide their efforts in promoting health in Seychelles.

The policy is grounded in the principle that health is a fundamental human right, and that all individuals and communities should have the opportunity to achieve optimal health. It recognizes that promoting health is a shared responsibility, requiring collaboration and coordination between government agencies, non-governmental organizations, communities, and individuals.

The policy emphasizes the importance of healthy living, prevention, early detection, and treatment, and recognizes the need to address the social determinants of health. It also recognizes the importance of creating an enabling environment that supports healthy behaviors and choices.

I would like to express my gratitude to all those who have contributed to the development of this policy document. I hope that it will serve as a valuable resource for all those working to promote health in Seychelles, and that it will contribute to the achievement of better health outcomes for all Seychellois.

Peggy Vidot
Minister of Health

Policy Development Process

In recent years, the MOH has reviewed current guiding documents and identified deficiencies in certain policy areas, including health promotion. With the support of the WHO, the MOHMOH began work towards drafting a modern National Health Promotion Policy in August 2019.

A TWG was set-up and an elaborate review of the existing policy landscape across the health sector and relevant key partner sectors for health promotion was conducted. A detailed situation analysis report was prepared, which included a SWOT analysis.

With the support of WHO Country Office and Regional Office, addition expert support was acquired for the conduct of direct interviews of key health sector partners, and development of the policy document. This included various entities within the MOH and related health-sector agencies such as APDAR. Key stakeholders in other sectors were also interviewed, including education, employment, agriculture and tourism. Wider stakeholder consultations were also conducted, with the recommendations reviewed by the TWG, with assimilation of feasible and relevant points, into the policy development.

The first outcome of this process is the National Health Promotion Policy, which, once formally endorsed, will be the first for Seychelles. The TWG and wider Ministry note that this policy document will lay the foundations for the development of implementation plans.

Certain gaps identified in the process included the fact that exhaustive stakeholder consultations were impractical, certain key partners were inadvertently missed (e.g. media houses), and various interest groups and issue networks have contradictory expectations, requiring compromises in selection of policy directives.

Past and tentative future timelines for the policy development process are as follows:

Action	Timeline
Core Technical Working Group set-up.	Aug 2019
Situation Analysis of health promotion.	Aug-Oct 2019
Stakeholder's consultation meeting(s) (supported by WHO).	Oct 2019
Integration of relevant Stakeholders' inputs into Situation Analysis (supported by WHO).	Dec 2019
Draft Situation Analysis-informed Health Promotion Policy (supported by WHO).	Dec 2019
Full Draft of National Health Promotion Policy ready.	Jun 2019
Reviewer feedback and finalisation of policy.	Dec 2020
Process stalled from Jan 2021 to Feb 2022 (Pandemic surge).	-
Review of policy for alignment with new National Health Strategic Plan (2022-2026), and in view of new pandemic context.	Mar & Dec 2022
Presentation of Policy to MOH Management with approval[1].	Jan 2023
Dissemination to stakeholders (expected timeframe)	May-Jun 2023

[1] Policy not presented to cabinet.

1 Background

The health of the Seychelles population has seen gradual but consistent gains over the recent decades. A multitude of activities which have contributed to these improvements in health parameters, with a key role played by health promotion, delivered as part of an integrated healthcare delivery system, as well as through cross-sectoral interventions.

The last few years have seen some challenges to maintaining the past health gains. A steady and significant increase in health expenditure have been noted, with an increasing fraction of this coming out-of-pocket[2]. These, combined with increases in certain common health risk factors and behaviours, may reflect increased disease burden, and prove to be barriers to maintenance of Universal Health Coverage (UHC) in Seychelles.

Life expectancy at birth stood at 73.3 years in 2018[3], whereas health-adjusted life expectancy for year 2016, estimated by the WHO, was 65.7 years[4] – reflecting the average Seychellois loses the equivalent of almost 8 healthy years to poor health.

Tertiary care always costs significantly more than effective health promotion and primary care – prevention is better than cure. However, results of preventive and promotive interventions often take years, if not decades, to manifest. Locally, direct attribution of beneficial results to promotive interventions is difficult, in view of the multitude of factors influencing health. But ample research exists to support the fact that health promotion is both an effective and cost-effective intervention to improve health in the long-term.

Among methods of effective behaviour change, policy-interventions often have the biggest impact, at the least cost. This is an area which can potentially be better leveraged in the interest of health in the Seychelles context. Thus a strong Health Promotion Policy, with relevant supportive strategies, legislations, and implementation and enforcement capacities, may serve as the ideal support to supplement and complement all other health promotion activities.

The case for and the core principles for promotion of health across society have been outlined in both, the Alma Ata Declaration on primary care (1978) and the Ottawa Charter (1986), and echoed across a series of global conferences on health promotion, as well as the Astana Declaration on primary care of 2018[5]. The integral role of health promotion in primary care and public health are also emphasised.

[2] Seychelles National Health Accounts 2016-2017, MOH, 2019.
[3] Annual Health Sector Performance Report, MOH, 2018.
[4] World Health Organization. Global Health Observatory (GHO) data. Retrieved from http://apps.who.int/gho/data/view.main.HALEXv?lang=en
[5] Global Conference on Primary Care, Declaration of Astana, October 2018; https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf

2 General Country Context

Seychelles is a small island developing State (SIDS) in the western Indian Ocean, made up of 115 islands, with land area of 459 km² and an Exclusive Economic Zone of 1.4 million km². The country gained independence in 1976. The population of Seychelles was 96,762 in 2018, 51% males, 49% females, grows at about 1.5% per year, and shows an ageing structure. Almost the whole of the population lives on the main three islands of Mahé, Praslin and La Digue.

