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REPORT OF THE

SEYCHELLES PRIMARY HEALTH CARE CONFERENCE

11 - 13 JULY 2019

AVANI SEYCHELLES, BARBARONS RESORT AND SPA

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Executive summary

The Ministry of Health, Seychelles organized a conference on Primary Health Care (PHC) from the 11th to 13th July 2019. The conference, 40 years after the Alma Ata Declaration that placed PHC on the world map, was organized in collaboration with the World Health Organization (WHO). It brought together more than 200 people comprising a mix of health workers, patient groups, civil society, academicians and political leaders. In attendance at the opening were the Speaker of the National Assembly, the Leader of Government Business in the National Assembly, nine Members of the National Assembly, the Minister of Health, the Minister of Family Affairs, members of the Diplomatic Corps and the World Health Organization (WHO) Representative to Seychelles. The purpose of the conference was to relook at the model of PHC in Seychelles and interrogate how the current model could be improved to better meet the needs of current developments in the country. The objectives were to identify and document the good primary health care practices in Seychelles and reflect on how they can be sustained; evaluate evolving PHC needs; identify new strategies for governance, leadership, planning, monitoring and evaluation; propose more rational approaches to the deployment of resources for greater efficiency and effectiveness; and develop initiatives to better partnership and engagement with private health providers and non-health actors.

The conference was opened by the Minister of Health, Mr. Jean Paul Adam. Day 1 took the form of review of the global and local PHC context with sharing of experiences. Day 2 was organised around parallel discussion sessions and review of the draft Seychelles Charter for Health. Day 3 focused on obtaining views from health professionals working in PHC on emerging issues from day 1 and 2. The conference made a number of key recommendations.

Leadership and governance

- Put in place measures to strengthen the leadership and management structures at all the levels of services delivery to enhance effective delivery of PHC services. This may include re-examination of existing health policies, laws and legislations to provide more decision-making space at the sub-national level.
- Institute mechanisms to ensure better coordination and integration of PHC work with other health related programmes. This may involve engaging relevant stakeholders and identifying ways to harmonize or promote joint inter- and intra-sector activities, including public private partnerships. A guidance document detailing the decisions on engagements, modalities for coordination and integration of activities as well as ways to monitor implementation of the coordination and integration mechanisms should be developed and widely disseminated.
- Identify mechanisms to mobilise additional resources from and relook at the current MoH criteria for resource allocation for PHC services to ensure adequate funding. This should be accompanied with measures to facilitate transparency and accountability and demonstration of value for money.
- Facilitate the process of institutionalizing a national quality management/improvement programme, including making available standards, guidelines and protocols for all aspects of services delivery.

Service delivery

- The importance of reviewing and or clearly defining an essential package of services to be delivered at different levels of service delivery cannot be understated, as the service package will inform resources (e.g. human, physical infrastructure and medicines) requirement as well as mechanisms licensure and accreditation of both professionals and services.
- Assess and re-organize the community-based health services as well as facility-based services in line with current needs and expectations of the community, paying attention to vulnerable and marginalised populations.
- Assess interaction between PHC and hospital-based services, including hospital specialists, to facilitate access to care on the basis of need and ensure the continuum of care.

Human resources for health

- Establish national staffing norms, in addition to having a structured staff development programme that provides continuous updates and trainings based on training needs assessments. Improving the current mentoring/coaching supportive supervision systems can help improve staff performance.
- Review the distribution of tasks and roles of different cadres of workers.

Individual, families and community engagement

- Examine and put in place strategies to better empower and engage individuals, families, communities to take ownership of their health and be active health care co-providers.
- Build wider consensus, finalise and effectively implement the Seychelles charter for health.

The conference adopted a resolution to improve PHC. Following the conference, the Ministry of Health defined a draft road map for the implementation of the recommendations and resolution.

Introduction

The Alma-Ata Declaration in 1978 was the forerunner of the Global Strategy for 'Health for All' by the Year 2000. Forty years on, it has become imperative to provide a new stimulus to PHC leading to the Astana 2018 Declaration by world leaders and organizations for the 21st century and beyond. The effective implementation of the new PHC principles is fundamental to the aspirations of UHC and the Sustainable Development Goals (SDGs) and the vision of ensuring healthy lives and well-being for all at all ages. (See Annex 1 for web link to the Astana Declaration.)

The Seychelles Government considers PHC as the focus of the health system. Aside the Constitution of Seychelles guaranteeing free PHC in state institutions for all citizens, a number of interventions have been put in place over the years to improve access to quality health care and improve the wellbeing of the Seychellois people. However, it appears PHC mechanisms have not evolved to adequately meet the emerging health needs as well as the socio-economic and other contextual challenges faced by the nation. Little has changed about health and health related programmes and services since they were first introduced. The scope of PHC is not well defined in policies and legislation, and there seems to be mismatch between planning and resources allocation for the health sector. There is insufficient engagement of communities and other sectors in promoting healthier lifestyles. Coordination and collaboration between the public and private providers is minimal. There is evidence to suggest that failures in health care strategies at primary care level lead to inappropriate use of hospital services thereby driving increases in health care costs. Institutional mechanisms for quality improvement, monitoring and evaluation of primary health services are not at par with the best international practices. There are equity concerns as some segments of the population seem not to be benefitting as well as they should from the health services.

These factors make it necessary for the MoH to identify and establish measures to strengthen and reinvigorate PHC to

- better respond to current health needs and achieve and sustain universal health coverage;
- better engage individuals, families and communities in the pursuit of holistic health and well-being; and
- develop innovative strategies to achieve equity, efficiency and effectiveness to attain the sustainable development goals and improve the health of the nation.

This conference was held to reflect on the strengths and weaknesses of PHC in Seychelles and to come up with strategies to respond to new and emerging challenges while safeguarding the gains. The objectives were to: agree on what are the good primary health care practices in Seychelles and on how they can and should be sustained; identify priority unmet health needs in primary health care; identify new strategies for governance, leadership, planning, monitoring and evaluation; identify more rationale approaches to the deployment of resources for greater efficiency and effectiveness; identify new strategies for health promotion in primary health care; agree on how to build partnership and increase engagement of non-health actors to strengthen primary health care; and identify strategies to strengthen primary health care in private practice and improve the interaction between public and private sectors. This report presents the key procedures and outputs from the conference. All presentations made at the conference are available of the Ministry's website, and documents used during the conference are available on request.

Preparation

The preparation of the Primary Health Care conference started in February 2019. The multidisciplinary committee within the health sector was established under the chairpersonship of the Principal Secretary of the Ministry of health. The committee had a representation of the Secretariat of the Ministry, the Health Care Agency, the Public health authority and board members of HCA and PHA. The committee agreed on the thematic areas, concept note, objectives, expected outcome of the conference.

The concept note along with the budget was approved by the Cabinet of Ministers. The committee appointed Dr. Conrad Shamlaye, the Health Policy Advisor in the PS Secretariat, as the chief conference officer and Dr. Susan Fock Tave, the Chief Medical Officer, as the deputy chief conference officer. The conference dates, 11th, 12th and 13th of July 2019, were agreed. It was decided that the participants would come from various ministries, private health sector, civil society, patient groups, religious organizations and media, and the participation of the maximum number of health professionals working in PHC facilitated. The proceedings of the 3-day conference was discussed at great length and was accepted by the committee.

