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General data

POPULATION, 2023
119,773

PHYSICIANS/1000 INH, 2020–2022
3.82

NURSES/1000 INH, 2020–2022
7.27

LIFE EXPECTANCY, 2022
73.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

HUMAN DEVELOPMENT INDEX RANKING, 2023
56

GDP PER CAPITA (US\$), 2023
17,879.24

HEALTH EXPENDITURE, 2021
718.5

UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

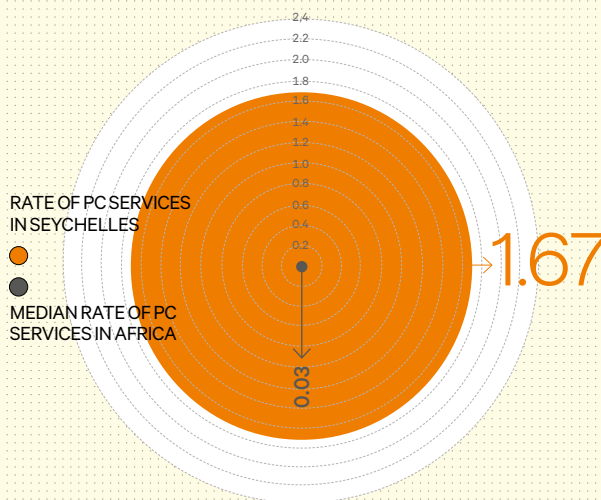
Seychelles

F Provision of PC (Specialised Services)

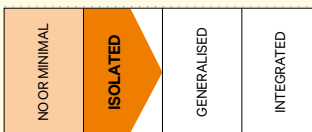
Total number of Specialised PC services
2

Rate of PC services per 100,000 inhabitants
1.67

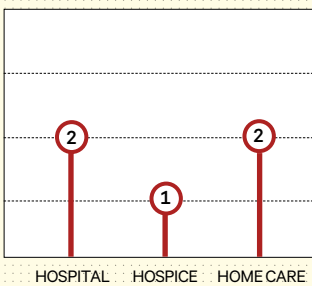
Seychelles in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

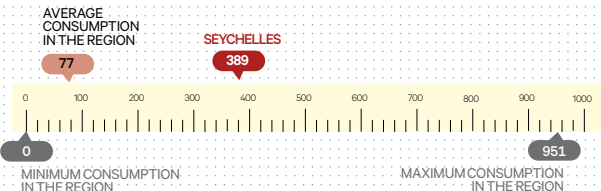
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D Use of essential medicines

Opiods consumption (excluding methadone)
389
S-DDD/MILL INHABITANTS/DAY

Seychelles in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

1



National Association: No.
Consultants: Annia Rousseau; Bernadette Payet.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: N/A.
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/0

Nursing schools with mandatory PC teaching
0/1

Recognition of PC specialty
1

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
2

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
2

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	In Seychelles, awareness of palliative care is gradually increasing, supported by the efforts of various groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors. Key organizations include the Seychelles Patients Association, the Cancer Concern Association, Hope Foundation, Liam's Foundation (focused on paediatric care), the Seychelles Rotary Club, and certain religious groups. Although the Seychelles Hope Foundation supports local palliative care initiatives, its role does not actively focus on promoting patient rights. Additionally, a new Home-Based Palliative Care Project, approved by the Seychelles Health Care Agency, operates in the northern region of Mahé, covering the Beau Vallon, Bel Ombre, and Glacis districts.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are a national policies or guidelines on surrogate decision-makers.	Currently, there is no specific national policy or guideline on advance directives or advance care planning (ACP) in Seychelles. However, the healthcare system allows patients to designate a proxy to make decisions on their behalf, though no other formal initiatives for ACP or advance directives are currently in place. Existing laws provide a framework for certain aspects of advance directives. The Mental Health Care Bill (2019) includes provisions for advance directives and the designation of a nominated representative. While this framework has not yet been extended to palliative care, discussions are ongoing about developing a dedicated policy or guideline. Additionally, Seychelles law permits the creation of living wills or directive wills, but public awareness of these provisions remains limited. ACP is recognized as a priority within the palliative care program, outlined for development in the national strategic framework over the next five years.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Seychelles does not currently have a dedicated national palliative care plan or program with a defined implementation framework. However, palliative care is referenced across multiple health strategies and policies. It is included in the National Health Strategic Plan (2022-2026) as part of universal health coverage (UHC) under non-communicable diseases (NCDs), though without a dedicated chapter or specific indicators. Palliative care is also recognized in earlier policies, such as the Primary Health Care Package, the Neglected Tropical Diseases Master Plan (2015-2020), and the Policy Framework for Long-Term Care for an Ageing Population (2016). Additionally, mentions of palliative care exist in the Public Health Authority Act (2004-2013). Recent efforts include the initiation of a Home-Based Palliative Care Pilot Project and its planned integration at the community level. Despite these references, implementation remains slow due to limited specialized professionals and low awareness.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	tion remains slow due to limited specialized professionals and low awareness.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	Palliative care is not included in the 2015 Public Health Act or its 2021 amendment. However, it is part of the Seychelles Primary Health Care Package (Ministry of Health, 2020, Chapter 2.10, pages 34-36) and is recognized as a component of the national strategy for Universal Health Coverage (UHC). Despite this inclusion, there are no specific provisions for care delivered by trained palliative care professionals, which limits the scope and quality of services at the primary care level. A community-based palliative care project is currently underway, utilizing a team-based approach. However, this initiative is still in its early stages and does not yet represent a fully integrated national service. Furthermore, while palliative care is acknowledged in strategic health documents, there are no national laws or formal policies mandating or regulating its implementation.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no coordinating entity.  Does not have concrete functions or resources (budget, staff, etc.).	Seychelles does not currently have a dedicated palliative care department, unit, or branch within the Ministry of Health. While palliative care is acknowledged in the National Strategic Plan for the next five years and the Primary Care Package launched in 2022, these documents emphasize the need to develop palliative care services in the country. However, no specific strategic plan, authority, or consensus has been established to guide the implementation or oversight of palliative care at a national level.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Indicates a minimal or non-existent number of articles published on the subject in that country.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Seychelles that all met the inclusion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div></div><div></div><div></div><div></div></div>	<div><div><div><div></div></div><div><div>389</div></div></div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>SEYCHELLES</div><div>389</div><div>0</div><div>951</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>