In 2018, Seychelles had a total GDP of US$ 1.6 Billion, with GNI-per-capita of US$ 15,600, and is classified as a high-income country[6]. Seychelles ranks high in the human development index (HDI): 0.797, falling 62 of 189 rated countries, the highest in Africa[7]. Health parameters have contributed strongly to this ranking.

The country is working towards achieving the goals of the Sustainable Development Agenda, 2030. Tourism and fisheries are the two major pillars of the economy. Health spending constituted about 11.7% of total Government budget in 2018 (4.5% of GDP)[8].

The small scale of, and lack of diversification in the economy, presents certain vulnerabilities and a volatile growth pattern. Climate change is already seen to be adversely impacting SIDS, including Seychelles, in both health and economic terms[9].

Gender parity is strong in Seychelles. The country has recently decriminalised homosexuality[10], with protection from discrimination in employment[11]. The Government of Seychelles provides elaborate social and income safety nets for the population, minimum wages, universal pensions, disability support, free education and health, subsidised electricity, treated water and public transportation. The population has almost universal access to treated water and modern sanitation[12]. School enrolment is 100%; Seychelles has 11 years of compulsory schooling, and a 96% literacy rate[13].

Unemployment rates hover around 4%, but is significantly higher amongst youth[14]; and about 30% of the total workforce are foreign workers[15]. Seychelles is a net importer of food, with reducing local production[7].

Absolute poverty rates are very low (1.1% at $ 1.90 and 2.5% at $ 3.10, in 2011 PPP $, per day) in the Seychelles[16], but a relative income poverty rate of 39.3% has been described in 2016[17]. An increasing population of persons who inject drugs (PWIDs) constitute a new major vulnerable group in recent years[18].

[6] The World Bank Group Data, 2019. https://data.worldbank.org/
[7] The Republic of Seychelles, Systematic Country Diagnostic, World Bank Group, 2017.
[8] Annual Health Sector Performance Report, MOH, 2018.
[9] Seychelles National Climate Change Strategy, 2009.
[10] Penal Code (Amendment) Act, 2016 (Act 11 of 2016).
[11] Employment Act, 1995 (Consolidated in 2014).
[12] NBS, 2018: Seychelles in Figures 2018 Edition.
[13] UNESCO 2018: http://uis.unesco.org/en/country/sc
[14] NBS Statistical Bulletin: Quarterly Unemployment Statistics – Special Edition 2019 – Q2.
[15] Government of Seychelles & ILO 2018: Seychelles Decent Work Country Programme 2019-2023, p17.
[16] World Bank Data, 2013: https://data.worldbank.org/indicator/SI.POV.DDAY?locations=SC
[17] The Republic of Seychelles, Systematic Country Diagnostic, World Bank Group, 2017.
[18] Seychelles Biological and Behavioural Surveillance of Heroin Users, APDAR 2017.

3 Seychelles Disease Burden

Most burden-of-disease data included here are taken from the Annual Health Sector Performance Report 2018, published in mid-2019.

There were 1650 live births (832 Males, 818 Females) and 818 (470 Males, 348 Females) deaths in 2018. Trends show stable crude birth rates in recent years, but with an increase in crude death rate. Life expectancy at birth for both sexes decreased to 72.7 years.

Diseases of the circulatory system (32%) and cancer (19%) accounted for 51% of all deaths. Pneumonia was the primary or contributing cause of death in 20.8% of all registered deaths. An increase was also noted in the maternal and infant deaths: two maternal and 31 infant deaths.

3.1 Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH)

Seychelles has traditionally had good maternal and child health indicators. Family planning is free and accessible at most primary care facilities; free and comprehensive ante-natal, perinatal and child care are provided at all Government health facilities.

Vaccine coverage has always remained high (close to 100%) in Seychelles. Almost all essential childhood vaccines recommended internationally have been introduced into the Expanded Programme of Immunisation (EPI) in Seychelles.. Discussions have begun on the possible expansion of routine immunisations to adult populations, which can serve as a means of reducing deaths from pneumonia and help combat anti-microbial resistance.

Teenage pregnancy had reached a high of 99 per 1000 population aged 15 to 19 years in 2017, and dropping slightly to 94 in 2018 – reflecting unmet adolescent health needs.

3.2 Communicable diseases and Injection Drug Use

New cases of HIV show an increasing trend year-on-year, from 47 in 2013 to 120 cases in 2018, with Hepatitis C cases having peaked at 186 cases in 2017, showed a sudden drop to 86 in 2018. There are strong associations between both infections and injection of drug use, and most new cases are in young men in their twenties. However, 2018 shows a sharp drop in new cases of HIV amongst PWIDs, with an increase amongst individuals identifying as heterosexuals.

Seychelles is committed to achieving the 90:90:90 targets: The National AIDS Council (NAC) is responsible for the planning and coordination of health-sector response to the AIDS and Viral Hepatitis epidemics in Seychelles.

Sexually Transmitted Infections (STIs) have shown a high and increasing trend, combined with a high teenage pregnancy rate, suggests risky sexual behaviours are prevalent in the community.

National level surveys estimate that there is a population almost 5,000 heroin users (5% of total population), with highest prevalence in young boys and men[19].

The scale and negative across-society impacts of the rapidly expanding heroin epidemic in Seychelles has been well-recognised by the Government, which has set-up the high-level Agency for Prevention of Drug Abuse and Rehabilitation (APDAR) in 2016, based directly under the portfolio of the President of the Republic. APDAR undertook a rapid scale-up of opioid substitution therapy as its key

[19] Seychelles Biological and Behavioural Surveillance of Heroin Users, APDAR 2017.

harm-reduction strategy, to reach almost 2,000 regular users by end of 2018[20]. APDAR is now known as DSAPTR and has shifted under the purview of the MOH mandated with the same responsibility as before.