Conference Methodology

The three-day conference from 11th to 13th July 2019 was organized such that day 1 took the form of review of the global and local PHC context with sharing of experiences. Day 2 was organised around parallel discussion sessions and the review of the draft Seychelles Charter for Health. Day 3 focused on obtaining views from professionals working in PHCs on emerging issues from day 1 and 2. The mix of participants included: patient groups; youth groups; elderly groups; community leaders; past, present and future health workers; private and public-sector practitioners and leaders; regulators; academia; and media. One hundred and twenty-three (123) people participated on the first and second days. Table 1 gives the breakdown of the categories for day 1 and 2. Participants on day 3 totaled 112 and were representatives from district health teams, central leadership and heads of services. Present at the opening ceremony were the Speaker of the National Assembly, the Leader of Government Business in the National Assembly, nine other Members of the National Assembly, the Minister of Health, the Minister of Family Affairs, members of the Diplomatic Corps and the World Health Organization (WHO) Representative to Seychelles.

The conference methodology included combinations of presentations, break-out working sessions, plenary report back and discussions as well as question and answer sessions. English and Creole were the main language of communication, and some discussions, questions and answer sessions were conducted in French.

Table 1: Categories of participants for Day 1 and 2

Category	**Number**
Public Health Sector	81
Other Public Sector	24
Private Health Sector	10
Civil Society	3
International partners	5
Total	**123**

Day 1 proceedings

Opening

The welcome address was given by **Dr. Conrad Shamlaye,** the Chief Conference Officer. He expressed the hope that the conference would expose health workers and partners in health to the achievements in PHC, build bridges between all partners and the Ministry of Health and come up with resolutions to guide implementation of PHC. He briefly noted some of the successes and shortcomings of the current PHC services and urged that future PHC strategies aim to strengthen Private-Public Partnerships (PPH) as well as effective engagement of individuals, families and communities.

The Minister of Health, **Mr. Jean Paul Adam** noted that the conference was an opportunity to speak of achievements and weaknesses in PHC as well as hopes for improvements. While outlining the fundamentals of PHC, he stressed the notion of 'Health for all' as captured in the national slogan 'health for all, health everywhere, and health by all'. The Minister indicated that every citizen in Seychelles has equal access to the means for the best quality of life, and the government remains committed to giving all citizens access to health services that allow them to experience fulfilling life. He underscored the fact that the PHC is the level at which the health sector makes the most impact towards addressing ever-growing health needs. It is also at that level that the most effective interventions are realized. However, the changing patterns of diseases, mainly due to changes in behavior and lifestyles, calls for new prevention strategies that emphasize health promotion. The need for wide engagement of all stakeholders and effective partnerships with other sectors was stressed. The Minister called on the public to show respect for health workers and use appropriate means to provide feedback and express their dissatisfaction.

The Principal Secretary, Health **Dr. Bernard Valentin** outlined the evolution of PHC in the country, noting its focus on diseases prevention and control, and health promotion. Dr. Valentin stated that PHC is essential health care provided at the first point of contact within the health care system and emphasized accessibility, acceptability by community, and affordability by all as important dimensions. He compared the gains in PHC made over the last 40 years and attributed the successes in PHC to the committed generations of health workers and political leadership. He explained that the current challenges facing the country comprise the double burden of disease (communicable and non-communicable), social ills and resource constraint. Advances in technologies, the evolving social media and the vibrant private sector are opportunities to take advantage of. He said that the attainment of PHC depends largely on empowerment of people, which is linked to human rights and social justice. He highlighted the EPI programme as one of the major successes and best practices in Seychelles and noted that health gains should not be taken for granted, but required continuing attention and investment.

The World Health Organization (WHO) Representative to Seychelles, **Dr. Teniin Gakuruh**, noted the evolution of PHC from 1978 through to the new vision of PHC (Astana Declaration) and their relevance to the current aspiration of the Universal Health Coverage (UHC) and Sustainable Development Goal (SDG). She noted the considerable progress made in global health while stressing the new challenges of the 21st century such as preventable child and maternal mortality, chronic non-communicable diseases and injuries. The statement called for continued commitment of world leaders, international organizations as well as local health and health related authorities to work collaboratively to establish standards to enhance integrated community-driven, quality health services that ensures healthy lives and well-being for all. She reiterated WHO's continuing support from all the levels to promote PHC in the country.

Presentations and discussions

The presentation on 'Seychelles double burden of diseases: Non-communicable & communicable diseases and the overlapping social ills' was made by **Dr. Jude Gedeon,** the Public Health Commissioner**.** He noted that behaviour and lifestyles were the major factors driving the burden of communicable and non-communicable diseases. This phenomenon is not limited to Seychelles but is a common characteristic of developing nations and the emanating levels of morbidity and loss of economic activity have the risk of hampering economic growth. The approaches to address these include educational interventions through various media, and at schools and workplaces; enforcement of policies on environmental factors that impact health; improvement of food supply and food security; and adoption of economic policies that offer incentives (and disincentives where necessary) to enable individuals, businesses and communities to make better informed choices.

In her presentation, **Ms. Wilnette Joseph**, a law student and representing the youth of Seychelles, focussed on 'My Health, My Responsibility'. She outlined the concept of health '…a state of complete physical, mental, spiritual wellbeing as well as living harmoniously with nature and not merely the absence of disease or infirmity'. Our daily routines (such as going to work, sleep patterns and social life) should be planned all the time to maintain our health. The country will have a better health system if we all take responsibility for our health. Currently, all citizens enjoy free health services from conception, a service that is comparable to others in even developed countries. However, it should be indicated that health care begins with the individual. Individual attitude and behavior are essential components of promotion of healthy lifestyle. The best contribution to the societal good is to take responsibility for our health.

Ms. Rhonda Burka, Nursing Officer, presented 'Care in Primary Health Care in Seychelles'. She stated that 'care' implies the provision of welfare and protection to the individual and the sick which extends to include the concept of psychosocial and physical interventions. It is the act of holistically caring for all people from Womb to Tomb. The continuum of services available and modalities of providing the services were outlined. She stressed that in Seychelles, care delivery has been and remains very dynamic and that the achievements observed have been driven by working collaboratively with stakeholders both nationally and internationally.

The presentation on selected good practices in PHC was delivered by **Dr. Sanjeev K Pugazhendhi**, Policy Analyst in the PS Secretariat. He outlined the increasing complexities of health needs as well as the rising cost of health care in the country and the importance of addressing them. The concept of 'Choice Architecture to change health behaviour' was delineated and it was underscored that by 'changing the way options are presented or altering the natural and physical environment in order to make it more likely that a particular choice becomes the natural or default preference' is an option for consideration. Case studies of its utilization in various sectors were provided. Choice restrictions could be applied through legal means by banning products. It could also be implemented per monetary incentives (e.g. subsidies on fruits and vegetable) or disincentives (e.g., taxes on alcohol, sugar and cigarettes). Dr. Sanjeev discussed a number of other good practices in PHC:

- Task shifting - whereby specific tasks are moved from highly qualified health workers to other appropriately trained health workers who may have lower qualifications in order to make more efficient use of the available human resources for health.
- Optimizing healthcare scheduling to reduce waiting time and improve productivity.
- Performance pay for some health professionals.

- Utilization of point-of-care diagnostics.
- The Amsterdam Healthy Weight Programme.

