

SD2 Specific Objectives

Table 12 SD2 Protect and Improve UHC: Specific Objectives

SD 2: Protect and Improve UHC				
Specific Objectives	Key Interventions	Milestones	Lead Entity	Contributing Entity
2.1 Improve health services across the life-course and address priority health conditions.	2.1.1 A new direction for primary health care			
	◆ Operationalise package of services to be offered in primary care.	◆ PHC package operationalised	HCA	PHA
	◆ Reorganise community health services into a fit-for-purpose system, with clear organisational structure based on agreed criteria, to deliver effectively and efficiently on the PHC package.	◆ Criteria for PHC defined. ◆ Organisational structure defined of PHC facilities and services. ◆ New Master Facility List available	HCA	MOH PHA
	◆ Repurpose/close health centres not meeting set criteria for delivery package. Redeploy any free resources.	◆ A population register for each clinic catchment area developed.		
	◆ Establish mechanisms for strong oversight and continuous service improvement.	◆ Create a PHC council with mandate on quality and efficiency. ◆ PHC indicators and targets defined.	HCA	MOH PHA
	◆ Implement chronic disease care models to support self-management, treatment adherence and improve health literacy.	◆ Service delivery model for chronic diseases developed and implemented.	HCA	MoH PHA
	2.1.2 Address challenges in operations of PHC services to maximise access and effectiveness of services.			
	◆ Fully implement appointment systems. ◆ Develop tools and processes for a seamless, active and timely referral system. ◆ Establish minimum language proficiencies for health service providers. ◆ Review operating hours of PHC facilities ◆ Improved coordination and support across services and centres, including with Praslin and La Digue.	◆ PHC appointment system functional. ◆ Active seamless referral system in place. ◆ Coordination meetings between PHC and hospital services conducted at least twice a year.	HCA	
	◆ Address discrimination and protect rights of vulnerable population groups (substance abuse, mental health, social ills).	◆ Access for vulnerable populations to health and social services improved in existing facilities and planned for future facilities.	MoH HCA PHA	

	◆ Targeted interventions to reach vulnerable populations developed.			
2.1.3 Improve secondary and tertiary care				
◆ Define needs, roles and package of services for inpatient and specialised care services.	◆ Inpatient and Specialised Care package of services define and used to inform clinical guidelines and access to diagnostics and therapeutics.	HCA		
◆ Establish adequate management capacity for Seychelles Hospital and annexes.	◆ Competent staff to fill all management positions/functions appointed	HCA		
◆ Strengthen governance and coordination of specialist outpatient, oncology and accident and emergency (A&E) services.	◆ Governance structure for specialised services defined.	HCA		
◆ Review scope-of-work for specialist services, to ensure relevant broader health system and societal needs are incorporated.	◆ Scope of work for clinical leads (PMOs, PNOs, NMs, CICs, Regional lead Dr) are redefined, with reporting/M&E and service improvement roles.	HCA		
◆ Review after-hours service provision based on needs, access and utilisation.	◆ After-hours services package and requirements and location defined	HCA		
◆ Improve standards of inpatient care.	◆ Define standards of operations and minimum requirements for all wards and units/services.	HCA	MoH PHA	
◆ Rationalise use of diagnostics and therapeutics.	◆ Guidelines developed for access to diagnostics and therapeutics	HCA		
◆ Improve long-term care (LoTC) services. ◆ Closer coordination with social workers in care planning for vulnerable groups. ◆ Transfer 'Regional Homes' management to Ministry responsible for social affairs.	◆ Package of services provided in LoTC facilities defined. ◆ Dedicated Social workers for different health services appointed. ◆ Regional homes transferred to relevant ministry.	HCA		
◆ Establish clear governance and accountability structure for overseas treatment. ◆ Establish overseas treatment policy to complement the Act. ◆ Conduct a review of overseas treatment (needs, costs, outcomes). ◆ Annual reports on overseas treatment services, with outcomes.	◆ Governance structure for overseas treatment established. ◆ Overseas treatment policy developed. ◆ Review and annual report on overseas treatment developed.	HCA	MoH	
2.1.4 Innovate and modernise health programmes				
◆ Improve leadership, organization and management of health programmes ◆ Build capacity in programme leaders for M&E and quality improvement.	◆ Organizational structure and coordination of programmes reviewed. ◆ Capacity building of programme leaders for M&E and quality improvement conducted.	HCA PHA	MoH	