The increasing diversification of illicit drugs on the market is a looming threat, and cannabis has been decriminalised recently, heralding related negative health, social and productivity impacts.

Infectious diseases, in particular cases of pneumonia, remain a major killer in Seychelles, consistently accounting for 12-17% of all deaths annually between 2013 and 2018. This pattern has implications for anti-microbial resistance and proposed plans to introduce adult vaccination programmes.

Antimicrobial resistance remains an un-emphasised point of concern, particularly in in-patient facilities. Despite regular training of healthcare workers on infection prevention and control practices, the problem is poorly monitored and evaluated.

3.3 Non-Communicable Diseases

The common risk factors for the key NCDs (diabetes, hypertension, cardiovascular diseases, kidney diseases and cancers) show mixed trends. Data from the Seychelles Heart Study IV[21] provides estimates of prevalence of various common risk factors and behaviours for non-communicable diseases (NCDs), as well as certain NCDs such as hypertension and diabetes, which have cardiovascular complications. The survey was amongst a random sample of people aged *between 25 and 64*, with *age-standardised prevalence rates* calculated, for year *2013*. Findings are depicted as a radial chart (Figure 1)[22].

In summary, the prevalence of smoking (occasional or daily) is 34.2% in men and 7.7% amongst women. Serial surveys show a reducing trend in men, but increasing trend in women.

Binge-drinking (average more than 5 units of alcohol per day) stood at 11% in men and 1% in women. The fraction of men and women who consume alcohol regularly has increased, but binge drinking has shown some reductions in both sexes.

Combined overweight and obesity prevalence (Body Mass Index over 25) was 57% amongst men and 72% amongst women. This has shown steep increases over the years, including in children.

Prevalence of high blood pressure (Blood pressure over 140/90 mmHg) was 37% in men and 22% in women. Serial survey trends show marginal reductions in prevalence, although absolute numbers of people with uncontrolled blood pressure have increased.

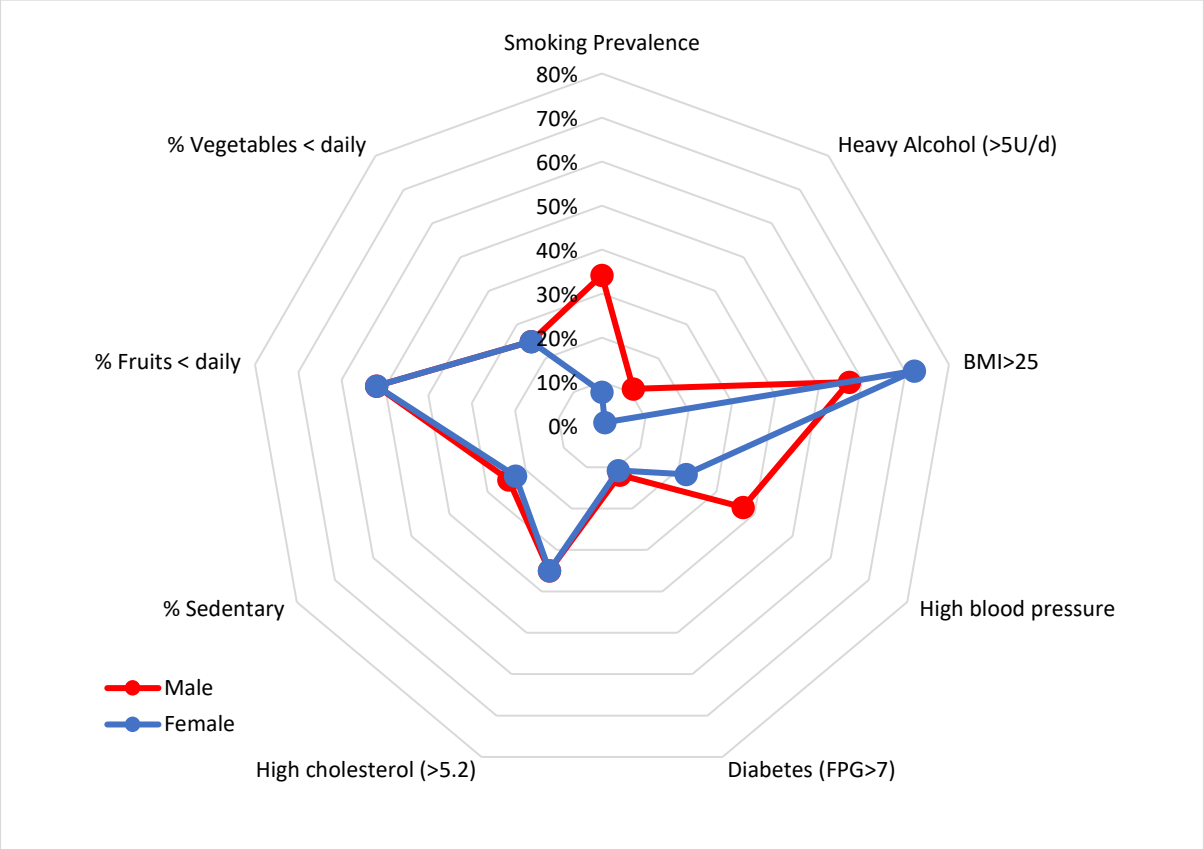
Prevalence of diabetes has increased markedly over the last few decades, with an estimated 11.9% of men and 10.8% of women having diabetes in 2013. Impaired glucose tolerance (not shown here), has also shown drastic increases over the years.

