



Millennium Development Goals Status Report 2013

*Assessing Seychelles Progress toward the
Millennium Development Goals*



Ministry of Foreign Affairs

November 2013

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AFD	Agence française de développement
AFR	Adolescent Fertility Rate
APHI	Association of People with Hearing Impairment
ASFF	Alliance of Solidarity for the Family
ASP	Agency for Social Protection
AWF	African Water Facility
CARE	Campaign for Awareness, Resilience and Education (Against Drug and Alcohol Abuse)
CBD	United Nations Convention on Biological Diversity
CBS	Central Bank of Seychelles
CDCU	Communicable Diseases Control Unit
CEDAW	United Nations Convention on the Elimination of All Forms of Discrimination Against Women
CFC	Chlorofluorocarbon
CITES	Convention on International Trade in Endangered Species
DAC	Drug and Alcohol Council
EEZ	Exclusive Economic Zone
EFF	Extended Fund Facility
EFOIS	Entreprendre au Féminin Océan Indien Seychelles Chapter
EIA	Environmental Impact Assessment
EIB	European Investment Bank
EMTCT	Eliminate Mother-to-Child Transmission
ERSP	Economic Reform Social Programme
EU	European Union
GDP	Gross Domestic Product
GEF	Global Environment Facility
GHG	Green House Gasses
GNI	Gross National Income
GOS	Government of Seychelles
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
HTC	HIV Testing and Counselling
IAS	Invasive Alien Species
IBBS	Integrated Behavioural and Biological Survey
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMF	International Monetary Fund
IMR	Infant mortality rate
IPU	Inter-Parliamentary Union
IUCN	International Union for Conservation of Nature
KAPB	Knowledge, Attitude, Practices and Behaviour Study
LUNGOS	Liaison Unit for Non-Governmental Organisations of Seychelles
MCH	Maternal and Child Health
MDG	Millennium Development Goals

MoF	Ministry of Finance, Trade and Investment
MoH	Ministry of Health
MSM	Men who have sex with men
NAFT	National Aids Trust Fund
NBS	National Bureau of Statistics
NDP	National Development Plan
NGOs	Non-Governmental Organisations
NPPO	National Plant Protection Office
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Cooperation and Development
PAHS	Plant and Animal Health Services
PC	Personal computer
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Purchasing Power Parity
PUC	Public Utilities Corporation
PWD	People With Disability
PWID	People Who Inject Drugs
RAMSAR	The Convention on Wetlands of International Importance
RAPPICC	Regional Anti-Piracy Prosecutions and Intelligence Coordination Centre
SAA	Seychelles Agricultural Agency
SACOS	State Assurance Company of Seychelles
SAWOP	Seychelles Association of Women Professionals
SCCI	Seychelles Chamber of Commerce and Industry
SDD	Social Development Department
SIDS	Small Island Developing State
SIF	Seychelles Islands Foundation
SME	Small and Medium Enterprises
SPTC	Seychelles Public Transport Corporation
SSA	Seychelles Scouts Association
STC	Seychelles Trading Company
SW	Sex Workers
TFR	Total Fertility Rate
TVET	Technical Vocational Education and Training
UNAIDS	Joint United Nations Programmes on HIV and AIDS
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WASO	Women in Action and Solidarity Organisation
WHO AFRO	World Health Organization African Regional Office
WHO	World Health Organization
WHO/POA	World Health Organization / Plan of Action
ZSL	Zoological Society of London

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Foreword by Minister for Foreign Affairs, Mr Jean Paul Adam

The Republic of Seychelles is proud to present its third Millennium Development Goals Report. First and foremost, I wish to extend my most sincere gratitude to all the stakeholders who have, one way or the other made this report possible. Back in September 2000, Seychelles, along with 189 other UN Member States, endorsed the Millennium Declaration at the UN Summit which embodied eight Millennium Development Goals (MDGs) defining a common framework for making a difference in people's lives by 2015, the deadline for achieving these goals. It is to be noted though that the Government of Seychelles has for decades now been inspired by the philosophy of people centred development.

The national theme for 2013 calls on all Seychellois to "Strive harder for Seychelles". This is the rallying call for us to move ahead together, along the same path, with one vision. Being a Small Island Developing State (SIDS), with limited resources, Seychelles has emphasised good governance, dynamism, innovativeness, determination, resilience, social coherence, as means of achieving successful implementation of the MDGs. This report clearly indicates that Seychelles' approach to national development has paid off with the achievement of the MDGs. Seychelles was proud to feature for the first time in the 2013 the "Very High Development" category of the UNDP Human Development Report (HDR). This achievement further inspires us to redouble our efforts.

Our MDGs report indicates that Seychelles has achieved almost all the MDGs, especially those relating to education, health and social development. Notable indicators include the provision of ten years of education for free (100% in most years); high literacy rate (94% for both sexes); free basic health care (including universal coverage for essential medicines and anti-retroviral therapy); universal access to safe drinking water, good sanitation and housing provision. The country also has a significantly low infant mortality and high life expectancy at birth (74.2 years for both sexes). Seychelles also has established an advanced social safety net to support the most vulnerable.

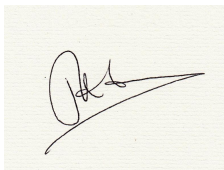
This report also looks ahead to the Post 2015 agenda and how as a Small Island Developing States (SIDS) we can ensure the sustainability of development. We feel there is a need to have a convergence with the Sustainable Development Goals (SDG) process and propose 11 possible goals that are reflective of our concerns in the last chapter of the report.

In the process of working towards the achievement of the MDGs a number of issues came to the fore, the main ones being the need for improved data gathering and dissemination, the capacity to undertake sustained monitoring over time, the country's limited pool of qualified and experienced professionals within a small labour force versus the level socio-economic development, and the importance of addressing human development in terms of sustainable development.

As for the challenges, and issues of concerns, we have found that the increased prevalence of substance abuse and non-communicable diseases linked to lifestyle are seriously impacting on our society. We realise that we need to concentrate on gathering more data and information on their impacts in order to ensure that national development objectives are evidence-informed, allowing for national responses to have programmatic actions that use effective mitigation strategies.

It was during the RIO+20 meeting that an agreement was reached to launch a process of formulating a set of Sustainable Development Goals (SDGs), which will build on the successes of the Millennium Development Goals and converge with the Post-2015 Development Agenda.

We look forward to sharing the secret behind our success, thus extend an invitation to interested parties, to visit and learn from, Seychelles.

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'JP Adam'.

Jean-Paul Adam
Minister for Foreign Affairs
Republic of Seychelles

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Background

The **Millennium Development Goals Status Report 2013** (MDG Report 2013) for Seychelles has been prepared by the Government of Seychelles with the support of the United Nations Development Programme (UNDP) and provides an update of progress in achieving the MDGs, identifies the factors contributing to MDG achievement and some best practices and remaining gaps and challenges. The UNDP provided technical and financial support for the Report.

Methodology

The Ministry of Foreign Affairs chairs a national MDG Steering Committee has the lead role in coordinating the collection of data from various sources, discussions with key stakeholders and the finalisation processes for the completion of the report. A Sub-Committee, the MDG Statistics Committee was also created and its role was to provide data to the consultants. Consultations were held with various Ministries, the private sector and civil society organisations. Data used in this report have been obtained from official sources such as the National Bureau of Statistics (NBS), ministries and institutions. The list of all contributors is given in Annex 1.

On 2nd July 2013, members of the MDG Committee met with the consultants in an Inception Workshop to discuss the modalities and mechanisms for the preparation of the report. During the workshop, the way forward was discussed and finalised. Members were organised in different groups representing the various clusters of MDGs (Poverty, Employment and Economy, Health, Education, Environment and Gender Equity) and provided insight and guidance for completion of the report.

Following the inception workshop, the consultants met with a few members of the MDG Committee to discuss the documents needed for the Post 2015 Agenda, obtain data and inputs for the report.

Then, individual members of the Committee were contacted by the consultants to obtain data from them in relation to their expertise and their various sectors to complete the report. Contacts were maintained through email, with exchange of information, data and discussions of progress made in the drafting of the Report.

Finally, on Tuesday 27th August, a national Validation Workshop was held with more than 60 participants representing different stakeholders to review the first draft of the national report, and the recommendations and amendments proposed during the workshop have been incorporated in the final report.

National Milestones

Seychelles' commitment towards the 8 MDGs has been and remains unflinching and actually dates back to even before these international goals were elaborated. This is the result of a government policy that places the people at the centre of development, which remains a cornerstone of the country's national policies. The MDGs are principally followed by three line ministries with the portfolio responsibility for Foreign Affairs, Health and Social Affairs, with Social Affairs acting as the 'guardian' since 1992. The Social Development Division (SDD) created in 1993 in the Ministry of Employment and Social Affairs has produced a number of reports on Seychelles' progress towards

the achievement of the MDGs. The Population Unit was created in 1993 within the SDD to address progress and needs related to the achievement of the MDGs, as well as monitoring their influence on national policies and vice versa. This engagement began with the International Conference on Population and Development (ICPD) in Cairo in 1994 and the ICPD Programme of Action and the subsequent World Summit on Social Development in Copenhagen in 1999. As a result, the actions and programmes undertaken contributed directly to progress towards the achievement of the MDGs, especially to reduce poverty, hunger, poor health, the incidence and prevalence HIV and AIDS and gender inequality by 2015.

The Post-2015 Global Initiative was an important topic at the United Nations RIO+20 Conference on Sustainable Development held in Rio de Janeiro in June 2012. It was during that meeting that an agreement was reached to launch a process of formulating a set of Sustainable Development Goals (SDGs), which will build on the successes of the Millennium Development Goals and converge with the Post-2015 Development Agenda. The final chapter of the MDG Report 2013 addresses these issues and has been developed after extensive consultations with national stakeholders.

Various ministries dealt differently with the MDGs. The Ministry of Health, especially, kept pace with the MDGs especially in relation to HIV and AIDS, as a planning, monitoring and evaluation tool for its own programmes and for reporting obligations for the Global AIDS Reporting Mechanism.

As for the other ministries, perhaps due to the country's already fairly high human development index and good performance results for the MDGs and their indicators, it was felt unnecessary to use these as means to monitor their sectors' performance for progress and for comparison with the performance of other countries and regions. These sectors felt that their own departments' and sectors' objectives were already beyond the MDGs goals and targets.

The MDG reports of 2003 and 2010 have been prepared by the Ministry of Foreign Affairs in collaboration with other stakeholders, with technical and financial assistance from the UNDP.

Introduction

Country-specific development context

Seychelles is a democratic republic consisting of 155 islands located in the Western Indian Ocean 55.6 degrees east of Greenwich meridian and 5 degrees south of the equator. The total land area is 455km² and the Exclusive Economic Zone (EEZ) comprises of 1.3 million km² of ocean. The archipelago is largely composed of granitic and coralline islands. The geopolitical location of the Seychelles is in Eastern Africa with 100% boundaries consisting of more than 600 km of coastlines and the country is relatively isolated.

Figure 1: The Seychelles



Table 1 shows that the Seychelles, as a Small Island Developing State (SIDS), has generally positive key development indicators, especially literacy rate for both sexes (94%), low maternal and infant mortality rates, life expectancy at birth of 74.2 years for both sexes and a high proportion of the population with access to potable drinking water (95%) and with access to sanitation (97%).

TABLE 1: Key development indicators

Indicators	2000	2010	2011	2012* /2013**
Population size (mid-year estimate)	81, 131	86, 525	87, 441	88, 303*
Age Distribution %				
0-14	26.3	22.7	22.4	22.3*
15-63	66.5	68.8	69.2	69.2*
64 and over	7.3	8.4	8.4	8.5*
Dependency Ratio	504	421	434	
Sex ratio (per 100 females)	98.5	104.6	97.3	96.3*
Total Fertility Rate	2.1	2.1	2.4	2.4*
Population Growth Rate	0.1	-0.9	0.95	0.92
Life Expectancy at Birth for both sexes (in years)	72.4	73.2	72.6	74.2
Males		69.1	67.7	69.3
Females		77.5	78.0	79.5
Gross National Income (GNI) per capita	7, 390***	10, 680***	11, 270***	---
Human Development Index	0.774	0.799	0.804	0.806
Pop. with access to drinking water supply (%)	82.9	93	95	95
Pop. with access to sanitation	94****	97	---	---
Percentage of undernourished population	Year 1991	Year 1996	Year 2001	Year 2006
	11%	10%	8%	7%
Adult literacy rate (%) 15 years and above (both sexes)	90	94	---	---
Net enrolment rate in primary education (%)	100	111	107.4	101.3
Ratio of girls to boys in primary education (%)	1.00	0.99	1.00	1.00
Infant mortality rate (per 1,000 live births)	10.7 ¹	14.0	9.8	10.3*
				12.4**
Maternal mortality rate (per 100,000 live births)	0	133	0	0 / 1 death registered in 2013

Source: National Bureau of Statistics (2012); Gender Secretariat, 2013; World Bank, 2013

Notes

* Population and Vital Statistics No. 1 of 2013

**Mid-year estimates for 2013 (document still a draft and not yet published)

***World Bank data

****Year 2002

¹Year 2007

Demographics

In 1990, the mid-year estimate of the population of the Seychelles was 69,507, with a birth rate of 23.1 and a death rate of 7.7. By 1995, the population had grown to 75, 304, with a birth rate of 21.0 and a death rate of 7.0. The population continued to grow until it reached 80, 410 in 1999. Since then, the Seychelles an average of 1,500 persons have been added to the population annually. The population also dropped from 2002 from 82,781 to 82,475 in 2003. For the next three years, it stayed around 82, 000 people due to fluctuations in the number of migrant workers and increase in emigration.

Since 2005, the population has steadily grown, placing pressure on infrastructure and services with higher demands for utilities, housing, education and health. Since its creation, the Population Unit of

the current Social Affairs Department began to assist government in formulating policies to address population issues in Seychelles. The same Unit was also handling matters regarding the MDGs and integrated the goals and targets into policy consideration, as exemplified by documents such as the *National Plan of Action on Social Development 2005-2015*, the *National Population Policy for Sustainable Development 2007* and the *National Population Plan of Action 2008-2012*. All three documents place emphasis on understanding population trends and their impact on social development and the economy and urge more proactive programmes to ensure sustainable development. Moreover, the *Environment Management Plan of Seychelles 2000 to 2010* and the *Seychelles Sustainable Development Strategy 2012-2020* included chapters on human interactions with the environment with special focus on population trends.

According to the Population and Vital Statistics No. 2 of 2012¹, the population of Seychelles is estimated at 88,303 persons as at end of June 2012. There were 43,313 males and 44,990 females or an approximate ratio of 963 men for every 1,000 women. There are an estimated 61, 615 persons in the age group 15 to 64 years, of which there are 30, 628 males compared to 30, 987 females.

The projected population estimates done by the National Bureau of Statistics² is shown in Table 2 below. It is expected that the population will grow to 105, 000 by the year 2027. The composition presently is mostly of African origin. However, there are also descendants of Malagasy slaves, their French masters, other Europeans, as well as Asians (Indian and Chinese), and Arab traders. There is a ‘metissage’ of all these populations which now make up the Seychellois.

TABLE 2: Projected Population

Population	2017	2022	2027
Males	47, 500	49, 800	51, 900
Females	48, 200	51, 000	53, 800
Total	95, 700	100, 800	105, 700

Source: NBS, 2012

In June 2012, according to estimates by the National Bureau of Statistics, 22.3% of the population was less than 15 years of age; 8.5% were aged 65 and over and 69.2% of the population were in the 15 to 63 year bracket (Table 3). Most of the population (76%) live on the main island, Mahé; 11% live on the two other main islands – Praslin and La Digue. The official languages are English, French and Creole. The latter is the native language of Seychelles and has its origin in French.

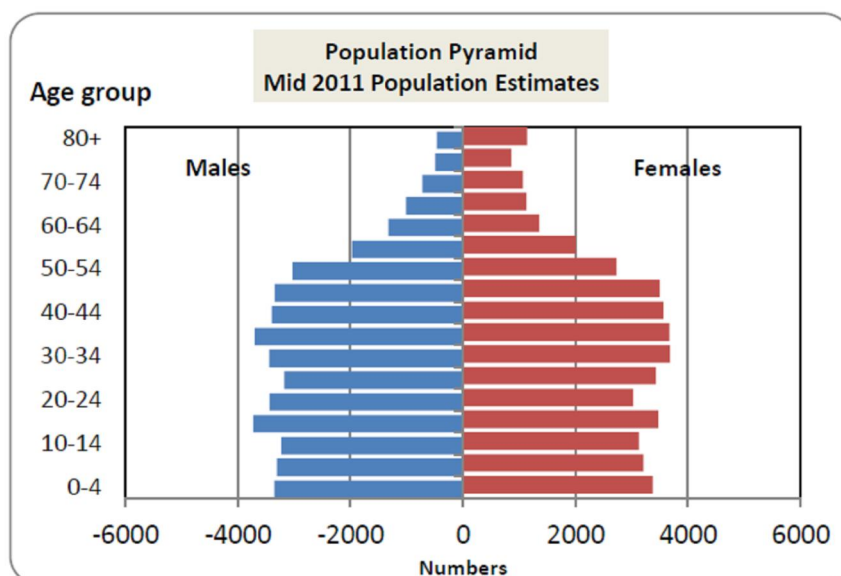
TABLE 3: Key Demographic Indicators for Seychelles

	2010	2011	2012
Population (mid-year estimates)	89,770	87,441	88,303
Annual Growth Rate (%)	2.8	-2.7	1.0
Total Fertility Rate	2.2	2.4	2.4
Expectation of life at birth	73.2	72.6	74.2
Males	69.1	67.7	69.3
Females	77.5	78.0	79.5
Sex Ratio (per 100 females)	104.6	97.3	96.3
Age Distribution (%)			
0-14	22.76	22.4%	22.3%
15-63	68.85	69.2%	69.2%
64 and over	8.39	8.4%	8.5%

Source: National Bureau of Statistics, 2012

The population of Seychelles is aging and is characterised by slow growth and low fertility rate. The country has to begin preparing for higher dependency rates as the population ages. The highest number of people is to be found in the groups 35 to 54 years and the base representing population less than 25 years of age is relatively smaller and shrinking each year (Figure 2).

Figure 2: Population pyramid



Source: NBS (2012)

Economy

Seychelles' mainstays of the economy, tourism and fisheries, centre on the sea which forms part of the majority of the territory, but both sectors are presently dominated by international players. In 2011, the economy grew by 5% compared to 2012 when it only grew by about 2.8%. Inflation continues to be an issue due to the fall in value of the rupee from about Seychelles Rupees (SR) 5.5 in October 2008 to the dollar to SR11.8 in August 2013 and the rising international food and oil prices. However, GDP is expected to rise slightly to 3.2% in 2013 and 4.3% in 2014³. The country has attempted to diversify its tourist markets given the persistent difficult external environments in traditional source markets which have been affected by the Eurozone crisis. This has led to an increase in tourists from the United Arab Emirates (+52%), Russia (+53%) and China (+111%), with the decline from France amounting to -18%, from Italy -9% and from the United Kingdom -16% in 2012. Tourism revenues fell largely due to the continued financial crisis in Europe.

These decreases may have been due in part to the lack of direct flights to and from Europe when the national carrier, Air Seychelles, ceased to have direct flights to European markets. These routes have now been taken by carriers from the Gulf, such as Emirates, Qatar Airways (which ceased service in September 2013) and Etihad. Condor has always maintained the once weekly direct flight Frankfurt-Seychelles throughout.

It is to be noted, however, that compared to 2012, in June 2013, arrivals from France increased by 12%. Other traditional European markets have also had increases: United Kingdom by 14% and Germany by 29%. The Asian market is also showing signs of growth as are the African and the American ones. The policy of diversification of markets by the Seychelles Tourism Board seems to be bearing fruit. It is now expected, barring unforeseen developments, that by year end (2013) the Seychelles can expect yet another new arrival record in a single year.

As regards to fisheries, the other major sector, there are two main types of fisheries: local and artisanal and industrial, with the presence of a tuna factory in Victoria. Artisanal fishery catch has tended to fluctuate every year, indicating a rise and fall in the population of various species. However, higher catches do not necessarily mean lower prices as these have continued to rise since 2010.

There are 1,500 mainly fishing vessels and 5 oil tankers registered in Seychelles. The longliners and purse seiners are owned by European, Korean and Japanese companies. Direct and indirect employment in fisheries and related sectors was estimated to be approximately 5,000 people in 2011, representing around 11% of total formal employment in the country. Both tourism and fishery have been affected by the Somali piracy problem that emerged in 2009 and 2010. However, through vigorous marine surveillance and patrols, successful prosecution, incarceration and repatriation programmes with the assistance of UNODC and the European Union, the issue of piracy has gradually been brought under control⁴.

Oil and gas exploration on offshore sites may provide much needed diversification of the economy if these prove to be commercially viable. The necessary legal and institutional framework to effectively manage this sector is being initiated and further strengthened where needed.

Since the economic crisis caused by external debt of more than 150% of GDP and the adoption of the IMF-driven comprehensive reforms in 2008/2009, the Government's economic policy has been consistent with the maintenance of a fiscal policy in line with its objectives of reducing public debt and aims to attain primary fiscal surpluses of 6.7% of GDP in 2012 (above the budget target of 4.7%). This has been largely achieved as the budget surplus has averaged 3% of GDP.

The success of the macro-economic reforms have also led to Seychelles' Outlook being revised to positive from stable by Fitch ratings, from 2010 to 2012, while simultaneously affirming the country's long-term foreign currency Issuer Default Rating (IDR) at 'B', long-term local currency IDR at 'B+' and Short-term foreign currency IDR at 'B'. Moreover, Fitch has also affirmed Seychelles' Country Ceiling at 'B' ⁵.

The Seychelles' economic outlook is considered generally good with real GDP growing from 2.8 to a projected 3.2 in 2013 and 4.3 in 2014 (Table 4). Current account as a percentage of GDP is stable and expected to remain so, from 2011 to 2014, with an average -26.5%.

TABLE 4: Seychelles economic outlook⁶

	2011	2012	2013	2014
Real GDP growth	5	2.8	3.2	4.3
Real GDP per capita growth	4.6	2.5	2.9	4
CPI inflation	2.6	7.1	4.4	3.9
Budget balance % GDP	2.5	2.6	0.3	-2
Current account % GDP	-22.6	-25.8	-28.4	-29.2

Source: www.AfricanEconomicOutlook.org

Seychelles Human Development Index

For 2012, according to the United Nations Development Programme (UNDP)⁷ Human Development Report, the Seychelles' HDI value is 0.806, placing the country in the very high human development category. As a result, the country is now ranked 46 out of 187 countries and territories. Even if the methods used for calculating the HDI have changed and comparability is now difficult, the Seychelles' HDI value has increased from 0.774 to 0.806, an increase of 4% or average annual increase of about 0.3% between 2000 and 2012. Seychelles has achieved such high human development, which is a reflection of measures of life expectancy, education and standard of living, due to its investments in social and health programmes, as well as its relatively good economic achievements.

Achievements of the MDGs

Many MDG goals/ targets have been achieved or partially achieved or are on track. However, there are emerging issues and challenges which may impact the sustainability of the gains made so far. The financial crisis has, eroded citizens' purchasing power, as inflation rose due to increased food

and fuel prices, particularly in 2012. Seychelles continues to focus on the people and the needs of Small Island Developing States (SIDS), as indicated in the Medium-Term National Development Strategy (MTNDS) which is being finalised and in the national report prepared for the 3rd international conference on Small Island Developing States for 2014.


As for MDG 8, debt sustainability is being addressed decisively and it is expected to be resolved satisfactorily in the near future. As highlighted in the 2010 MDG status report, Seychelles had already started thinking about the Post 2015 Agenda in terms of the MDG Plus, going beyond the targets set in 2000, especially in areas where the targets have been met, with proportions reaching more than 95% (school enrolment, literacy rates, maternal and child mortality).

These results have been achieved through commitment of the national government to place focus on people-centred development with emphasis on social development, social assistance for the vulnerable and disadvantaged through social protection nets. These programmes which include assistance with government housing have also led to an improvement in the living conditions of the Seychellois, with at least 95% of houses connected to a potable water supply, with electricity and more than 90% of houses being in good or fair state of repair. The vast majority of households (97%) have flush toilets connected to a septic tank. In terms of energy use, 97% use electricity for lighting, and 91.4% use gas for cooking (NBS, 2012).


Since the late 1970s, there have been attempts to democratise the education system with decentralised adult education classes focusing on teaching Creole, English and basic arithmetic. Awards were given to participants who attended all classes, to those who progressed to higher levels of education and to teachers who remained faithful to the programme. Higher adult literacy increased participation in the country's political processes as well as helping parents to become more engaged in their own child's education.


The table below (Table 5) presents at a glance the status of the MDGs in Seychelles. It also gives indications of factors that led to progress or created bottlenecks, as well as some explanatory notes for each of the MDG status in the country.