Strengthen programmes to address health needs across the life-course and across disease conditions.	<ul style="list-style-type: none"> ◆ Programmatic services on offer are better aligned with target population needs. ◆ Support the conduct of the next round of the Seychelles Heart Study series. ◆ Review implementation of new initiatives. 	HCA PHA	MoH
<ul style="list-style-type: none"> ◆ Implement PHC package of services ◆ Monitor outcomes of programmes 	<ul style="list-style-type: none"> ◆ Implement programmes according to PHC Package ◆ Key indicators and targets for each programme developed. ◆ Annual report of programmes developed and shared. 	HCA PHA	
<ul style="list-style-type: none"> ◆ Build synergies across programmes through communities of practice. ◆ Develop and pilot an integrated preventive health services hub. 	<ul style="list-style-type: none"> ◆ Communities of practice for related groups of programmes set up and running. ◆ Health Prevention Hub developed. 	HCA	PHA MoH
<ul style="list-style-type: none"> ◆ Address policy support gaps for key programmatic services. 	<ul style="list-style-type: none"> ◆ National Cancer Control Strategy developed. ◆ School Health Policy developed. 	HCA PHA	MoH
<ul style="list-style-type: none"> ◆ Expand utility of vaccination in disease prevention ◆ Expand capacity of the Expanded Programme on Immunisation (EPI). 	<ul style="list-style-type: none"> ◆ Revised EPI schedule for children. ◆ Capacity of EPI Unit strengthened. ◆ Review current vaccination schedule to include additional evidence-based vaccination in: (1) routine childhood vaccination, (2) routine adult vaccination, and (3) travel vaccination. 	HCA	MoH
<ul style="list-style-type: none"> ◆ Strengthen collaboration between programmes and health promotion. ◆ Develop a health promotion policy and strategy. 	<ul style="list-style-type: none"> ◆ Coordination mechanisms for programmes and health promotion developed. ◆ Health promotion policy and strategy developed. 	MoH	HCA PHA
Improve community engagement for addressing priority health conditions.	<ul style="list-style-type: none"> ◆ Focal persons in the community for key programme areas identified and sensitized. 	MoH	HCA PHA
2.1.5 Address priority health conditions			
Substance abuse and Harmful use of Alcohol <ul style="list-style-type: none"> ◆ Ensure continued, quality, service provision for mental health and substance abuse disorders. ◆ Institutionalise and consolidate essential services for substance abuse (prevention, treatment and after-care, as per the NDCMP). ◆ Expand services to address harmful use of alcohol. ◆ Integrate provision of substance abuse and mental health services into the PHC. 	<ul style="list-style-type: none"> ◆ Quality indicators for harm reduction services developed and monitored. ◆ Programme to address harmful use of alcohol revived. ◆ Aspects of harm reduction services mainstreamed into PHC services. 	MoH HCA	PHA