About 35% of both men and women have high total blood cholesterol (taken as more than 5.2 mmol/L). Trends show some reductions in prevalence of high cholesterol in the population.

[20] APDAR Annual Report 2018.
[21] Public Health Authority (2015): National Survey of Non-communicable Diseases in Seychelles 2013-2014: main findings.
[22] Chart and descriptions as produced for the African Health Observatory report, 2019.

Amongst the surveyed population (both men and women), 25% and 52% did not consume vegetables or fruits on a daily basis, respectively. Whereas 24.5% of men and 22.7% of women surveyed reported having sedentary lifestyles (mostly sitting).

Figure 1 Radial chart depicting prevalence of major risk factors for NCDs (smoking, binge drinking, high blood pressure, diabetes, high cholesterol, inadequate intake of fruits and vegetables and sedentary lifestyle).



A fifth survey in the series is being planned for 2023, which will give more up-to-date information on the mentioned NCD risk factors and behaviours.

Many NCD risk factors are inter-related to the broader social determinants of health (SDHs), which often fall outside the purview of the health sector. The need for strong inter-sectoral policies and actions to improve SDHs is noted, with strong collaboration and partnership across government and other sectors.

Seychelles has a National high-level multi-sectoral NCDs committee and the National Tobacco Control Board, which play key roles in the coordination of actions to tackle NCDs, whilst potentially leveraging on the Health in All Policies (HiAP pledge, 2016) and Whole-of-Government/society approaches to engage all sectors as appropriate (public, private and civil society).

Seychelles boasts success in tobacco legislation. Seychelles has ratified the WHO Framework Convention on Tobacco Control (FCTC) and enacted the Tobacco Control Act (2009) to comply with the recommendations of the WHO FCTC. These include:

- A total ban on smoking in selected public places, in all enclosed workplaces and public transports.
- Mandatory health warnings and other matters to be displayed on cigarette packaging.
- A total ban on direct and indirect tobacco advertising, promotion and sponsorship.

- A total ban of sales of tobacco products to and by minors.
- The setup of a multi-sectoral National Tobacco Control Board.
- Ban on sale of individual cigarettes.

National Strategy for the prevention and control of NCDs 2016-2025 in line with the WHO NCD action plan to address the four main risk factors for NCDs. As a follow-up to this, Seychelles has recently introduced a sugar tax to discourage consumption of sugar-sweetened beverages, particularly by children (20% excise tax to all sugar sweetened beverages).

An exponential increase in numbers of patients requiring haemodialysis is noted in recent years – the majority amongst diabetics with advanced nephropathy. Cancers are also rising rapidly, with colorectal, breast, cervical, prostate and head and neck cancers having the highest incidence.[23]. These are also the major cost drivers in health in recent years, and incidence of both can be strongly influenced by modifications to common NCD risk factors.

Although detailed mental health surveys have not been conducted, annual activity reports of the Mental Health Services show significant utilisation of the services by adults and children, indicating demand exists.

3.4 Injuries, Accidents and Intentional Self-Harm

Deaths from road-traffic accidents stand at 9.3 per 100,000 population per year, attributing to about 1% of all deaths. The trend shows a peak in 2016 of 20.1, with a drop to 11.5 in 2017 and 9.3 in 2018.

There were 16 reported deaths due to accidental submersion (drowning) in each of the years 2017 and 2018. In 2018, 78 cases of intentional self-harm were reported, likely an underestimate, and 24 cases of accidental poisoning. There were ten suicide deaths, giving a suicide rate of 10.3 per 100,000 population, one death from accidental poisoning, and one case of homicide.

There is general under-reporting of workplace accidents, but 123 cases were reported in 2010, 89 in 2014, with 12 deaths over the four-year period 2010-2014[24].

3.5 Environmental Health, Climate Change and Health Emergencies

Globally, the increased risk of natural disasters with climate change, as well as increased international trade and travel, which increases risk of spread of infectious diseases. Epidemic and pandemic-prone diseases continues to threaten public health security in the Seychelles, with Dengue fever, Chikungunya and Influenza causing frequent local outbreaks.

Of note, many healthcare infrastructures, as well as residence and economic activities, are situated along the coastline and are at high vulnerability to the impacts of climate change such as sea-level rise, flooding, storms, etc. A health system vulnerability and adaptation capacity assessment is yet to be conducted to assess the full vulnerability of the system to impacts of climate change.

The Seychelles International Airport and the Victoria Harbour are the key points of entry, with the country receiving close to 400,000 visitors every year[25].

[23] IAEA, WHO, IARC: imPACT Review Cancer Control Capacity and Needs Assessment Report 2019.
[24] Occupational Safety and Health policy, 2017
[25] National Bureau of Statistics Data, 2019

An ongoing local dengue epidemic since 2015, with almost 9,000 suspected cases in the past four years[26] (DSRU, August 2019), is a serious public health threat the system is in the process of addressing.

Leptospirosis remains an endemic threat, killing many young, otherwise fit, individuals annually. From 2005-2018, there are 97 recorded leptospirosis-related deaths, the majority (92%) occurring in young men.

Of current and urgent relevance to Seychelles are the Global emergency of the Novel Coronavirus 2019 (COVID-19), an ongoing recent local Measles and Rubella outbreak (from December 2019) as well as a longer-term outbreak of Dengue (since 2015), and a regional Ebola outbreak in the Democratic Republic of Congo (2017+).