TABLE 5: STATUS AT A GLANCE TABLE FOR ACHIEVEMENT OF THE MDGs


GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 1: Eradicate Extreme Poverty and Hunger			PARTIALLY ACHIEVED	<i>US\$1.25 not relevant for Middle Income Countries (MICs) like the Seychelles</i>
<i>Target 1 A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1.25 a day</i>		*0.3% (2007)	PARTIALLY ACHIEVED	<i>National poverty line set higher than US\$1.25 Purchasing Power Parity (PPP). Concept of rural-urban divide does not exist in the Seychelles.</i>
○ Percentage of households living below the Half Median Income level			PARTIALLY ACHIEVED	<i>Pockets of poverty still exist, especially in terms of multi-dimensional poverty when food and shelter destitution are taken into account.</i>
○ Poverty gap ratio (incidence, times, depth of poverty)	No data (1990) *0.0 (2000)	0.1% (2007)	PARTIALLY ACHIEVED	
○ Share of poorest quintile in national consumption	No data (1990) 5.7% (2000)	3.7% (2007)	PARTIALLY ACHIEVED	
<i>Target 1B - Achieve full and productive employment and decent work for all, including women and young people</i>			PARTIALLY ACHIEVED	<i>Data collection still problematic in this area.</i>
○ Growth rate of GDP per person employed (labour productivity)	No data (1990) 0.7% (2006)	21.5% (2009)	PARTIALLY ACHIEVED	
○ Employment-to-population ratio	59%	62.38% (2012)	ACHIEVED	<i>Near full employment with 3.3% unemployment in July 2013.</i>
○ Proportion of employed people living below \$1.25 (PPP) per day	No data (1990)	0.0 (2012)	PARTIALLY ACHIEVED	<i>Social assistance programmes & involvement of civil society organisations in poverty alleviation programmes.</i>
<i>Target 1 C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>			PARTIALLY ACHIEVED	
○ Prevalence of underweight population	14.6% (1991)	8.6% (2011)	ACHIEVED	<i>Overweight and obesity becoming problematic.</i>
○ Proportion of the population below minimum level of dietary energy consumption.	14%	8% (2002)	ACHIEVED	<i>4.72% of food-destitute households in 2011/2012</i>


* World Bank figures


GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 2: Achieve universal primary education			ACHIEVED	
<i>Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i>			ACHIEVED	<i>Nearly 100% registration and attendance</i>
○ Net enrolment rate in primary education	99.9%	101.3% (2012)	ACHIEVED	<i>Free and compulsory ten years of education, leading to at 9.4 years of education for most people.</i>
○ Proportion of pupils starting Grade 1 who reach Grade 7	113.9% (1991)	125.0% (2011)	ACHIEVED	<i>School enrollment and attendance are generally high and there are agencies to ensure that children do attend school.</i>
○ Literacy rate of 15- to 24-year olds	95%	99% (2000)	ACHIEVED	<i>Literacy rate for both sexes is high, averaging 95% from 1990 to 2010</i>

GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 3: Promote Gender Equality and Empower Women			PARTIALLY ACHIEVED	<i>National government strategies coupled with active civil society engagement have led to great improvements.</i>
<i>Target 3: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</i>			PARTIALLY ACHIEVED	
Ratio of boys to girls in primary, secondary and tertiary education			PARTIALLY ACHIEVED	<i>Some disparities still exist for both genders in education, career paths and development, as well as income, especially in the parastatal and private sectors</i>
▪ Primary	1.00 (2000)	1.00 (2012)	ACHIEVED	
▪ Secondary	1.03 (2000)	1.12 (2012)	PARTIALLY ACHIEVED	<i>Some key emerging issues in the secondary level of education: increase in drop-outs, lack of adequate vocational training, youth training and unemployment</i>
▪ Tertiary	No data	3.38 (2012)	PARTIALLY ACHIEVED	
○ Share of women in wage employment in the non-agricultural sector	No data in 1990 49.4% (1992)	97% (2011)	ACHIEVED	
○ Proportion of seats held by women in the national Parliament	27% (1993 to 1998)	44% (2012)	PARTIALLY ACHIEVED	<i>For positions, such as director-general and district administrators, women are almost on par with men or are more represented. In positions with more decision-making power and authority (government ministers and chief executive officers), there are fewer women (27% and 36% respectively).</i>

GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 4: Reduce Child Mortality			PARTIALLY ACHIEVED	
<i>Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>			PARTIALLY ACHIEVED	<i>Increase of heroin-dependent mothers and children, as well as teenage pregnancy rates which remain relatively high, mean that this target will not be achieved.</i>
○ Under-five mortality rate (per 1000)	16.5% (1991)	15.3 by August 2013	NOT ACHIEVED	
○ Infant mortality rate (IMR) (per 1000)	11.9%	11.3% (2012)	NOT ACHIEVED	<i>Need to find out role of congenital malformations, environmental factors and nutrition.</i>
○ Proportion of one-year-old children immunised against measles	89% (1991)	100% (2012)	ACHIEVED	<i>Community nursing, antenatal and postnatal programmes and fairly strong social assistance to parents and children.</i>
 Goal 5: Improve maternal mortality			ACHIEVED	<i>Able to achieve zero deaths most years.</i>
<i>Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</i>			ACHIEVED	<i>Increase in heroin-dependent mothers and persistent high rate of teenage pregnancy may lead to regression in later years.</i>
○ Maternal Mortality Ratio	62	0 (2012)	ACHIEVED	
○ Births attended by skilled health staff (% of total)	98%	99%	ACHIEVED	
<i>Target 5.B: Achieve, by 2015, universal access to reproductive health</i>			PARTIALLY ACHIEVED	
○ Contraceptive prevalence rate	60 (1996)	49 (2012)	PARTIALLY ACHIEVED	<i>Services offered by shops, pharmacies & private health facilities not counted.</i>
○ Adolescent birth rate	70	80	NOT ACHIEVED	
○ Proportion of Women Receiving Prenatal Care	99.7 (2000)	99.8 (2012)	ACHIEVED	

GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 6: Combat HIV/AIDS, malaria and other diseases			NOT ACHIEVED	
<i>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>			NOT ACHIEVED	
○ HIV prevalence among population aged 15-24 years	No data	0.76% (2012)	PARTIALLY ACHIEVED	<i>General population prevalence of 0.87% & lower rate of infection in 2012</i>
○ Condom use at last high-risk sex	67.9% (2003)	60.9% (2012)	PARTIALLY ACHIEVED	<i>IBBS data for commercial sex worker contacts used for both 2003 & 2012</i>
<i>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</i>			ACHIEVED	
○ % of population with advanced HIV infection with access to antiretroviral drugs	No data	100%	ACHIEVED	<i>Free access to ARVs However, special attention needs to be paid to key populations, (Men who have sex with men (MSM), People who inject drugs (PWID) and Sex Workers (SW)). Increase in number of hepatitis C cases linked to injecting drug use.</i>
<i>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>			ACHIEVED	
○ Incidence and death rates associated with malaria	43 0	17 0	ACHIEVED	<i>Nearly all cases are imported</i>
○ % of tuberculosis cases detected and cured under DOTs short course	No data	100%	ACHIEVED	

GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 7: Ensure environmental sustainability			PARTIALLY ACHIEVED	<i>Flooding, land erosion, invasive species and severe water shortages still major issues.</i>
<i>Target 7.B: Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss</i>			PARTIALLY ACHIEVED	<i>Seychelles Sustainable Development Strategy 2010-2020 + Seychelles Environment Outlook 2012 completed</i> <i>Monitoring of coral bleaching and severe tropical storms needed to better understand processes and social development impacts.</i> <i>Many CSOs engaged in this sector.</i>
○ Proportion of land area covered by forest	88.9%	89.1%	ACHIEVED	<i>More protected areas being designated</i>
○ CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	0.12	0.40 (2008)	NOT ACHIEVED	
○ Consumption of ozone-depleting substances	3.5	0.6 (2008)	ACHIEVED	
○ Proportion of terrestrial and marine areas protected	0.9	0.9	PARTIALLY ACHIEVED	<i>Need for stronger mitigation against climate change and greater vigilance to control environmental crimes and improve conservation efforts.</i>
<i>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</i>			ACHIEVED	
○ Proportion of population using an improved drinking water source	88.9%	95% (2010)	ACHIEVED	<i>Access to safe drinking water problematic during dry months.</i>
○ Proportion of population using an improved sanitation facility	78% (1994)	97% (2012)	ACHIEVED	

GOALS & INDICATORS	BASELINE 1990 <i>(unless otherwise indicated)</i>	CURRENT STATUS <i>(Latest available)</i>	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
 Goal 8: Develop global partnership for development			PARTIALLY ACHIEVED; ON TRACK	
<i>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</i>			ON TRACK	<i>Need for vigilance and fiscal discipline to maintain present gains. Seychelles still vulnerable as a SIDS.</i>
<i>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</i>	>150% of GDP (2008)	70% of GDP (2012)	PARTIALLY ACHIEVED	<i>Debt still an issue with repayment on some loans expected soon.</i>
<i>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</i>			ACHIEVED	
○ Proportion of population with access to affordable essential drugs on a sustainable basis	100%	100%	ACHIEVED	<i>Free access to essential medicines.</i>
<i>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</i>			PARTIALLY ACHIEVED	<i>Telephone access and affordable Internet connections still problematic. Other technologies such as mobile phone more readily accessible.</i>
Fixed telephone lines per 100 inhabitants	12.05	23.03 (2012)	PARTIALLY ACHIEVED	
Mobile cellular subscriptions per 100 inhabitants	0.0	150.02 (2012)	ACHIEVED	<i>Many people now own 2 or more mobile phones</i>
Internet users per 100 inhabitants	0.0	43.2 (2011)	PARTIALLY ACHIEVED	

Goal One: Eradicate Extreme Poverty and Hunger

Target 1:

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

The face of poverty in Seychelles¹ is likely to be the unemployed, a female, a person with little or no education, with a higher number of children and living in fishermen and farming families*.

1.1 Proportion of population below \$1.25 (PPP) per day

Trends and inequalities

Definitions of poverty

As noted in the 2003 and 2010 MDG Reports, the absolute poverty line based on the US\$1.25 a day does not apply well to the Seychelles context. Poverty as a concept is complex and depends on a multitude of variables to clearly establish baselines and thresholds. The MDG Status Report 2010 notes that: “In the Seychelles, the absolute poverty line would thus be set at Seychelles Rupees 5 (SR5) a day in 1993 and at SR12.50 in 2010, given the local fluctuations of the exchange rate of the US dollar. In a month, a person would be expected to live on SR150 (SR5 x 30 days) in 1993 and SR600 in 2010 (SR12 x 30 days). This method is not applicable to Seychelles, as a Household Survey undertaken from August 1999 to August 2000 estimated that the minimum level of expenditure was SR841. Around 16% of households were spending below this level.” In the Seychelles, relative poverty is measured.

Thus, using purely monetary or material deprivation as basis for determining poverty levels of individuals and societies has proven to be insufficient to capture all the realities of living as a poor person in a given society. Indeed, Muller et al (2013) notes that “Poverty measures focused on income and expenditures are widely recognized as not fully taking into account the extent and sensitivity of poverty.” A Multidimensional

** It has been suggested that poverty in food producing communities such as farmers and fishermen is not unusual globally. Food producers remain poor for a variety of reasons including poor investments, low returns, low prices, lack of planning and social behaviours such as substance abuse which increase family expenditure on non-food products. The situation in Seychelles is not yet clear and more research needs to be conducted in these populations to better ascertain the reasons for their levels of poverty.*

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approach based on priorities set by the targeted populations is considered as a better method to yield more accurate results on poverty.

In Seychelles, there have thus been attempts to better define poverty not only for the purpose of measurement but also for development of policies and targeted social programmes. Therefore, with the support of the UNDP, the Agency for Social Protection and the National Bureau of Statistics has set out to establish a poverty baseline for Seychelles through an exhaustive Living Conditions Survey. However, it is important to note that the Survey analysed results from the 2006-2007 Household Expenditure Survey which was conducted before the macro-economic reform programme of 2008/2009.

According to Muller et al (2012)⁸, estimated poverty rate is about 17% of the population. However, Muller also notes that *'this figure corresponds to a broad notion of poverty based on the opinions of Seychelles households on subsistence minima expressed in terms of total consumption expenditure, including housing expenses. This is not comparable with the poverty measures based on nutrient minima that are used for some extremely poor countries, which is not the case of Seychelles. Indeed, poverty understood as suffering of hunger would yield almost nil.'*

The results of the Living Conditions Survey also showed that although living conditions of Seychelles households were found to be generally acceptable, there was a hidden reality of poverty and destitution among a non-negligible proportion of the households. Therefore, in 2007 there were 0.3% of people considered to be living below US\$1.25 per day, using consumption data. In 2012, using the Multidimensional Poverty Study as a different methodology, the figures are 3.69% for shelter-destitute households and 4.72% for food-destitute households (Table 6). *Whilst not strictly comparable due to different methodologies used, these figures do provide some information about poverty in the Seychelles.*

TABLE 6: Diverse Dimensions and Measures of poverty

Indicators/ Years	2007
% pop. <US\$1.25 (PPP) per day	0.3 ¹
	2012
Shelter-destitute	3.69 ²
Food-destitute	4.72 ³

Source: NBS (2013) and Muller et al (2012)

* *The World Bank criteria of US\$1.25 (PPP) are no longer applicable to Seychelles as the country's own national food poverty line is set at SR38.90 which is equivalent to US\$3. Calculations in Seychelles is done for the poorest 25% of the population (the lowest quartile)*

¹ Based on consumption (NBS, 2013)

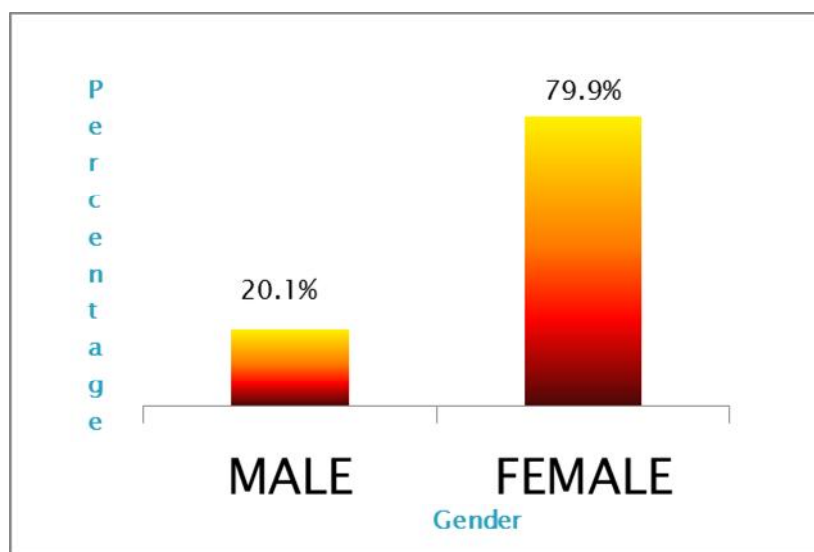
² Shelter-destitution households based on the Multidimensional Poverty Study and ³ Food-destitution households (Muller, 2012)

Poverty is notably higher in female-headed households than in male-headed households.

Figure 3 shows of the 4960 application for social welfare assistance received from the public, 79.9% are from women and 29.1% are from men. It is important to note that of these applications, only 17.7% or 878 are new ones compared to 82.8% which are meant for review. The majority of the applications are for supplementation of monthly earnings (47.1%), with unemployment benefit being a close second (31.8%) and to assist with medical expenses (21.0%) (Table 7).

It is noted that the situation in Seychelles regarding the majority of welfare seekers and recipients being women remains unclear and needs further study. Anecdotal reports suggest that there may be some cultural factors influencing this phenomenon, such as decision-making processes in the home, final choices on items to buy with the money received and ‘pride’ of Seychellois men which may prevent their coming forward themselves to seek assistance. However, as noted above, this situation warrants further research.

FIGURE 3: Gender of Social Assistance Seekers



Source: Agency for Social Protection, 2012

TABLE 7: Reasons for applying for welfare assistance

	Reasons for applying		
	Unemployed	Medical	Supplement
Frequency	2474	1634	3661
Percentage	31.8%	21.0%	47.1%

Source: Agency for Social Protection (2012)

Given the number of female-headed households who are receiving social welfare assistance, one of the main possible contributors to the chain and pockets of poverty in Seychelles may be teenage pregnancy which is itself one of the symptoms of child neglect and abuse. The cycle of poverty begins with the girl dropping out of school, in spite of the Teenage Pregnancy Policy of the Ministry of Education which allows her to stay and to go back to school after the birth of the child. Dropping out of school leads to less educational attainment with reduced opportunity for employment and career development.

Factors influencing poverty amongst young women in Seychelles needs to be better understood and further research is imperative.

Discussions with key stakeholders have also suggested that girls who drop out of school have less education and lower-paid jobs. Some of the girls, even with the assistance of social welfare, may rely on a partner for help or turn to sex work, both of which may lead to further dependence on the system's safety nets or on possible abusive partners. Statistics from the Ministry of Health show that at least 16% of all women coming in for the first time for antenatal clinics were aged 15 to 19 years. Interestingly, 15% of them were expecting their second child.

Key implementation bottlenecks

Key issues constraining progress are the lack of data, measurement issues leading to difficulties in comparison of levels of poverty across years and periods, leakages in social protection aid calling for better policy development and targeting and the lack of evidence-based studies on feminisation of poverty. Indeed, Muller (2012) indicated that there was high level of leakage in the social welfare programmes with at least 80% of the people receiving help not qualifying as poor. This implies that sometimes, some people needing help do not receive it at all and others who do not need it at all receive it.

Climate change may also have a negative impact on the living conditions of vulnerable and disadvantaged persons. Severe weather conditions such as periods of severe droughts and heavy rainfall causing flooding are becoming more frequent. Storms and subsequent flooding have occurred on Praslin (2002), in East Mahé (23rd January 2004), Cyclone Bondo, hitting outer lying islands of Farquhar and Providence (December 2006) and more recently, Felleng on Mahé and La Digue in January 2013. The houses which had been most affected were those owned and / or rented by the vulnerable and disadvantaged. These houses were built with inadequate retaining walls and weaker structures (corrugated iron sheets and wood instead of cement) on acute mountain slopes. This may also be an indication of poor planning.

New challenges for meeting the MDG

The main problem with social assistance especially financial help is that it is unsustainable. It is noted from the study on multidimensional poverty that 84.62% of people receiving welfare are not poor both in terms of using multiple factors or even a single factor (Muller et al, 2013). The leakage situation has led to only 22% of people receiving welfare who are actually 'poor'.

It is thus clear from this study that the social programmes may be used for reasons other than distributing wealth and assisting the vulnerable and the disadvantaged. To ensure that the minority living in poverty is adequately assisted, these measures need to be taken: better data collection on social and economic situations of the applicants, improved and independent oversight of application and disbursement and programmes to encourage return to work through skills training and placement, in collaboration with employment agencies and the Department of Employment.

The Seychelles needs to be able to correctly measure the level of poverty within the country. A new household and expenditure survey is being conducted in 2013. It may shed some light on this issue and the results are expected to give a more realistic and up-to date picture of the situation. The Interim Living Conditions Survey done on sampled populations is expected to provide valid and reliable indicators.

Seychelles with its high HDI is no longer eligible for financial assistance from multilateral partners and must increasingly rely on its own means to address the issue of poverty and effects on climate change and financial crises on living standards. The 2010 MDG Report noted the redundancies in state organisations in November 2008 as a result of the financial crisis and the debt situation in the country affected mostly women as the laid-off workers were caterers, cleaners and clerks. More than 1, 700 persons lost their jobs.

Key factors contributing to accelerated progress

There are many national social programmes undertaken through the Agency for Social Protection (ASP), Social Services, Probation Services, civil society organisations such as 'Nou La Pou Ou' ("**We Are Here For You**"), Caritas, the Gender Commission of the Liaison Unit for Non-Governmental Organisations of the Seychelles (LUNGOS) including two of its members GemPlus and Women in Action and Solidarity Organisation (WASO), and special funds like the Archbishop Makarios Fund and the Government Dedicated Fund for school children to help address the issue of poverty.

Ordinary citizens who need assistance can apply directly to the Agency for Social Protection (ASP) or they can be referred by various service providers, such as social workers, school counsellors and district administrators. The ASP assesses means and distributes money as needed. Probation Services and at times the MPower Centre (a local NGO working with young vulnerable women) seek to assist just-released prisoners in finding shelter and work. There is also an aftercare committee comprising of different stakeholders helping released prisoners to reintegrate in society.

Civil society organisations like Caritas help directly whereas others such as MPower Centre, Les Li Viv and WASO encourage women to engage in small and medium home-based businesses as a way out of poverty. In all state schools, there are special programmes (Dedicated Fund) to assist children from poorer backgrounds with obtaining school uniforms, bus passes to travel to and from school and midday meals, which cost SR2 or US17 cents per meal.

The unfinished business of the MDGs and emerging priorities

For this target, the unfinished business is the need to measure correctly the levels of poverty in the country with gender and geographical disaggregated data. Whilst most surveys are done nationwide,

there is still an unclear picture about poverty in the outer islands or even on the inner islands and on the urban and rural divide as understood in the Seychelles context. There is thus a need to improve capacity for data collection, collation and analysis to help national responses to be more evidence-based.

There are numerous emerging priorities. These include the need to:-

- 1 . Improve data collection for a better understanding of poverty in Seychelles;
- 2 . Find different modalities and programmes to assist people in need to avoid leakage, prevent reported possible political manipulation and actions that can help people recover their dignity through employment and entrepreneurship.
- 3 . There is a need to recognise the valuable role that "Food Security" or "Accessibility to Safe and Nutritious Food" and Climate Change Adaptation can play in reducing poverty by allowing families to have greater access to cheaper and nutritious food, thus reducing potential malnutrition cases and improving health outcomes as well as providing viable economic activities.

To address some of these issues, some civil society organisations such as WASO, ASFF and GemPlus and increasingly other government departments such as the Department of Labour have begun to devise programmes aimed at vulnerable and disadvantaged women for training on entrepreneurship and development of small home-based and medium-sized businesses.

There is also a need to establish targeted social programmes supported by national media programmes to educate the population about the different types of benefits, eligibility criteria, and mechanisms to reduce dependence on public assistance. Other issues may be the integration of mechanisms or packages that encourage people seeking social welfare assistance to find employment or to develop home-based enterprises.

There is a perception that social welfare assistance is sometimes influenced by political considerations. However, further research is needed to examine the profiles of social welfare recipients and the amounts and types of assistance received.

1.2 Poverty gap ratio

TABLE 8: Poverty gap ratio

Indicators/ Years	2000	2005	2006	2007
1.2 Poverty gap ratio (percentage)	0.0*	---	4.62**	0.1*

Source: *World Bank, 2013; **UNDP, 2006

There is little data available for this indicator.

The analysis of the 2006 data by Muller (2012) shows that the poverty gap was 4.62 nationally and it increased with the number of children the individual had, from 0.7 for 1 child to 2.1 for 3 children and 9.2 for those with more than 6 children (Table 8). *The differences in data from the UNDP study and the World Bank may be due to differing methodologies.*

Table 9 shows the share of the poorest 20% of the population in national consumption and there is yet again a lack of data. In 2007, 3.7% of national consumption was by the poorest quintile compared to 5.7% in 2000.

1.3 Share of poorest quintile in national consumption*

TABLE 9: Share of the poorest quintile in national consumption

Indicators/ Years	1990 - 1999	2000	2005	2006	2007	2008-2012
Share of the poorest quintile in national consumption	No data	5.7	No data	No data	3.7	No data

Source: NBS (2012)

* The share of poorest quintile in national consumption is defined as the share of a country's national consumption or income that accrues to the poorest quintile (fifth) of the population. This indicator is expressed as a percentage. It helps to understand how much of the national consumption is done by the poorest 20% of the population.

Target 1.B:

Achieve full and productive employment and decent work for all, including women and young people

1.4 Growth rate of GDP per person employed

TABLE 10: Growth rate of GDP per person employed

Indicators/ Years	1990 - 2005	2006	2007	2008	2009	2010-2013
Growth rate of GDP per person employed (%)	No data	0.7*	15.9*	22.2*	21.5*	No data

Source: *United Nations Statistics Division, 2013

Table 10 shows that the growth rate of GDP per person employed was 21.5% for the latest year for which data is available (2009). There has been a steady growth from 0.7% in 2006 to a high of 22.2% in 2008. While data is not available for 2010 to 2013, it is expected that the growth rate would have increased given the rise in GDP during this same period.

1.5 Employment-to-population ratio

TABLE 11: Employment to population ratio

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
Employment-to-population ratio	59	60	55	58	68	---	60	---	62.3*	62.38*

Source: World Bank, 2013

*NBS, from Labour Force Survey 2011/2012

The employment to population ratio (EPR) shows an increase from 59 in 1990 to 62.38 in 2012. It is important to note, however, that different methodologies were used. The 2011 and 2012 are derived from the Labour Force Survey 2011/2012. The survey further notes that *'the Seychelles economy provided employment for about 62% of those in the working age population in 2011/2012 with females faring worse than their male counterparts. This rate is a decline from the 64% observed in 2005, implying a possible slow-down in the economy'* (Table 11).

When the EPR is computed only for the prime working age population (25-54), it is referred to as the core EPR. Its additional advantage is that it is not affected by the schooling system of young persons or the retirement policy in force. It is expected that when the economy is growing, this ratio should not decline.

The National Bureau of Statistics (NBS) report notes (Table 12) that *'between the years of 2005 and 2011, the core EPR declined by 2.4 percentage points. Moreover, even though the prime age population declined between these years, the employment of prime age persons declined even faster suggesting an even more severe slow-down of the economy.'* However, the ratio is still relatively high with 83.2% of the working age population employed in 2005 and 80.8% in 2011 and 2012.

TABLE 12: Core Employment to population ratio

	Year		
	2005	2011/2012	Change
Number of employed persons aged 25-54	31,017	29,871	-1,146
Population aged 25-54	37,270	36,953	-317
Core EPR (%)	83.2	80.8	-2.4

Source: NBS, 2013

According to the Labour Force Survey 2011/2012, the population that is not active includes, amongst others, those persons who are in school or in training, involved in housework, retired and even those who have no desire to work. There are more females (10,660) than males (7,240). The unemployed population accounts for 4.1% of the labour force (Table 13).

TABLE 13: Working age population, Labour Force (by employed, unemployed) and population not economically active (by reason) by sex, 2011/2012

	Male	Female	Both sexes
Working age population	30,840	33,290	64,130
Labour Force	21,060	20,610	41,670
Employed population	<i>96.2</i>	<i>95.5</i>	<i>95.9</i>
Unemployed population	<i>3.8</i>	<i>4.5</i>	<i>4.1</i>
Total	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Population not active	7,240	10,660	17,900
In school or training	<i>29.6</i>	<i>21.1</i>	<i>24.5</i>
Family responsibilities, housework	<i>1.2</i>	<i>9.0</i>	<i>5.8</i>
Pregnancy	-	<i>1.5</i>	<i>0.9</i>
Illness, injury or disability	<i>18.7</i>	<i>14.1</i>	<i>16.0</i>
Retired or too old to work	<i>35.7</i>	<i>43.4</i>	<i>40.3</i>
No desire to work	<i>3.9</i>	<i>2.1</i>	<i>2.8</i>
Other reason	<i>4.9</i>	<i>3.7</i>	<i>4.3</i>
Not stated	<i>6.0</i>	<i>5.0</i>	<i>5.5</i>
Total	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Source: National Bureau of Statistics, LFS 2011/2012

Notes: Numbers in italics are %. Counts are given to nearest tens.

Trends and inequalities

The poverty gap ratio is the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line was estimated to be 0.5 in both 1990 and 2007.

There is no data available for the period from 2008 to 2012 for targets 1.2 to 1.4.

*According to the Labour Department (2012), unemployment in Seychelles is low with 1,159 individuals or 2% of the active population seeking employment from January to March 2012; the figure was 3% in July 2013¹⁰.

**It is important to note that unemployment figures differ from different sources. For example, the Ministry of Labour and Human Resource Development reported the figure to be 3% in July 2013, while the National Bureau of Statistics reports a 4.1% unemployment rate. Discrepancies may be due to different methodologies and measurements.*

The Seychelles has a highly skilled employed population, as measured by educational attainment¹¹. Over 90% of the employed population has attained at least secondary level education and about 40% have some form of post-secondary vocational, professional or academic training. Educational attainment is thus closely linked with the types of work obtained by the school-leavers. For example, over 70% of polytechnic graduates and 90% of university graduates worked at the first five levels of occupation compared with less than 40% of employed person with lower levels of educational attainment. The first five levels of occupation include managers, professionals, technicians and associate professionals, clerical support workers and service and sales workers. Larger percentages of workers with less than post-secondary qualifications were employed in the elementary occupations and agriculture.

Key implementation bottlenecks

Data collection in this sector is quite poor, with little or no data available as per the requirements for the MDG reporting.

New challenges for meeting the MDG

While there is a lot of employment opportunities in Seychelles, especially in the construction, manufacturing and tourism sectors, young Seychellois are reluctant to seek jobs in these very sectors, citing low wages, long hours, shift work and family obligations (children, day care) as their main reasons to seek employment elsewhere. According to the National Bureau of Statistics, the monthly wage average for manufacturing in 2010 and 2011 were SR5,772 and SR6,809 respectively, representing about US\$501 and US\$592 monthly. The salaries in the tourism industry were slightly higher, with a monthly average of SR7,146 for 2010 and SR8,076 for 2011 (or US\$621 and US\$702, respectively). Salary range may be relatively wide in the sector as in others with a monthly minimum of SR5, 000 (US\$425) and maxima of SR35, 000 (US\$3000) and above for managerial positions.

This has led to a large number of foreign workers being employed in these sectors. About 2,000 foreign workers and their families lived in Seychelles in the early 1990s. This has grown to a total of 12,378 foreign workers in formal employment by September 2012, as indicated by statistics from the Immigration Division. This latest figure represents 25% of the total national workforce. The figures also represent an increase of around 1,500 foreign workers compared to the same period last year, with a total of 6,373 foreign workers in the construction industry and 3,489 within the tourism sector.