Mr Yogendranath Ramful, Lead Health Analyst in the Ministry of Health in Mauritius, shared experiences of implementing PHC in Mauritius. He noted that the thrust of the health system is to make services accessible, effective, safe, patient and family-oriented with a strong community and gate-keeping mechanism. Priority PHC interventions were informed by a comprehensive national assessment of status of the PHC programme. The country has clearly defined health interventions for all levels, including interventions for individual and household awareness creation and promotion of health seeking actions and behaviour generally. He stated that the way forward is to do an assessment on current PHC to address gaps and best practices.

Dr Tarcisse Elongo, Technical Officer in charge of District Health Services, Health System Strengthening Cluster at the WHO Regional Office for Africa, gave the historical milestones from Alma-Ata to Astana and indicated that the renewed declaration on PHC provides a new impetus to achieve UHC and the SDGs. The presentation highlighted successes achieved in the Africa Region some of which are: national adoption of PHC strategy by all Member States; greater decentralization; and substantial improvements in the health status of populations. He noted however that there is still no common understanding of the PHC strategy. Inadequate political will, huge focus on disease programmes with low consideration of determinants of health, and low development of multi-sectoral approach and promotion of social accountability are some of the major hurdles to contend with. The components of the new PHC framework were outlined with the conclusion that the success of PHC will be driven by four main strategies - knowledge and capacity building, human resources for health, technology and financing.

Panel discussion

Mrs. Peggy Vidot, former PS Health and currently member of the Health Care Agency Board, was the moderator of the panel discussion. The objective of the panel discussion was to reflect and obtain the views of key actors on the current PHC system regarding quality, equity, accessibility and affordability. In her preamble, she stated that delivery of PHC services hinges greatly on a multi-sectoral approach. The panel members and the major discussion outputs are in Table 2.

Table 2: Key points from the panel discussion

Panel members	**Key discussion outputs/issues**
1. Mrs. Peggy Vidot (Chair) 2. Dr. Danny Louange (CEO Health Care Agency) 3. Dr. Murthy Pillay (private service provider) 4. Mr. Behram Udwadia (private pharmacist) 5. Mrs. Elizabeth Agathine (Principal Secretary, Economic Planning)	*Positive aspects* • Availability of universal coverage and equity in accessibility of services due to the government free health policy. *Challenges* • Unacceptable quality of services. • Some level of inequity in distribution and or access to health facilities. • Abuse/misuse of PHC services

6. Rev Christine Benoit (Board Member of NAC and member of the Seychelles Patient Association	*Areas for improvement* • Develop systems to continuously assess and improve quality of care. • Put more focus on prevention and promotion of health, including taking advantage of technological advancement to promote health. • Train services providers to be more caring • Foster partnerships - private and public health sectors to work together for better outcomes. • Promote greater community engagement - educate public to be appreciative of the service. • Introduce health insurance for private service. • Emphasize the Health in All policies • Demonstrate value for money in terms of investments in health and outcomes

Group work

During this session, participants were assigned to six groups to discuss three issues: What does the PHC model of Seychelles do well and should continue to be strengthened; what should be re-designed; and what the ideal PHC model should be. All the groups noted that one good thing about the current PHC is accessibility to comprehensive package of services by all with no financial limitation. However, several concerns were raised about the unacceptable quality of services. To all, the country needs a health system that ensures efficient and effective, integrated and coordinated continuum of services from womb to tomb. More focus should be paid to promotive and preventive services. A summary of the areas identified for improvement were to:

- Instituting better monitoring of productivity and performance.
- Clearer definition of the packages of health care delivered for all age cohorts by different levels of PHC institutions (district vs regional).
- Facilitating better access to appropriately integrated services based on need.
- Re-designing the physical infrastructures of health facilities to meet the evolving needs of the communities.
- Reviewing human resource needs and development in PHC, including promoting multi-skilling and task-shifting. This should include identifying new cadres such as family health practitioners, nurse practitioners, family health nurses, professional school health providers and re-defining the role of specialists in support of PHC.
- Paying more attention to staff welfare and security.
- Reviewing leadership and management structures in health facilities to promote more autonomy and performance.
- Speeding up deployment of electronic HIS to improve health delivery and reduce excessive paper-based reporting.
- Ensuring better supply chain management mechanisms.

The detailed synthesis of the group work output is in Annex 2.

Day 2 proceedings

The day started with Dr. Shamlaye welcoming the participants back to the conference and providing a recap of what was discussed on Day 1, with particular focus on the contributions made by the group discussion. Participants were then divided into six groups of 15-20, with each group allocated its respective moderator and three (3) rapporteurs to compile all the feedbacks from the participants.

Group 1	Health service delivery innovations to achieve integrated, person-centered health service
Group 2	Innovations for care quality improvement through standard setting, monitoring and evaluation
Group 3	Innovative health promotion strategies in the community to address priority health challenges
Group 4	Innovative partnership for better health outcomes in the community
Group 5	Innovative individual, family and community engagement for better primary health outcomes
Group 6	Innovative deployment of resources for greater efficiency and effectiveness

Discussion points were categorized into roles of the different levels.

Feedback from Parallel Sessions

Group 1: Health service delivery innovations to achieve integrated, person-centered health service

Community health centres located throughout the country serves as the first point of access to diagnostic, treatment and rehabilitative services for the population. In order to complement the services being provided by the community health centres, what are some of the vital health service delivery innovations that could be provided by partners in the community and what are the appropriate adaptations/innovations or redesign necessary to meet the different health care needs of the population groups in the community?

Level of health service delivery	**Key points from discussion**
Role of Health Sector (Public and Private)	• Defining essential care package • Educating the public (health literacy) • Mapping of resources at both Health Centre and in community • Reorganizing of the Health Centre to match community needs and services it can provide. • Creating enabling environment to facilitate inter collaboration of different sectors. • Ensuring health service efficiency • Putting in place policy to address Human Resource allocation (for e.g. permanent placement of School Health Nurse in schools) • Instituting good coordinating and report mechanism • Strengthening good governance and accountability. • Implementing detailed training plans for health workers
Role of individuals (clients, patients.)	• Taking ownership and responsibility for their health.

Role of partners (Ministries, agencies, international organizations…)	• Integration of essential services • Educating the public (health literacy) • Taking ownership of their programme • Setting up of various support groups (such as Alcoholic Anonymous Service, Addictology services and others) • Integration of Health Promoting Activities by those groups • Introducing a Comprehensive Rehabilitation Services • Introducing coaching and mentoring services

Group 2: Innovations for care quality improvement through standard setting, monitoring and evaluation

One of the mandates of the Ministry of Health is to guard and provide oversight on the quality of care throughout Seychelles health system (including public and private). Responsibility for ensuring quality involves not only the Ministry of Health and its agencies, but also the users of the services and the partners that may play a role in facilitating quality of care. Users and partners play a role in setting standards, as well as participating in the monitoring and evaluation. What approaches can be used to improve key elements of quality: Effectiveness, Safety, People-centredness, Timeliness, Equity, Integration and Efficiency. How should users of services get involved in monitoring quality?