The local response to the 2017 pneumonic plague outbreak in Madagascar, a country with which Seychelles has regular trade and movement of people, required elaborate local preparations, but also involved restrictions on travel and trade. Following this threat, efforts were made in collaboration with the WHO, to strengthen response coordination structures, improve surveillance, introduce modern risk communication techniques and develop a Plague Preparedness and Response Contingency Plan, endorsed by Cabinet in January 2018.

A National vaccination campaign has been launched to provide booster doses of Measles-Rubella vaccines to at-risk groups as a mechanism to end this outbreak and prevent its recurrence in the future.

Pandemic strains of Influenza have been identified in Seychelles in late 2018, likely imported by routine travel and tourism. The economy is heavily dependent on tourism; the spread of any contagious disease to Seychelles can pose great threats to tourism and the wider economy, with subsequent detrimental health and wellbeing consequences.

The country's response to contagious threats revolves around building capacity and compliance with the International Health Regulations (IHR), 2005. Strengthening sentinel surveillance, intensified health education and combating vector mosquitoes and rats are all being done. The PHA, through the Integrated Disease Surveillance and Response (IDSR) Committee, and DRDM, coordinate public health emergency responses.

Based on the Plague Preparedness and Response Plan (2017), Standard Operations Procedures for communications during public health emergencies have been established[27], focused around risk communication and community engagement.

Multi-sectoral bodies including the IDSR Committee and the DRDM exist for the coordination of public health emergency responses. Seychelles regularly engages in regional and international health meetings, and has a Memorandum of Understanding (MOU) with Indian Ocean countries to provide a collaboration framework to guide preparation for, and response to, public health emergencies.

A recent Joint External Evaluation (JEE) to assess country-readiness per International Health Regulations (IHR) identified certain key gaps around the lack of a training programme, inadequate human resource capacity and no formal mechanisms to achieve the 'One-Health Approach' to tackling zoonotic diseases such as leptospirosis.

[26] As reported by Disease Surveillance and Response Unit (DSRU), August 2019.
[27] Public Health Emergency Communication Standard Operating Procedures (MOH, 2017).

The Covid 19 threat has required a step-up of surveillance and response capacities across the health sector and beyond, with significant interruptions to travel, trade and provision of routine health services. In addition to the declaration of a national public health emergency from early 2020, the country has established a COVID-19 response governance mechanism, led by a National Emergency Operations Committee (NEOC), with the health sector response being led by the Public Health Emergency Operations Committee (PHEOC).

Risk Communication and community engagement is one of ten pillars of the health-sector response to COVID-19, and played a key role. Based on this experience, the health-sector capacity for RCCE has been vastly strengthened.

3.6 Progress towards the health-related Sustainable Development Goals

Table 1 summarises trends in achievement of SDG 3 (good health and wellbeing) targets. We maintain key past achievements such as high percentage of births are attended by skilled health professionals, high vaccination coverage rates, low under-5 mortality rate and a good UHC index. Improving trends are noted in certain indicators such as road traffic accidents (premature mortality) and incidence of tuberculosis. Certain other key indicators show a recent worsening trend, reversing past gains – these include maternal mortality rate, neonatal mortality rate, HIV prevalence and adolescent fertility rates.

Health promotion is a cross-cutting theme, across most of the SDGs, with a role to play in almost all settings and circumstances. The 9th Global Conference on Health Promotion (see section 4.3 Global Context) has focused on integrating health promotion across all goals of the 2030 Agenda for sustainable development.

Table 1 Overview of progress towards achieving the health-related SDGs

SDG 3 Good Health and Well-being Indicators	Year/ Source	◆	◆	Value	R	T
Maternal Mortality Rate (per 100,000 live births)	APR 2018[28]	70	140	121	◆	↓
Births attended by skilled health personnel (%)	APR 2018	98	90	99	◆	→
Neonatal Mortality Rate (per 1,000 live births)	APR 2018	12	18	14.6	◆	↓
Under-5 mortality rate (per 1,000 live births)	APR 2018	25	50	20.6	◆	↓
HIV prevalence (per 1,000)	SDG R 2019[29]	0.2	1.0	0.1	◆	↓
PLWHA receiving ART (%)	-	-	-	N/A	◆	●●
Incidence of Tuberculosis (per 100,000 population)	APR 2018	10	75	15	◆	↑
Age-standardised death-rates due to NCDs in 30-70 year olds (per 100,000 population)	SDG R 2019	15	25	21.7	◆	↗
Traffic deaths rate (per 100,000 people)	APR 2018	8.4	16.8	9.3	◆	↑
Adolescent fertility rate (births per 1,000 women aged 15-19)	APR 2018	25	50	94	◆	→
UHC Tracer Index (0-100)	APR 2018	80	60	>80	◆	→
Age-standardised death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	SDG R 2019	18.1	151	20.6	◆	●●
Percentage of surviving infants who received 2 WHO-recommended vaccines (%) (DPT3 coverage as proxy)	APR 2018	90	80	99	◆	→
Life expectancy at birth (years) (not in SDGs)	APR 2018			72.7	◆	↓
Healthy life-expectancy at birth (years)	SDG R 2019	65	60	73.2	◆	→

Rating: '◆' – Global Green threshold (achieved SDG targets); '◆' – Above minimum progress; '◆' – Global Red threshold; '◆' – Data not available.
Trend: '→' or '↓' – worsening; '→' or '↑' – maintaining achieved target or on track to achieving SDG targets; '→' – stagnating; '↗' - improving moderately, but will fall short of SDG targets. '●●' – trend not available.