Key factors contributing to progress

There are a number of Employment and Labour programmes designed to encourage young people to take up work in the two key sectors of the economy – construction and tourism which are as follows:

1. *The Seychelles National Decent Work Country Programme 2011 – 2015* sets priorities for employment and labour, with four main pillars: rights at work, employment creation, social protection and social dialogue.

2. Development of a new *National Youth Employment Strategy* to increase youth employment, especially in sectors where there is a lack of Seychellois and retention is problematic.
3. *Soft Skills Programme* designed to fine-tune attitudes and behaviours in the workplace, covering topics such as politeness, customer care, ethics and communication.
4. *Apprenticeship Scheme* to help young people learn a trade;
5. *Entrepreneurial Scheme* to help young people develop small and medium-sized businesses and to rely on their own mettle to find work;
6. Civil society has also developed schemes to help various groups find employment or to start small businesses – the *Seychelles Alliance for Women’s Development* is one such scheme, developed by Women in Action and Solidarity Organisation (WASO), implemented in collaboration with the Milan Chamber of Commerce, Industry, Craft and Agriculture (FORMAPER) and funded by the European Union (EU) which is designed to help vulnerable and disadvantaged women.
7. *Economic Reform Social Programme (ERSP)* developed by the government in collaboration with LUNGOS which in 2013 launched its fifth cycle of social projects with the objective to promote capacity building; socio-economic empowerment and mind-set change.

Unfinished business of the MDGs and emerging priorities

Whilst full employment is achievable in Seychelles, there are several barriers preventing this, such as:

1. The school-leavers are not up to the standard required for employment in some sectors, indicating a mismatch between the education and instruction received and the market;
2. The reluctance of the Seychellois youth to work in certain sectors;
3. Low wages keep some young people away from tourism, manufacturing and construction;
4. The difficulty in obtaining sufficient funds for SME start-ups;
5. Young mothers who want to find work may have inadequate access to quality child-minding services. When these services are available they may be prohibitive, costing as much as SR1000 or US\$84 per month. Recently, the government in collaboration with NGOs such as ASFF are developing training programmes for child-minders which focus on child development, children’s needs, psychosocial support and business management. There are two objectives to be attained: increasing the number of child-minding services and improving the quality of services delivered.

There is thus a need to improve the quality of education and to address the issues of low wages and work conditions as well as improve the attitudes of people to increase their employability.

Seychelles society may end up with great disparities between different socioeconomic strata , with a small number of highly educated people earning high wages and a multitude of people who are struggling in jobs with little prospect for advancement and career development. The country needs to address the effects of alcohol and drug abuse on the workforce and productivity, especially absenteeism, punctuality, theft and other work ethics issues. Rising violence in families can also be attributed to substance abuse.

1.6 Proportion of employed people living below \$1.25 (PPP) per day

TABLE 14: Proportion of employed people living below \$1.25 (PPP) per day

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
% employed people living <US\$1 (PPP) per day**	---	---	0	0	0	0	0	0	0	0

In Seychelles, it is impossible to be earning less than US\$1 a day as this implies a wage of less than SR11.50 when the lowest hourly wage is over US\$2 or SR21 per hour for workers on a contract or doing part-time and US\$ 2.50 or SR24.20 for casual labour (Table 14).

1.7 Proportion of own-account and contributing family workers in total employment

Trends and inequalities

There is no data available.

Target 1.C:

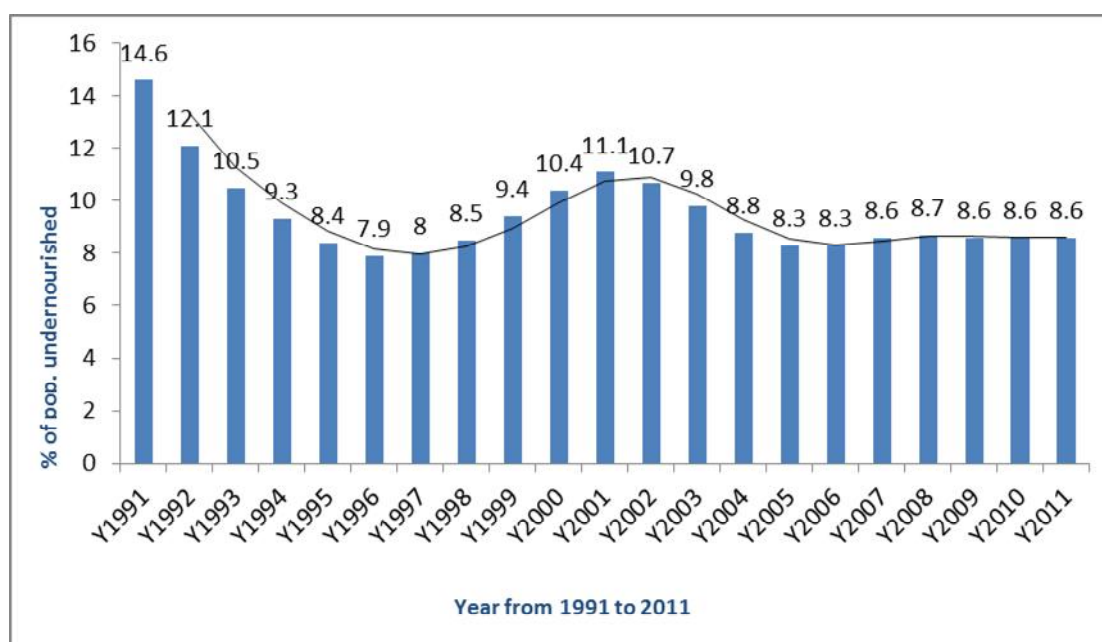
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Undernourishment may not be an issue for Seychelles in spite of estimates given by the World Bank. Obesity in children and youth, especially girls and women, is a national concern.

1.8 Prevalence of underweight children under-five years of age

As indicated in Figure 4, the proportion of the undernourished in the general population has steadily dropped from 14.6% in 1991 to a plateau of 8.6% in 2011. The spike from 1997 to 2002 when the rate rose from 7.9% in 1996 to a peak of 11.1% in 2001 is as yet unexplained.

FIGURE 4: Proportion of undernourished population



Source: Compiled by the World Bank (2013)

1.9 Proportion of population below minimum level of dietary energy consumption

TABLE 15: Proportion of population below minimum level of dietary energy consumption

Indicators / Years	1990	1992	1995	2002	2006 - 2012
% of pop. < min. level of dietary energy consumption	14	11	11	8	---

Source: World Bank, 2013

Data for this indicator is not available for the period of 2006 to 2012.

Table 15 shows that the proportion of the population below the minimum level of dietary energy consumption has dropped from 14 in 1990 to 8 in 2002. It is expected that it may be still lower in 2012, as the level of food-destitute households from the study 'Multidimensional Poverty' was 4.72%.

Trends and inequalities

Prevalence of child malnutrition is the percentage of children under age 5 whose height for age (stunting) is more than two standard deviations below the median for the international reference population ages 0-59 months. For children up to two years old height is measured by recumbent length. For older children height is measured by stature while standing. The data are based on the WHO's new child growth standards released in 2006.

In the Seychelles, the main issue is not malnutrition but obesity in children. According to the WHO, 25% of the population is considered obese with 65% who are overweight. As a result, the Ministry of Health is working with the Ministry of Education in a public education campaign entitled "**Promoting Healthy Weight...A Major Future Investment**" which targets obesity in children. Obesity affects more than the health sector per se, as it also impedes sustainable development. The report also noted that this problem is more serious amongst young women and girls who stop engaging in physical activity earlier than boys and men.

Key implementation bottlenecks

The main constraint is the absence of a mechanism to capture relevant data from key population groups about their level of need. Had there been such a mechanism integrated into programs such as 'inoculation' and monthly assessment of a baby's growth, it would have been easy to capture such data. This is an area that needs to be focused on when Seychelles embark on 'Post MDG' strategies.

The Ministry of Health reports that there is data available at district health centre levels, but these are not reported at the national level. Since all children below the age of 5 years are monitored on a monthly basis from 0-15 months and from then on every two years until crèche through the Maternal and Child Health (MCH) programmes, there are established mechanisms in place. However, there have not yet been any demographic surveys conducted.

Goal 2: Achieve universal primary education

Target 2.A:

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Consistently high school attendance in both primary and secondary schools. The country's Education Act (2004) stating that there are ten years of compulsory education plays a major role in attaining this goal.

2.1 Net enrolment ratio in primary education

The right to education is a constitutional right and is also enshrined in the Education Act (2004) with ten years of compulsory education. Consequently, the country continues to make progress on this MDG target with consistent net enrolment of around 99% (Table 16). Both girls and boys are regularly sent to school by their parents and / or guardians and registration for primary education is done eagerly each year.

Most pupils complete their primary education. A small number of primary pupils may be absent for long periods. When persistent absenteeism occurs, there are mechanisms at school and at national levels to look for these children and their parents. Based on the assessment of the Ministry of Education and Social Services, the children and their parents are offered support (financial, psychosocial and advisory) as needed.

TABLE 16: Net enrollment ratio for primary education

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
Net enrollment ratio in primary education	99.9	100	98.8	99.0	99.0	99.0	99.2	111	107.4	101.3

Source: Ministry of Education (2013)

Trends and inequalities

The trend of primary school enrollment from 1991 to 2012 averages 99% (Tables 16). Enrollment ratio in some years is above 100, notably from 2010 to 2012. There seems to be no discernable inequalities for this target. Parents readily enroll their children for primary school. Indeed, they also

seek to enroll their children for kindergarten or crèche which is not part of the compulsory education requirement as dictated by the Education Act (2004).

The trend of primary school completion rate from 1991 to 2012 is also relatively high, with averages above 100% for both sexes (Tables 17 and 18). Truancy and persistent absenteeism in primary schools are quite rare.

TABLE 17: Primary Completion Rates

Primary Completion Rate for both sexes

1991	1992	1993	1994	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009	2010	2011
113.9	107.9	106.1	103.7	106.2	113.5	106.6	112.7	113.8	117.3	116.1	127.5	119.7	124.8	125.1	133.1	125.0

Primary Completion Rate for boys

1991	1992	1993	1994	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009	2010	2011
111.9	112.5	107.5	108.0	103.1	113.2	106.1	113.0	113.1	116.5	115.3	127.3	118.8	123.6	124.0	134.6	123.0

Primary Completion Rate for girls

1991	1992	1993	1994	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009	2010	2011
115.9	103.2	104.7	99.2	109.4	113.9	107.1	112.5	114.6	118.2	117.0	127.7	120.6	126.1	126.2	131.6	127.0

Source: Ministry of Education, 2013

However, challenges remain, such as absenteeism, persistent truancy as well as the need for improved access to children with disabilities who are able and should be following the normal school curricula. Moreover, there are various social programmes such as Archbishop Makarios Fund and Dedicated Fund (government) through which parents can seek assistance. The Archbishop Makarios Fund is a one-off payment in existence for over 20 years and it is allocated to a small selected group of pupils only. As for the Dedicated Fund, it was introduced in 2009 in line with the economic reforms.

The Fund is allocated to all state schools to ensure that no child is deprived of necessities that would affect their attendance to school. It is used for the following purposes: school meals, provide snacks mid-morning breaks, school uniform and its accessories, pay for tailoring if necessary, stationery and assistance with bus fares. Cases are identified through self-referrals, district administrators, parents and teachers and parents have to apply for the assistance.

Discussions with key stakeholders indicate that the main problems regarding school attendance for primary school may be parents who work odd hours, lack of parenting skills and in some cases those who are abusing drugs and alcohol and just neglecting their children.

2.2 Proportion of pupils starting grade 1 who reach last grade of primary

TABLE 18: School Enrollments (including Private Schools) by Level and Grade, 2004-2008

School Enrollment & Proportion of Attrition						
Grade	Academic Year					% change 2004-2008
	2004	2005	2006	2007	2008	
Crèche	2,812	2,833	2,823	2,835	2,923	3.9
Primary	9,504	9,173	8,910	8,998	8,744	-8.0
P1	1,416	1,402	1,459	1,461	1,432	1.1
P2	1,551	1,425	1,410	1,431	1,459	-5.9
P3	1,605	1,535	1,407	1,412	1,464	-8.8
P4	1,578	1,573	1,524	1,566	1,425	-9.7
P5	1,694	1,559	1,564	1,551	1,423	-16.0
P6	1,660	1,679	1,546	1,577	1,541	-7.2
Secondary	7,827	7,852	7,756	7,852	7,542	-3.6
S1	1,643	1,644	1,634	1,651	1,580	-3.8
S2	1,694	1,628	1,642	1,672	1,516	-0.5
S3	1,653	1,645	1,599	1,1631	1,617	-2.2
S4	1,523	1,566	1,579	1,583	1,568	3.0
S5	1,314	1,369	1,302	1,315	1,261	-4.0

Source: Ministry of Education, 2010

Note

Enrolment includes expatriate children who may enter and leave the school system during the school life cycle. The statistics are not always disaggregated to reflect this, so that the expatriate children are not part of the final count.

Unfinished business of the MDGs and emerging priorities

While school enrollment and attendance are generally high and there are agencies to ensure that children do attend school, the main issues for Seychelles remain:-

1. The quality of education (teaching, learning, infrastructure) needs to be further improved (*UNESCO General Education Quality Assessment Framework, 2013*) and educational outcomes do not reflect the level of investments made by the government over the years.
2. The growing gender disparity in academic performance in favour of girls as indicated in the National Examinations results of 2000 to 2009 (ADB, 2009) where the means of girls and

boys in six examined subjects in the primary six national examinations from 2000 to 2008 show a consistent difference of almost 10%. The ADB report also notes that *'Girls also outperform boys in all subjects across the curriculum. The gap is wider in the language subjects such as English, French and Creole, but is also apparent in subjects like Mathematics and Sciences, which are considered to be traditionally male subjects.'* Boys tend to make up the majority of underachievers in schools.

3. The increasing discipline problems of children, especially boys as shown by school-based registers or catalogue of cases from the Ministry of Education's Schools Division.
4. The inadequate number of competent teachers due to fewer students taking up this profession.
5. The lack of resources (textbooks, Information Communication Technology equipment, furniture, suitability and adaptability of materials and specialist equipment for early childhood years and children with disabilities), and proper maintenance of school facilities and infrastructure (Internet facilities). These issues affect the sustainability of new programmes, such as ICT.

The Ministry of Education in 2009 conducted a special pilot project with the Mental Health Services of the Ministry of Health for a number of primary and a few secondary school children who have been found to be unmanageable. This project led to approval by the Cabinet of Ministers to have a special education programmes for children with special needs in 2012.

The Ministry of Education in recognition of these various problems have launched over the years a series of educational reforms since 1997. Thus, following the submission of the report of Dr John Nolan in July 2008, the reforms undertaken had the following five priority areas:

1. Providing for the diversity of educational needs and national development.
2. Guaranteeing quality education in schools.
3. Improving the quality of teachers.
4. Improving the governance of educational institutions.
5. Creating responsible and empowered students.

Part of creating responsible and empowered students (priority 5) includes the introduction of a network of psychosocial support for children who are experiencing difficulties in adapting to school life due to difficult situations at home or in the immediate neighbourhood (parents using drugs and abusing alcohol, domestic violence, child abuse and neglect). These programmes include a school-wide safety net in the form of a Pastoral Care Programme, early identification of pupils with learning and behavioural problems for early intervention through Special Needs Education, which provides

educational programmes with more interactive and targeted teaching methods and materials for these children.

The aims of the introduction of assistant teachers in 2005 and 2006 were to improve numeracy and literacy for early childhood (crèche to primary two) to students in need by providing better attention to both students who do well academically and those who have learning problems and to create an environment where both types of students can thrive. Other programmes include Technical Vocational Education and Training (TVET), a new national curriculum framework, a new assessment framework and an inclusive education policy that is being finalised.

2.3 Literacy rate of 15-24 year-olds, women and men

Consistently high literacy rates for both sexes, with a slightly higher rate for females. With three national languages, literacy rate in the Seychelles may be relatively low in one language but higher in another.

Nationally, presently there is a need to improve access to various services such as banks, insurance companies and government services by having forms in all three national languages rather than having the predominance of English.

TABLE 19: Literacy rate for women and men, aged 15-24 years

Indicators/ Years	1990	1995	2000	2006	2007	2008	2009	2010	2011	2012
Literacy rate of 15 – 24 year olds	95	96	99							
Women (all ages)	95	97	98			96*	96*	99.4	---	---
Men (all ages)	95	96	98			96*	96*	98.8	---	---

Source: Ministry of Education, NBS, 2013, UN Statistics Division (2013, *World Bank, 2013

Trends and inequalities

Literacy rate for both sexes is high, averaging 95% from 1990 to 2010 (Table 19). The literacy rate for women is slightly higher than that of men.

According to Pardiwalla (2009), the main problem may be the way the parents themselves raise boys and girls, placing more emphasis on girls' education and being more complacent about boys' academic performance 11. This is further compounded by teachers who may not give enough attention to boys in their classrooms, in spite of a high teacher-student ratio. In 2012, the ratio was 14:1 for pre-primary, 13:1 for primary and 12:1 for secondary.

Employers also indicate, however, that there are still students and job-seekers who are experiencing difficulty in reading and writing, especially with tasks such as completing application forms for banks, employment and a variety of services. It is also noted that nearly all forms in Seychelles are in English, with Creole and French, the other two national languages, being rather less used in public and private sectors.

These problems have been noted and the educational reforms mentioned above are also designed to address these issues. It is recommended that the forms used in public service and in the private sector should perhaps be aligned with the national language policy.

Key factors contributing to progress

Provision of Free Primary Education and ten years compulsory education, as well as various social and health programmes built within the school system help to achieve and maintain the levels of enrolment. The education in state schools is accompanied by a variety of programmes designed to support the children and their parents:

(a) **School Meals Programmes** which provide midday meals for students at about US\$0.17 cents per meal per day;

(b) **School-based counsellors** for psychosocial support;

(c) **Pastoral Care Programmes** to assist those students with behaviour problems, especially those with identified conditions such as Conduct Disorder and Attention-Deficit Disorder.

(d) **School Health Programmes** to improve immunisation, surveillance and medical services. Some schools also have their own dental facilities to ensure improved oral hygiene and reduce loss of time to go to the dentist and to bring the services closer to the children.

(e) Various NGOs also have **school-based programmes** such as the Seychelles Scouts Association (SSA) which offer the children a progressive educational programme.

(f) **Youth workers** also conduct various after-school programmes mostly based on sports for children. These activities tend to be done at school.

(g) The introduction of a School for The Deaf by an NGO called Association of People with Hearing Impairment (APHI). It is felt that this action is helping to alleviate poverty as students acquire knowledge through sign language thus enabling them to participate in more social and economic activities as well as promoting their personal and social development.

Recommendations to address the emerging issues

There should be strengthening of programmes that target these issues mentioned above such as the Soft Skills Training Programme of the Ministry of Labour and Human Resource Development to address school leavers who are functional illiterates, leading to young people living in relative poverty due to their difficulty in finding employment. It has been suggested that just steering them into small and medium-sized businesses without know-how may not be an effective programmatic action.

Programmes should also identify specific needs in terms of knowledge, skills and attitudes and target these.

To build up interest and retain students in specific fields such as the tourism and hospitality industry, programmes should also focus on the quality of education to improve skills acquisition as well as the Seychelles Tourism Academy Strategy 2012-2017 which focuses on '**Getting them when they are young**'.

The Ministry of Education is also presently working on its **Medium-Term Strategy** whose aims are partly to address these needs and issues, in collaboration with key stakeholders.

Other support strategies include the **National School Nutrition Policy** (2008) focused on improving the nutritional wellbeing of school children in Seychelles through a school environment conducive to healthy eating, the **Seychelles Framework on Early Childhood Care and Education** (2010) which is a government national policy document to guide developments and improve outcomes in early childhood care and education for all children in the age bracket 0 to 7+ years (below 8 years).

Goal 3: Promote gender equality and empower women

Target 3.A:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Gender disparity is increasing in favour of girls with higher school attendance and fewer drop-outs in secondary schools, in spite of school interruptions due to teenage pregnancy.

Most teachers in primary and secondary schools are female and boys with absent fathers may not see a positive male role model until they reach secondary schools.

3.1 Ratios of girls to boys in primary, secondary and tertiary education

TABLE 20: Ratios of girls to boys in primary, secondary and tertiary education

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
Ratios of girls to boys in:										
Primary		1.00	0.94	0.94	1.03	1.02	1.02	0.99	1.00	1.00
Secondary		1.03	1.00	1.01	0.99	0.98	0.99	0.97	1.09	1.12
Tertiary education*		---					0.64		3.38	
Post-secondary education**	---	---	---	1.24	0.81	0.77	---	0.69	0.75	0.85

Source: Seychelles in Figures, 2009 Edition; Ministry of Education, 2010; UN Statistics, 2013

*Tertiary education refers university education

**Post-secondary refers to educational institutions conducting pre-university courses

Trends and inequalities

In Seychelles, all children regardless of their gender are enrolled in primary education. Nevertheless, there is some disparity between girls and boys in favour of girls in terms of gender ratio in enrolment as from secondary, post-secondary and tertiary education. After secondary five, children can choose to remain in school or leave to seek employment or apprenticeship. While gender disparity was not an issue in the 1990s, in recent years, however, it is more pronounced, with three times more girls than boys enrolled in tertiary education (Table 20).

Key implementation bottlenecks

This disparity can be explained as follows:

There are more boys affected by a variety of social problems, such as drug dependence, school behavioural problems and learning difficulties. There are in fact 10 times more boys than girls seeking treatment for dependence to illegal drugs, such as cannabis and heroin.

1. School attendance tends to be lower for boys which in itself may play a role in lower academic performance of boys compared to girls.
2. Boys also tend to leave school earlier to seek employment. The Employment Act 1995 makes provision for children to start full-time work at 15 years.
3. Even with girls leaving the school system due to pregnancy, there are still more boys than girls leaving school leading to a situation of *“numerous young men who are unskilled, insufficiently trained and who are likely to be and remain unemployed or stuck in low-paying, menial and meaningless employment.”* (MDG Report 2010)
4. The pattern of boys leaving the school system continues in the fifth year of secondary education, which is non-compulsory, when twice as many boys as girls drop out.
5. Moreover, girls consistently perform better than boys in all subjects across the curriculum and participate more actively in school activities, including extra-curricular programmes. School activities and clubs are dominated by girls at all levels. They are actively involved in preparation, organization and presentations whereas boys are practically invisible (ADB, 2009). The results for primary six national examinations of 2012 confirm this trend with girls outperforming boys in all subjects (National average for English – 45.1% for girls and 34.2% for boys; in Maths, 51.5% for girls and 42.5% for boys and in science, 52.1% for girls and 44.5% for boys).

It is to be noted that for girls, the greater disparity is found in their under-representation in enrollment in some vocational and technical post-secondary institutions, such as the Maritime Training Centre and the Seychelles Institute of Technology. There are now more girls enrolled in these institutions, but the numbers are still quite small, as few as 5 girls compared to 500 boys.

However, there are fewer boys in institutions for academic studies (School of A' Levels Studies, School of Business Studies) and in the hospitality industry (Seychelles Tourism Academy). From 1992 to 2010, girls were awarded 708 scholarships for university studies compared to 369 for boys. Interestingly, the outcomes indicate that at year-end ceremonies, girls still tend to do better, earning best student awards even at the Maritime Training Centre (MTC), despite difficulties encountered.

New challenges for meeting the MDG

The main challenges for meeting this MDG are finding ways to effectively address issues of stereotypes, social norms and child-rearing methods within the Seychellois society. The opportunities provided by the state are there (free education, monthly allowances for students, bus passes, no gender stereotyping in selection of students) but they are not being taken by girls and boys because their parents and society push them in other directions that are seen as more socially acceptable norms for both genders in terms of education and careers.

There needs to be more intensive national sensitisation campaigns and recruitment drives by the various post-secondary institutions to attract more girls and boys to join specific training programmes not traditionally assigned to a specific gender.

The issue of boys' underachievement starting in primary schools must be addressed and seen as an urgent matter as the situation tends to influence other aspects of life for both genders, such as seeking a compatible partner, gender-based violence, health-seeking behaviour, literacy, quality of life and life expectancy.

Key factors contributing to progress

The generally equal situation for both boys and girls found in the primary schools has arisen for the following reasons:

- (a)** Social norms can have a positive role as parents need no push to send their children to school. It is done readily and regularly. Not sending a child to school is considered an anomaly and will be readily reported to Social Services by the neighbours or relatives.
- (b)** After 1977, the new government pushed for educational reforms based on the principles of ***'education for all, education for life and education for social and national development'*** leading to more democratisation of education.
- (c)** In 1978, free primary and secondary education was instituted with school supplies and books also being provided free of charge.
- (d)** The push for adult education and literacy increase the role of parents in the education of their children, encouraging the children to be more engaged in their schooling.

Unfinished business of the MDGs and emerging priorities

However, the policies of automatic promotion and the indiscriminate distribution of school supplies to all children whether they needed them or not led to complacency and a reduction in the children's own engagement in their education. Free materials (textbooks and exercise books) for classroom work and subsidised distribution for other materials stopped in the 1990s with reforms to encourage more involvement of parents and students in education. The quality of education and encouraging more girls and boys to enrol in post-secondary institutions that are not traditionally seen as appropriate for boys or girls are now emerging priorities.

3.2 Share of women in wage employment in the non-agricultural sector

TABLE 21: Share of women in wage employment in the non-agricultural sector

Indicators/ Years	1990-1991	1992	2011
Share of women in wage employment in the non-agricultural sector*	No data	49.4**	***97

Source: UN Statistics, 2013

* In Seychelles, women employed in agriculture are usually employed in commercial and not subsistence forms of production.

** Total paid employment

***Calculated from average of employees per sector for 2011 (National Bureau of Statistics, 2013)

There is relatively little data for this indicator. The share of women in wage employment in the non-agricultural sector is 49.4% in terms of total paid employment for 1992. In 2011, the share is calculated to be about 97%, based on the average number of employees per gender per sector for 2011; there were an average of 54 women working in the sector of agriculture, forestry and fisheries compared to averages for other sectors (Table 21).

3.3 Proportion of seats held by women in national parliament

There has been a gradual increase in the proportion of women in national parliament without the use of quotas. One more woman selected for proportional representation will make up 50% of proportion of seats held by women in the national assembly.

TABLE 22: Proportion of Seats Held by Women in the National Assembly

Assembly Terms	No. of Women	No. of Men	Total	% Women
1993 – 1998	9	24	33	27
1998 – 2002	8	26	34	24
2002 – 2007	10	24	34	29
2007 – 2011	8	26	34	24
2011 to present	14	18	32	44

Source: Social Affairs Department, Ministry of Social Affairs, Community Development and Sports (Seychelles)

Trends and inequalities

The National Assembly is composed of 32 Members, of which 25 are directly elected, and 7 are proportionately elected. General elections are held every five years. There are presently 44% of

women in the parliament (Table 22). Whilst there have been fluctuations over the various periods of sittings, the proportion has remained consistently on average between 25-30%.

This MDG target is on track and this is even more impressive as it is being done without the use of quotas. However, it may not be achieved by 2015 unless there is a change of proportional representatives in favour of an additional female.

It is interesting to note that there are currently 17 countries with women as head of government, head of state or both, which according to the Inter-Parliamentary Union (IPU) and UN Women have more than doubled since 2005. The world average for women in national parliaments stood at 19.5% in 2011, a 0.5 percentage point increase from the previous year. The European average (including Nordic countries) was 22.3% although Nordic countries have tended to lead the way internationally with an average of 42% in both Sweden and Finland. Seychelles with the present parliament compares well with Nordic countries.