Level of health service delivery	Key points from discussion
Role of Health Sector (Public and Private)	• Implementing Health Information System (HIS) • Developing infrastructure manual for health centres • Setting standard quality guidelines/protocol for PHC procedures • Ensuring greater investment in capacity building of present and future human resource • Disseminating correct information to health care professionals • Implementing a monitoring and evaluation mechanism at Health Centre • Implementing mechanism to obtain feedback from the public/individuals (surveys, community dialogues) • Implementing integrated surveillance system with clear performance indicators
Role of individuals (clients, patients.)	• Participating in the development of standards • Providing feedback • Participating in public/community dialogues
Role of partners (Ministries, agencies, international organizations…)	• Participating in the development of standards • Getting involved in planning and development • Integrating health components within their existing policies/plans (quality health related standards) • Providing feedback

Group 3: Innovative health promotion strategies in the community to address priority health challenges

Health promotion is key to the pursuit of wellbeing of individuals, families and communities. Health promotion is concerned with improving the health of the entire community rather than only individuals considered to be at risk. It is often a combination of well-considered interventions, ideally based on evidence, and carried out in collaboration with agencies beyond the health sector. What are the common factors that underlie prevailing health challenges and what are some of the strategic health promotion approaches that could be used to address these? What are the factors that act as barriers to health promotion? How should these be addressed?

Level of health service delivery	**Key points from discussion**
Role of Health Sector (Public and Private)	• Building capacity within and outside health sector • Endorsing a national coordination body for Health Promotion (devising strategies, operational and M&E plan) • Incentivising private sector for HP delivered to clients • Sensitising the community on the availability of services accessible to them • Utilising partners to increase HP activities reach • Conductng research to identify HP needs
Role of individuals **(**clients, patients.)	• Community and Individual empowerment through skill building • Implementing targeted support services for high risk groups • Health Education
Role of partners (Ministries, agencies, international organizations…)	• Leveragng on policy and legal frameworks to create more conducive environments for HP (E.g. nutrition, vaccination) • Ensuring inter-sectoral collaboration and coordination between partners • Implementing joint mobilization of resources (HR, finance, infrastructure)

Group 4: Innovative partnership for better health outcomes in the community

Pursuing partnership for health is crucial to improving the health of our nation. Partnerships can take many forms, from ad hoc limited collaboration with informal agreements to formally signed MOUs, and can cover any aspect of health delivery. Partnerships can operate at different levels (national, regional, district); cover broad areas of health or focus on a particular area of a programme or intervention. Which aspects of health care for which partnership would be useful? What are some specific areas that require partnerships and with whom? What factors and action would increase the likelihood of success? How is success defined and measured?

Level of health service delivery	**Key points from discussion**

Role of Health Sector (Public and Private)	• Identifying and grouping existing agencies (e.g. NGOs, civil societies and faith-based groups) with areas of common interest (at community, regional and national level) • Identifying stakeholders that can partner with on specific health issues • Reaching out to social communities to provide the Human Resources to assist in raising awareness about health matters • Setting up good working partnerships between the public and private sector • Holding quarterly meetings
Role of individuals (clients, patients.)	• Exercising greater involvement and participation • Taking responsibility to make use of available services provided
Role of partners (Ministries, agencies, international organizations…)	• Partnering with Ministry of Finance and setting up mechanisms to obtain funding to be injected into various health care aspects (e.g. through tax/CSR) • Creating Health Trust Fund (similar to the Environment Trust Fund) • Providing financial support from international organisations (e.g. UNESCO, UNFDP, WHO) • Making use of clubs (e.g. health & wellbeing clubs in schools/workplace) as an education platform and providing extra human resource for HP.

Group 5: Innovative individual, family and community engagement for better primary health outcomes

Person-centred care and people-centred care are expressions of the principle that health care must engage individuals, families and communities in the design of services and programmes and in the production of health. Greater engagement must also lead to better health outcomes, such as reduced illness and complications and improved quality of life. Propose approaches to changing the mind-set of health professionals to encourage greater participation with the community towards health care needs. Identify strategies that can be deployed to promote health empowerment among individuals, families and community. Identify some approaches that can be used to foster engagement and participation in health.

Level of health service delivery	Key points from discussion
Role of Health Sector (Public and Private)	• Establishing model standards across the PHC • Having clear policies • Establishing effective appointment system • Delivering effective health promotion and education activities through various media • Incentivising health workers who nurture participation with community • Implementing effective communication plan

Role of individuals (clients, patients.)	• Initiating basic home treatment kits (e.g. nebulizer, BP machine etc.) • Taking responsibility to remain informed on health care practice and services • Adopting self-care practices
Role of partners (Ministries, agencies, international organizations…)	• Defining national policies to encourage participation • Identifying focal person for health in ministries and organization (e.g. health and safety officers) to assist with health promotion and self-care of their staff • Providing incentives for staff (e.g. reward for no sick leave in working year) • Ensuring continuous support from international organization - both technical and financial

Group 6: Innovative deployment of resources for greater efficiency and effectiveness

Human resources are at the core of delivering PHC. The number, distribution and competencies of the PHC workforce need to be addressed. This includes recruitment, training, retraining, task-shifting and retention strategies. Appropriate distribution of available health workers will ensure all communities have access to health professionals. Services in the community also require investment in appropriate diagnostic and therapeutic products and technologies. How can human resource be more effectively deployed to meet population health care needs? Are there possibilities for non-Ministry of Health personnel to get involved in the delivery of care? What opportunities arise from new technologies?

Level of health service delivery	Key points from discussion
Role of Health Sector (Public and Private)	• Evaluating existing PHC Services • Setting up mechanisms to facilitate partnerships with different stakeholders to more effectively monitor patients • Outsourcing services (e.g. paid home visits) • Ensuring that health personnel educate clients on various self-care procedures (e.g. wound care) • Maximizing existing services by mapping of resources in order to deploy accordingly. • Implementing digital technologies to facilitate PHC service delivery
Role of individuals **(**clients, patients.)	• Encouraging self-help/monitoring (e.g. use of BP apparatus/ glucometer/ mobile apps, etc.)
Role of partners (Ministries, agencies, international organizations…)	• Ensuring that there are district health management teams in all districts which can then feedback to the community • Collaborating with private sectors – financial support in terms of infrastructure (e.g. sports facility) • Reviewing existing infrastructure e.g. roads (no pavements/ sidewalks/ cycling lanes) and working with Seychelles Land Transport Authority (SLTA) • Reviewing transport services at MOH (e.g. outsourcing services for ambulances)

	• Developing policies/fiscal measures to improve environment (e.g. availability of healthy foods, areas for physical activity (integrating health in all policy) • Collaborating with community to enhance health promotion activities (e.g. DA, schools, private pharmacies, retailers) • Expanding the carer training programme to include any additional PHC services • Enhancing partnership with civil society, including faith-based organizations

The Seychelles Charter for Health

Led by the Moderators, the participants in their respective groups undertook discussions and provided feedback on the 14 clauses under *"The rights, expectations, responsibilities and obligations of individuals"* of the draft Seychelles Charter for Health. The plenary session feedback was led by Reverend Christine Benoit. Amendments were proposed for consideration. The participants expressed the need to develop a legal framework to guarantee that the Health Charter is abided to. In addition, a simplified version should be made available to the public. The Seychelles Charter for Health should also be translated into Creole. It was decided that more consultation should be held on the Charter.

