

## Summary

Following a request from the MoH, received by the International Atomic Energy Agency (IAEA) on 4 October 2018, the IAEA, through its [Programme of Action for Cancer Therapy \(PACT\)](#), conducted an [imPACT Review](#) in Seychelles from 22-26 July within the framework of the [WHO-IAEA Joint Programme on Cancer Control](#). The imPACT Review's main objective is to support Seychelles' Ministry of Health in developing a comprehensive national cancer control programme and to improve access to quality cancer care.

The imPACT Review expert team, nominated by the IAEA, the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC), assessed Seychelles' cancer control capacity and needs in the areas of cancer control planning, cancer registration, prevention, early detection, diagnosis and treatment, and palliative care, as well as radiation safety infrastructure and practices, and the security of radioactive sources used for medical purposes.

The imPACT Review experts visited the islands of Mahe, Pralin and La Digue, primary to tertiary care facilities, public and private, and civil society organizations, WHO Country Office; the MoH; Seychelles Hospital and its multi-disciplinary tumour board; Ministry of Employment, Immigration and Civil Status; Seychelles National Cancer Registry; Nursing School; Hospice. During these visits, the experts collected data and information from counterparts, the majority of whom provide cancer-related services or oversee relevant activities and programmes.

## Main findings

1. Non-communicable diseases accounted for 81% of total disease burden in Seychelles in 2018. Cardiovascular disease is the main cause of death (34.0%) followed by cancer (18.4%) and diabetes (3.0%). According to the WHO, the high prevalence of NCDs risk factors include obesity of adults aged 18 years or more (20.5% in 2016), alcohol consumption in adults aged 15 years or more (4.1 litres of pure alcohol in 2016), tobacco use in adults aged 15 years or more (7.1% in 2016) and physical inactivity in adults 18 years or more (20% in 2016).
2. According to the recent national cancer registry report, a total of 1048 new cancer cases were registered 2012-2016 of which 571 were men and 477 women. The average annual number of new cases was over 200 with an increase of 25% from previous years (2009-2011). Childhood cancers represented 0.9% of the total cancers. In 2018, 252 new cancer cases were recorded (144 males and 108 females) and 130 deaths.



3. The three most common types of cancer in men were prostate (31.6%) followed by colorectal (13.8%) and mouth & pharynx (9.6%) while for women breast cancer (32.8%) followed by colorectal (12.4%) and cervical cancer (11.6%) are most frequent.
4. The MoH developed the Seychelles Strategy for the Prevention and Control of NCDs 2016-2025. The Strategy identifies cancer as disease priority and sets out strategies focusing on prevention and screening of select cancers. The MoH also has a draft National Cancer Control Plan (NCCP).
5. The Seychelles National Cancer Registry (SNCR) is well established. It is an active member of the African Cancer Registry Network (AFCRN), regional hub of the IARC's Global Initiative for Cancer Registration (GICR).
6. Nearly half the cancer cases are diagnosed at advanced stages. Some prevention activities have been implemented or are in implementation, such as tobacco control. Other activities, related to alcohol consumption, physical activity, BMI, and nutrition are partially implemented. According to the latest WHO STEP survey (2013), prevalence of tobacco consumption remains high among Seychellois men. Alcohol consumption is a major public health challenge.
7. Seychelles does not have any organised screening programme for any cancer site. All activities are opportunistic and some are not based on scientific evidence base.
8. Most cancer diagnostic and treatment facilities are available at the public Seychelles Hospital. The private clinics also refer cancer cases to the Seychelles Hospital or to hospitals abroad.
9. Diagnostics is generally appropriate and operational; however, the main challenge is that facilities lack backup equipment.
10. There are some underdeveloped areas in diagnostic imaging: follow-up of diagnostic reference levels, use of radiology specific international guidelines for justification of medical exposures (e-Guide, ACR criteria, clinical audit), and quality assurance systems. Laboratories selectively apply external quality control.
11. Seychelles has no medical school or post-graduate programmes; local specialists are either trained abroad or expatriates are recruited.
12. There is no national palliative care policy, and no national palliative care guidelines, protocols or standards. Palliative care training and education is non-existent and there are no palliative care specialists nor are any being trained abroad.
13. Seychelles has several civil society organizations (CSOs) involved in cancer prevention and control. Although these CSOs are officially registered, there is no formal arrangement with the MoH.



# Summary of recommendations

## Cancer Control Planning

- Strengthen staff capacity and competencies in the NCD programme to ensure better coordination of cancer control activities across the continuum of prevention, early detection, screening and treatment, palliative care and survivorship care.
- Institute a National Cancer Control Steering Committee with broad participation of stakeholders, including CSOs, private sector, relevant units of the MoH, cancer research/academia and cancer survivors.
- The Steering Committee and working groups should finalize and cost the NCCP, develop an action plan and promote strategic evidence-based investments in cancer control.

## Cancer Registration

- Increase the frequency of data collection visits by cancer registry staff and develop a schedule for active data collection.

## Cancer Prevention

- Develop and implement national guidelines on physical activity.
- Implement differential subsidies/taxes on healthy/unhealthy food items; facilitate production and distribution of local fruit and vegetables; institute adequate labelling of food products; reformulate locally made and imported manufactured foods to decrease salt, sugar, saturated fats and trans fats; ban advertising of unhealthy foods in the mass media; and increase provisions of healthy meals in schools/workplace.

## Early Detection

- Establish an MoH cancer screening committee, led by a medical professional, responsible for all cancer screening activities; the committee should consist of relevant stakeholders to prepare a screening policy, with comprehensive protocols and guidelines based on scientific evidence. Align protocols and guidelines with established standards and recommendations from relevant professional medical associations (e.g. association of gynaecologists, association of oncologists, etc).
- Prioritize organised breast cancer screening programme.

## Cancer Diagnosis

- Develop roadmap for education and training, recognition and licensing of specialists in cancer diagnosis.

## Cancer Treatment

- Strengthen surgical and medical oncology services, and related diagnostics before considering radiotherapy in Seychelles.
- Expand human resource capacity and upgrade skills of the existing workforce.

## Palliative Care

- Develop training and/or recruitment of palliative care workers, including nurses, doctors and other allied health workers.



## Follow-up actions taken by the Ministry of Health

- The Ministry of Health indicated initiation of the development of the first national Cancer Control Plan. Cancer is the second cause of death in the country and most of the cases are diagnosed at advanced stages. The Ministry of Health has a centralized budget with no dedicated budget allocation for cancer.



Dr Prebo Barango (bottom, left), WHO Regional Office for Africa, and Dr Catherine Sauvaget (bottom, right), IARC, attend the Ministry of Health hosted briefing on Seychelles' cancer situation and plans (Photo: A. Juric/ IAEA)

## IAEA-WHO-IARC joint activities on cancer control

In March 2009, WHO and IAEA signed arrangements at the Director-General level to implement a [Joint Programme on Cancer Control](#). The main purpose of this arrangement is to coordinate activities and resources to provide evidence-based and sustainable support to comprehensive cancer control programmes, particularly in LMI countries.

In response to a Government request, an [imPACT Review](#) is carried out as a comprehensive assessment of national cancer control capacities and needs. It is a partnership effort between the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO). Where relevant, other partners are involved, such as the Union for International Cancer Control (UICC) and the United Nations Office on Drugs and Crime (UNODC). The IAEA Division of [Programme of Action for Cancer Therapy \(PACT\)](#) is responsible for coordinating the imPACT Reviews and for mobilizing the resources for their implementation.

**Link to imPACT Review news and related resources:**



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