Table 23 shows that in some cases for positions, such as for director-general and district administrators, women are almost on par with men or are more represented. Still, in positions with more decision-making power and authority, such as government ministers and chief executive officers, there are fewer women (27% and 36% respectively).

TABLE 23: Women and men in the government, 2013

Post title	% women	% men
Minister	27%	73%
Principal Secretaries	44%	56%
Chief Executive Officers	36%	64%
Members of National Assembly (Parliamentarians)	44%	56%
Director-General	48%	52%
District Administrators	67%	33%

Source: Ministry of Foreign Affairs & Ministry of Social Affairs, Community Development and Sports, 2013

For key positions in the central government, there were 63.7% women compared to 36.3% men in 2012. It is noted that parastatal organisations are employing fewer women every year, with 37.3% in 2012, 38.2% in 2010 and 41.4% in 2009. There is a clear income disparity with the average monthly salary for parastatals in 2012 at SR10,531 (US\$892), compared to only SR8,829 (US\$748) in state agencies. The average is about of 19% less.

Women are more represented in school administration at both primary and secondary levels, with 76% women and 24% of men overall occupying posts such as headteachers, deputy headteachers, studies coordinators and heads of subjects (Table 24).

TABLE 24: Women and men in school management, 2012

Staff category	No. women	No. men	Total	% women	% men
Primary School	656	80	736	89%	11%
Secondary School	345	236	581	59%	41%
Total	1001	316	1, 317	76%	24%

Source: NBS 2013

Key implementation bottlenecks

There are still no women as leaders of political parties, even if they have been put as vice-president on party ticket. However, many political parties have a women's league (and a youth league) and activities tend to be organised mostly by women. On election days, most of the election officials are women, who tend to be teachers.

There are a few women who head major business enterprises in Seychelles, especially in tourism. Presently, the Ombudsman and Human Rights Commissioner, the Governor of the Central Bank, a Judge of the Court of Appeal, two magistrates and a Supreme Court Judge are women. However, in both situations, there are still imbalances with more men than women in these posts and positions.

New challenges for meeting the MDG

The on-going challenge is to create an environment where women can take higher posts, besides ombudsman, human rights commissioner and Court of Appeals Judge, but as leaders of political parties and standing for the presidency. The **Draft National Policy on Gender** which uses the **SADC Protocol Gender and Development** targets to be achieved by 2015 also provides some guidelines about what Seychelles needs to do to improve the participation and empowerment of men and women in socioeconomic development of the country.

In the Draft Policy, the government makes a commitment to '*ensure that economic policies and programmes are gender responsive, address poverty and increase decent work and entrepreneurial opportunities equally for women and men.*' The main objective is to '*... ensure women and men have full and equal access to, control over and ownership of the benefits of socio-economic growth and development.*'

This objective will require a robust programme of action which includes amongst others the following:

1. The promotion of gender parity and gender sensitisation at economic decision-making levels of central government, agencies, parastatals, the private sector and civil society.
2. Capacity building of the National Bureau of Statistics (NBS) to conduct time-use studies in order to recognise the contribution of women's unpaid care work to the national economy.

Key factors contributing to progress

Seychelles has been very active in promoting women's rights and now gender issues in general. It has met its international obligations through accession on 5th May 1992 without any reservations to the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The Constitution of Seychelles 1993 itself is gender-blind and gender-neutral. In Article 30, it focuses on the rights of working mothers; in Article 31, it emphasises the rights of minors and in Article 32, it makes provision for the protection of families. Other instruments and national laws and policies speak to gender equality in the workplace, in the home and in public life.

(a) The *Beijing Declaration and Platform for Action (BPFA)* was adopted in 1995;

(b) The *Employment Act of 1995* amended in 2006 specifically forbids discrimination in the workplace based on gender in Section 46 A (1). It also makes harassment an offence under Section 2.

(c) *The Family Violence (Protection of Victims) Act 2000* gave the Family Tribunal, established in 1998 under the Children Act, power as a paralegal entity to address the issue of gender-based violence and other forms of family violence as well as to administer child maintenance, care and custody of children.

(d) The *Commonwealth Plan of Action for Gender Equality 2005-2015* was adopted and implemented.

(e) The *Gender Secretariat* was established as a permanent structure in the Social Development Division and it developed the National Action Plans for Gender-Based Violence and is lobbying for gender-based / sensitive budgeting.

Civil society is actively engaged in gender issues with a wide variety of non-governmental organisations including community-based organisations conducting nation-wide programmes: WASO for economic empowerment, Alliance of Solidarity for the Family (ASFF) for reproductive rights, Entreprenre au Feminin Océan Indien Seychelles chapter (EFOIS) for women craft workers and artisans, Seychelles Association of Women Professionals (SAWOP) assisting in personal development of their members and SOROPTIMISTS Seychelles which help to fund charitable activities and groups.

3. Resource mobilisation to promote the collection and utilisation of sex-disaggregated data at all levels of the national economies.
4. National capacity building in Gender Responsive Budgeting at the macro and micro levels, including planning, tracking, monitoring and evaluation, as well as ensuring gender analysis and gender mainstreaming in all national development plans and strategies, economic reform programmes and poverty reduction strategies.
5. Identification of and addressing the barriers for women to enter, grow and diversify their business opportunities.
6. In-depth review processes of national trade and entrepreneurship policies and programmes as well as laws and policies to ensure women and men have equal access to opportunities to develop businesses and to decent conditions of service in all sectors of the economy taking into consideration gender specific needs.
7. Promoting responsible fatherhood and the concept of positive masculinity to ease burden of women's multiple roles and promote functional families.
8. Recognising the role and value of unpaid care work and care givers and develop appropriate support interventions for men and women engaged in such work.

Unfinished business of the MDGs and emerging priorities

The main problems to be addressed are the following:

1. *Gender-Based Violence* which is still a social scourge and seems to be on the increase, with poor investigation by the police and inadequate support to women and their children by the various agencies and organisations meant to assist them.
2. *Poverty* still has a feminine face with more women than men likely to be poor. Women living alone with their children are also likely to be poor. Social assistance is inadequate, unsustainable and with unusual levels of leakage may not be targeting the right persons (Muller, 2012).
3. *This MDG target is seen as reductionist in its perspective* as it sees women in positions of power as an end in itself whereas social and economic power may be the most effective way of helping to achieve gender equality.
4. Other critical issues remaining which impact negatively on women are more linked to *social norms such as discriminatory attitudes towards unmarried mothers*, especially students who remain in school while pregnant and those who choose to return to school. The Teenage Pregnancy Policy of the Ministry of Education allows girls to return to school, but the overwhelming burden of work and responsibilities at home still prevails in Seychelles society. Moreover, gender stereotyping in the education system perpetuates notions of gender-appropriate jobs and careers. Mind-set change is a priority for further progress with this MDG.
5. Signing up to international commitments and conventions has helped to drive change, especially through collection of data and developments of programmes which are used for reporting obligations. Whilst Seychelles have made gains in some areas because of active policies and strategies, it has also been less successful in other areas given that societal and cultural norms have been harder to change.
6. There is a need for the adoption of policies to ensure *equal participation of women on high level committees*, as well as *improve levels of transparency and integrity* so that access to employment is based on merit for all senior positions in society rather than on nominations by the government of the day.

Goal 4: Reduce child mortality

Target 4.A:

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Consistently low child mortality rate is maintained with improvement in management and care of antenatal and postnatal programmes.

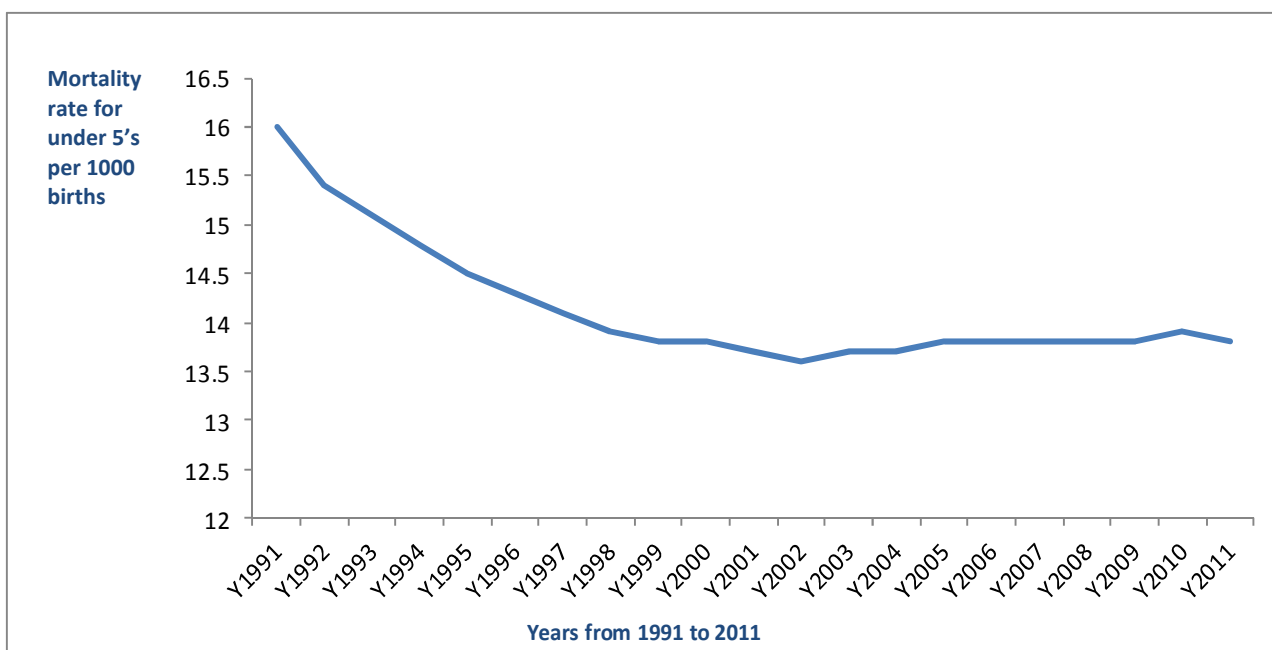
4.1 Under-five mortality rate (per 1,000)

In 2012, there were a total of 7,079 children in the age group 0-4 years, which represented 8.02% of the total population of Seychelles.

Over the past 10 years, the average total number of births has been around 1,533 births per year.

In fact, the Seychelles presently has the lowest mortality in Africa and is following the WHO guidelines and protocols for Maternal and Child Health (Figure 5). The under-five mortality rate per 1000 live births is already low and had dropped from 16.5 in 1991 to 12.8 in 2012 and 15.7 up to August 2013. In 2013, there have been more baby girls dying than in previous years and more premature babies from heroin-dependent mothers. If the trend persists, then life expectancy for girls at birth will drop.

FIGURE 5: Under 5 Mortality Rate per 1,000 births

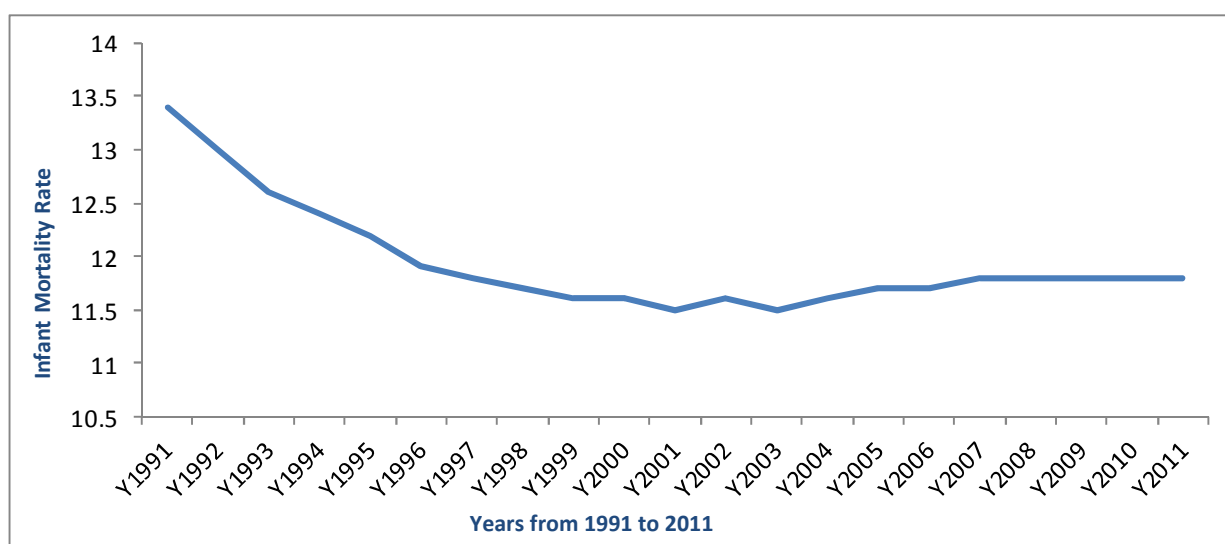


Source: Compiled by the Ministry of Health (2009), WHO (2008) and UN Statistics, 2013

4.2 Infant mortality rate

The decline in death rate and infant mortality rate (IMR) per year had started since the 1970s. For example, the death rate dropped from 8.5 in 1971 to 7.4 in 2010 and IMR declined from 33.2 in 1971 to 10.8 in 2012 and 16.5 in 2013 (Figure 6).

FIGURE 6: Trend in Infant Mortality Rates per Year



Source: Compiled by the Ministry of Health, 2010 and United Nations Statistics Division, 2013

In terms of IMR per five year period, the figures tended to have remained fairly constant, from 11.9 in the period 1990 to 1994 to 11.3 in the period of 2010 to 2012 (Table 25). There is a need to find out which factors are impacting on this indicator, such as congenital malformations, environmental factors presently not being considered and nutrition.

TABLE 25: Infant Mortality Rate by gender and five-year period

1990 - 1994			1995 - 1999			2000 - 2004			2005 - 2009			2010 - 2012		
Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
11.9	13.1	10.6	11.0	10.3	11.8	13.8	13.0	14.7	10.7	11.9	9.5	11.3	13.3	9.3

Source: Ministry of Health, 2013

Trends and inequalities

There are also more male children dying. In 2008, there were 20 deaths of which 14 were male and 6 were females. In comparison, in 2007 of the 16 deaths, 12 were male and 4 were female. There are many hypotheses to explain the higher rate of male mortality. "These explanations fall into two basic categories: the biological approach (focusing on biological and genetic factors, thus factors largely

beyond human control) and the non-biological approach (focusing on behavioural and environmental factors, thus factors directly or indirectly influenced by human action)". (Luy, 2003)

Key implementation bottlenecks

In recent years, there have been an ever-increasing number of heroin-dependent mothers and a failure of health professionals to recognise this phenomenon at the beginning since 2005. This situation is likely to create more problems for the Ministry of Health in the attainment of this MDG and target. The Ministry of Health is now more capacitated to address this issue and much-needed harm reduction measures will be implemented soon.

Key factors contributing to progress

The relatively good results have been due to strong supportive government policies regarding child and maternal health, with strong antenatal and breast-feeding programmes, coupled with free health care. The antenatal and post-natal programmes include more than just sessions on nutrition and taking care of the baby, but since the beginning of 2013, they now also include sessions on drug and alcohol abuse and psychosocial support for the expectant mothers.

The Ministry of Health also has a section that provides Information, Education and Communication (IEC) materials and conducts advocacy and awareness campaigns. Thus, a lot of advocacy is also continually done to inform mothers of the type and level of care they need to provide their children.

The prospective and on-going Child Development Study conducted by the Ministry of Health in collaboration with the University of Rochester, New York, has also helped to increase awareness and services for parents who are expecting babies and are raising children.

The Child Health Programmes in Community Health Services have been well established, comprising of developmental assessment programmes as well as Immunisation Programmes. All babies are delivered in health care settings managed by Health professionals.

Unfinished business of the MDGs and emerging priorities

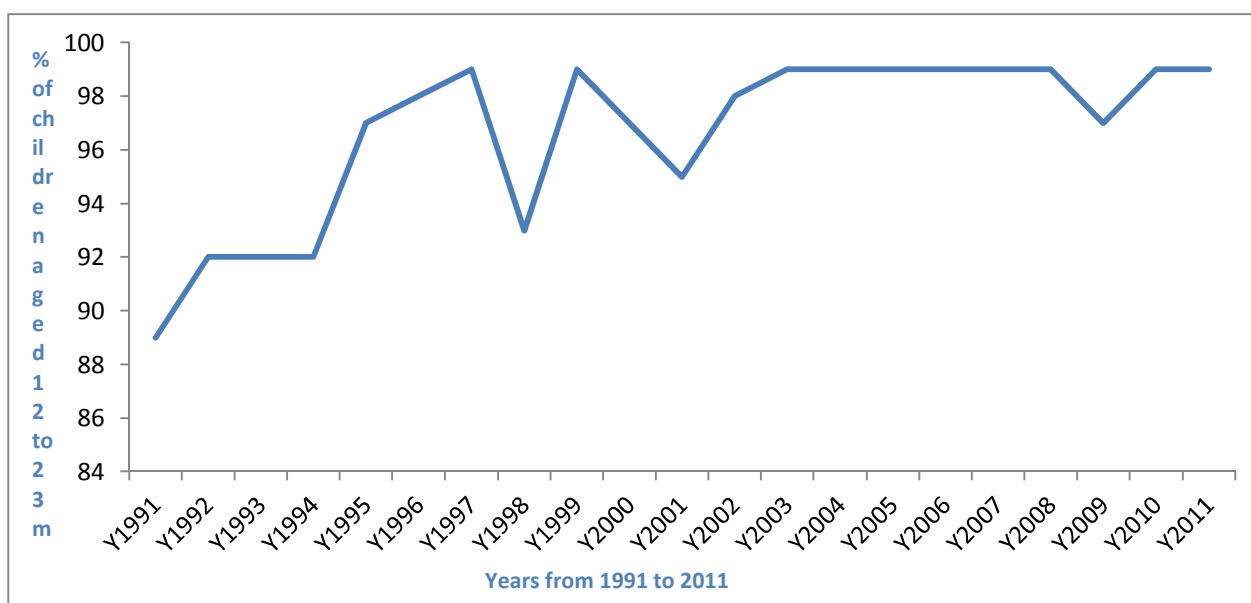
The main issues are as follows:

- (a)** It is necessary now to better understand the underlying causes of infant deaths, such as possible links with abortions which have also increased. Health professionals reiterated that recurrent abortions affect subsequent pregnancies. Moreover, in adolescent reproductive health, early pregnancies can have adverse subsequent pregnancy outcomes, such as prematurity and miscarriages.
- (b)** There is also a need to have early identification programmes and medical services for vulnerable women and their partners during the period of pregnancy and the early years of raising the baby, such as screening for drugs and alcohol just as is presently done for HIV, hepatitis C and other blood-borne viruses. These programmes must also include psychosocial support for parents-to-be and their children.

(c) In general terms, these are the key challenges in the health sector: the burden of disease in the Seychelles has shifted to non-communicable diseases, injuries, and mental health problems, the need to improve efficiency regarding size, organization and management of health infrastructure, long term health financing and fiscal sustainability, the high turnover rate of medical practitioners and brain drain.

4.3 Proportion of 1 year-old children immunised against measles

FIGURE 7: Immunization against measles (% of children aged 12 – 23 months)



Source: Compiled by the Ministry of Health, 2010 and UN Statistics Division, 2013

Trends and inequalities

This MDG target has been achieved, with rates reaching 99% or even 100% in some years (Figure 7).

Key implementation bottlenecks

The main problems remain those very few mothers who do not have their children vaccinated as required. However, their low numbers combined with the School Health Programmes which include an Immunisation Programme, the children, as a captive audience, are given the required immunisation at school, with their parents' and school administrators' consent. These services are delivered by school health nurses on site.

The population that is becoming less accessible is the heroin-dependent mothers as they are less reliable in terms of keeping appointments and coming for follow-up visits for them and their children. However, there are plans by the Ministry of Health, the Drug and Alcohol Council and civil

society organisations to have greater access to them through treatment facilities and outreach programmes, including on site work in the streets and areas where drugs are sold.

There are also plans by the Ministry of Social Affairs, Community Development and Sports to build a shelter for sex workers and the homeless to have greater access to them for psychosocial support and medical services as needed.

Unfinished business of the MDGs and emerging priorities

The emerging priorities for the MDG and its targets are the need to have more inclusive medical and health service provision for all mothers and their children, including improvements in the antenatal, delivery and postnatal services. Professional practice needs to conform to international standards and services extended according to expressed needs.

Goal 5: Improve maternal health

Target 5.A:

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Maternal mortality remains consistently low with zero deaths recorded in some years. The issue is of great concern in Seychelles and a sense of national pride. Any single death tends to lead to investigation and national concern.

5.1 Maternal mortality ratio

TABLE 26: Maternal Mortality Ratio (modeled estimate, per 100,000 live births*)

Year	1990	1995	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ratio	62	63	0	67	0	65	0	0	65	0	133	0	0

Source: Ministry of Health, 2013

*The calculation for maternal mortality is per 100,000 live births, meaning that the data in Seychelles which never goes beyond 2,000 live births is recalculated to fit the required model. Hence, 1 death per 100,000 comes to 65.

Maternal mortality is very low in Seychelles as indicated in Table 26. In some years (2006, 2007, 2009 and 2011 and 2012), the rate is zero. The figure of 133 in 2010 represents 2 deaths. Nearly 100% of births in most years are attended by skilled health professionals (Table 27).

5.2 Proportion of births attended by skilled health personnel

TABLE 27: - Births Attended by Skilled Health Staff (% of total)

Year	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
% of Total	98	99	99	99	99	100	100	99	99	99	99

Source: Ministry of Health, 2013

Trends and inequalities

Maternal mortality in the Seychelles is already low. When deaths of expectant mothers occur, there is an immediate outcry by the population and in most cases, an enquiry is launched and administrative action taken when deemed necessary.

In 2012, a total of 1,672 women attended antenatal clinics for their first booking on Mahé, Praslin and La Digue. Mothers expecting their first live birth (nulli parity) accounted for 46% of the total number of pregnant women attending antenatal sessions whereas 30% para 1, 16% para 2 and 8% para 3 and above. It is important to note that among the nulli paras, 5 (0.6%) were aged less than 15 years. Two hundred and seventy (16%) of all women who were coming to antenatal clinics for the first time were aged 15 to 19 years, of whom 40 or 15% were expecting their second child.

Antenatal classes are unevenly conducted, with some districts where classes are held regularly and others where these have not been held at all.

Key factors contributing to progress

A number of factors have led to progress in achievement of this target. These include:

- 1.** Free primary health care, with a good distribution of regional health centres on the three main islands of Mahé, Praslin and La Digue.
- 2.** A comprehensive Immunisation Programme, with good follow-up in schools and communities;
- 3.** Training and deployment of midwives, with enhanced skills in a variety of health matters, including drugs and alcohol abuse and nutrition.
- 4.** Availability of free family health services (contraceptives, antenatal clinics) and nutritional support to mothers.
- 5.** Free HIV Testing and Counselling (HTC) and Antiretroviral drug (ARVs) for HIV positive mothers.
- 6.** Strong Prevention of Mother-to-Child Transmission (PMTCT) programme, which may be able to move to Elimination of Mother-to-Child Transmission EMTCT as monitoring of mothers and children tend to be comprehensive.
- 7.** A solid antenatal, delivery and postnatal programme.
- 8.** School Health Programme including Health-Promoting Schools components, which is a special programme that focuses on making the school as holistic healthy as possible, encourages school to look at health of the school in terms of its overall environment, both physical and psychological, to promote healthy attitudes and behaviours in school personnel, parents, the community and students.
- 9.** Availability of health professionals at childbirth.
- 10.** Antenatal supplemented by parenting and psychosocial support sessions (Drug and Alcohol Council, 2013).

Target 5.B:

Achieve, by 2015, universal access to reproductive health

Contraceptive use remains seemingly and consistently low even with open and ready access points such as shops, pharmacies, private health facilities and state-run health centres.

However, other services may not be reporting their data to the Ministry of Health. Better data collection is imperative.

5.3 Contraceptive prevalence rate

TABLE 28: Contraceptive Prevalence (% of Women Ages 15 – 49)

Year	1996	2000	2002	2007	2008	2009	2010	2011	2012
% of Women ages 15–49 years	60	38	38	36	35	36	46	47	49

Source: Ministry of Health, 2010

Trends and inequalities

Table 28 shows that contraceptive use has improved slightly from low prevalence (around 30%) from 2000 to 2009 to above 45% in 2010 onwards and a higher rate of 49% in 2012. However, the rate of 60% achieved in 1996 has not been reached again so far.

It is still difficult to have an accurate picture on the contraceptive prevalence of women aged 15 to 49 years as the data is either unavailable or unclear. The family planning clinics, private health facilities, the Youth Health Centre, pharmacies and NGOs who distribute contraceptives have their own mechanisms for collection of the information. These usually are the number of various types of contraceptives given out, but the same persons may go to different agencies and services and this would not be recorded as such. Thus, the same individual may be recorded as a case receiving a particular service and product rather than as an individual person.

The Integrated Behavioural and Biological Survey (IBBS) of 2012 may be able to answer the question about the prevalence of contraceptive use. However, the data will provide only a snapshot for 2012.

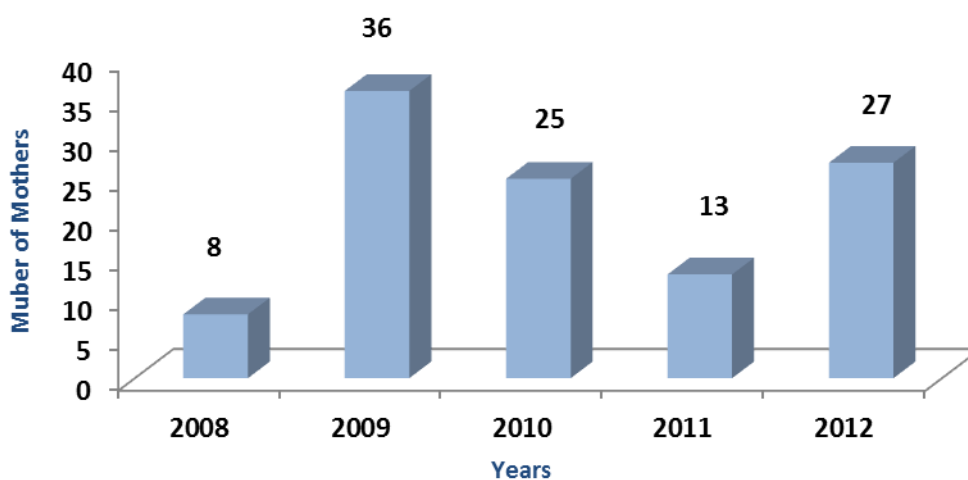
Key implementation bottlenecks

Poor collection of data and diverse methods of collecting and collating data create bottlenecks and difficulty in understanding whatever information is available. The issue of contraceptives for 15 to 17 year olds remains an unresolved one, with this population being unable to access contraceptives even if the age of consent for sex is 15 years or the girl has had a baby before.

New challenges for meeting the MDG

With the increasing number of women who are injecting drugs such as heroin, it is now more difficult to ensure that they attend antenatal clinics, that they use contraceptives and have access to reproductive health services. Figure 8 below shows that in 2009, 2010 and 2012, there were more than 20 heroin-dependent women who delivered babies.