Presentations of the Conference Resolutions and Consensus on the Resolutions

The Conference Resolutions was read out by the Principal Secretary for Social Affairs, Mrs. Linda William-Melanie, and with no opposing views from the participants it was accepted and adopted. See Annex 3 for the conference resolution.

Day 3 proceedings

The third day of the conference brought together regional teams working in PHC, together with the health leaders at national level, heads of services and programme managers. Dr. Valentin, the Principal Secretary, launched the proceedings by welcoming the participants. This was followed by Mr. Nicholas Shamlaye, Director PHC, presenting a summary of the proceedings of the previous two days, and Mrs. Anselmine Cafrine, Principal Nursing Office for PHC, presenting the resolution adopted at the end of Day 2.

Plenary discussion moderated by Mrs. Kathleen Cecile, Deputy CEO of the Health Care Agency, covered a number of issues and recommendations.

- Strengthening administrative support for PHC managers and reduce administrative bottlenecks especially with issues of procurement.
- Strong support for introducing/improving appointment systems and reducing waiting time.
- Strengthening multidisciplinary approach in PHC and collaboration with other community-based agencies, and create opportunities for outreach activities

- Improving communication between health professionals and patients on both clinical and administrative issues
- Deploying Seychellois doctors in PHC and creating incentives for young doctors to specialize in family health and to choose PHC as their career
- Improving the quality and scope of domiciliary care for the entire family and not only for the identified patient
- Improving access and care for persons with disabilities
- Improving transport facilities for community work
- Increasing health promotion by integrating it at all points of care, displaying and rotating health promotion materials, designating a health promotion focal point at each facility and establishing a health promotion unit in PHC to provide support.
- Conducting research to support PHC planning and interventions
- Sharing experience and examples of good practice among PHC managers and staff
- Greater use of technology for information, education, access to health interventions and for telemedicine
- Greater attention on the specific needs of Praslin and La Digue in all areas, including human and other resources, continuing professional development, access to specialist services

Day 3 group work

Participants were divided into six regional groups (North, South, East, West, Central, Praslin/La Digue) to propose short, medium and long-term measures to create the enabling environment that will facilitate the engagement of individuals, families and communities to take responsibility for their own health and to utilize health services appropriately. The groups were led by the Health Coordinator of each of the regions, and two participants were assigned the role of rapporteur. The detailed proposals, which will form the basis for the health teams to develop their plans of action, are annexed.

Closing

The conference was closed by the Hon. Minister of health.

Minister Adam thanked everybody from the public sector, the private sector and the civil society who had contributed to the success of the conference and committed to steering the nation towards the successful implementation of the resolutions taken and the recommendations made. The Minister requested, however, that people be realistic in their expectations as some of the recommendations made are for the short term, some for the medium term and some for the long term.

Conference Evaluation

Evaluation forms were completed by 68 out of 123 participants on Days 1 and 2, and 69 out of 112 participants on Day 3. A large majority of participants were satisfied with the different administrative aspects of the conference. 75% of participants in Day 1 and 2 felt that their expectations were met, and 95% of participants on Day 3 had a similar opinion. Details of the evaluation, including suggestions, are available separately.

Conference Recommendations

Leadership, governance and finance

- Review leadership and management structures in health facilities to promote more autonomy and performance.
- Review relevant legislation to ensure more equitable access to services by all.
- Create and strengthen mechanisms for greater engagement of communities and partners in design and implementation of health care, including consultative committees, public consultation and agreements with partners. For example, the roles and responsibilities of health and social care sectors need to be clearly defined to identify areas of better integration and organisation to promote efficiency. Aspect of collaboration with other service providers should cover use of common clinical standards, health information sharing and regulation of medicines.
- Institutionalize a national quality management/improvement programme.
- Review and rationalise strategies for resource allocation to for PHC services.
- Consider establishing a national health insurance scheme.

Service delivery and organization

- Clearly define the packages of health services delivered for all age cohorts at the different levels of service delivery, including PHC institutions (district vs regional) and facilitate better access to appropriately integrated services based on need, including people with special needs.
- Introduce more efficient appointment-based system at the primary health care level, including instituting flexible/extended operating hours to, among others, reduce waiting time. This should be informed by a feasibility assessment and pilot testing.
- Re-organize the community-based health services in line with current needs and expectations of the community.
- Develop standards and guidelines for all service processes and monitor adherence to improve quality of care.
- Re-design the physical infrastructure of health facilities to meet the evolving service demands.
- Review pre-health facility and facility-based emergency services to assure rapid emergency response, including utilization of land and air ambulances.

Human resources for health

- Review human resource needs and development in PHC, including promoting multi-skilling and task-shifting. This comprise identifying new cadres such as family health practitioners, nurse practitioners, family health nurses, professional school health providers and re-defining the role of specialists in support of PHC. It may be beneficial to carry out workforce analysis to inform a national staffing norm.

- Review the system for staff welfare and security.
- Institutionalize a programme to promote the health and safety of health workers, and include compulsory vaccination.
- Institute better monitoring of productivity and performance.
- Identify ways to increase the number of Seychellois doctors in PHC

Technology

- Promote greater use of technology in health care, including point of care diagnostics, telemedicine, communication, remote monitoring, web-based information and advisory services.

Supply-chain management

- Ensure better supply chain management mechanisms.

Individual, families and community engagement

- Identify and implement strategies to make users more responsible, to enhance better services utilization and reduce wastage/abuse of services.

Seychelles Charter for Health

- Build more consensus on the Charter and come up with a legal framework to enforce the implementation of the Health Charter.
- Produce a simplified version for public education and translate the Charter into Creole.

Annexes

Annex 1: Link to Astana Declaration

Link to Astana declaration: https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf

Annex 2: Day 1 group work outputs

What is working well?	Continue or strengthen (challenges)
• Health care is available to all, close to where people are and financially accessible because services at free at the point of use. • Immunization programme • Health screening e.g. pap smear test, Denver Developmental Screening Test • Maternal health programme. All pregnant women have access to qualified midwife and obstetrician • Health promotion being done by MOH, other government institutions, NGOs and other agencies. • Availability of basic essential drugs in all health centers • Public Health programmes in place and functional, such as spraying of planes, ships, food inspection and meat inspection at slaughter house. • Good referral services. • Good mix of public and private care. • Some good partnerships at different levels.	• More people refusing vaccination • Breast /cervical cancer still a problem • More children with delays are identified for management • Women on drugs not complying • Health promotion activities not systematic and sustained • Slaughter house needs upgrading • Emerging disease vectors entering country • Capacity of the country to monitor imported packaged foods • Disease surveillance system needs strengthening • Need to increase human resources, including Seychellois doctors.
Abolished/redesigned	**Ideal PHC Model**
• Recording and reporting system: abolish paper work and switch to electronics • Greater input/focus on health promotion at every opportunity and upon all contacts with clients • Abolish small health centers and shift staff to strengthen human resources at larger health centers • Abolish abuse of services. MOH to come up with new idea	• Comprehensive, integrated, person/family-centered service from womb to tomb that is promotion and prevention focused, including home-based care and delivered through functional multidisciplinary teams. • Improved multi-sectoral approach • Enforcement of existing legislation • Monitoring and application of penalties • Establish law for vaccine refusers • Review/establish policy for access to contraceptives for 15year olds

• Organise doctors consultations at regional health facilities and utilize smaller facilities mostly for health promotion • Reallocate resources where needed (human, financial, equipment and others)	• Re-education of population on role and importance of services offered at Health centers by engaging the community in the design of health facilities and programmes. • Build trust in doctors by the public • Create incentive for community/Seychellois doctors to take up family medicine • Adopt model that are bringing good outcome in other countries • Health worker must know their community • Re-introduce family health nursing • Have a balance between technology and human resource • Proper transport availability. • Fosters strong partnership, including private health providers.