[28] Annual Health Sector Performance Report 2018, MOH, Seychelles
[29] SDG Center for Africa and Sustainable Development Solutions Network (2019): Africa SDG Index and Dashboards Report 2019. Kigali and New York: SDG Center for Africa and Sustainable Development Solutions Network. (Data sources between 2010 and 2018).

4 Health Promotion

4.1 Rationale for Promoting Health and Wellbeing

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

A healthy, productive population forms the pillar of the country's sustained growth and prosperity. Seychelles faces threats to the health and wellbeing of the people. The double, and increasing burden, of rates of infections (e.g. HIV, Viral Hepatitis and pneumonia), as well as chronic non-communicable diseases (e.g. diabetes, hypertension, cancer and cardiovascular disease), combined with social and mental health problems (e.g. injection drug use, psychological disorders), is creating an unprecedented challenge to improving health and wellbeing of the population whilst maintaining the sustainability of livelihoods and economic growth[30].

Chronic diseases have an antecedent common chain of risk factors and/or risk behaviours – trends of such risks as obesity, smoking, alcohol abuse, inadequate physical activity and poor nutrition are highly prevalent in Seychelles, with some, such as obesity, showing alarming increases across all age-groups, including children, in recent decades[31].

Interventions to prevent and/or control these common risk factors are a proven, effective method of preventing and mitigating disease and suffering[32]. Effective health promotion also has the potential to save costs in the long-run, by improving the productivity of the population and reducing the need for expensive curative treatment.

Common risk factors, as well as certain common disease processes, are influenced by the circumstances in which people live. These factors are referred to as SDHs, and include housing, employment, income and wealth, security, water and sanitation, food, a stable eco-system, sustainable resources, social justice and equity. Adversities in the SDHs also need to be addressed as part of health promotion strategies.

4.2 What is Health Promotion?

Health promotion is the *'process of enabling people to increase control over, and to improve their health'*[33]. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their negative impacts on public and individual health.

Health promotion interventions are often cross-cutting and applicable to almost all avenues of health service delivery, as well as most areas of daily life. Therefore, taking a whole-of-society approach to understanding and delivering health promotion is warranted.

[30] Annual Health Sector Performance Report, MOH, 2018.
[31] Seychelles Heart Study IV, Public Health Authority, 2013.
[32] WHO 2017: Tackling NCDs - "Best buys" and other recommended interventions.
[33] WHO 1986: Ottawa Charter. Link: https://www.who.int/teams/health-promotion/enhanced-well-being/first-global-conference

4.3 Global Context

In 1986, the first international conference on health promotion was held in Ottawa[34]. The outcome document, namely the Ottawa Charter for Health Promotion, recommends advocacy, facilitation and mediation to promote five key action areas.

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

This can be achieved by appropriate legislation, fiscal measures, taxation and organizational change, with good coordination across sectors. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments

Changing patterns of life, work and leisure have a significant impact on health. Health promotion should generate living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization – is essential, and must be followed by action to ensure positive benefit to the health of the public.

Strengthen Community Actions

Health promotion empowers communities to take ownership and control of concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

Existing human and material resources in the community can be drawn upon to enhance self-help and social support, and strengthen public participation in health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings.

Reorient Health Services

Individuals, community groups, health professionals, health service institutions and governments must work together towards a health care system which contributes to the pursuit of health. The role of the health sector, beyond providing clinical and curative services, must move increasingly towards health promotion, with linkages between the health sector and broader social, political, economic and physical environmental components.

[34] First International Conference on Health Promotion, Ottawa, 1986.

Reorienting health services also requires health research as well as changes in professional education and training. This must reflect as a change of attitude and organization of health services focusing on a more holistic approach to care.

The WHO Global Health Promotion conferences series have established the concepts, principles, and action areas, and located health promotion within the wider context of globalization (Ottawa 1986 and Bangkok 2005). They have examined healthy public policy making (Adelaide 1988) and the creation of supportive environments (Sundsvall 1991). They have considered capacity building for health promotion and its role in addressing the determinants of health (Jakarta 1997 and Mexico 2000). They have called for action to close the implementation gap between evidence and its concrete application in health development (Nairobi 2009).

The 8th Global Conference on Health Promotion (Helsinki 2013) reviewed the experiences in engaging in the Health in All Policies (HiAP) approach and established guidance for concrete action in countries at all levels of development, including Health Impact Assessments (HIA)[35].

The 9th global conference was held in Shanghai, China (2016); it produced the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. The Shanghai Consensus on Healthy Cities offer pathways for advancing health promotion and addressing the determinants of health through good governance, healthy cities, health literacy and social mobilization[36].

4.4 National Policy Context

The vision of the MOHis the *'attainment by all people, of the highest level of physical, social, mental and spiritual health, whilst living in harmony with nature, by relentlessly promoting, protecting and restoring the health and quality of life and dignity of all people in Seychelles, with the active participation of all stakeholders, through the creation of an enabling environment for citizens to make informed decisions about their health'*[37].

Clearly embedded in these values are the key role for health promotion, empowerment of people and the engagement of, and cooperation with, stakeholders across society. Health promotion is by its very nature decentralised, and involves the entire population, prompting for a 'whole-of-society' approach to improving the nation's health and wellbeing.

The National Health Policy[38] states "In spite of this health promotion activities are being undertaken by the Ministry but lacks coordination coherence and leadership. There is a need therefore to develop a coherent and inclusive health promotion policy and strategic plan to coordinate and streamline activities not only in the health sector but in other sectors and with other partners." This policy document moves us a step towards achieving this objective.