Figure 8: Number of heroin-dependent mothers from 2008 to 2012



Key factors contributing to progress

Contraceptives are available freely in family planning clinics, in pharmacies, in private health facilities, at the Youth Health Centre and in NGOs such as ASFF working in the field of reproductive health. There have been programmes launched since the 1970s to educate women about family planning, with a variety of contraceptives made available to them. These include barrier and hormonal methods, intrauterine devices and sterilisation in special cases.

Condoms are also distributed freely in all health centres, in some workplaces, in some shops, social venues such as bars, hotels, discotheques working with ASFF and some agencies also provide economic and psychosocial services for men and women. Pharmacies also sell condoms.

Both partners are encouraged to attend family planning clinics and sessions, and to discuss the best contraceptive methods that suit their needs.

Unfinished business of the MDGs and emerging priorities

Contraceptive use, from the data that can be gathered, seems to be relatively low in spite of having all the mechanisms available for women and their partners to access them freely if necessary. For example, adolescent birth rate remains a concern (Table 29 and Figure 9).

Teenage pregnancy is still relatively high even with the numerous programmes available in the country: Personal and Social Education (PSE) in schools which discusses reproductive health and rights with all students in state schools, the Youth Health Centre and its services for young people aged 14 to 24 years, the presence of NGOs working in the field of gender and empowerment of women, peer education and counselling programmes which have seen more than 600 teenagers trained in drugs and alcohol and reproductive health education, free family planning services and distribution of condoms in health centres and offices. School health programmes provided by the Ministry of Health has some input into life skills and empowerment programmes for in-school students and out-of-school youths is the mandate of Youth Health Centre (YHC).

Three emerging priorities are noted: reducing drug use amongst the age group of 15 to 25 years and thus reducing the number of heroin-dependent mothers, increasing targeted and well-delivered reproductive rights and health education sessions for adolescents and reducing child sexual abuse, which can account for the pregnancies of those younger than 15 years.

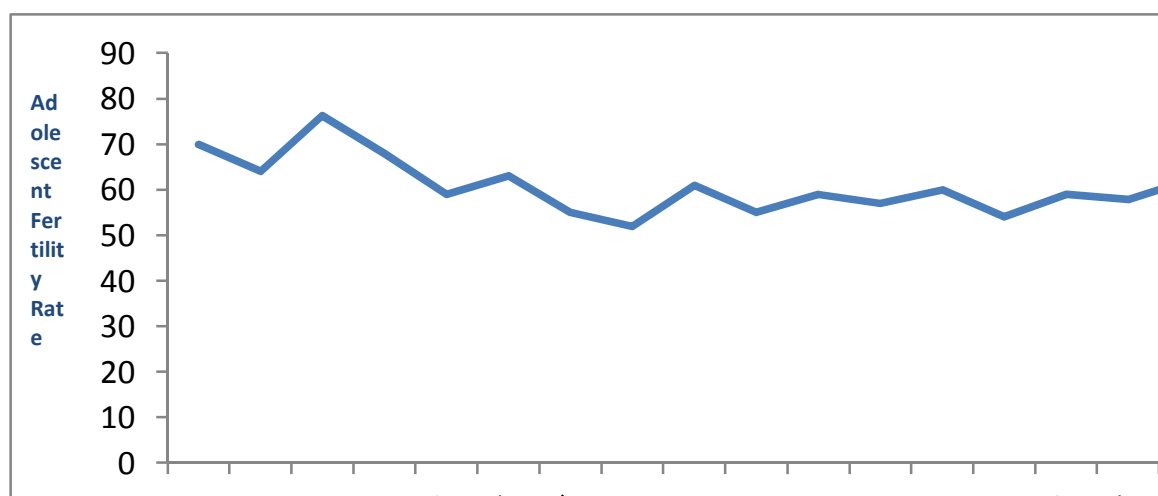
5.4 Adolescent birth rate

TABLE 29: Adolescent birth rate¹²

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TFR	1.85	1.83	1.81	1.79	1.77	1.75	1.74	1.74	1.73	1.93	1.92	1.91	1.9

Source: Ministry of Health (2023)

FIGURE 9: Adolescent Fertility Rate (Births per 1,000 Women Aged 15-19)



Source: Ministry of Health, 2012

There are some clear barriers such as it is forbidden to distribute condoms in educational institutions including in post-secondary schools where some students are adults. An issue may be the reluctance to talk about young people's sexuality, even in schools where many PSE teachers refuse to talk about it. There is a tendency to think that sexuality is shameful and adolescents share ignorance instead of knowledge about puberty, reproductive rights and health. Some concerned parents may tackle the issue at home but countless others may also avoid discussing the subject up altogether, relying on teachers to do so. Thus, according to the Youth Health Centre's Annual Report for 2009, reproductive health issues such as teenage sexuality, unwanted pregnancies and abortions amongst adolescents still remain a huge challenge in Seychelles.

There is thus a need to improve delivery of the sessions on life skills by the Personal and Social Education (PSE) teachers and to reinforce sex education in schools. Whilst the PSE teachers are well-trained in terms of knowledge, they are still reluctant to discuss sex with adolescents. This is a serious impediment to quality delivery of PSE lessons.

However, in spite of the Ministry of Education's Teenage Pregnancy Support Policy (2005), which allow pregnant students to return to school after the delivery of the child, few do so given the stigma and discrimination attached to the return. The Seychelles Association of Women Professionals (SAWOP) conducted a study of teenage mothers in 2004-2008 reported that only 5 out of 37 pregnant teenagers returned to school after delivery and 27 out of the 37 were neither in education or employed at the time of the interviews. The main reasons given for not returning to school were as follows: 1) lack of finance, 2) shame and embarrassment 3) Inadequate information on the policy 4) parental expectation of motherhood 5) lack of motivation. Sometimes, the girls are transferred to other schools to avoid this problem.

It is also noted that the adolescent fertility rate is relatively high; indeed, some teenagers are having their second or third baby by the time they are twenty years old. Abortion rate is also fairly high in this age group (Table 30).

Table 30: Trends in Teenage Fertility and Pregnancy Rates

Year	Teenage Fertility Rate Per 1000 Women	Teenage Pregnancy Rate Per 1000 Women	Teenage pregnancies as % of reported pregnancies at all ages	Percentage of reported teenage abortions among reported teenage pregnancies	Abortion Rate
1999	39.5	67.1	18.7	32.5	2.2
2000	34.9	58.8	16.0	33.5	2.0
2001	37.0	55.9	15.9	28.5	1.6
2002	40.4	53.0	14.6	23.7	1.3
2003	42.1	56.8	17.0	24.9	1.4
2004	35.9	49.1	15.3	26.9	1.3
2005	40.5	53.7	15.4	23.8	1.3
2006	38.2	52.1	15.1	25.6	1.3
2007	43.6	58.3	15.6	23.9	1.4
2008	44.8	61.6	16.0	27.0	1.7
2009	48.1	67.3	16.8	27.7	1.9
2010	76.0	101.0	26.6	23.3	2.4
2011	93.7	123.2	29.3	22.7	2.8
2012	68.0	45.2	15.4	31.4	3.1

Source: Ministry of Health, 2013

5.5 Antenatal care coverage (at least one visit and at least four visits)

TABLE 31: Proportion of Women Receiving Prenatal Care

Year	2000	2005	2006	2007	2008	2009	2010	2011	2012
% of Total	99.7	99.9	99.8	99.2	99.8	99.8	99.8	99.8	99.8

Source: Ministry of Health

Trends and inequalities

This target has been achieved as attendance to antenatal sessions is relatively high, with some of the fathers also attending (Table 31). These clinics have now been enriched with additional sessions on drugs and alcohol and psychological aspects of pregnancy and raising children to counteract the possibilities of foetal alcohol syndrome and the incidence heroin-dependence amongst expectant mothers. However, stakeholders have also indicated that some districts have not had any antenatal sessions recently and that specifically, the relaxation classes seemed to have been annulled.

5.6 *Unmet need for family planning*

Family planning services are readily available, but contraceptive use remains low. New ways are needed to be found to increase use, especially for sexually active adolescents. However, health professionals note that the use may be higher as women and men would purchase or obtain their contraceptives from relatives, friends, pharmacies, private health centres and from overseas; these purchases are not counted in the final statistics collected by the Ministry of Health.

It is also important to note that purchase does not equate use.

With civil society organisations, such as the Alliance of Solidarity for the Family, becoming more engaged in reproductive health services, needs unmet in the public and private sector may be met instead in programmed delivered by NGOs.

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The HIV prevalence in the general population remains under 1%, which makes this target difficult to achieve in the context of Seychelles.

Recent studies have shown that the pandemic is a concentrated one in the Seychelles, affecting key populations such as Men who have sex with men and People who inject drugs.

The national response, therefore, needs to include targeted harm reduction interventions.

6.1 HIV prevalence among population aged 15-24 years

Trends and inequalities

HIV prevalence remains relatively low, with 0.87% in the general population. The pandemic is a concentrated one, as indicated from the IBBS 2011 conducted with two key populations (MSM and PWID) which showed prevalence rates of 14% and 4% respectively. The HIV prevalence among 15 to 24 years is also low (0.76%). This result was obtained from the IBBS 2012 conducted in the general population and tests at outreach activities (Table 32).

TABLE 32: HIV Prevalence among 15 – 24 Years

Years	1990 - 2011	2012
Prevalence rate in 15 – 24 years	No data	0.76%*

Source: Ministry of Health (2013); * from IBBS 2012

TABLE 33: Trends in HIV Prevalence

Year	2005	2006	2007	2008	2009	2010	2011	2012
New Cases	45	42	26	44	52	33	42	29
Number of Tests Done	7,806	8,330	8,656	9,826	8,773	5,427	9,430	9,342
% of Positive Results	0.58	0.50	0.50	0.46	0.59	0.60	0.44	0.31

Source: Ministry of Health, 2013

Data from tests conducted in sentinel sites and outreach activities also show low unchanged rates of positive results, from 0.58% in 2005 to 0.60% in 2010 and 0.3% 1 in 2012 (Table 33).

Key implementation bottlenecks

The concentrated aspect of HIV and AIDS in Seychelles is due to a number of factors:

1. The two groups are marginalised in Seychellois society and have comparatively lower access to medical, health and psychosocial support services apart from those offered by a few concerned individuals, health professionals and NGOs. The state criminalises both key populations and targeted services are not readily available. Clients can attend state-run clinics for medical services as part of the general population. Targeted interventions are delivered by NGOs. However, the state is now offering Opiate Substitution Therapy/Treatment with the use of methadone.
2. HIV medical and health services provided by the state is centralised; they are delivered in one place. Moreover, the site is associated in the general population's mind with HIV and AIDS. As a result, many people avoid going there for HIV Testing and Counselling, results and treatment. The **National Strategic Framework on HIV and AIDS and STIs 2012-2016** identified this issue as a major barrier to adequate service provision and recommended decentralisation of HIV and AIDS services.
3. The IBBS 2011 showed that there was a link between the two key populations (MSM and PWID). Their social networks were likely to intermesh if an individual, as a PWID was also in sex work to buy drugs and was also sharing injecting equipment. There is presently no Needle and Syringe Exchange Programmes (NSP/NEP) and needles are not readily available. People caught with drug injecting equipment are arrested. Their needles and syringes are seized and they can be charged with being in possession of drug equipment which is illegal under the Misuse of Drugs Act, 1995.

Key factors contributing to progress

There have been numerous factors that have contributed relative good performance for this MDG, especially in relation to the general population since the first case of HIV was discovered in 1987. These are the following:

1) Institutional support

a. A Short-Term HIV and AIDS Plan was developed for the period of 1987 to 1988;

b. A Medium-Term Plan followed for the period of 1988 to 1993;

c. A series of Annual Plans were done from 1994 – 2004;

d. A KAP Study was conducted in 2003 with over 1500 respondents;

e. A Long-Term Strategic Plan was developed for the period of 2005-2009;

f. In June 2011, the Ministry of Health and partners conducted a robust review of National Strategic Plan 2005-2009 and the National Policy on the Prevention and Control of HIV and AIDS and STIs;

g. In August 2011, the IBBS was conducted by the Ministry of Health on MSM and PWID;

h. In November 2011, a new National Strategic Framework 2012-2016 and National Policy 2011 were produced to guide the national response to HIV and AIDS;

i. The Ministry of Health continually and timely report on the HIV and AIDS situation in Seychelles based on UNGASS indicators, as per its international obligations;

j. In August to December 2012, a new IBBS was conducted by the Ministry of Health on the general population and some of the questions were based on the MDGs targets and indicators;

k. In September to December 2012, a legal environment assessment of the HIV and AIDS situation in Seychelles was also conducted to highlight progress and gaps in legal and institutional framework that impact service provision.

4. Indeed, any medical personnel involved in needle exchange programmes under the current legislation can also be arrested as being in possession of drug paraphernalia.

New challenges for meeting the MDG

There is a need to target interventions and avoid just doing general population awareness campaigns which may be more comfortable and easy but do not address the issue of HIV transmission, especially in the light of recent survey findings (IBBS 2011 and 2012) which indicate that the pandemic is a concentrated one. There is also a need to conduct an IBBS with sex workers (SW) and prison inmates to assess the situation with these two key populations.

Other key factors contributing to progress

1) *Programmatic actions*

- a. Blood Safety measures instituted since 1987;
- b. Antiretroviral drugs were introduced in 2000;
- c. Prevention of Mother-to-Child Transmission protocols were introduced in 2000;
- d. Free treatment for all people living with HIV was offered by the state since 2002;
- e. Regional cooperation in various forms including with the Indian Ocean Commission Annual Conference on HIV and AIDS, training of doctors, nurses, laboratory technicians, civil society workers and media workers.
- f. There are plans to house the National AIDS Council under the Vice-president's Office to give the organisation more authority, visibility, power and influence.

Unfinished business of the MDGs and emerging priorities

Emerging priorities are the need to conduct surveys probably IBBSs on the remaining key populations, such as sex workers and prison inmates, as well as to provide targeted prevention and intervention programming including harm reduction measures for all key populations, containing the spread of hepatitis C in key populations and finding appropriate mechanisms to sustain national HIV and AIDS programmes.

There is also an urgent need to provide services for heroin-dependent mothers and their babies to prevent having new generations of Seychellois falling prey to the scourge of drug dependence and its related health economic and social problems.

6.2 Condom use at last high-risk sex

TABLE 34: Use of condoms with commercial sex partners

	2003		2012	
	Frequency	%	Frequency	%
Yes	38	67.9	14	60.9
No	18	32.1	9	39.1
Total	56	100	23	100

Source: (Ministry of Health, 2003* & 2012**, from KAP Studies)

Note:

* The Knowledge, Attitude and Practice (KAP) Study of 2003 used a cluster sampling method, meaning that enumerators collected information from persons as found in areas and households where they were present.

** The IBBS 2012 used random sampling from the general population, using results of a national census conducted in August 2010.

TABLE 35: Use of condoms with casual sex partners

	Frequency	%
Yes	21	42.9
No	28	57.1
Total	49	

Source: (Ministry of Health, 2012, from IBBS 2012)

Trends and inequalities

Condom use by participants in the KAP Study of 2003 and the IBBS of 2012 with casual sex partners and sex workers is still relatively low. Only 67.9% in 2003 and 60.9% in 2012 of participants reported

using a condom at the last sexual encounter with a sex worker (Table 34) and in 2012, only 42.9% used a condom at the last sexual encounter with a casual partner (Table 35).

The IBBS 2012 indicated that the main reason was that the person felt that he or she could trust his or her partner in spite of the circumstances. However, in the case of sex workers, they were less likely to be the one to propose and choose the use of a condom. This was done by their partner.

Key implementation bottlenecks

Condoms were most likely to be seen as a means to prevent pregnancy rather than as a means of protecting oneself from HIV and AIDS (Ministry of Health, 2012). The issue of trusting the partner at face value came up repeatedly. In spite of the free condoms available in Seychelles, it would seem that judicious use is still low.

Moreover, people do not undergo HTC and nor do they see themselves as being at risk of HIV. In the IBBS 2011 among MSM and PWID reported that among the 59.1% of respondents that had ever been tested for HIV, only 44.4% reported having been tested within the last year. For those who never had a HIV test (n=64), the most commonly cited reason for never doing so was because they felt that they were not a risk from HIV (31.4%), 18.8% because they were afraid someone would find out that they had taken the HIV test, and 12.3% because they did not want to change their behaviour if positive or because they were afraid of getting their results.

Therefore, risky behaviour persists. The IBBS 2011 also reported that condom use was inconsistent and the primary reasons given were that it was not pleasurable for the respondent, that condoms were not available at the time and that they are not pleasurable for the partner.

Indeed, the IBBS 2012 for the general population reported that *“Only 68% of respondents believe that condoms can protect you from HIV... The figures were slightly higher in 2003, with 76% of males and 77% of females believing that condoms can protect from HIV transmission.”*

New challenges for meeting the MDG

It is important to review the condom distribution policy in Seychelles. The perception regarding condoms may need to be changed so that they are seen as both necessary and useful for prevention of pregnancy and transmission of diseases. Decentralisation of services is another issue and it has also begun with more active engagement of NGOs in reproductive health programmes and service delivery but needs to be accelerated further.

6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

Trends and inequalities

The IBBS 2012 showed that there are still people (17.3%) who believe that mosquito bites, sharing a meal (7.4%) or sharing a bus seat (6.3%) can cause a person to be infected with HIV. However, the

actual modes of transmission are also understood as 91.1% of respondents know that sharing needles and syringes can lead to HIV infection. Knowledge remains uneven with some misconceptions continuing whilst others are discarded (Table 36).

TABLE 36: Levels of knowledge about HIV transmission

Transmission modes	Male	Female	Total	% of total (N=1185)
Mosquito bites	112	93	205	17.3
Sharing meals	49	39	88	7.4
Sharing needles	488	592	1080	91.1
Sexual Intercourse	506	621	1127	95.1
French Kissing	216	238	454	38.3
Tattoo and body piercing	435	552	987	83.3
Sharing a bus seat	32	43	75	6.3
Buying meat from PLHIV*	128	130	258	21.8
PLHIV teacher	85	93	178	15.0
MTCT**	383	528	911	76.9
Blood Transfusion	406	529	935	78.9
Public toilets	63	68	131	11.1

Source: Ministry of Health, 2012

*PLHIV = People Living with HIV

**MTCT = Mother-to-Child Transmission

Even if the data is not quite comparable between the IBBS 2012 and the KAP Study 2003, the level of knowledge in 2012 has greatly improved from 2003 when 59% of males and 67% of females believed that mosquitoes could transmit HIV compared to 17.3% overall. Moreover, in 2003, 76% of males and 81% of females thought that sharing a meal with a PLHIV could also transmit the virus. In 2012, only 7.4% of respondents still believed sharing a meal posed a risk of transmission of HIV.

Key implementation bottlenecks

Fear of HIV and the lack of visible PLHIV are severe impediments to attitude change on HIV and AIDS. National education and awareness campaigns are conducted annually, in a variety of forms, targeting the general population for the most part. Attitudes do not change because people do not see or hear of PLHIV apart from the two who have been public about their status. The disease remains something of a mystery and fear persists.

The Seychelles undertook a legal assessment on HIV and AIDS in 2012. The results of the study show that there are still discriminatory laws regarding MSM, SW and PWID. All three key population groups are considered as being engaged in illegal activities; this reduces their visibility and effectively prevents them from accessing psychosocial and health services. Indeed, workers who choose to provide needle and syringe exchange through national programmes can be arrested under the provisions of the Misuse of Drugs Act (1995) as being in possession of drug paraphernalia. The new

National Strategic Framework for the Control and Prevention of HIV and AIDS and STIs 2012-2016 has taken this issue into consideration and together with the recommendations of the legal assessment study; there are propositions to amend laws to reduce stigma and discrimination for all persons and especially for the key population groups.

New challenges for meeting the MDG

More face-to-face and outreach programmes have to be done to counteract existing misconceptions on HIV and AIDS. It is perhaps important to start in primary schools at age 9 or 10 years instead of starting HIV and AIDS and STIs awareness only in secondary schools and post-secondary institutions.

Key factors contributing to progress

National policies, programmatic actions by civil society and the state as well as intensive prevention and awareness campaigns for the general population have contributed to improved levels of knowledge about HIV and AIDS. In recent years, the national television has also produced a few films on situations regarding the pandemic rather than relying exclusively on foreign productions. This has increased interest in the subject and may have improved the level of knowledge and reduced stigma and discrimination.

Still more needs to be done to reduce ignorance, stigma, discrimination and prejudice.

6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Orphans and vulnerable children not taken care of by family members are placed in orphanages. Nearly all children attend school and their being orphans is immaterial.

Target 6.B:

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Universal access has been achieved through free treatment of HIV and AIDS, but the drop-out rate and non-adherence are major issues of concern for the prevention and control of HIV and STIs.

Access to free ARVs is available for all patients who according to WHO guidelines have t-cell count lower than 350. However, drop-out rates can be as high as 40%. Annual new cases rose to a high of 52 in 2009, but have since then dropped to 42 in 2011 and 29 in 2012 (Table 37).

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

TABLE 37: Annual New Cases of HIV in All Age Groups

Years	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
New Cases	3	13	18	45	42	26	44	52	33	42	29

Source: Ministry of Health; WHO, 2013

Trends and inequalities

This MDG has been achieved. Antiretroviral therapy has been made available free of charge since August 2002 to all patients who meet the set requirements and WHO guidelines. Access is universal every year since then. Patients are not required to be on medical schemes or private health insurance. The same applies to indicator 6.5 – Proportion of population with advanced HIV infection with access to antiretroviral drugs, access is universal.

Target 6.C:

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Even though malaria is not endemic to Seychelles, but there are few cases reported each year from migrants or tourists and more commonly now of Seychellois who travelled a lot. Management is of high quality with no reported death since 1995.

6.6 Incidence and death rates associated with malaria

Since 1990, the Seychelles have had imported cases of malaria with annual averages of 6 in the 1990s, with minor fluctuations year to year. However, since 2007 up to 2012, the annual average of reported cases has been 11.83. The incidence rate per 100,000 was 43 in 1990 and 40 in 1995. The rate plateaued at 40 in 2006 and 2007 and an annual average of 31 from 2008 to 2011. The latest figure for 2012 is 17. There has been no death from malaria since one which occurred in 1995 (Table 38).

TABLE 38: Malaria Incidence and Deaths

Years	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Actual number of reported cases	7**	6**	8**	3**	4**	11**	13**	11**	11**	10**	15**
Incidence (per 100,000)	43	40	37	41	40	40	32	31	31	30	17
Number of deaths	0	1	0	0	0	0	0	0	0	0	0

Source: Ministry of Health (2013)

** All imported cases

6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets

6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

These two targets are not applicable to Seychelles as there are no indigenous cases of malaria. So far, a few cases of imported malaria only are reported annually in adults with a history of travel. (Communicable Diseases Control Unit - CDCU, 2013).

6.9 Incidence, prevalence and death rates associated with tuberculosis

TABLE 39: Tuberculosis Incidence, Prevalence and Death Rates (per 100, 000 population)

Years	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Rates Incidence	43.3	39.8	36.5	13	22	10	6	15	13	17	18
Rates Prevalence	113	96.4	52.1	57	26.0**	11.8**	6.9**	17.2	14.5	19.4	20.4
Death Rates	8.6	4.0	0.0	4.7	2.0	2.0	2.0	2.0	0.0	0.0	0.0

Source: United Nations Statistics Division, **Ministry of Health and WHO, 2013

Seychelles has experienced a gradual decrease of the incidence of tuberculosis from a high rate of 43.3 in 1990 to its lowest rate of 6 in 2008. However, since 2008 up to 2012, the average rates incidence has been 15.75. Prevalence has also dropped from a high of 113 per 100,000 in 1990 to 6.9 in 2008 and subsequent increases to an average of 17.88 from 2008 to 2012. Death rates have also been reduced significantly from 8.6 in 1990 to a plateau of 2.0 from 2006 to 2009. Since 2010, no death has occurred as a result of tuberculosis (Table 39).

All tuberculosis cases detected have been cured under directly observed treatment (DOT) (Table 40).

6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

TABLE 40: Proportion of Tuberculosis Cured under DOT's

Years	1990	1995	2000	2001	2006	2007	2008	2009	2010	2011	2012
% of DOT's cured	---	82	83	100	100	89	100	100	100	100	100

Source: Ministry of Health; WHO, 2013

Trends and inequalities

Incidence of tuberculosis is the estimated number of new pulmonary, smear positive, and extra-pulmonary tuberculosis cases. The Incidence of tuberculosis (per 100, 000 people) in Seychelles was last reported at 31 in 2010, according to a World Bank report published in 2012. Nearly all cases of

tuberculosis are imported ones (Figure 10). However, with the increasing population of PWID who are HIV positive, it is expected that local cases of tuberculosis will also increase.

FIGURE 10: Incidence per 100,000 of tuberculosis in Seychelles



Source: World Bank, 2013

Unfinished business of the MDGs and emerging priorities

Muhwava 2012 notes that “While all-cause mortality has declined by 33 percent for men and 16 percent for females between 1989-1991 and 2008-2010, mortality due to all CVDs [cardiovascular diseases] has [sic] declined by 53 percent for men and 26 percent for females. However, deaths from strokes have only declined by an insignificant 1 and 2 percent for males and females, respectively.¹³”

Indeed, the absolute number of deaths which the number of stroke deaths was virtually unchanged (285 cases from 1989 to 1991 and 290 from 2008 to 2010); and the total number of myocardial infarction deaths decreased (116 cases from 1989 to 1991 and 97 in 2008 to 2010: Table 41).

The major health concern and the second leading cause of death in the Seychelles is cancer accounting for about 20% of mortality. WHO (2012) estimates that the cancer mortality rate for males was 227 per 100,000 for males and 96 per 100,000 for females. The cancer mortality rates by type are presented in Table 41. Injuries are the 4th leading cause of death.

TABLE 41: Causes of mortality (men and women)

Men						
Mortality	Age	1989-1991	2008-2010	Total Change*	Yearly Change+	95% CI
All causes	<55	370	247	-33%	-2.00%	-2.4 to -1.6%
	55-75	594	420	-29%	-2.00%	-2.4 to -1.7%
	>75	629	417	-34%	-3.00%	-3.3 to -2.6%
All CVD*	<55	116	55	-53%	-3.50%	-4.3 to -2.8%
	55-75	288	172	-40%	-2.60%	-3.1 to -2.2%
	>75	345	193	-44%	-4.30%	-4.7 to -3.8%
Stroke	<55	22	20	-1%	0.10%	-1.2 to 1.5%
	55-75	102	59	-42%	-3.20%	-3.9 to -2.5%
	>75	126	63	-50%	-4.50%	-5.2 to -3.7%
MI*	<55	17	7	-60%	-2.90%	-4.5 to -1.2%
	55-75	70	30	-57%	-3.70%	4.7 to -2.7%
	>75	30	21	-30%	-1.90%	-3.2 to -0.6%
Other CVD	<55	77	28	-64%	-6.10%	-7.1 to -5.0%
	55-75	116	83	-28%	-1.50%	-2.2 to -0.7%
	>75	189	111	-41%	-4.60%	-5.3 to -4.0%
Women						
Mortality	Age	1989-1991	2008-2010	Total Change*	Yearly Change+	95% CI
All causes	<55	146	122	-16%	-0.50%	-1.0 to 1.0%
	55-75	226	151	-33%	-1.40%	-1.9 to -0.9%
	>75	313	246	-21%	-1.00%	-1.4 to -0.1%
All CVD	<55	42	31	-26%	-1.20%	-2.3 to -0.1%
	55-75	126	75	-40%	-2.40%	-3.1 to -2.7%
	>75	166	139	-16%	-0.70%	-1.2 to -0.1%
Stroke	<55	16	13	-2%	-1.00%	-2.9 to 1.0%
	55-75	50	25	-50%	-4.10%	-5.1 to -3.0%
	>75	75	48	-36%	-2.20%	-3.1 to -1.3%
MI	<55	8	5	-37%	-4.30%	-7.1 to -1.5%
	55-75	27	11	-24%	-4.20%	-5.8 to -2.5%
	>75	15	8	-47%	-3.10%	-5.0 to -1.1%
Other CVD	<55	21	14	-33%	-1.10%	-2.7 to 0.6%
	55-75	49	37	-67%	-0.30%	-1.3 to 0.7%
	>75	78	85	10%	0.80%	0.1 to 1.6%

Source: Stringhini et al (2012)

*CVD = cardiovascular diseases

**MI = Myocardial infarction

TABLE 42: Cancer Death Rates per 100,000 (2012)

Rank	Type of Cancer	Rate
1	Prostate Cancer	27.4
2	Breast Cancer	19.0
3	Lung Cancers	15.1
4	Colon-Rectum Cancers	12.9
5	Oral Cancer	11.4
6	Cervical Cancer	7.4
7	Pancreas Cancer	7.0
8	Liver Cancer	6.7
9	Leukaemia	6.5
10	Oesophagus Cancer	5.0
11	Bladder Cancer	4.5
12	Stomach Cancer	4.4
13	Lymphomas	3.6
14	Ovary Cancer	3.3
15	Uterine Cancer	1.6
16	Other Neoplasms	0.8
17	Skin Cancers	0.4

Source: Ministry of Health, 2012

The highest cancer mortality, as indicated in Table 42, is due to prostate cancer which accounts for 27% followed by breast cancer which makes up 19%. The other important cancers are those of the lung (15.1%), colon/rectum (11.1%) and of the mouth (11.4%). The risk factors of cancers are also avoidable as they are linked to lifestyles and behaviours such as smoking and unhealthy diets.