Annex 3: Day 3 Regional Groups Discussion

North region

Short term

1. Find ways to make the patients feel welcome (good communication); greet the patient
2. Provide health promotion (get to know the patient at school)
3. Involve the family members in the care of patients
4. Be an advocate for health at all times(advise patient /client anywhere)
5. Market the services available
6. Commitment of all cadre in PHC
7. Know our target group
8. Empower individual to be multi tasked
9. Each cadre of staff should take ownership of the health centre
10. Ensure comfort of patient /clean environment
11. Involve oral heath in health promotion/re- introduce dental care at Glacis school to ensure prevention

Medium term

1. Initiate and sustain the health promotion activities at work place and give feedback to the organisation
2. Strengthen team visit (school and community)
3. Review the pilot appointment system at Glacis
4. Involve family pre and post admission for preparation and follow up
5. Strengthen knowledge of the role of PHC in district action team
6. Involve volunteer participation in health promotion aspect

Long term

1. Use technology to strengthen communication through short and concise information regularly through media/ tracing
2. Establish proper link (fax, email of discharge summaries)
3. Proper quota of staff or proper service delivery
4. Establish a patient-user group (volunteer)
5. Sustained the existing support group
6. Nurse Practitioner for triage (to reduce waiting time)
7. Introduce a Creole medical dictionary
8. Strengthen and maintain patient association
9. Rotation of PHC doctors in hospital

Additional proposals

1. Maintain and strengthen multi sectorial approach/community participation and involvement
2. Solidarity among all cadre of staff/legal issues
3. Strengthen the capacity of the health worker to identify social ills/disaster preparedness

West region

Short term

1. Establish mechanisms to improve communication across the board
2. Marketing on availability of the health care centre services
3. Involve services in localities; schools, work places, institutions, community
4. Strengthen appointment system for all services
5. Improve on the present physical layout of the health centre
6. Revisit the physical environment of the health centre/re-design
7. Share best practices
8. Develop indicators for primary health care to monitor and evaluate the services
9. Mapping out/ profile of west region
10. Negotiate on flexible hours amongst staff

Medium term

1. Intensify on healthy visits, multisectoral & multidisciplinary visits
2. Integration of supermarket approach
3. Initiate support groups
4. Network with other NGOs, groups, other partners
5. Cleaners Coorperative: consideration to keep permanent staff

Long term

1. Renovation, refurbishing, maintenance of health centre
2. Need a bigger health centre with all modern facilities
3. Provision for appropriate resources

Additional proposals

1. National programme to sensitise population about the services and health system
2. Recruit health care workers with background of family health
3. Reconsider distribution of Seychellois doctors between hospital and community
4. Introduction of family health nurse/ practitioner
5. Share resources

South region

Short term

1. Know your district health profiles
2. Consistency in our doings/delivery of care/services
3. Active/participative health promotion
4. Less rotation – (clients tend to follow their service providers)
5. Runner- coordination of waiting patients
6. Implement standard operating procedures for all activities
7. Encourage patients/clients to advocate for best services/care provided

Medium term

1. Undertake family needs assessment
2. More integration of services-(MCH/FP/Dental/EPI
3. Flexible hours for door to door visits after normal working hours- Holistic approach
4. Have in place strong supportive supervision
5. Publish our best practices
6. Institutionalise a health promotion/education coordination unit
7. Establish District Health Committee
8. Establish periodic District Health meetings for the public
9. Identify non-health Community Health Care Workers
10. Build capacity of staff in Public Relationship

Long term

1. Qualified family nursing/medicine
2. Reinforce confidentiality approaches/strategies
3. Establish culturally-based service providers in PHC

Additional proposals

East region

Short term

1. Welcoming environment/flowers
2. Reception area should be more client friendly
3. Customer care
4. Provide correct information/ communication
5. Offer additional services to clients e.g. men's health/adolescent…
6. Availability of drinking water
7. Facilities: e.g. clean public toilets, hand washing facilities

Medium term

1. MOH authority should ease certain procedures e.g. petty cash,
2. Autonomy should be given to PHC professionals to conduct activities e.g. transport,
3. Flexible working hours to be adopted
4. Introduction of training for family members e.g. wound dressing, basic first aid,
5. Empowering home carers
6. Identify other partners from other organisations for closer collaboration
7. Strengthen health promotion activities
8. Establish WhatsApp group as communication platform for staff/family

Long term

1. Minimize staff rotation
2. More attention to staff welfare
3. Availability of standards and CPD programme for all PHC staff
4. Make available infrastructures that are conducive for staff and clients

Additional proposals

1. Mapping of business and other resources in the region for potential collaboration
2. Empathetic engagement from high level management
3. More incentive to staff, e.g. day care, bus pass, priority for medical appointment , exemption from the prescription fee ...this is to improve staff moral for better quality of service

Central region

Short term

1. Improve communication amongst the patients waiting for health care service /amongst staff e.g. response to email
2. Increase our observation techniques; enhance our triage abilities
3. Stress on the importance of self-introduction, courtesy
4. Improve the discharge summary of patients to the community services/ referrals
5. Provide patients with options whilst attending the health facilities
6. Involve all the multidisciplinary team in any change in the health service delivery to ensure adequate cleanliness, labelling to facilities and services
7. We should educate all our middle level managers about the delivery of service
8. Encompass a family centred care approach whilst patient attend Primary Health Centre
9. Encourage people from other islands to be trained as healthcare specialist

Medium term

1. Improve our multidisciplinary team effort through education e.g. community outreach programs
2. Maintain and strengthened the commitment of partners
3. All consultation rooms are well equip (all resources needed are available)
4. Develop a health and partners directory
5. Audit of available resources to promote the wellbeing and continuity of care / SWOT analysis
6. Use media to sensitize/educate the general public – use partners
7. Decentralize specialized health care services

Long term

1. Improve the infrastructure and availability and use of equipment
2. Health promotion unit should be more active / develop patient surveys or questionnaire often
3. Develop innovative ideas with the different partners in the community with minimal finances
4. Improve communication between all levels of management especially in areas of minimal staff
5. Improve domiciliary care services to make it more holistically and improve flexibility time of our service delivery
6. Community mapping to know the community as a whole/ target intervention
7. Intense health prevention/health promotion strategies at all level and meet the clients where they are situated e.g. sex workers
8. Increase more trained Seychellois health staff in the PHC e.g. in family health
9. Incorporate health insurance at specialized care level
10. Develop mechanism to promote responsibility among our individual, family and community.

Additional proposals

1. Develop standard operational procedures e.g. discharge,referrals, appointment system, resource allocation donation
2. Develop a PHC approach which is realistic to our socio-economic status
3. Review programmes that used to work and reach out to our partners to make it more feasible. Encourage voluntarism.