	<p>Key Non-Communicable Diseases</p> <ul style="list-style-type: none"> ◆ Revitalise implementation of the NCD Strategy. ◆ Support conduct of the next iteration of the Seychelles Heart Study series, and use information to inform review and update of the NCD Strategy 2016-2026. ◆ Review implementation of new disease-specific initiatives (such as SEYPEN). 	<ul style="list-style-type: none"> ◆ Regular Monitoring and reporting on key priority diseases (HIV/AIDS, COVID-19, Cancer, Cardiovascular diseases, Viral Hepatitis, etc.). ◆ Annual report on implementation of NCD Strategy. ◆ End-term review of NCD Strategy conducted; new NCD Strategy developed. ◆ New Cancer Control Strategy developed. ◆ Report of the next Seychelles Heart Study survey results. 	PHA	MoH
	<p>Key Communicable Diseases</p> <ul style="list-style-type: none"> ◆ Review the National Strategy for HIV/AIDS and Viral Hepatitis Strategy. ◆ Update and implement the COVID-19 response plan. ◆ Also refer to SD3 for COVID-19 response and priority vector-borne and zoonotic diseases. 	<ul style="list-style-type: none"> ◆ End-term review of HIV/AIDS and Viral Hepatitis Strategy conducted. ◆ Updated policy and strategy on HIV/AIDS, Viral Hepatitis and STIs developed. ◆ Integrated COVID-19 response plan developed. Annual reports produced. 	NAC PHA	
2.2 Champion Quality Improvement (QI) across the health system	2.2.1 Improve quality of health services			
	Develop and implement a quality framework, with relevant performance indicators.	<ul style="list-style-type: none"> ◆ Quality Framework developed and operationalized. ◆ Regular clinical audits in all units and service areas conducted. ◆ HCWs and public sensitized on QI initiatives. 	HCA	MoH
	Establish standards of care and quality indicators by service area.	<ul style="list-style-type: none"> ◆ Standards of Care and Quality indicators defined and implemented. ◆ Formal unit/service-area specific monthly CPD/CME system in place. 	HCA PHA	MoH
	Promote rational prescribing and antibiotic stewardship.	<ul style="list-style-type: none"> ◆ AWARe classification of antibiotics, with monitoring through the implementation of GLASS framework used. ◆ Adherence to treatment protocol monitored regularly. 	HCA	
	Define Care Pathways for key conditions/services.	<ul style="list-style-type: none"> ◆ Care pathways defined, disseminated and implemented. 	HCA	
	2.2.2 Improve efficiency and effectiveness of services at all levels (Subject to joint discussion with Department of Finance).			
	<ul style="list-style-type: none"> ◆ Build capacity for monitoring efficiency in the health system. ◆ Improve technical and allocative efficiency in services. 	<ul style="list-style-type: none"> ◆ Health economist recruited. ◆ Cost-benefit assessments for key services and health conditions conducted. ◆ Guidance for efficiency developed and used. ◆ Line managers and administrative staff aware of costs and benefits of common health services. ◆ A formal system for monitoring cost-efficiency, as part of wider M&E framework developed. 	MoH HCA	
2.3.1 Explore social franchising with private health sector and health-related NGOs.				

2.3 Improve collaboration with private health sector and health-related NGOs	<ul style="list-style-type: none"> ◆ Utilise private health sector and/or health-related NGOs to help deliver key preventive, promotive and primary care services. ◆ Build social franchise where appropriate. 	<ul style="list-style-type: none"> ◆ Annual meetings with private sector conducted. ◆ Social franchise developed. 	HCA PHA	MoH
2.4 Mitigate risks and mainstream resilience across the health system	2.4.1 Climate change mitigation and adaptation in health.			
	<ul style="list-style-type: none"> ◆ Improve awareness of climate impacts on health. 	<ul style="list-style-type: none"> ◆ Vulnerability and adaptation assessment for the health sector; Establish relevant CPD and training conducted ◆ Considerations of climate change mainstreamed in plans for health facilities 	MoH PHA	HCA
	<ul style="list-style-type: none"> ◆ Mainstream climate mitigation and adaptation through climate-informed health system strengthening. 	<ul style="list-style-type: none"> ◆ Develop a Health National Adaptation Plan aligned with National Climate Change Policy. 	MoH PHA	HCA
	<ul style="list-style-type: none"> ◆ Access global climate finance for supporting wider health system strengthening. 	<ul style="list-style-type: none"> ◆ Improved networking with Department of Climate Change to access climate funds for mitigation and adaptation projects. 	MoH PHA	HCA
	2.4.2 Institutionalise COVID-19 services and build resilience			
	<ul style="list-style-type: none"> ◆ Institutionalise COVID-19 care and other related considerations throughout the health system. ◆ Define essential health services; ensure their continuity. 	<ul style="list-style-type: none"> ◆ Finalise and implement the Continuity of Essential Health Services (CEHS) plan. ◆ Emergency Operations Plan and SOPs. ◆ Define key Indicators for prevention, preparedness, etc. for health emergencies. ◆ Continue relevant up/cross-skilling of staff in basic COVID-19 response related functions across health system. ◆ Clear guidelines for care of long-COVID/post-COVID syndrome. 	HCA PHA	
	<ul style="list-style-type: none"> ◆ Ensure continued, dedicated isolation and treatment capacity. 	<ul style="list-style-type: none"> ◆ Rational utilization of tier 2 and tier 3 COVID-19 care capacities. ◆ Full implementation of COVID-19 care pathway and clinical management guidelines. 	HCA	