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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div>2</div><div></div><div></div><div></div></div> <div>Fair: Between 10% to 30%.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Fair: Between 10% to 30%.</div>	<p>In Seychelles, essential medicines for pain and palliative care are available at the primary care level, but their scope and accessibility are limited. While all medicines prescribed in government facilities are free under the Seychelles Health Care Act, the number of essential medicines included in the National Essential Medicines List (NEML) is relatively small, and availability varies. Regarding pain management, NSAIDs like ibuprofen and paracetamol are available in community clinics, but opioids are restricted. Fentanyl and codeine are only at secondary care, and methadone is restricted to dependency programs. Regarding symptom management, Prochlorperazine and bisacodyl are accessible, but essential medicines like dexamethasone, midazolam, and haloperidol are restricted to specialists. Private clinics may fill gaps not covered by state facilities.</p>
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>2</div><div></div><div></div><div></div></div> <div>Fair: Between 10% to 30%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<p>In Seychelles, immediate-release (IR) oral morphine (liquid/tablet) is available at the primary care level but under strict protocols. Prescriptions for IR morphine must be initiated by an oncologist or internal medicine specialist following the patient. Any modification to the prescribed dosage requires prior authorization from the oncologist, as mandated by protocol. This approach ensures careful monitoring but can limit accessibility and timely adjustments for patients at the primary level.</p>

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Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/0	 <p>In Seychelles, there are no medical schools, and students pursuing medical education attend universities abroad. Palliative care is briefly addressed during nursing and social work training but is not formally integrated into the undergraduate nursing curricula at the National Institute of Health and Social Studies (NIHSS), the country's sole nursing school. Efforts to enhance palliative care education are underway, with the NIHSS engaged in discussions about incorporating palliative care training. Significant progress was made with the first structured palliative care program in 2023, where a multidisciplinary group completed a 10-week course by the Hospice Palliative Care Association of South Africa. Building on this, in 2024, the Ministry of Health, the Health Care Agency, and Hope Foundation conducted a two-week training attended by 26 professionals. Locally trained trainers are now expanding caregiver education, with plans to integrate government palliative care training across sectors in 2025, signaling a growing commitment to capacity building.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/1	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>There is no process on specialization for palliative care physicians.</p>	

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Ind13	13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	 <p>Isolated provision: Exists but only in some geographic areas.</p>	<p>There are two palliative care services in Seychelles. The density of services is 1.67 services per 100,000 inhabitants. (Population in 2023 according to the World Bank 119,773 inhabitants.) Seychelles provides hospice care through a 6-bed inpatient palliative care unit within a hospital setting and, additionally, the Home-Based Palliative Care Project in northern Mahé, approved by the Seychelles Health Care Agency, operates across the Beau Vallon, Bel Ombre, and Glacis districts. This program, managed by an interdisciplinary team that includes a physiotherapist, primarily supports patients referred from the Oncology Unit and those already registered under the Domiciliary Care Programme. Since its launch, the project has provided services to 23 patients and conducted 105 home visits between August 2023 and February 2024. Key activities include home-based visits, the use of screening tools, staff training, and community awareness efforts to promote palliative care awareness.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> <p>2</p>
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	 <p>Not at all.</p>	
	13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	 <p>Ad hoc/ in some parts of the country.</p>	
Ind14	13.5. Total number of specialised PC services or teams in the country.		
	14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	 <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>In Seychelles, pediatric care is limited to a single ward with approximately 40 beds, where care is provided by a pediatrician, oncologist, or relevant specialist, occasionally supported by a social worker. However, this care is not team-based, and there are no specialized or dedicated pediatric palliative care services currently established. Liam's Foundation plays a significant role in supporting pediatric care, and there are growing requests for community-based initiatives to address the needs of children requiring home-based palliative care.</p>
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	