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Commentary

The Health Sector in Seychelles: Prioritization and Accountability

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Since Seychelles achieved independence in 1976, investment in the health sector has been at the vanguard of its development strategy. Though the cost of health care can rapidly escalate, the example of Seychelles shows that sustained investment in health care over a long period of time can efficiently deliver results. Since 1978, all Seychellois have benefited from free access to health care at the point of use through a government-run health service. Over the last 40 years, the health sector has always featured, alongside education, as one of the top two recipients of budget financing.

With the adoption of the Constitution of the Third Republic in 1993, access to free primary health care was enshrined in our supreme law.

Seychelles' public health indicators speak volumes for the results that can be achieved by sustained investment in health focused on World Health Organization–recommended strategies. Health spending indicators for Seychelles show remarkable efficiency in delivering results that matter. It goes without saying, therefore, that the people and the government of Seychelles are extremely proud of their accomplishment in the health sector.

To sustain these gains and further improve efficiencies, we have partnered with the World Health Organization and the World Bank, as reflected in the analysis summarized in the article, 2018 to place Seychelles' investment in the sector in the context of the effectiveness of its outcomes and to help assess ways to ensure the sustainable evolution of this investment.

It should be noted also that like all developing countries after independence, Seychelles depended heavily on the support of donors to sustain investment in its health sector. Because Seychelles has recently been classified as a high-income country by the World Bank, thereby reducing and restricting its access to grants and concessional finance, it has also fully domesticated its recurrent expenditure in the health sector. Though we continue to benefit from some targeted support from our trusted partners, our core annual investments are derived from direct taxation in our domestic economy.

As a small country, there are benefits in being able to quickly roll out targeted programs to the majority of the population.

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However, it is important to always keep in mind that this benefit of smallness is offset significantly by the high costs of investment per capita in more advanced treatments and methods of care, as well as the need to provide appropriate facilities over multiple islands.

A small island setting also brings about a sense of immediacy between decision makers and health sector users. Though we always aim to harness this immediacy in relation to accountability and results, there is a constant elevation of expectations in relation to standards of care on the part of the population.

As we embark on the next phase of investment in enhancing our health system, we are placing ever more emphasis on quality of care and in particular on “person-centered care.” This requires more accountability on behalf of health professionals but also more emphasis on education and awareness of our population in terms of the most effective investments relative to results.

All political leaders, across myriad political systems around the world, recognize that though it may be easier to showcase improvements in the health sector by unveiling a new shiny piece of equipment, true progress in health systems is anchored in programs that deliver long-term outcomes based on sustained investments over time. These programs must also benefit from leadership and ownership by health professionals across the different strata of care.

Faced with such high expectations, the workforce at the Ministry of Health is the first to recognize that the health structures and processes need even greater improvement and investment. The workforce is taking bold steps to drastically shift the paradigm, whereby all users of the health system are active participants in their care. As such, we continue to emphasize the “My Health, My Responsibility” campaign in the Seychelles, where we continue to sensitize our population to the role that every citizen must play in following a healthy lifestyle and making proactive health choices.

With the procurement, soon, of a fit-for-purpose health information system, the Ministry will be able to better rationalize many of its processes and optimize management information, performance monitoring, and evaluation.

In our recent reforms of the health sector, we have sought to better define the roles of the various actors in our health ecosystem and in the process also enhance our regulatory capacity. Since 2013, the sector is reorganized around the Ministry of Health, responsible for policy development in the health sector; the Health Care Agency, responsible for the provision of health services and managed by an independent board of directors; the

Public Health Authority, responsible for the regulation of the health sector and protection of citizens and also governed by an independent board; and the National AIDS Council, responsible for advocacy in relation to HIV and AIDS. This reorganization has enhanced the accountability of the sector, while rationalizing the cost of administration—even though these are expected to grow as the regulatory burden increases.

Although currently small, the private health sector in Seychelles is expanding rapidly. Government welcomes this expansion and sees the private sector as an important complement to the government-run service and providing for an additional flow of investment into the sector. Government spending accounts for 93% of investment in the sector, and it is evident that additional private sector investment can further contribute toward the drive toward enhanced quality.

In this era of Sustainable Development Goals, Seychelles is now making greater efforts than ever before to build the required synergies to put the concept of “health in all” into all policies. The collaboration of the health sector with the education sector is increasing each year with the consolidation of the *health promoting school* concept. We are focusing our strategies on addressing the ever-increasing burden of noncommunicable diseases. We aim to reduce obesity in our children by increasing physical activity and improving nutrition. We are encouraging parents to help children eat right. We are also working hard to inspire them from a very young age to avoid cigarettes, alcohol, and drugs. We are increasing their resilience by promoting good life values. The National Strategic Plan for noncommunicable diseases, our main disease burden, focuses on best buys to reduce the main risk factors that contribute to priority noncommunicable diseases.

Although the health system is constantly interrogated on its ability to sustain the health gains achieved over the last 40 years, questions of sustainability are best answered by what the current evidence suggests. The article on health reform in Seychelles shows that the key to long-term success for a health system is sustained and consistent investment based on sound policies.

Universal health coverage is in Seychelles to stay. And we are delighted to be able to share some of the recipes that have allowed us to invest in universal health coverage and sustain it.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The authors declare no conflict of interest.