An MOH-led the Health of Our Nation (HOON) movement has been established since 2014 as a body for promoting health through various activities[39]. This included raising awareness and helping catalyse the development of programmes by individuals, groups and organisations to promote a healthy, active lifestyle. The HOON national health theme revolved around 'My Health, My

[35] Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects, in diverse economic sectors using quantitative, qualitative and participatory techniques (www.who.int/hia/en).
[36] World Health Organisation 2019. https://www.who.int/healthpromotion/conferences/en/
[37] Annual Health Sector Performance Report, MOH, 2018.
[38] National Health Policy, 2015, p7.
[39] MOH Annual Report 2014. Retrieved from http://www.health.gov.sc/wp-content/uploads/Annual-Report-of-the-Ministry-2014-G.doc

Responsibility', encouraging individuals to take responsibility for maintaining, restoring and improving their health and wellbeing, and that of their families and communities. Subsequent variations of this theme focused on healthy homes and physical activity. Of note, the HOON movement has been less active in recent years.

A draft Health Promotion Policy developed in 2009, had not received final approval then, over access to finance, but has been loosely used in the provisional guidance of health promotion activities.Many key areas of concern were clearly identified, and includes still-valid propositions for interventions, which have been taken into consideration in the development of this policy.

This National Health Promotion Policy, in addition to being aligned with international evidence-based policy recommendations, must also be aligned with the National Health Strategic Plan (NHSP) 2022-2026 (Strategic Direction 4).

A review of this document and further realignment (with strategic directives) was carried out after approval of the new National Health Strategic Plan 2022-2026, with the role for health promotion particularly emphasised under Strategic Directive 4: Healthy Populations.

Health promotion has also played key roles in the preparation and response to public health emergencies, including production of IEC materials, their distribution, risk communication, public education and community engagement[40].

4.5 Situation Analysis of Health Promotion in Seychelles

A detailed SWOT analysis[41] was carried out as part of Health Promotion Policy development and is summarised next as a table, sub-divided by health system building blocks[42].

[40] Public Health Emergencies Communication Standard Operating Procedures (MOH, 2017).
[41] Situation Analysis and Needs Assessment Report on Health Promotion in Seychelles, 2019
[42] World Health Organization. (2010). Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. World Health Organization.

Table 2 SWOT Analysis of Health Promotion Landscape in Seychelles

BB	Strengths	Weaknesses	Opportunities	Threats
Governance & Leadership	• Health Promotion Unit as National. **coordination body** under PS Secretariat. • **Previous experience** with successful implementation of health promoting policies (Tobacco control Act, Sugar Tax). • Broad range of **acts, policies and strategic plans** in health and other sectors address health promotion. • National Health Policy and NHSP which emphasise health promotion.	• **Health in All Policies** (HiAP) pledge not institutionalized. • No **legal framework** for Health Impact Assessments (HIAs). • Frequent **leadership turnover** and inconsistency of health promotion agenda – strategic directions change. • Lack of **organizational and policy memory** and long-term consistency. • **Reactive versus proactive policies** and actions. • **No unified strategic direction** in health promotion.	• Potential to integrate and provide a more **central role for health promotion in the upcoming revision of the NHSP.** • **Stakeholders and leaders support prevention** – opportunity to identify key partners for collaboration. • **National bodies can be leveraged for inter-sectoral coordination** for improving health.	• **Competing priorities** at leadership level, with tendency to focus on short-term threats and neglect activities with long-term benefits. • **Rapidly changing societal situation**, with sharp increases in **social ills** and related risk behaviours.
Human Resources	• **All health professionals trained** in basic health promotion.	• **Inadequate expert capacity**: Staff numbers and expertise level. • **No networking** bodies for health promotion staff. • Health professionals have **inadequate time** for conducting health promotion activities.	• Potential for NIHSS to **train health promotion officers**.	• Attitude towards volunteerism changing.
Health Finance		• **Unsustainable Finance**: Unpredictable and inadequate budget allocations for HPU. • **Under-prioritisation of preventive/promotive services (**vs curative). • Difficulties with determining spending attributable to Health promotion activities.	• **Alternative sources of finance** available (Bilateral funds, UN agencies, Corporate Social Responsibility taxes from private sector). • Option of increased **finance with improved M&E** and reporting**.**	• **Increasing inequalities** and deteriorating **Social Determinants of Health** predict an increasing disease burden.
Health Technologies	• Basic **supportive equipment** for producing IEC materials available and used.		• Potential for **investing in modern technologies** (including social media) and equipment for more efficient support for health promotion across the sector. • **Support from media houses** for health promotion.	

BB	Strengths	Weaknesses	Opportunities	Threats
Information & Research		• **Inadequate human resources, expertise and budget** for research. • Inadequate data on health promotion from a weak, **coordination and Monitoring and Evaluation** of health promotion-related activities in Seychelles.	• Introducing **HIAs**. • Increasing recognition of **interlinkages** between health and other sectors – potential for exploration of co-benefits and 'win-win' interventions.	
Service Delivery	• **Population settings approach to health promotion:** Health Promoting Schools programme and Workplace Wellbeing Programme.	• **Institutional capacity** of community health facilities is limited for health promotion. • **Coordination** with, and participation of, community-level partners in health promotion is weak. • **Limited involvement of the private sector.**	• Reactivation of Nation campaign "**Health of our Nation: My health, my responsibility**" over the last six years with focus on health promotion. • **NGOs more engaged** in health promotion initiatives.	• Inadequate **environmental supports** (policies, funding and infrastructure) to promote health across other sectors. • **Physical infrastructure which is not conducive** to healthy lifestyles.