Key implementation bottlenecks

The main issues are linked to lifestyles and behaviours. The population is increasingly adopting diets that contain a lot of meat and processed foods, and eating less of the local produce and vegetables. Prevention and awareness campaigns have been launched and on-going since the late 1980s, but processed foods are associated with a lifestyle where less time is available for home cooking and such foods are seen as desirable as they represent upward mobility for many people.

Unfinished business of the MDGs and emerging priorities

Cancer is seen as a major concern in Seychelles and an NGO called Cancer Concern Association has been formed to address specific issues related to it. The National Assembly has also shown interest, especially the fact that the prevalence of the disease is considered as being too high for a small country like the Seychelles -- at almost 25% higher than the world level. To raise awareness, an annual Cancer Month in October is now being commemorated, with special focus on prevention through screening for cancer.

Goal 7: Ensure environmental sustainability

Target 7.A:

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Sustainable development well integrated in national development priorities and objectives through National Sustainable Development Strategies, with need for greater coordination at national and local levels.

Target 7.B:

Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss

Relatively high proportion of national land and marine territories under protection, with special attention given and resources allocated to iconic species, with some neglect of other equally important species.

7.1 Proportion of land area covered by forest

7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)

7.3 Consumption of ozone-depleting substances

7.4 Proportion of fish stocks within safe biological limits

7.5 Proportion of total water resources used

7.6 Proportion of terrestrial and marine areas protected

7.7 Proportion of species threatened with extinction

TABLE 43: Indicators for Target 7B

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
% land covered by forest	88.9	88.9	88.9	---	---	---	89	89.13	89.13	89.13
CO ₂ emissions, total, per capita and per US\$1 GDP (PPP)	0.12	0.38	0.48	0.48	0.37	0.40	---	---	---	---
CO ₂ emissions, total, per capita (metric tons)	1.62	6.96	8.40	8.80	7.33	7.84	8.44	---	---	---
Consumption of ozone-depleting substances (in metric tons)	3.5	0.9	0.4	0.6	2.3	0.6				
% terrestrial and marine areas protected	0.9	0.9	0.9	0.9	0.9	0.9	0.9			

Source: United Nations Statistics Division, 2013

Trends and inequalities

Target 7.1 - Percentage of land covered by forest

The forest area, as a percentage of land area, in Seychelles was last reported at 89.13²¹ in 2010 (World Bank, 2012). The definition for this target is 'Forest area is land under natural or planted stands of trees of at least 5 meters in situ, whether productive or not, and excludes tree stands in agricultural production systems (for example, in fruit plantations and agroforestry systems) and trees in urban parks and gardens'. The proportion of forest area has remained fairly constant since 1990 when it was 88%, giving an indication of the level of protection given to forest areas in the country (Table 43).

Seychelles is vulnerable to severe weather which can cause floods, landslides, and rock falls resulting in serious damage to homes and public buildings, roads, bridges, drainage systems, water and sanitation systems, crops, and farms. This was the case on January 27th and 28th 2013 when heavy rains from tropical cyclone Felling caused similar damage in three villages on the southeast coast of Mahé (Au Cap, Pointe Larue, and Cascade), as well as on the nearby islands of Praslin and La Digue. The estimated cost was well over US\$8.3 million.

The government has set up Disaster Management Plans as well as National Disaster Funds to address social, economic, infrastructural, health and other cross-cutting issues arising from the effects of severe weather conditions²².

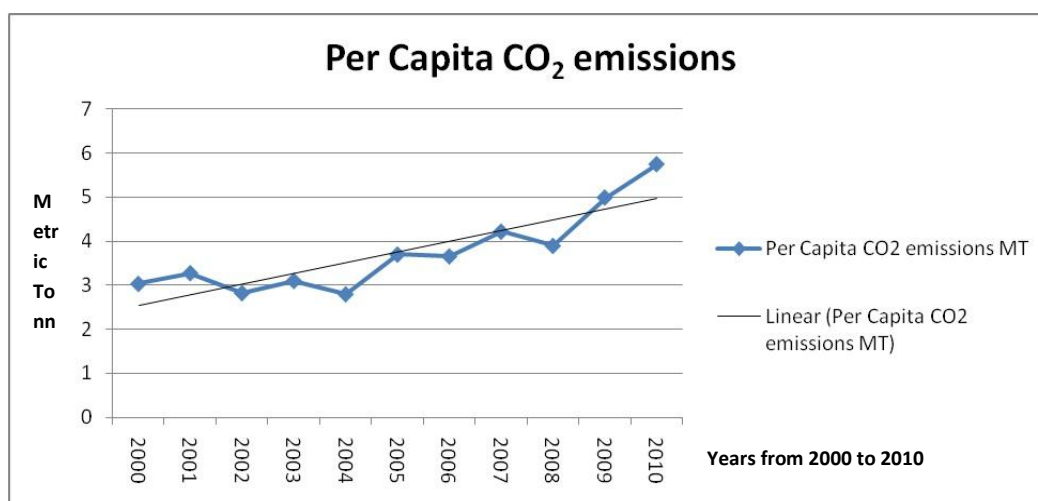
Target 7.2 - CO₂ emissions, total, per capita and per US\$1 GDP (PPP) and Target 7.3 - CO₂ emissions, total, per capita (metric tons)

The Seychelles per capita CO₂ emission is 5.75 metric tonnes in 2010 (Energy Commission, 2013), which means that the average Seychellois is responsible for emitting 5.75 metric tonnes of CO₂ per person per year (Table 42 and Figure 11). This ranking is based on total petroleum imported in the country even though about 73.3% of the petroleum is re-exported.

The energy (fuel combustion) is the most significant source of Green House Gasses (GHG) emissions in the Seychelles, especially of CO₂. Subsequently, on-going development is responsible for the

increase in CO₂ emissions per capita which has continuously increased over the years. The use of fossil fuel for electricity generation and the greater number of motor vehicles on Seychelles roads are the primary contributors. Manufacturing being at a low level may be a negligible factor.

Figure 11: CO₂ emissions per capita



Source: Energy Commission, 2013

Target 7.4 - Consumption of ozone-depleting substances (in metric tons)

In recent years, beginning since the late 1990s, the Seychelles has been reducing its consumption of ozone-depleting substances from 31.20 metric tons in 2009 to 25.3 metric tons in 2012 (Table 44). Whilst there are minor fluctuations, the downward trend continues. The reductions in GHG emissions have occurred as a result of pro-active national campaigns and programmes, as well the ratification in January 1993 of the first three of the Montreal Protocols and in 2002, of the last two amendments (London and the Beijing which added Hydro chlorofluorocarbons (HCFCs) on the list of controlled substances). These actions targeted changes in attitudes, behaviours and use of machinery, household appliances, products (sprays, refrigerators, coolers, air conditioning units) and equipment to those which make less use of energy, transport and GHGs like chlorofluorocarbons (CFCs). Training of technicians in all sectors in the usage and safety aspects of new refrigerants which are both Ozone and Climate friendly, i.e., Zero Ozone Depleting Potential and Zero Global Warming Potential, is on-going.

TABLE 44: Total Yearly Consumption of HCFC-22 and Compound of HCFC-22

Year	2009	2010	2011	2012
Metric Ton	31.20	28.2	18.78	25.3

Source: Government of Seychelles, Meteorological Office, 2013

Proportion of total water resources used

This issue is discussed in the section on Target 7C.

Proportion of species threatened with extinction

In Seychelles, there are a total of 401 indigenous*, 149 endemic**, and 931 exotic plants***. As for mammals, there are 4 endemics, 2 indigenous and no exotic, so far. In terms of amphibians, there are 11 endemics, 1 indigenous and no exotics. For reptiles, there are 27 endemics, 2 indigenous and 2 exotics. The estimation of threatened species is presented below in Table 45.

TABLE 45: Proportion of species threatened with extinction

Types	Levels of threat
Native plant species	34%
All plant species	30%
Endemic plants	70%
Invertebrates	30%
Molluscs	61%
Vertebrate species	62%

Source: Seychelles Environment Outlook, 2013 (draft document)

N.B.

**Indigenous/native is a general term used to group plants that would naturally occur in a fairly large geographical area. Both words have the same meaning. A plant is indigenous to an area, if it would naturally be found there without man's influence.*

***Endemic plants are those which would naturally be found in a relatively small region. These grow best in their natural conditions, provide food for all kinds of creatures, and help maintain genetic diversity.*

****Exotics plants are those that have been brought in from other places around the world and sometimes consumed a lot of resources.*

Aliens/invasives are plants that have usually been brought in as exotics, but are so well adapted to their surroundings that they spread uncontrollably, pushing out indigenous plants, and consuming precious resources at the same time. In September 2012, a new list of the species closest to extinction was released by the Zoological Society of London (ZSL) and the International Union for Conservation of Nature (IUCN). The list also included three Seychelles' species: Seychelles Sheath-tailed bat, the Seychelles earwig (insect, *Antisolabis seychellensis*), *Moominia willii* (mollusc). It is noted that conservationists fear these species will be allowed to die out because none of them provide humans with obvious socioeconomic benefits. They are not considered as iconic species²³.

Furthermore, Gerlach²² (2012) indicated that "The available comparative data suggest that Seychelles has a high level of threat for most major taxa; that ratio between the Seychelles threat level and that from comparative sites gives molluscs a 4.9 times higher threat level, chelicerates 2.3, myriapods 2, insects 3.7 and vertebrates at least 1.5." Five threat factors identified in the Red

List assessments for Seychelles are: hunting, predation, habitat loss, habitat degradation caused by invasive species and habitat degradation caused by climate change.

Thus, at present it is estimated that 34% of the 4841 native species in Seychelles are at risk of extinction, with at least 23 species having been driven to extinction already. True levels of extinction are probably considerably higher, with 232 species being identified as 'Critically Endangered – possibly extinct'. The level of threat is indicative of a 'biodiversity crisis' and calls for urgent action to reduce the impacts of the five factors mentioned above²⁴.

Proportion of terrestrial and marine areas protected

There are 35 Protected Areas in the Seychelles, of which 21 are Terrestrial and 14 are Marine Protected Areas. The types of Protected Areas are Special Reserves (5), Terrestrial National Parks (3), Nature Reserves (7), RAMSAR (*The Convention on Wetlands of International Importance*) Sites (4), Marine National Parks (6), Shell Reserves (4), Fishery Reserves (3) and Protected Areas to be designated as a Restricted Area (1).

The Seychelles has also one of the highest percentages of protected area in the world with over 50% of its land territory and 1% of its maritime zone under legal protection. Furthermore, in 2010, the Government added another 93% of Silhouette Island towards conservation, the third biggest island in the Seychelles. There is a commitment to seek to bring 30% of the EEZ under protection.

The country has already exceeded the Aichi biodiversity targets for protected area and is undertaking regular reporting to the Convention on Biological Diversity (CBD). Some examples of the Aichi Biodiversity Targets are presented below²⁵:

- At least halve and, where feasible, bring close to zero the rate of loss of natural habitats, including forests
- Establish a conservation target of 17% of terrestrial and inland water areas and 10% of marine and coastal areas
- Restore at least 15% of degraded areas through conservation and restoration activities
- Make special efforts to reduce the pressures faced by coral reefs

Meanwhile, the National Biodiversity Strategic Action Plan (NBSAP) of 1997 is also currently being updated.

Key implementation bottlenecks

There are still areas of concern, such as the valuation of ecosystem goods and services and the need to enhance national capacity to implement global environmental management objectives within national programmes, such as the *Seychelles Sustainable Development Strategy*. The overall national situation is mixed. There have been cases where there has been openness and integrity in approach to environmental protection. However, there have also been other cases where there was

a need for further openness. Environmental Impact Assessment reports (EIAs) are regularly published for all major projects and are made available for consultation by the public.

However, they are printed in English and in technical language, thus limiting the role of key stakeholders, the general population, residents of the particular locale, farmers and fishermen who, according to Lesley (2013) “bear the brunt of the effects of climate variability, are often disconnected from the other actors involved in the tackling climate change. National decision-makers can forget that they should be working with the interests of local people in mind.”²⁶

There are also numerous examples of violations of national environmental laws related to construction in protected areas, slaughter of protected species, especially turtles and tortoises and pollution of water sources. Perpetrators are arrested and court proceedings begin. However, so far, the perception of some stakeholders and key informants is that it has always been the small operators who have been convicted. Reported environmental crimes fluctuate over the years with a low of 7 in 2008 and a high of 18 in 2011 (Table 46).

TABLE 46: Reported environmental crimes (2008 to 2011)

	2008	2009	2010	2011
Environment and Fisheries	7	13	9	18

Source: Seychelles Police Department, 2013

Key factors contributing to progress

The Seychelles has just completed its newest and third instalment of its Sustainable Development Strategy. The previous documents were the **Environment Management Plans** (EMPS1990-2000 and EMPS2000-2010). The country is also a signatory to a number of international conventions, such as the Convention on Biological Diversity (CBD), the United Nations Framework Convention on climate Change (UNFCCC) and Convention on International Trade in Endangered Species (CITES), and has also enacted a number of national laws and developed policies.

Moreover, in spite of weaknesses mentioned above, the EIAs are published and consulted. There is an officer available to assist with further enquiries on the reports. There is greater involvement of civil society in environment issues as guardians of national heritage and watchdog organisations, with an increasingly vocal local press about violations of national laws. There have been attempts to improve prosecution perpetrators of environmental crimes.

Public awareness campaigns are held regularly. The latest one is the first **Seychelles Sea Turtle Festival** to celebrate marine turtles and raise awareness about their conservation. The Festival was held on 9th and 10th August 2013 in collaboration with Global Vision International (GVI) and the Marine Conservation Society Seychelles (MCSS), with the support of the Ministry of Environment.

The Seychelles Islands Foundation (SIF) and other local NGOs attended and participated in the two day event.

Other activities also include national outreach campaigns with school children, organisations such as the Seychelles People's Defence Forces and other agencies and NGOs to remove invasive species in specific sites such as the Vallée de Mai, a UNESCO World Heritage Site and other sites on the inner islands of Mahé, Praslin and La Digue.

New challenges for meeting the MDG

There are numerous new challenges for Seychelles in meeting this MDG.

1. Seychelles needs to consider carefully the cost of adaptation and mitigation measures to climate change and whether there will be adequate resources to maintain gains and prevent or reduce negative impacts.
2. Reduction of national consumption patterns is also a major issue, especially the use flush toilets and the subsequent wastage of treated water, the types of nutrition which may contribute to the increase of non-communicable diseases and the need for renewable energy sources
3. Data collection and management of data is still problematic in this area, resulting in difficulties to meet reporting requirements stemming from international commitments. The main problem may be the required human resource to accomplish these tasks.
4. Invasive Alien Species (IAS) is a major threat to Seychelles' terrestrial biodiversity. These include animals such as rats and cats which have a major impact on endemic bird populations and plants such as cinnamon, alstonia and albizzia trees which presently dominate the canopy on the hillsides of Mahé. Other examples include goats, feral pigs, and the South African barn owl amongst others.
5. The Environmental Impact Assessment (EIA) reports need to be written in a level of language to reach general population. Creole, presently used in consultations with the public should also be used in the EIAs to make them even more accessible. Financing mechanism to replace fossil/non-renewable with RE
6. An issue of concern is competing rights and responsibilities for land owners. The Seychelles Constitution guarantees the right to property. However, some stakeholders feel that Protected Areas may be denying landowners the right to use their properties as they see fit. Therefore, national mechanisms need to be found to ensure that there is acceptable balance between these competing rights. It is possible to preserve and conserve the environment whilst deriving socioeconomic benefits from it for the individual and the nation as a whole.

7. The recent disasters due to heavy rains and the resulting floods and landslides have shown the urgent need to enforce the laws regarding land use and building codes to ensure safety of homes, private property and public buildings and facilities.

TABLE 47: Seychelles Sustainable Development Outlook

Macro-Indicators	Positive Trends	Welcome Trends	Warning Trends
Economic Development	<ul style="list-style-type: none"> Increased inclusion of environmental issues in financing development 	<ul style="list-style-type: none"> Macroeconomic reform programme Sustainable debt levels 	<ul style="list-style-type: none"> Reduced investment in environment / resource management & rehabilitation
Social well-being	<ul style="list-style-type: none"> Low population growth Good education & employment possibilities 	<ul style="list-style-type: none"> Land use plans Improved solid waste management Focus on national food security 	<ul style="list-style-type: none"> Increased urbanisation Over-consumption Disease epidemics
Institutions / Education	<ul style="list-style-type: none"> Reforms to improve involvement of NGOs and private sector 	<ul style="list-style-type: none"> Improved policy coherence & networking 	<ul style="list-style-type: none"> Poor enforcement of existing laws
Pollution	<ul style="list-style-type: none"> Investments in water/waste treatment technologies 	<ul style="list-style-type: none"> Maintain environment quality standards 	<ul style="list-style-type: none"> Pollution for highly urbanised areas Lack of monitoring
Utilities (energy, water, waste)	<ul style="list-style-type: none"> Continuous expansion of water & sanitation networks 	<ul style="list-style-type: none"> Recycling of some types of wastes Water harvesting initiatives Pricing which encourages conservation 	<ul style="list-style-type: none"> Increase in waste output Lack of water during dry season Increased electricity consumption Increase in vehicles
Biodiversity	<ul style="list-style-type: none"> Reducing risk of threatened /endangered species Private sector investment Protected area increased Conservation of key species 	<ul style="list-style-type: none"> Improved management & financial sustainability of protected areas Mainstreaming biodiversity Restoration of key degraded habitats Education for conservation & biosafety 	<ul style="list-style-type: none"> Degradation of coral reefs Threat of invasive species Loss of critical areas Encroachment by development
Climate change	<ul style="list-style-type: none"> Institutional and policy reforms focused on adaptation Investments in Renewable Energy 	<ul style="list-style-type: none"> Reduction of GHG emissions Energy, water & resources conservation 	<ul style="list-style-type: none"> Coastal damage, coral bleaching, extreme droughts, forest fires

Source: Seychelles Sustainable Development Strategy, 2012

The main challenges for sustainable development are highlighted in the left-hand column in Table 47. They include issues such as over-consumption, increased urbanisation and development, threat of invasive species, severe water shortages and loss of critical areas and biodiversity.

Table 48 below gives a selection of international conventions and instruments that the Seychelles has adhered to, signed and ratified to guide and monitor its national programmes of sustainable development.

TABLE 48: Selected International conventions and treaties signed by Seychelles

Names	Main Provisions
United Nations Convention on Biological Diversity (CBD)	Promotes conservation of biological diversity, reduction of biodiversity loss, sustainable use of its components and fair and equitable sharing of benefit arising from the utilization of genetic resources
United Nations Framework Convention on Climate Change (UNFCCC) 1992 / Kyoto protocol 1997	Stabilization of levels of greenhouse gases in the atmosphere at a level that prevents risks of man-made climate changes and promotion of sustainable development.
United Nations Convention to Combat Desertification (UNCCD)	Combat desertification, prevent or reduce or rehabilitate land degradation, reclaim desertified lands and mitigate the effects of droughts
Convention on International Trade in Endangered Species (CITES)	Ensuring that international trade in specimens of wild animals and plants does not threaten their survival, reduction of illegal trade in wild animals and plants between countries and the safeguard of certain species from over-exploitation through international cooperation
Cartagena Protocol on Biosafety	International agreement between parties to the CBD which seeks to protect biological diversity from the potential risks posed by living modified organisms (LMOs)
The United Nations Convention on the Law of the Sea (1982)	Defines the right and responsibilities of nations in their use of the world's ocean, establishing guidelines for businesses and the management of marine natural resources
Nairobi Conventions 1985, and its protocols	Seeks to protect, manage and develop the marine and coastal environment of the Eastern African region.
Maputo Declaration (2005)	Requires 10% of national expenditures for agriculture to ensure food security, development of rural areas, halting urbanisation & unsustainable development in cities, placing pressure on sanitation & water / energy usage.
Convention on Migratory Species (CMS)	An intergovernmental treaty aiming to conserve terrestrial, marine and avian migratory species as well as their habitats throughout their range on a global scale.
African Convention on Conservation of Nature and Natural Resources (1968)	Commits parties to adopt necessary measures to ensure conservation, utilization and development of soil, water floral and faunal resources in accordance to scientific principles for sustainable natural resource management (protect habitats and control water pollution)
FAO Code of Conduct for Responsible Fisheries (CCRF)	Gives states right to fish whilst ensuring effective conservation & management of living aquatic resources
Mauritius Strategy for the Further Implementation of the Programme of Action for Sustainable Development of SIDS (2005)	Covers all sustainable development of SIDS and include environment, climate change. Focuses on special needs of SIDS to reach MDGs & sustain levels of development. It also creates opportunities for cooperation.

Source: Ministry of Foreign Affairs, 2013

Target 7.C:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

People have access to safe drinking water, but there are severe interruptions occurring in some areas and islands and during periods of lesser rainfall. Management of the water distribution system to prevent leakage and loss is now a major priority.

7.8 Proportion of population using an improved drinking water source

7.9 Proportion of population using an improved sanitation facility

TABLE 49: Proportion of population using an improved drinking water source

Indicators/ Years	1990	2000	2005	2009	2010	2011	2012
% pop. using an improved drinking water source	88.9	88.9	88.9	89	95	--	---

Source: Seychelles in Figures (NBS, 2012)

The proportion of the population with access to potable drinking water has increased from an already relatively high 88.9% in 1990 to 95% in 2010 (Table 49).

TABLE 50: Proportion of population using an improved sanitation facility

Indicators/ Years	1994	1997	2002	2006	2007	2008	2009	2010	2011	2012
% pop. using an improved sanitation facility	78	86	94	---	---	---	---	---	97	97

Source: Seychelles in Figures (NBS, 2012)

Seychelles as a SIDS is facing enormous challenges in managing waste. In the early 1990s, a sewerage system was developed for Victoria and its suburbs, even if waste treatment requires in general a lot of capital. In 2012, 97% of all households used flush toilet and sewage is treated to a large extent. Presently, there is a sewerage charge placed on all water bills (Table 50).

Trends and inequalities

Annual rainfall in Seychelles is about 2,200mm. Present treated water consumption is around 11.4 million cubic metres annually and rises by 8% to 10% each year. Current rate is 150 litres per day per capita and storage capacity represents two months' consumption on Mahé. Higher rates of growth are expected as new developments take place, such as new companies moving into the Seychelles International Trade Zone and the development of the newly reclaimed areas. Some companies like

the Indian Ocean Tuna Factory operate their own desalination plants as part requirement for their water supply.

The supply of potable freshwater in Seychelles is available to most (95%) of the population. Over the last 20 years the demand for water has increased however the supply has fallen short. This is due to rapid increase in demand, climate change induced rainfall variability and insufficient investments in storage infrastructures. As a consequence the amount of water storage capacity falls very short of the demand for water with unacceptable losses within the network (Willis, n.d.)¹⁶.

The issue regarding the use of water resources is of great concern. According to the Public Utilities Corporation (PUC), the Seychelles is exhausting all available water resources on Mahé, Praslin and La Digue, the inner-lying islands. Extracting from rivers is becoming increasingly limited and desalination plants are needed to provide water to the population. Private corporations in the hospitality and tourism sector are not yet prepared to make necessary investments to produce large amounts of water which could be sold to the public; it is noted that the same situation regarding investments and assisting in national priorities and objectives exists for sewage.

These result in continuous restrictions on water supply affecting household, commercial services including the tourism industry. During the restriction months (June to September), some areas of Mahé such as the northern region may not receive any water through their home tap network for at least three to four months. Water is delivered by bowser by private contractors enlisted by the Public Utilities Company. Solidarity exists with neighbours helping one another by giving pails of water to one another, especially to those persons whose work schedules may prevent them from storing some water when it does flow through the taps. They may be absent from home during those times.

There are now requirements for hotels and other developments to buy and maintain their own water treatment plants even though this may be seen as an unnecessary burden on developers and investors. Moreover, this represents a loss of revenue for Public Utilities Corporation (PUC) - the local water authority. Desalination plants, used as an alternative supply of potable water for home consumption, incur high costs in terms of procurement, operation and maintenance.

The persistent irregular supply of water is now becoming a major development challenge for the Seychelles which must find ways of maximising storage of rainwater. Other considerations may be the use of treated effluent for non-potable application. It has to seek partnerships for investment in water reclamation and implement demand side management programmes including tariff revision with a view to attaining full cost recovery.

Key implementation bottlenecks

The greatest bottlenecks remain costs which are very high to provide the necessary infrastructure. Projects in the water sector funded by the Agence française de développement (AFD) may cost as much as €10m; others by the European Investment Bank cost €26.7m whilst the African Water Facility (AWF) gave a grant of €1.4m for developments in the sector¹⁷.

Not all the people are connected to the sewerage system, which is also becoming out-dated requiring major renovations. This has led to most rivers and water bodies receiving greater pollution loads. Thus, further improvements of water treatment technologies combined with sewer upgrading works are urgently required. The need for landfill for waste that cannot be recycled or processed and remnants of treatment processes such as incinerator ash is inevitable.

New challenges for meeting the MDG

The Water and Sewerage Division of the Public Utilities Corporation is responsible for providing the population of the three main islands of Mahé, Praslin and La Digue with a reliable and safe supply of water. With regards to wastewater, piped wastewater systems are presently operational only on Mahé Island. There are plans to extend the service to the other Praslin and La Digue too. Whilst the present production capability of water using surface water resources is adequate during periods of high rainfall, it is not so during drought periods.

The challenge is to provide continual supply of water to households and businesses, to manage the waste produced in society and to meet all the energy needs of the country without resorting to using more fossil fuel.

Key factors contributing to progress

The Seychelles has developed partnerships to address needs in this area. A case in point is the investment programme backed by €27 million European Investment Bank funding to provide drinking water in the Seychelles through planned upgrades to the water network, to protect water cleanliness with new sewer facilities and measures to reduce water loss.