Praslin/La Digue region

Short term

1. Improve communication.
2. Need a person to welcome and direct (records clerk)
3. Triage system
4. Appointment system for doctor's consultation
5. Reinforce patient education

Medium term

1. Create helpline (for patient needing information)
2. Involve other members of the family in home visits
3. Outreach on Saturdays with different members of the health team
4. Working in partnership with stakeholders in the management of issues
5. Involving family and carers in the care of patients
6. Task shifting for carers and relatives
7. Staff capacity building
8. Review the schedule for specialist according to demand
9. More training to staff on Praslin/La Digue (conducted on site)

Long term

1. Bring service closer to the community.
2. Survey on facilities and services.
3. A health promotion officer for Inner Islands.
4. Improve domiciliary care for the elderly and terminal patients
5. Have a mechanism in place for the community, involving DA,
6. Initiate a quality committee (to assess the quality of services and bring about solutions)
7. Conduct surveys within the community.
8. Recruitment of staff
9. More transport
10. More user friendly
11. Strengthening of palliative care and initiate a small unit for end of life care on Praslin
12. Rehab Centre for Praslin/La Digue (human resources)
13. Relooking at infrastructure for new services and technology

Additional proposals

1. Early intervention in services in different programmes (evaluate the impact)
2. Continual education for health workers and for the public
3. Segregation of services in small clinic and regional facilities

Annex 4: Conference Resolution

Resolution of the Seychelles Primary Health Care Conference 2019

Adopted on 12 July 2019

We, the participants of the Seychelles Primary Health Care Conference, coming from the public sector, the private sector and civil society, meeting at AVANI Seychelles Barbarons Resort and Spa, on 11th and 12th July 2019,

Appreciating the success of Primary Health Care in Seychelles,

Recognizing the dedication and professionalism of several generations of health care workers,

Valuing the contribution of individuals, families, communities and national partners to the improvement of the health and wellbeing of the Seychellois population

Equally valuing the contribution of bilateral and multilateral partners, in particular the World Health Organization,

1. Renew our commitment to moving Primary Health Care forward in line with the Astana Declaration

2. Call on the Ministry of Health and its partners to

   (1) Commit to build on the health gains and the further strengthening of Primary Health Care,

   (2) Invest more resources on disease prevention and health promotion,

   (3) Define clear packages of services to be delivered at different levels of Primary Health Care facilities,

   (4) Facilitate access of all citizens to appropriate services on the basis of need, paying particular attention to key populations,

   (5) Modernise policies, strategies and programmes and remodel physical Primary Health Care infrastructure, where appropriate, to meet the evolving needs of health service delivery,

   (6) Promote greater awareness of individuals, families, communities and health professionals on responsibility for health, utilisation of health services and mutual respect

   (7) Reinforce inter-sectoral collaboration

   (8) Strengthen monitoring and evaluation of Primary Health Care

3. Further call on the Ministry of Health and its partners to achieve consensus on a Seychelles Charter for Health and mechanisms for its implementation

4. Request the Minister for Health to establish mechanisms to ensure the successful implementation, monitoring and evaluation of the resolutions of the conference.

Annex 4: Draft PHC Road Map

Strategic area	Actions / activities	Resp. Person / Unit/ agency	Time frame	Indicator / means of verification
Political commitment and leadership	Finalize and cost draft PHC Road Map		End of July 2019	Final PHC Road Map
	Endorse PHC report, including Road Map and resolution (by Cabinet)	PS	Mid-August 2019	Endorsed PHC report, Road Map and resolution
	Dissemination of PHC report			
Governance and policy frameworks	Review and or institutionalize formal leadership and organizational structures at national and sub-national levels to oversee implementation of PHC. This includes oversight committee and structures to build partnerships within and across sectors and promotion of community leadership and mutual accountability.	PS	Mid-2020	Availability of structures Minutes of meeting Progress Reports
Funding and allocation of resources	Prepare budget and estimate level of spending on PHC through national health accounts analysis and public expenditure reviews	CEO HCA	Mid-2020	Budget for PHC
	Mobilize funding for PHC from other non-traditional sources e.g. community.	Minister	Ongoing	
	Develop capacity to monitor budget and expenditure to ensure efficiency and value for money	PS		
Empowering & engaging people & communities	Identify key stakeholders and mechanisms for consultation on PHC.	PS		Stakeholder map, plan for consultation, consultation report
	Assess, review and improve functioning of existing structures or mechanisms for engagement on different issues such as: • Processes of governance planning and priority-setting • design service content and delivery models • marginalized and vulnerable groups • education /training as well as implement of an integrated social, behavioural, communication and change mechanisms • Mobilization of resources.	PS	End 2020	Assessment/review report
	Facilitate the development or support structures (e.g., health committees and networks) to function effectively, including community monitoring mechanisms for epidemics and diseases and events of public health importance.	PHC	End 2019	

Strategic area	Actions / activities	Resp. Person / Unit/ agency	Time frame	Indicator / means of verification
Reorienting the model of care	Define Essential Health Services Package (EHSP) for all levels of service delivery	PS	Mid 2020	EHSP document
	Map both public and private health facilities and service availability – e.g. harmonized health facility assessment (HHFA)	PHC	End 2019	HHFA report, including index of health facilities.
	Assess and re-design models of primary care delivery, including care in hospitals to enhance integration and people-centeredness and in line with PHC principles	CEO HCA	Mid 2020	Report on models of primary care delivery
	Assess and re-design referral systems that ensure that primary care facilities can refer seamlessly to higher levels of care and vice versa	CEO HCA	Mid 2020	Referral guidelines; Report on functioning of referral system
Human Resource for Health (HRH)	Review of National HRH Policy and strategy	PS	End 2020	Revised national HRH Policy and strategy
	Institutionalize Supportive Supervision measures at all levels.	Agency Heads		Availability of supportive supervision guidelines Supportive supervision reports
	Incorporate principles of PHC in all pre-service and structured in-service training programmes for all categories of staff	PS		Proportion of pre-service training curricula that contain PHC principles; Proportion of in-service training programmes that had PHC content.
	Institutionalize structured in-service training for all categories of staff	Agency Heads		Reports on in-services training
Quality health care services	Develop and or implement National Quality of Care Policy and Strategic Plan	PS		National QoC policy and strategy document.
	Review available health service delivery policies, standards, guidelines and protocols; determine gaps and implement improvement measures.	PS		
	Finalize and implement service charter.	PS	Mid 2020	
	Institutionalize system to measure and publicly report on the quality of PHC, including measures of patient experience.	PS		Report on quality of care

Strategic area	Actions / activities	Resp. Person / Unit/ agency	Time frame	Indicator / means of verification
Operational areas (cont.				
Medicines and other products to improve health	Develop and Implement technical guidelines, norms and standards for quality assurance and safety of health products	PHC	End 2020	
	Undertake periodic random surveys of storage, availability and quality of health products	PHC	End 2020	
Physical infrastructure				
	Establish and promote model standards for physical infrastructure for all health facilities. This includes standards for water, sanitation and waste management, telecommunications connectivity, and power supply	PHC	End 2020	
Digital technologies for health	Assess and develop as appropriate, national eHealth strategies and plans, and legislation and data protection policies.	PS	Mid 2020	
	Accelerate efforts to implement electronic health information systems, including electronic health records.	CEO HCA	End 2019	
	Based on feasibility and effectiveness, implement digital health interventions for PHC service delivery.	CEO HCA	End 2019	
Engagement with private sector health service providers	Assess legal and regulatory frameworks to ensure that they adequately address the private sector, including issues of accountability	PHC		Assessment report
	Identify and promote areas of partnership between public and private sector for provision of PHC services	Agency Heads		
Promote PHC related operational Research and knowledge management.	PHC-oriented research and knowledge management, including dissemination of lessons learned, as well as the use of the knowledge to accelerate scale-up of successful approaches	Agency Heads		No of PHC operational research conducted
Monitoring and evaluation	Develop and implement a monitoring and evaluation framework as part of the overall health sector plan	PS		Set of indicators for PHC monitoring incorporated into the national M&E framework
	Incorporate PHC data capture from all levels into the HIS	Agency Heads		Number of PHC platforms integrated into the HIS