BB – Building Block of Health System; IEC – Information, Education and Communication; NGOs – Non-Governmental Organisations; HOON – Health Of Our Nation movement.

5 Strategic Policy Interventions

5.1 Vision

"To mainstream health in all professions, programmes, policies and people, through partnerships."

The health sector has a duty and responsibility to the whole-of-society, to improve health and wellbeing, through partnerships across the sector and with other sectors. Promoting health is everyone's responsibility, with the aim of creating an informed and supported population, which is fully engaged in taking responsibility for health.

5.2 Guiding Principles

The National Health Promotion Policy, and health promotion interventions across all sectors, shall be guided by the following principles:

- *Universality*: health is a human right and all populations in all settings must be able to access to quality health promotion interventions.
- *Equity*: interventions need to recognise and respond to specific needs of populations across the life-course, across social gradients, across risk-groups and across varied settings.
- *Participatory*: encourage participation of people and empower people, families and communities through enhanced personal skills to maintain healthy lifestyles.
- *Community engagement* and participation shall be strengthened to foster trust and commitment, as well as to improve community cohesiveness, health literacy and preparedness.
- *Evidence-based* research, equity and social justice shall guide the practice and implementation of health promotion in Seychelles.
- *Culturally and socially appropriate* messages shall be accessible to all.
- *Multi-sectoral actions*, involving other public institutions, civil society and private sector, shall be central to all health promotion undertakings.
- *Transparency* and *accountability* through adequate monitoring and evaluation of health promotion interventions and outcomes.

5.3 Key Objectives

1. Strengthen the health promotion service delivery and coordination system.
2. Contribute to improving physical and mental health.
3. Advocate for improvements in the determinants of health.
4. Empower communities and promote active involvement and participation of individuals, groups, communities and civil society in health promotion interventions
5. Promote multi-sectoral and multi-disciplinary approaches to health promotion development and implementation.
6. Advocate for health-promoting environments in key settings (workplaces, schools, communities).
7. Promote evidence-based research in health, and its use in informing health promotion interventions.
8. Establish a framework for implementing, monitoring and evaluating health promotion interventions.

5.4 Key Policy Statements

1) *Provide National leadership and coordination* for health promotion.
   a) Improve *coordination* through the establishment and leadership of an inter-sectoral coordination body for Health Promotion.
   b) Provide *technical support, practical tools, technologies and guides* for health promotion actors.
   c) Establish effective *monitoring, reporting and evaluation mechanisms* for tracking Health Promotion activities across society.
2) Ensure relevant supports for successful health promotion: adequate human resources (both numbers and expertise), finance, equipment and infrastructure.
   a) Work with the MDAs responsible for Education to deliver courses to build health promotion competencies for professionals across all sectors.
   b) Ensuring adequate regular budget allocations for the routine operations of the HPU.
   c) Through negotiation with the Ministry responsible for Finance, ear-mark an agreed fraction of Alcohol and Cigarette taxes and sugar tax, to health promotion activities, administered through the MOH Secretariat.
   d) Establish clear mechanisms for access to allocated finance, with accountability.
   e) Leverage on *modern Health Promotion Technologies* for health promotion.
3) Develop and implement healthy public policies.
   a) Support the implementation of the Health-in-All-Policies approach (HiAP).
   b) Support development of new, and revision of existing, legislation (regulations) to protect and promote health.
   c) Advocate for implementation of strategic taxation and subsidies to promote health.
4) Advocate for actions across society to address the root causes of SDH.
5) Engage communities and build partnerships to mainstream health promotion across sectors.
6) Conduct tailored and targeted health promotion.
   a) Targeting key populations (vulnerable groups; groups at highest risk) and Settings (schools, workplaces, health centres).
   b) Across the life-course (age- and sex-specific) and to address priority disease conditions (NCDs, communicable diseases and injuries).
   c) Ensure health promotion is culturally appropriate and delivered in all National languages.
7) Empower people to take responsibility for health, through improving their personal skills, health literacy[43] and creating supportive environments.
8) Reorient health services and programmes to deliver preventive and promotive interventions.
9) Use research, evidence, modern technologies and innovations to inform design and delivery of health promotion.
10) Support risk communication and community engagement (RCCE) for health hazards[44], in partnership with PHA and DRMD.
11) Guide health promotion across the SDGs.

[43] Health literacy is defined as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions (www.cdc.gov/healthliteracy/learn/index.html).
[44] As described in Public Health Emergency Communication Standard Operating Procedures (MOH, 2017)

6 Institutional Arrangements

Current institutional arrangements for delivering health promotion are to be strengthened:

- Health Promotion Unit acting as a coordination and support unit, particularly for cross-sectoral health promotive interventions.
- The various health programmes of the MOH, guided by the Primary Health Care Package, NHSP, and this policy, will enhance the preventive and promotive aspects of their services.
- The private health sector should be encouraged to include promotive and preventive services.
- Non-health sectors need to institutionalise health and wellbeing considerations into their decision making and service delivery processes.
- Non-Governmental Organisations (NGOs) can be leveraged on to deliver promotive and preventive services, particularly in areas where MOHMOH capacity is noted to be limited.

7 Conclusion

The Seychelles National Health Promotion Policy presents an economically and politically feasible, culturally and socially acceptable framework for delivering health promotion to the population of Seychelles. The Policy lays out simple administrative mechanisms and encourages use of modern technologies to achieve a healthier population.

The policy shall be operationalised through a HP(MC)U work plan. The suggested year for review of this policy is 2032.

"To mainstream health in all professions, programmes, policies and people, through partnerships."

MOH Seychelles, with support of World Health Organisation.

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