The Seychelles has also created a dedicated waste agency in 2009 and setting up of several initiatives by the Ministry of Environment and Energy to minimise waste and increase recycling. Other key actions include the development of economic incentives through environment levies and refundable deposit schemes to stimulate recycling and divert recyclables from landfill. Moreover, in partnership with the European Union, the Seychelles has recently constructed a modern sanitary landfill and leachate treatment plant, soon to be commissioned in order to meet challenges of inadequate space and negative impacts of waste. The country is also implementing projects that derive energy from waste.

Target 7.D:

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

7.10 Proportion of urban population living in slums

A slum household is defined by UN-HABITAT as a group of individuals living under the same roof that lack one or more (in some cities, two or more) of the following conditions: security of tenure,

structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area.

This indicator does not apply to Seychelles, where there is no-one living in the sole town of the country, Victoria, who fits all the criteria of the definition given above. The house would have access to either safe drinking water or sanitation facilities, even if the tenure may be unsecured or the house has poor structure and sufficient living area.

There may be small pockets of people living on some outer-lying islands without adequate access to security of tenure, structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area. So far, no study of these populations has been conducted for better understanding of trends.

Goal 8: Develop a global partnership for development

Target 8.A:

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Liberalisation of the national economy in 2008 is creating a more open and fair national trading and financial system. There is a need to strengthen oversight.

Official development assistance (ODA)

8.5 ODA received in Small Island Developing States as a proportion of their gross national incomes

Seychelles is a recipient of ODA and not a donor country. Between 2009 and 2012 and in the context of the macroeconomic reform programme, the EU disbursed a total envelope of €17 million in the form of budget support to the Seychelles Government under the General Budget Support programme (Central Bank Report, 2012).

Trends and inequalities

Seychelles is often considered as a country to which there is little aid given due to its high HDI and status as a middle income country. However, it has also managed over the years to attract a fairly high level of aid for its size of population and economy. Prior to the 1990s, the country's foreign assistance per capita was US\$223 annually in 1975-79, US\$295 in 1980-85, and US\$331 in 1985-90. France was the leading donor, providing US\$53.9 million in bilateral assistance between 1982 and 1990, in addition to contributions through the World Bank and the European Commission. Loans placed through the Seychelles Development Bank and direct investments were also important. Examples of projects France has funded for Seychelles included in 1990 assistance to the television station to promote broadcasting in French and provision of devices to improve airport security.

Britain supplied US\$26.1 million in total aid during the 1982-90 period. India provided assistance with the EXIM loans and grants while other countries like Australia offered modest amounts of aid. Other countries like Australia offered modest amounts of aid¹⁸.

More recently, the Seychelles received 23, 56 and 21 US\$ million for 2009, 2010 and 2011 respectively. China, India and the United Arab Emirates have been amongst the lead partners in meeting the Seychelles developmental aspirations.

TABLE 51: China aid to Seychelles

Year	Amount (in US\$)
2010	11 538 462
2011	7 695 385
2012	850 462
2013	423 226
Total	20 507 535

Source: Project database, Ministry of Foreign Affairs of Seychelles (2013)

The support of the Chinese government has been extremely significant in various sectors like education, health, housing and transport amongst others (Table 51).

India has also been a dynamic partner of Seychelles and has provided much support in a variety of fields. In 2012 alone, India offered a US\$75 million financial package to Seychelles which included a grant of US\$25 million plus a US\$50 million line of credit for the purchase of Indian goods.

The UAE has made important investments in the country's health, water and energy sector. When it concerns renewable energy, a wind farm project financed by the UAE government was officially launched in 2012 and is estimated at around US\$28 million. It will provide at least 2% of the country's total energy needs (Central Bank Report, 2012).

United States of America aid has remained modest over the last decade (Table 52).

TABLE 52: USA aid to Seychelles

Years	Programme Name
	Development Assistance
Fiscal Year 2009	\$18,066
Fiscal Year 2008	\$40,000
Fiscal Year 2007	\$5,000
Fiscal Year 2006	\$27,000
Fiscal Year 2005	\$34,990
Fiscal Year 2004	\$27,401
Fiscal Year 2003	\$33,673
FY2002	\$36,800
FY2001	\$24,200
	Non-proliferation, Antiterrorism
FY2007	\$47,421
FY2006	\$40,319
	Other Active Grant Programs
FY2007	\$42,822
	Other USAID Assistance
Fiscal Year 2005	\$151,200
FY1995	\$180,000
FY1994	\$111,000
FY1993	\$85,000
FY1992	\$90,000
FY1991	\$75,000
Fiscal Year 1990	\$60,000

Source: [FindTheData \(2013\)](#)

A major contributor in terms of ODA is the United Nations which has channelled an average of US\$4.6 million per annum to the Seychelles, for a total of over US\$18 million for the last four years, from 2010 to 2013 (Table 53). The majority of the funds have been from the Global Environment Fund (GEF). Contributing UN organisations have included United Nations Environment Programme (UNEP), Office for the Coordination of Humanitarian Affairs (OCHA), Joint United Nations Programmes on HIV and AIDS (UNAIDS), United Nations Industrial Development Organisation (UNIDO), United Nations Development Programme (UNDP), World Health Organisation (WHO) and United Nations Office on Drugs and Crime (UNODC), and UNESCO

TABLE 53: UN Channelled ODA to Seychelles (US\$)

	2010	2011	2012	2013	TOTAL	Average
IFAD	0	0	0	0	0	0
FAO					0	0
UNEP	0	0	0	51,000	51,000	12,750
OCHA	0	0	0	50,000	50,000	12,500
UNAIDS	10,000	10,000	10,000	15,000	45,000	11,250
UNDP*	1,460,000	2,193,000	2,444,860	2,065,160	8,163,020	2,040,755
UNDP/UNOPS/GEF SGP	200,000	200,000	500,000	300,000	1,200,000	300,000
UNESCO					0	0
UNFPA					0	0
UNIDO	0	0	0	143,300	143,300	35,825
WHO		935,440		1,126,924	2,062,364	515,591
UNODC	180,000	180,000	180,000	5,650,000	6,190,000	1,547,500
ILO					0	0
IAEA	218,339	148,837	164,891	238,138	770,205	192,551
UN WOMEN					0	0
OHCHR					0	0
UN Habitat					0	0
	3,005,789	2,731,837	4,426,675	8,512,598	18,676,899	4,669,225

* the majority of which is from the Global Environment Fund (GEF)

Source: UNDP (2013)

Identification of key implementation bottlenecks

Seychelles as a SIDS is economically vulnerable. Its small economy creates higher costs for importation of raw materials and goods. The cost of food and fuel which are imported in the country is subject to global price changes, increasing the nation's vulnerability. The cost of freight itself is also a major issue, as the main island of Mahé also has the main port, Victoria, which receives all of the imported goods. There is the added cost of freight for transporting these goods from Mahé to the inner and outer islands.

The country has also borrowed extensively to complete infrastructure projects such as schools, hospitals, water and sewerage and energy supplies which are all capital-intensive. However, with the high GDP which is that of a high middle-income country, there is less access to ODA and concessionary loans. Seychelles is gradually reducing debt which led to a crisis in November 2008, due to accumulated loans taken at market rates and which led to it being at more than 150% of GDP. In 2012, the external debt was at 44% of GDP.

Presently, the internal debt is worth SR5.1 billion or US\$438 million and the external debt is SR5.3 billion or US\$456 million. The key issue is whether even at this level whether the debt is sustainable, given the new priorities of the Medium-Term National Development Strategy and the various programmes required to help Seychelles achieve its national objectives.

New challenges for meeting the MDG

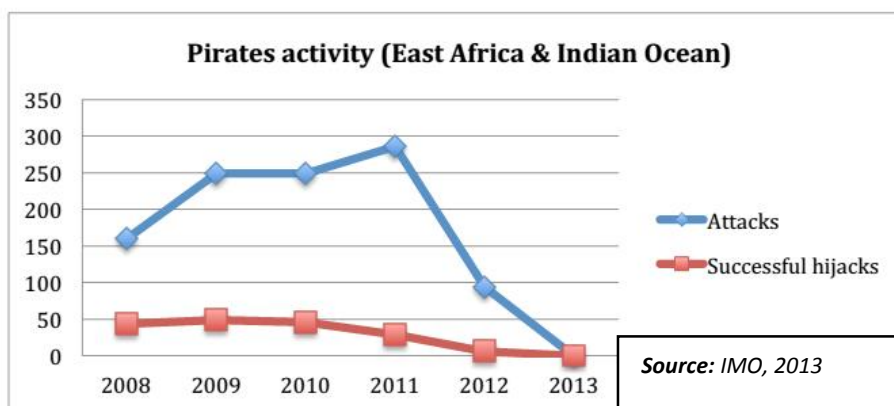
The Seychelles faces a number of new challenges:

Addressing adequately the *threat of Somali piracy* with a strong legal and institutional framework and programmes include prosecution, imprisonment and repatriation of pirates. In 2009, there were 249 pirate attacks in East Africa and Indian Ocean region representing a significant increase from 160 attacks in 2008. In 2010 the country lost an estimated 4% of GDP from its main production sectors directly due to piracy. Shipping costs also escalated during the same period due to rising insurance premiums and recruitment of armed personnel for the ships.

However, proactive interventions have led to a significant reduction in attacks and successful seizures of ships and crew. Programmes and actions include the Anti-Piracy Prosecutions Intelligence Coordination Centre (RAPPICC) in February 2013, which collates experts from around the world to share intelligence and information to tackle the financiers of piracy. Collaboration with other countries such as India, the United Arab Emirates (UAE) and USA have helped to reduce the number of successful piracy attacks in the region from 46 in 2010 to zero from May 2012 to May 2013 (Figure 12).

Vigilance is needed as the whole situation remains vulnerable and can be reversed at any time should the country let down its guard.

Figure 12: Piracy in East Africa and Indian Ocean, 2008-2013



- (a) The gains made through *fiscal discipline* need to be maintained to ensure continued success. The government needs to continue with their fiscal policies which are in line with the objectives of reducing public debt to 50% of GDP by 2018. Some measure of success has been achieved with the primary fiscal surplus of 6.7% of GDP in 2012, the country's performance under the Extended Fund Facility (EFF) reform programme, highlighted above. The EFF ends in December 2013.

- (b) There is a need to continue to improve the *performance of the tourism sector* which remains the major earner of foreign exchange for the country and motor of the economy despite reductions in earnings in 2011 and 2012.
- (c) *Continued development of the fisheries and also offshore banking sectors* are also needed to improve diversification of the economy.

Identifying key factors contributing to accelerated progress

Fiscal discipline and careful planning have been instrumental in improving the socioeconomic performance of the country and debt reduction. The Seychelles is now developing its Medium-Term National Strategic Plan which should help to guide policies and programmes for the next five years. In addition, this trend of debt reduction is a result of the country's improved fiscal policies and performance. A primary fiscal surplus of 6.7% of GDP (above the targeted 4.7%) was achieved in 2012. The target is to achieve 5.0% in 2013.

The country's performance under the Extended Fund Facility (EFF) reform programme, supported by the International Monetary Fund (IMF), has been positive. Indeed, the Executive Board of the International Monetary Fund (IMF) has completed the seventh review of Seychelles' economic performance under the program in May 2013. This review resulted in the immediate disbursement of about US\$5.0 million, bringing total disbursements under the four-year arrangement to about US\$34.9 million.

Fiscal policies include the introduction of major tax administration reforms with the introduction of Value Added Tax (VAT) in January 2013, a new Public Finance Bill approved by Cabinet in late 2011 was enacted in 2012, with additional measures expected in 2013 and continued reforms to improve the regulatory framework for investment. These measures undertaken in 2012 included amendments to the Financial Institutions Act, the drafting of a Financial Services Commission bill, improvements in business registration, in trade licensing, in customs administration and the restructuring of Public enterprises. These reforms have also boosted competition, improved financial-sector services and the private-sector environment as well as reducing the state's role from implementer to facilitator.

The unfinished business of the MDGs and emerging priorities

Given the more than 1.2million km² of ocean in the Exclusive Economic Zone (EEZ) of the Seychelles, there is immense potential to develop fisheries further, with greater ownership of the infrastructure, equipment and management modalities of the industry. Moreover, mariculture* presents other possibilities. The search for hydrocarbons may lead to exploitation of undersea fields. However, given the green tourism which is the main focus of the industry, careful balance needs to be made regarding these two sectors of the economy. The Seychelles is also developing further trade links and regional partnerships (India, Vietnam, China, Reunion, Maldives) to improve diversification of the national economy and strategic partnerships.

** a specialized branch of aquaculture involving the cultivation of marine organisms for food and other products in the open ocean, an enclosed section of the ocean, or in tanks, ponds or raceways which are filled with seawater.*

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

This target is not applicable to Seychelles.

Target 8.D:

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

The country's debt has been significantly reduced from a high of 150% of GDP in November 2008 to 70% in June 2013. The country is on track to reach the target of 50% by 2018.

8.12 Debt service as a percentage of exports of goods and services

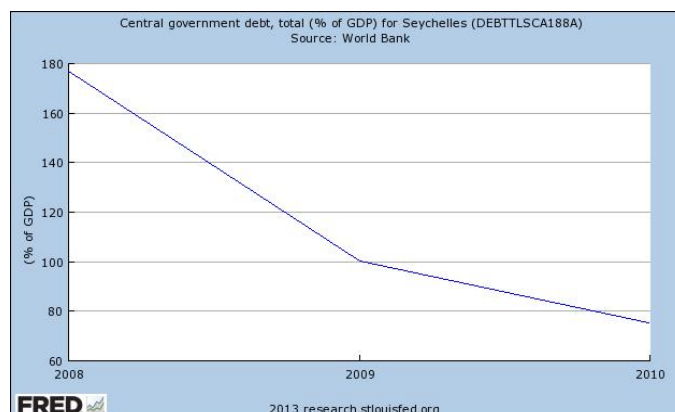
There is no data available for this indicator.

Trends and inequalities

The Seychelles, like other island states, has a small economy, representing an average of US\$850 million gross domestic product (GDP). The economy is also predominantly service-based and highly vulnerable to global shocks and climate change due to the country's isolation and small size. Moreover, other constraints, also typical of a SIDS, include the lack of economic diversification, risks of environmental degradation and disasters related to climate change.

However, the situation regarding total public debt has greatly improved, from more than 150% of GDP in 2008 to 83% in 2010 (Figure 14) and 78% in December 2012. Indeed, a full debt sustainability analysis (DSA), carried out in early 2011, suggests a positive future. Debt is projected in the long run to become sustainable, provided fiscal discipline is maintained. It is noted that projections indicate that the Seychelles will need sustained primary surpluses at about 4.5% of GDP, with annual GDP growth averaging some 4%, to bring the debt level to less than 50% of GDP by 2018. The vulnerability to external shocks remains an issue, with external debt sustainability being sensitive to increases and decreases in tourist arrivals, import prices for food and fuel, and fluctuations in the exchange rate.

Figure 13: Central Government Debt (% of GDP)



Source: World Bank, 2013 (reproduced from <http://research.stlouisfed.org/fred2/series/DEBTTLSA188A?cid=32273>)

Identifying key factors contributing to accelerated progress

The Seychelles, as a relatively young democracy, independent since 1976, enjoys a stable political system. The same political party has been in power since 1977. Since 2008, the government has exercised fiscal discipline and introduced measures to improve macroeconomic indicators. The tourism sector has also managed to diversify its markets, succeeding in attracting visitors from the Middle East, China and Africa. There has also been FDI from traditional sources such as European countries like France and Italy as well as new partners such as the United Arab Emirates and China.

Unfinished business of the MDGs and emerging priorities

To maintain gains, the Seychelles has to ensure that national development priorities especially in terms of social development can be financed in a sustainable manner and that both external and internal debts continue to be reduced significantly.

There is a need to improve competitiveness to boost private sector development through the establishment of institutions, proper incentives and linkages between foreign investors and local firms to increase spillovers from the tourism and fishery sectors to the domestic economy. The shortage of human resources with adequate skills and expertise can be exacerbated by complex and lengthy procedures for hiring foreign qualified workers and prevents the country from creating a more diversified economy with well-developed financial services and knowledge industry.

The World Bank (2012) also notes that *'Effectiveness in the public sector needs to be further improved. Additional reforms are needed to improve the allocation and executive efficiency of public expenditures, including the preparation of budget programs and the use of transparent procurement procedures, and comprehensive social security and pension reforms that would respond to the needs of the population and vulnerable groups, financially sustainable over time, and with minimal political interferences'*²⁴.

Target 8.E:

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Liberalisation of the national economy has brought more private health facilities and pharmacies that work collaboratively with the state as regulator to create a wider range of choices for patients and consumers.

Some wastage of medicines and malingering still exist due to the ‘free’ access to care and treatment in the public health system.

8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

TABLE 54: Access to affordable drugs

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011
% of population with access to affordable essential drugs on a sustainable basis	100	100	100	100	100	100	100	100	100

Source: Ministry of Health, 2013

Trends and inequalities

This MDG target has been achieved (Table 52). The proportion of the population with access to affordable essential drugs on a sustainable basis has been 100% from 1990 to 2011.

The Ministry of Health is responsible for importation of medicines and also gives guidelines for the private health centres which may want to import their own. There is greater emphasis on the use of generic versus brand names. Given the small size of the country, there have been attempts to have bulk orders from IOC/COI and SADC, especially for ARVs (CDCU, 2012).

There are many challenges for this target.

With the free access to consultations, investigations and medications, there has been some abuse. Attrition of patients on ARVs has led to the development of resistance to medication. There is then need for second or third line medication that can kill resistant strains of bacteria and viruses. These medications are more expensive, having a significant impact on health financing.

The sharp increase in hepatitis C is a cause for concern, with no decisions taken at national level about treatment. Further costs have been incurred with the introduction of methadone for injecting drug users.

Target 8.F:

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Access, nationally, to modern information and communication technologies has been steadily rising, but prices in some cases remain high and some connections are still slow.

8.2 Fixed telephone lines per 100 inhabitants

8.3 Mobile cellular subscriptions per 100 inhabitants

8.4 Internet users per 100 inhabitants

TABLE 55: Indicators for communication

Indicators/ Years	1990	2000	2005	2006	2007	2008	2009	2010	2011	2012
Telephone lines per 100 population	12.05 ^{51c}	25.4	25.9	26.05	27.2	27.3	29.87*	25.68*	31.62*	23.03*
Cellular subscribers per 100 population	0.0	32.0	71.2	85.12	92.7	111.5	126.77	135.90	143.41	150.02
Total Internet users**	0	5819	21223	29461	32613	34604	---	35472	37500	---
Internet users per 100 population	0.0	7.4	25.4	34.9	38.4	40.4	---	41.0	43.2	---
Internet subscriptions per 100 population	---	---	---	---	---	---	8.29	11.39	17.06	20.63

Source: NBS, UN MDG for Seychelles, last update 23rd June 2010

* DICT (2013)

**World Bank (2013)

Trends and inequalities

Table 53 shows the data for the main indicators for Target 8F which is 'In cooperation with the private sector, make available the benefits of new technologies, especially information and communications'. There have been three different methodologies and indicators for collection of the data for Internet access:

- (a) Total Internet users.
- (b) Internet users per 100 population, expressed as a percentage per 100 persons of the population;
- (c) Internet subscriptions per 100 populations, which can include all subscribers, be they home-based or commercial or office-based, Broadband and Narrowband for the sampled period, expressed as a percentage per 100 persons of the population.

Data has been provided for all three indicators.

Table 53 also shows that telephone lines per 100 population have steadily risen from the 1990s to the first decade of the new millennium. There have been fluctuations in the growth of fixed telephone lines between the years 2001 and 2012 as shown in Table 42. The total number fixed lines per 100 population were reduced to 23.03% in 2012 from a high of 29.87% in 2009.

Mobile subscribers per 100 population continued to grow every year from 32.0 in 2000 to 71.2 in 2005, 135.90 in 2010 and at 150.02 in 2012. Internet subscriptions have also grown from 1, 958 in 2001 to 18, 770 twelve years later or an increase of 958%.

TABLE 56: Data for total telephone, mobile and Internet subscriptions from 2001-2012

Year	Total fixed line subscriptions	Total mobile subscriptions	Total internet subscriptions
2001	21, 242	25, 961	1, 958
2002	21, 247	36, 683	2, 050
2003	21, 249	44, 731	2, 924
2004	21, 191	49, 229	2, 811
2005	21, 268	54, 368	3, 309
2006	21, 075	78, 300	3, 874
2007	22, 641	83, 286	5, 870
2008	23, 322	93, 476	5, 878
2009	26, 078	110, 668	7, 237
2010	22, 220	117, 587	9, 855
2011	27, 912	126, 594	15, 059
2012	20, 948	136, 480	18, 770

Source: Department of Information Communications Technology (DICT), 2013

Trends and inequalities

These targets have also been achieved to a large extent.

The Seychellois population has access to new technologies with the sector growing exponentially every year since the 1990's. Services are also gradually becoming relatively cheaper. There are more people subscribing to mobile services compared to Internet access services. Mobile phones (including smartphones) are widespread and provide users with access to telephony services (voice), and data services (SMS and MMS) including Internet access services. Individuals can also access the Internet via other mobile devices such as via Tablets, 3G mobile broadband dongles, netbook, which in many instances are much more affordable than the initial cost for a personal computers (PC) or a laptop.

The mobile cellular networks have extensive coverage and provide services to over 95% of the population. Therefore, Internet access via mobile devices tend to be a more viable options for many users compared to fixed home-based (fixed broadband) services, which may require installation with higher costs. The trend in Seychelles is also following the one taking place worldwide, with mobile subscriptions increasing (presently at 150% per 100 of population) and surpassing growth of fixed telephone lines. Data suggest that people may own two or three mobile phones with or without

internet connections, and may have no internet connections at home, relying on services at work. Furthermore, even if there is a fixed Internet connection at home, each member of the household may have Internet access via their own personal mobile devices.

Connection speeds have improved for those customers of private operators with connection with the submarine cable SEAS, which began commercial operations in mid-August 2012. However, it is noted that customers may not be aware of the various packages offered by private operators and perhaps, they could also have used their mobile in more efficient ways to reduce costs. Nevertheless, customers on the outer-lying islands still use satellite connections as their optimal choice in terms of costs and connectivity. This creates a disparity in terms of connection speed in favour of the inner island of Mahé, Praslin and La Digue.

Key implementation bottlenecks

Disruptions to Internet service especially in early 2013 showed the need to maintain backup installations, for local operators to diversify services with international providers and for alternative fibre optic cable link. The unexpected decrease in high speed connectivity and high cost of Internet due to consumptive charging is now an issue that needs to be addressed if Seychelles is to maximise fully the benefit of undersea cable and meet 2015 targets set by the Broadband Commission for Digital Development.

Unlimited use of the Internet can lead to prohibitive costs and in some instances the speed of connection is restrictive. On the other hand, there are presently cheaper broadband packages on the market, e.g., a package at SR175.00 (US\$15) per month (SR201.25 or US\$17 inclusive of 15% Value Added Tax – VAT) but it has limited data allowance. The price is equivalent to 4.48% of the average monthly minimum wage of SR4, 488.00 or US\$383 as published by the National Bureau of Statistics (NBS). The Broadband Commission for Digital Development has set a target for making entry level broadband service affordable by 2015 in developing countries (amounting to less than 5% of average monthly income). Seychelles has already achieved this target before the deadline given.

It is important to note, however, that whilst some lower and cheaper packages give access to the Internet, they also mean that customers have to monitor and manage their use as costs can quickly rise to unmanageable levels.

New challenges for meeting the MDG

It is perhaps timely to conduct surveys with clients to find out how they feel about the Quality of Services offered, such as connection speeds, choices of packages and customer care before, during and after purchase. National surveys will help to better understand customer needs, and to investigate whether cost is a major factor affecting growth of Internet access services.

Key factors contributing to progress

All main private operators provide a variety of schemes for their customers and various packages are on offer to suit and match the spending power and customer needs. The roll out and use of wireless

technology and the extensive coverage of mobile cellular network is contributing towards making ICT services widely accessible to customers.

The way forward – post 2015

The outcomes of the Rio+20 meeting in June 2012 launched the on-going debates on the Sustainable Development Goals (SDGs) which, it is agreed, should be universal, in terms of presenting a prioritised set of common aspirations for all countries. The mutual dependence of economic, social and environmental outcomes is also recognized as an important principle of sustainable development. This implies an integrated approach to the formulation of the Goals, rather than the economic, social and environmental aspects of sustainable development being considered as separate pillars with their own sets of specific goals. It is also noted that the goals should address the three overarching objectives of sustainable development: poverty eradication, changing unsustainable consumption and production patterns, and protecting and managing the natural resource base of economic and social development.

Ultimately the aim of all development efforts is to bring about sustainable improvements in human wellbeing. This calls for a substantial transformation in approaches to development, one which effectively blends social progress, inclusive and equitable growth, and sustainable environmental management. While the goals are expected to have universal applicability they will also need to be adaptable to different contexts and situations. The implementation frameworks should enable different countries, communities and groups to address the goals in terms of their own specificities, and targeting actions at a range of levels.

The specificities of SIDS are clearly acknowledged in the Rio+20 resolution ‘The Future we Want’; it reaffirms the commitments made in the Barbados Programme of Action and the Mauritius Strategy for the Implementation of the BPOA, both of which continue to be relatively effective roadmaps for the development needs of SIDS. However, so far progress has not gone as well as expected and new determination is necessary for further implementation.

In recognition of the importance of co-ordinated, balanced and integrated action to address the sustainable development challenges facing SIDS a third international conference on SIDS will be held in Apia, Samoa in 2014. It is to be noted that SIDS make up 44 member states of the UN (over 22% of its membership) and their special case warrants a stronger institutional platform than presently. While SIDS are grouped regionally and most form part of regional organizations – the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS) sub-region, the Caribbean Community (CARICOM), Pacific Islands Forum – the need for dedicated SIDS channels for advocacy and mobilization of international support remains an issue of concern.

In stating its position on the development of Sustainable Development Goals (SDGs) Seychelles emphasizes the need to give due prominence to the special conditions of SIDS and reiterates the importance of strong and consolidated action backed by adequate financial support for the achievement of the goals. The strengths of the MDGs should be reflected in the SDGs and there should be clear national targets and indicators for the monitoring of progress. Seychelles also maintains that SDGs should be concise, easy to communicate, focused, action-oriented, achievable

and measurable, backed by strong mechanisms for regular monitoring of their implementation. The development of a resilience index for SIDS would also be a helpful tool for measuring progress.

In the light of the above considerations Seychelles proposes that the post-2015 agenda should include the following issues and themes:

> ***The provision of quality education for sustainability:*** education is a fundamental right, and full access to quality education at all levels and for all is an essential condition for sustainable development and poverty eradication. The education system must be able to respond to the learning needs of all children and young people, providing them with skills for life, work and the means of earning a decent livelihood. They should be guided by teachers who are professionals in their fields and who expect all their students to succeed.

Education for sustainability goes beyond the basic skills of literacy and numeracy. It should enable children and young people to realize their full potential, so that they may become successful lifelong learners with the capacities and values to become active and responsible citizens. Critical and creative thinking, problem solving, learning to learn and effective communication skills are vital components of quality education that promotes inclusive and equitable growth. As children move to higher levels of education they need to acquire the skills of leadership, entrepreneurship, relating to others through teamwork, as well as develop sound understandings of natural resources, sustainable consumption and production and the effects of climate change.

The education and training system should help to produce job creators rather than job seekers, and donor support should promote quality education for sustainability. At the local level, this would require the collaborative efforts of parents, the Ministries of Education, Health, Social Affairs, Finance, along with partners from the private sector and civil society.

> ***Promoting healthy living:*** good health is a pre-condition as well as an outcome of sustainable development. Building on the achieved goal of universal access to basic healthcare, Seychelles acknowledges the need to provide greater equity in the interconnected areas that contribute to health - the social, economic and environmental dimensions of sustainable development. This means broadening the range of integrated and essential services available to all persons, and investing substantially in health promotion – including healthy lifestyles, and disease prevention. The fight against non-communicable diseases and the concomitant rise in healthcare costs can only be addressed in this way.

Universal access to sexual and reproductive health rights and services is a crucial aspect of health promotion. Young people, and women in particular, must have effective means of preventing pregnancies as well as avoiding sexually transmitted diseases.

The need for policy coherence in the promotion of health and well-being, and further investments in the fight against communicable diseases such as HIV/AIDS and other sexually and intravenously transmitted diseases must also be addressed.

> ***Championing youth empowerment:*** Children and young people will live and work in the post-2015 world and deal with the opportunities and challenges present decisions will bring about.

Therefore youth-centred development has to be an integral part of sustainable development. Young people must be provided with the resources and skills to enable them to succeed, through access to quality education, appropriate healthcare, good nutrition, strong supportive families and other social networks. They have a right to opportunities for decent work and to lead healthy lives.

Harnessing the energy, enthusiasm, fresh ideas and skills of young people who are thus empowered to achieve their potentials can contribute more fully to building peaceful and democratic societies, and strong economies.

> **Inclusive and equitable economic growth:** in view of SIDS' economic vulnerability Seychelles national priorities must focus on more resource efficient production and services that economise on energy use and water, maximizes the use of all its human capacities and re-uses and recycles waste. Putting in place enabling conditions for private sector development, foreign direct investments, youth and civil society participation, should all broaden opportunities for more people to participate in the economy and distribute wealth more fairly. Access to information, to effective ICT services and improved connectivity are important factors in this process.

The promotion of more sustainable and local agriculture, fisheries and aquaculture, through private sector participation should help to deliver better nutrition and health while reducing food import costs, energy and food waste. This should be backed by the systematic application of regulatory frameworks on the control of pests and other invasive species into the country's fragile ecosystem.

Diversifying land and sea-based tourism and increasing product differentiation (by offering culture and eco-tourism through small local enterprises, for example) should broaden the investment base and reduce competition from other countries. The improved provision of essential human development services - in particular efficient water resource management, health care, decent jobs, housing and transport - should enhance progress towards inclusive and sustainable growth and build resilience to climate change and disasters.

> **Development of an inclusive green and blue economy:** while there is as yet no consensus on the definition of the concept of 'green and blue economy' it is clear that protecting and preserving the earth's resources is fundamental to human life and sustainable living. Seychelles, as other SIDS, needs to interpret the green economy concept according to its own specific context with regard to sustainable development priorities.

One such priority has to be the **sustainable management of natural resources**. The country's land, forests, rivers and oceans have to be protected and used as necessary in an inclusive and responsible manner, through open and transparent governance structures for both public and private enterprises. Access to safe drinking water is a basic human right and it is another priority that has to be addressed as a matter of urgency. Biodiversity protection and promotion, ensuring food security, climate change mitigation and adaptation, and building resilience to natural hazards must also remain as national priorities.

The **global importance of oceans** is particularly significant for SIDS, given the fact that they have more sea resources than land, and such resources are often their major connecting factor to the wider world economy. Seychelles has to ensure the protection and sustainable use of its extensive

marine resources, especially fish and mineral stocks, with a view to optimizing food security, renewable energy sources and future income while reducing threats to the marine ecosystem, such as over-exploitation, chemical pollution and marine litter. The protection of coastal ecosystems, including marshes and mangroves, is also vital for longer term sustainability. Such actions will require judicious partnerships, improved regulatory and infrastructural frameworks, together with the contributions and support of the global community, especially in terms of securing sustainable finance, technology and training for specific skills related to establishing low carbon and resource efficient economies. Initiatives such as the Blue Carbon Fund and Debt for Adaptation Swaps need to be further replicated.

> *Strengthening regional and international support for SIDS:* the specificities of SIDS warrant the establishment of regional and sub-regional mechanisms which should ensure that their concerns remain on the UN's sustainable development agenda. In particular the small island developing states of the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS) sub-region have no sub-regional organization that can help them speak with one voice in international fora. A regional institutional framework for sustainable development should be put in place, with consideration given to the Indian Ocean Commission as a potential framework for co-operation within the sub-region. It is also important that there is greater institutional support for SIDS, through regional offices including inter-regional advisors and SIDS regional representatives who would maintain links with the different countries. There should be greater reinforcement at UN central level as well, especially through UNDESA which should have a dedicated office for SIDS. The AOSIS-AIMS regional linkages and networking should also be strengthened.

> *Enhancing the connectivity of islands:* in view of SIDS relative isolation it is especially important that they develop strong partnerships in the implementation of the SDGs, and promote the advocacy of island nations. Collaboration and partnerships should also strengthen resilience and create new opportunities for SIDS. The Global Islands Partnership (GLISPA) and Western Indian Ocean Challenge among others, already illustrate the opportunities for collaboration and mobilisation of resources for concerted actions, enabling SIDS to set ambitious targets for themselves which can be independently verified. Such partnerships need further strengthening through effective regional institutions and networks, including the Indian Ocean Commission (IOC), the Alliance of Small Island States (AOSIS) and regional AIMS networks. Adequate funding assistance is also a priority.

Access to information and knowledge sharing are crucial for effective partnerships, and Seychelles calls for reinforcing the capacities of higher education institutions to network and share expertise, data, research capabilities, other technical and informational support. The use of ICT can further enhance such collaboration. The role of the Alliance of Small Island States (AOSIS) should be strengthened in this regard so that it may help to provide the appropriate platform and promote synergies for the generation of information relevant to SIDS.

> *Provide sustainable energy for all:* Switching to more renewable sources of energy and promoting energy efficiency are essential for SIDS, in view of the fact that they tend to be totally dependent on fossil fuel, which is a major source of economic vulnerability. Seychelles is committed to the Sustainable Energy for All initiative and SIDS-DOCK as they have the potential to strengthen the country's resilience to external shocks as well as create a new economic sector for future growth (especially the harnessing of solar and wind power). However, as other SIDS, Seychelles cannot do it

alone: while putting forward policies that promote sustainable energy use, SIDS will need special assistance in terms of technologies, appropriate human and financial capital, and the establishment of enabling conditions for investments in renewable energy. The phasing out of inefficient fossil fuel subsidies by G20 countries is one such condition.

> ***Building resilience in small economies:*** SIDS are inherently more vulnerable than other groups and this needs to be universally recognised. They remain the most vulnerable to climate change, extreme weather events and disasters, and they are the most exposed to transnational security threats such as piracy and drug trafficking. Nevertheless it is also acknowledged that vulnerability can be countered by increasing opportunities for SIDS to build up their own resilience, provided the enabling conditions are in place – including access to financial, technical and technological support from development partners. Thus genuine opportunities would be created for SIDS to tap into the green economy, harness renewable energy, promote sustainable production and consumption, expand their economic activities and build capacity for disaster risk reduction.

Seychelles calls for greater access to appropriate financial mechanisms and the finalisation of the resilience index which can be used to better demonstrate and support the achievements of SIDS. This also implies the need to review the use of GDP per capita as the measure of development as it does not do justice to SIDS development efforts.

> ***Importance of trade for SIDS:*** as noted in the Mauritius Strategy due account must be taken of the specificities of SIDS in the application of trade integration mechanisms so that they may derive greater economic opportunities and benefits from the global economy. SIDS also need to find the appropriate framework and products particular to their specific contexts as the basis for successful trade. Exploiting inter-linkages between sectors such as tourism, agriculture, fisheries, finance should enhance such opportunities. Seychelles also advocates for capacity development for more effective participation in trade negotiations, smart partnerships between public, private and development partners, and facilitation of technology transfers as some of the strategies that will help SIDS to trade better.

> ***Investing in people, especially women, children and youth, and other vulnerable groups:*** sustainable development starts with people, and harnessing the capacities and potentials of all people is the only means by which sustainable development will work. It is crucial therefore that the potential of all women, men, children and youth are recognised and developed so that they may fully engage in this process. Thus far persistent inequalities in the participation of these various groups substantially limit their contributions to sustainable development. Seychelles calls for gender equality, social justice and human rights in all aspects of the SDGs. The Goals must advocate for and contribute to ending all forms of gender bias, sexual and gender-based violence, and they should promote sexual and reproductive health rights. They must also enhance the participation of children and youth, and persons with disabilities.

Our obligation to safeguard the earth's assets for future generations requires the full participation of children and young people in the development and implementation of SDGs. Seychelles advocates for closer connections among young people from islands, promoting initiatives to create regional youth networks with a view to enhancing entrepreneurship and resilience building.

> *Peace and security at national, regional and global levels*: sustainable development is inextricably linked to peace and security. There cannot be development without peace, justice and security, and hence no progress. Seychelles believes that local, national, regional and global co-operation is crucial for maintaining peace, security and stability. More dedicated and sustained investments from the international community are necessary to create one of the fundamental conditions for the implementation of the post-2015 agenda.

A number of other factors that are inherent to peace and security must also be acknowledged, including respect for all forms of life, recognising the importance of diversity and inclusion, the worth of all persons, their rights and the interdependence of all human beings and the environment.

Drivers and enablers of development

In addition to peace, justice and security and the underlying principle of inclusion, the SDGs should also take into account other drivers and enablers of development that will underpin their successful implementation. In particular they should include:

- the promotion of good political and economic governance, transparency and accountability for sustainable development gains,
- the participation of citizens through civil society organisations, as a means of demanding the accountability of governments to SDG commitments,
- the protection and promotion of the human rights of all people,
- ensuring access to information that enables citizens to become active participants in development,
- evidence-based and coherent policies for sustainable development, and
- harnessing the cultural knowledge-base of local communities to inform decision making.

Conclusion

This review indicates that Seychelles has achieved almost all the MDGs, especially those relating to education, health and social development. Access to ten years of education provided free at the point of use is at 96%; free basic health care (including universal coverage for essential medicines and anti-retroviral therapy) is available to all. There is almost universal access to safe drinking water and sanitation and good housing provision. The country also has a high literacy rate (97%), significantly low infant mortality and high life expectancy at birth (72 years). Severe income poverty is no longer significant. However, a number of challenges remain, particularly linked to the country's status as a small developing island state, and to some extent, to the way the MDGs were originally defined. The extent of the country's territory and small, highly dispersed landmass, the small population, the environmental fragility characteristic of small islands, Seychelles geographical isolation and its comparative economic vulnerability combine to mitigate its capacity to sustain all of those achievements in the longer term. Nevertheless it is also important to note that smallness can convey certain strengths, such as versatility in adapting to new approaches, managing smaller economies and populations, and long-standing commitment to sustainable living as a means of adapting to limited resources.

Lessons learnt

Despite the relatively limited focus of the MDGs they have provided a useful framework for orienting development initiatives and measuring progress more tangibly. Even though Seychelles had already achieved most of the MDGs by 2010 (as noted then in its 2010 Status Report) the goals serve as reference points for other nationally set development targets. These are included in the 'Seychelles Strategy 2017', the Environment Management Plans, the 'Seychelles Sustainable Development Strategy 2012-2020', the National Plan of Action on Social Development 2005-2015 and other sectoral strategic plans. The establishment of the MDG Committee in 2009 and a National Statistics Committee in 2013, through initiatives of the Ministry of Foreign Affairs, also contribute to keeping the MDGs on the national agenda.

In the process of working towards the achievement of the MDGs a number of issues came to the fore, the main ones being the need for improved data gathering and dissemination, the capacity to undertake sustained monitoring over time, the country's limited pool of qualified and experienced professionals within a small labour force versus the level of socio-economic development, reduction in external development assistance, and the importance of addressing human development in terms of sustainable development.

The need to *improve data gathering and dissemination* was felt in all sectors. While all national institutions collect statistics and other data, and they operate information management systems, there seems to be limited co-ordination between institutions and across sectors. A recent initiative led by the Ministry of Foreign Affairs to take a more systematic and co-ordinated approach to monitoring the MDGs should lead to the establishment of more effective mechanisms that should ensure the collection and analysis of relevant data to inform future reporting. A needs assessment of organisational capacity to monitor the MDGs in Seychelles was carried out in June 2013 and a National Statistics Committee led by the National Statistics Bureau was established.

The *retention of qualified and experienced Seychellois professionals* is exacerbated by the small size of the population and hence the workforce (a population of approx. 88,300, with a labour force of 64,130 in 2011). As a consequence the country has a rather restricted human resource base where more specialized professionals tend to emigrate due to limited advancement opportunities. Even if the whole labour force was fully trained and employed it is most unlikely that Seychelles would be able to produce all the required expertise for all specialized areas of the economy and necessary services. Its reliance on outside expertise is therefore a permanent consideration that also entails additional costs. The possibilities of tapping into the expertise of the widespread Seychellois diaspora should also be explored as a means of boosting the knowledge industry.

With a per capita income of over US\$9,000 and high UN Human Development Index (0.806 in 2012) the country is among the highest of the middle income countries. As a result there has been a significant *reduction in external development assistance*, which led to increased borrowing at commercial rates, cumulative debt arrears and serious balance of payment problems. Combined with the constraints typical of small island states (limited economic diversification, small domestic market, greater vulnerability to external shocks, greater risks of environmental degradation and distance from markets), these factors considerably threatened longer term economic development and stability. A high dependence on imports further increases the country's vulnerability to external shocks. Currently over 70% of food and 100% of commercial fuel are imported. Improving conditions for private sector development and foreign direct investments are key strategies being considered. A more co-ordinated approach to technical assistance is being considered, in particular through the development of a medium term National Development Strategy for the next five years.

Since independence in 1976 Seychelles governments have consistently addressed *human development in terms of sustainable development*. Environmental protection and sustainable development principles have guided successive national development plans, with emphasis on protecting areas of significant biodiversity (over 50% of the country's land and coastal sea areas), the integration of environmental education in all school curricula, the provision of clean water and maintenance of clean air, backed by strong legislative frameworks to ensure compliance. This was done through the implementation of two Environment Management Plans (1990-2000, and 2000-2010). A new Sustainable Development Strategy is now in place for 2012-2020. Internationally Seychelles has also played a leading role in championing sustainable development generally, and for SIDS in particular.

However, limited natural resources and human capacities together with planned expansion in the main industries of tourism and fisheries are likely to augment pressure on the very ecological resources that must be preserved. This may compromise the country's ability to achieve a sustainable balance between environmental protection and development. Examples of such tensions are already evident in costal reclamation projects within protected marine reserves on the Mahé east coast. Whilst the 'Seychelles Sustainable Development Strategy 2012-2020' aims to work towards this balance it will require an estimated US\$704 million to effectively implement the plans, along with the local capacity to see it through the next eight years. It is clear that more innovative ways of diversifying the economy and a more co-ordinated approach to development would need to be devised in order to maintain and further enhance sustainable development.

TABLE 57: Lessons Learnt: - National programmes leading to achievement of the MDGs

Interventions and Programmes	Impact	Remarks
Policies, laws, regulations, e.g., National Policy on the Prevention and Control of HIV and AIDS and STIs 2012;	Sets standards and guidelines for national responses to key national development priorities	Has led to improve legal and institutional framework and programme delivery. More coherence and coordination needed at national level to ensure harmony between sectors and their action-plans.
Social protection programmes (social security or old age pension, benefits for orphans, unemployed, the disabled, legal aid for those without means to pay legal fees, as examples)	Improve living conditions, reduce stress, improve productivity	Improve quality of life, can be seen as an investment in people rather than as expenses. Now social programmes need to be more targeted.
Free primary health care, with distribution of state health facilities in most villages and regional health centres. All health services including investigation and laboratory services are free of charge at point of service.	Improve health outcomes Services also include free access to ARVs and accompanying treatment for opportunistic diseases, as needed	Healthier population can increase productivity. Now need to address NCDs and reduce wastage.
Free state primary and secondary education, with free access to books, Internet services for some older students and subsidized school meals programme.	Improve attendance, reduce financial burden on parents for meals and school materials, better attention and concentration in class due to students having had required meals.	Increase literacy, participation in civil and political life, more engagement in society's socioeconomic debates. Need to improve quality, academic performance of boys and increase of girls in non-traditional post-secondary institutions.
Social security as the main source for national health financing	Safety nets for disadvantaged and vulnerable, alleviate poverty, improve health outcomes, and decrease disparity between socioeconomic classes.	This programme has helped to remove the stress and burden on families during times of illness. However, there is a need for more evidence-informed and targeted interventions in selection procedures and final allocation of resources for treatment, including overseas treatment.
Dedicated agencies and sections that address programme areas, such Agency for Social Protection, School counsellors, Social Services, Probation Services, Gender Secretariat	Ensure qualified personnel addressing key issues, improve reporting capacity and programme delivery	Increase M&E capacity and actions. Now need for better remuneration of qualified personnel to retain them and avoid brain drain.

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Annex 2: Mid-Year Population Estimates, Vital Events, 1970 - 2011

Year	Mid-Year Pop.	No. of births	Birth Rate	No. of Deaths	Death Rate	No. of Infant Deaths	Infant Mortality Rate	No. of Imm.	No. of Emigrants	Net Migration rate
1971	54,695	1,837	33.6	463	8.5	61	33.2	1,945	1,830	2.1
1972	56,029	1,723	30.8	529	9.4	62	36.0	3,030	3,132	-1.8
1973	56,892	1,639	28.8	474	8.3	51	31.1	3,628	3,752	-2.2
1974	57,937	1,860	32.1	496	8.6	73	39.2	3,598	3,819	-3.8
1975	59,292	1,806	30.5	433	7.3	64	35.4	3,560	3,688	-2.2
1976	60,504	1,642	27.1	466	7.7	53	32.3	4,036	4,097	-1.0
1977	61,786	1,599	25.9	477	7.7	69	43.2	3,688	4,208	-8.4
1978	62,150	1,796	28.9	466	7.5	47	26.2	4,962	5,460	-8.0
1979	62,686	1,730	27.6	436	7.0	44	25.4	6,052	6,845	-12.7
1980	63,261	1,830	28.9	444	7.0	32	17.5	6,378	7,046	-10.6
1981	64,035	1,802	28.1	442	6.9	31	17.2	6,173	7,051	-13.7
1982	64,413	1,552	24.1	482	7.5	30	19.4	5,234	6,361	-17.5
1983	64,335	1,662	25.8	452	7.0	24	14.4	5,060	6,003	-14.7
1984	64,717	1,739	26.9	488	7.5	24	13.8	5,605	6,338	-11.3
1985	65,244	1,729	26.5	468	7.2	31	17.9	8,048	8,629	-8.9
1986	65,653	1,722	26.2	498	7.6	31	17.4	8,951	9,525	-8.7
1987 ⁽³⁾	68,499	1,684	24.5	505	7.4	31	18.4	11,090	12,126	-15.1
1988			23.8	504	7.3	28	17.0			-13.1

	68,755	1,643						12,825	13,724	
1989	69,167	1,600	23.0	566	8.1	29	18.1	16,677	17,154	-6.9
1990	69,507	1,617	23.1	543	7.7	21	13.0	17,290	17,720	-6.1
1991⁽⁴⁾	70,438	1,706	24.2	545	7.7	22	12.9	17,201	17,992	-11.2
1992⁽⁵⁾	70,763	1,601	22.6	522	7.4	19	11.9	20,777	20,975	-2.8
1993	72,253	1,689	23.4	597	8.3	22	13.0	24,975	24,695	3.9
1994⁽⁶⁾	74,205	1,700	22.9	562	7.6	15	8.8	26,291	25,887	5.5
1995	75,304	1,582	21.0	525	7.0	29	18.3	28,402	28,341	0.8
1996	76,417	1,611	21.1	566	7.4	15	9.3	28,372	28,967	-7.8
1997	77,319	1,475	19.1	603	7.8	12	8.1	30,388	29,979	5.3
1998⁽⁷⁾	78,846	1,412	17.9	570	7.2	12	8.5	31,969	31,109	10.9
1999	80,410	1,460	18.2	560	7.0	15	10.3	32,877	31,809	13.3
2000⁽⁷⁾	81,131	1,512	18.6	553	6.8	15	9.9	34,803	35,881	-13.3
2001	81,202	1,440	17.7	554	6.8	19	13.2	39,499	40,840	-16.5
2002⁽⁸⁾	83,723	1,481	17.7	647	7.7	26	17.6	50,262	52,561	-27.5
2003⁽⁸⁾	82,781	1,498	18.1	668	8.1	25	16.7	48,678	49,707	-12.4
2004⁽⁹⁾	82,475	1,435	17.4	611	7.4	17	11.8	47,901	48,285	-4.7
2005	82,852	1,536	18.5	673	8.1	15	9.8	51,845	52,456	-7.4
2006	84,600	1,467	17.3	664	7.8	14	9.5	55,475	55,065	4.8
2007	85,033	1,499	17.6	630	7.4	16	10.7	58,676	58,205	5.5
2008	86,956	1,546	17.8	662	7.6	20	12.9	55,001	54,079	10.6
2009	87,298	1,580	18.1	684	7.8	17	10.8	47,939	48,880	-10.8
2010⁽¹⁰⁾	89,770	1,504	16.8	664	7.4	21	14.0	55,652	58,786	-34.9
2011⁽¹¹⁾	87,441	1,625	18.6	691	7.9	16	9.8	56,350	57,140	-35.8

Source: National Bureau of Statistics, accessed on 18th December 2012

Annex 3: NATIONAL ADAPTATION OF MDG GOALS, TARGETS AND INDICATORS

Original Goals and Targets	Nationally Adapted Goals and Targets		Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress	
	Y/N	If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N	If yes, describe new indicators and indicate dates (when these were first used)
Goal 1: Eradicate extreme poverty and hunger					
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day		N	1.1 Proportion of population below \$1.25 (PPP) per day	N	
			1.2 Poverty gap ratio	N	
			1.3 Share of poorest quintile in national consumption	N	
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people		N	1.4. Growth rate of GDP per person employed	N	
			1.5 Employment-to-population ratio (EPR)	Y	Core EPR in 1980s
			1.6 Proportion of employed people living below \$1.25 (PPP) per day	Y	National food poverty line (2000)
			1.7 Proportion of own-account and contributing family workers in total employment	N	
			1.8 Prevalence of underweight children under-five years of age	N	
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger		N	1.9 Proportion of population below minimum level of dietary energy consumption	N	

Original Goals and Targets	Nationally Adapted Goals and Targets	Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress
	Y/N If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N If yes, describe new indicators and indicate dates (when these were first used)
Goal 2: Achieve universal primary education			
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	N	2.4 Net enrolment ratio in primary education	N
		2.5 Proportion of pupils starting grade 1 who reach last grade of primary	Y Proportion of pupils who are truant
		2.6 Literacy rate of 15-24 year-olds, women and men	
Goal 3: Promote gender equality and empower women			
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	N	3.4 Ratios of girls to boys in primary, secondary and tertiary education	Y Ratios of girls to boys in primary, secondary, post-secondary education (1980s) + ratios in tertiary education (2000)
		3.5 Share of women in wage employment in the non-agricultural sector	Y Proportion of women in employment per sector Average of employees by gender and by sector (1990s)
		3.6 Proportion of seats held by women in national parliament	N Same target used

Goal 4: Reduce child mortality

<p>Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>N</p>	<p>Same</p>	<p>4.4 Under-five mortality rate</p>	<p>N</p>	
			<p>4.5 Infant mortality rate</p>	<p>Y/N</p>	<p>Early neonatal mortality rate</p>
				<p>Y</p>	<p>Late neonatal mortality rate Perinatal mortality rate</p>
			<p>4.6 Proportion of 1 year-old children immunized against measles</p>		<p>Proportion of children achieving full immunization coverage according to the National Immunization Schedule Proportion of children with normal growth rate according to the National Schedule Proportion of children of 0 – 5 years who has had developmental assessment for the by using the Denver Test. Proportion of 9 months old children with normal speech and hearing Proportion of children with normal range for physical development or other relevant medical issues. Proportion of children being breast fed (all measures began in the 1980s and 1990s)</p>

Original Goals and Targets	Nationally Adapted Goals and Targets		Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress	
	Y/N	If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N	If yes, describe new indicators and indicate dates (when these were first used)
Goal 5: Improve maternal health					
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	N	Same	5.7 Maternal mortality ratio	N	
			5.8 Proportion of births attended by skilled health personnel	N	
Target 5.B: Achieve, by 2015, universal access to reproductive health	N	Same	5.9 Contraceptive prevalence rate	N	
			5.10 Adolescent birth rate	N	
			5.11 Antenatal care coverage (at least one visit and at least four visits)	N	
			5.12 Unmet need for family planning	N	

Original Goals and Targets	Nationally Adapted Goals and Targets		Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress	
	Y/N	If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N	If yes, describe new indicators and indicate dates (when these were first used)
Goal 6: Combat HIV/AIDS, malaria and other diseases					
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	N		6.11 HIV prevalence among population aged 15-24 years	Y	New cases of HIV per year and by gender (1987)
			6.12 Condom use at last high-risk sex	N	Since 1987
			6.13 % of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	N	Same (as from 2003 with the Knowledge, attitude and Practice Study 2003)
			6.14 Ratio of school attendance of orphans vs. non-orphans aged 10-14 years	N	
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	N		6.15 % of population with advanced HIV infection with access to antiretroviral drugs	N	Proportion of HIV positive persons on Highly Active Antiretroviral Therapy (HAART)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases N

6.16 Incidence and death rates associated with malaria N

6.17 % of children under 5 sleeping under insecticide-treated bed nets N

6.18 % of children under 5 with fever treated with appropriate anti-malarial drugs N

6.19 Incidence, prevalence and death rates associated with tuberculosis N

6.20 % of tuberculosis cases detected and cured under DOTs short course N

Original Goals and Targets	Nationally Adapted Goals and Targets		Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress	
	Y/N	If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N	If yes, describe new indicators and indicate dates (when these were first used)
Goal 7: Ensure environmental sustainability					
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	N	Same and adopted in 1990	7.11 Proportion of land area covered by forest	N	
			7.12 CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	N	
			7.13 Consumption of ozone-depleting substances	N	
			7.14 Proportion of fish stocks within safe biological limits	N	
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	N		7.15 Proportion of total water resources used	N	
			7.16 Proportion of species threatened with extinction	Y/N	Proportion of iconic species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	N		7.17 Proportion of population using an improved drinking water source	N	
			7.18 Proportion of population using an improved sanitation facility	N	
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	N		7.19 Proportion of urban population living in slums	Y	Proportion of homeless persons (2010)

Original Goals and Targets	Nationally Adapted Goals and Targets	Original Indicators for Monitoring Progress	Nationally Adapted Indicators for Monitoring Progress
	Y/N If yes, describe new goals/targets and indicate dates (when these were adopted)		Y/N If yes, describe new indicators and indicate dates (when these were first used)
Goal 8: Develop a global partnership for development			
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	N		N
Target 8.C: Address the special needs of small island developing States	Y	Develop adaption and mitigation measures for climate change and sea level rise	N
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	N		N
Target 8.F: In cooperation with the private sector, make available benefits of new technologies, especially information and communications	N		Y International calls (hours) Local calls (hours) Cellular mobile telephone subscribers (no.) Payphones (no.) Internet accounts (no.) Number of Satellite Dish Number of Cable TV Connection