Annex 5: Conference agenda

Day One		
Time	**Topic**	**Presenter/Moderator**
8:00 – 8.30	Registration	
	Opening Ceremony	
8:30 – 8:35	Welcome by the Chief Conference Officer	Dr. Conrad Shamlaye
8:35 – 8:45	Opening Address by the Minister for Health	Minister Jean-Paul Adam
8:45 – 8:55	Remarks by WHO Representative	Dr. Teniin Gakuruh
8:55 – 9:20	Evolution of Primary Health Care in Seychelles	Dr. Bernard Valentin
	Pause (Participants to remain seated)	
9:25 – 9:45	Seychelles Double Burden of Diseases – Non-Communicable Diseases and Communicable Diseases and the Overlapping Social Ills	Dr. Jude Gedeon
9:45 – 9:55	My Health, My Responsibility from the Youth Perspective	Ms. Wilnette Joseph
9:55 – 10:00	Round off	Dr. Conrad Shamlaye
10:00 – 10:30	**Tea Break**	
10:30 – 10:45	What does the "Care" in "Primary Health Care" really mean? Patient experience across life course	Ms. Rhonda Burka
10:45 – 10:55	Global Perspectives on PHC (WHO)	Dr. Gertrude Avortri
10:55 – 11:15	Selected Good Practices in Primary Health Care	Dr. Sanjeev Pugazhendhi
11:15 – 11:25	Mauritius experience in implementing PHC	Mr. Yogendranath Ramful
11:25 – 12:15	Panel discussion (Health Care Providers – Public and Private, Civil Society, Department of Economic Planning) Plenary discussion on presentations of the morning.	Mrs. Peggy Vidot
12:15 – 12:20	Explanation of Group Work	Dr. Susan Fock Tave
12:20 – 13:45	**Lunch**	
13:45 – 14:45	Group Work 1. What does the Primary Health Care Model of Seychelles do well and which you believe should continue or even be strengthened? 2. What should be abolished or redesigned? 3. Outline what you think the ideal model of PHC should be.	Mrs. Peggy Vidot Dr. Danny Louange Mrs. Veraine Louis-Marie Mrs. Daniella Larue

		Mrs. Linda William-Melanie Dr. Anne Gabriel
14:45 – 15:30	Report on Group Work (Rapporteurs – 5 minutes per group)	Dr. Conrad Shamlaye
15:30 – 16:00	Synopsis of improvement ideas emerging from the first day of the conference	Dr. Conrad Shamlaye
Day Two		
Time	**Topic**	**Presenter/Moderator**
8:30 – 8:45	Opening, housekeeping and recap of Day One	Dr. Conrad Shamlaye
8:45 – 9:00	Explanation of Parallel Sessions	Dr. Susan Fock Tave
9:00 -10:30	**Group work**	
Parallel Session One	**Health Service delivery innovations to achieve integrated, person-centred health services** (Presentation of group work and discussion)	Mrs. Peggy Vidot
Parallel Session Two	**Innovations for care quality improvement through standard setting, monitoring and evaluation** (Presentation of group work and discussion)	Dr. Danny Louange
Parallel Session Three	**Innovative Health Promotion Strategies in the Community to address priority health challenges** (Presentation of group work and discussion)	Mrs. Veraine Louis-Marie
Parallel Session Four	**Innovative Partnership for better health outcomes in the Community** (Presentation of group work and discussion)	Mr. Fabian Palmyre
Parallel Session Five	**Innovative individual, family and community engagement for better primary health outcomes** (Presentation of group work and discussion)	Mrs. Linda William-Melanie
Parallel Session six	**Innovative deployment of resources for greater efficiency and effectiveness** (Presentation of group work and discussion)	Dr. Anne Gabriel
10:30 -11:00	**Tea Break**	
11:00 -12:15	Report Back on the Parallel Sessions with focus on i. Role of Health Sector (Public and Private) ii. Potential roles of partners iii. Potential roles of individuals and families	
12:15 -13:30	**Lunch break**	
13:30 -14:00	Group discussion on the Charter for Health	Led by moderators

14:00 -14:30	**Tea Break**	
14:30 -14:45	Presentation on consensus on the Charter	Rev. Christine Benoit
14.45 – 15.30	Presentations of the Conference Resolutions and Consensus on the Resolutions.	Mrs. Linda William-Melanie
15.30 -15.45	Closing ceremony	Minister Jean-Paul Adam
15.45 – 16.00	Press Conference	

Day 3		
Time	**Topic**	**Presenter/Moderator**
8.00-8.30	Registration	
8.30 -8.35	Opening Remarks	Dr. Bernard Valentin
8.35 9.35	Overview of Day I and Day 2	Mr. Nicholas Shamlaye
9.35-10.00	Presentation of Resolutions of the first two days to key actors of PHC	Ms. Anselmine Cafrine Ms. Rosie Bistoquet
10.00-10.30	Plenary Discussions Reactions of the key actors to the Resolutions	Mrs. Kathleen Cécile
10.30 -11.00	**Tea break**	
11.00 – 12.00	Regional Group Discussions on the feasibility of agreed resolutions, on how they might be implemented to improve primary health care in Seychelles, and any new ideas	Led by Nurse Managers
12.00 -12.45	Presentation of Group Discussions	
12.45-1.00	Closing	Minister Jean-Paul Adam
1.00	Lunch	

Annex 6: List of participants

Opening ceremony

PREA Nicholas	Speaker of the National Assembly
DECOMMARMOND Charles	Leader of Gov Business in the National Assembly
ADELAIDE Francois	MNA
ALCINDOR Regina	MNA
ARISSOL Sandy	MNA
ARISSOL Philip	MNA
LEMIEL Sylvianne	MNA
ROUCOU Clive	MNA
SOPHOLA Noline	MNA
VIDOT Audrey	MNA
WILLIAM Waven	MNA
LARUE Mitzi	Minister for Family Affairs
	Ambassador of Japan
	High Commissioner of India

Conference Participants

1	ADAM Jean-Paul	Minister for Health
2	ADOLPHE Corinne	Land Transport Department
3	ADONIS Byrna	APDAR
4	AGATHINE Elizabeth	PS Economic Planning Department
5	AH-KONG Aisha	Physio assistant
6	AH-MOYE Guy	HCA Board Member
7	AH-MOYE Marie	Private
8	ALCINDOR Colina	Nurse
9	AMEDEE Melina	Head of Speech pathology
10	ANACOURA Winifred	Pharmacy
11	APPASAMY Fina	Dental Technician
12	ATHANASE Sandanna	Telephone operator
13	ATHANASIUS Erna	Ambassador for Women and Children
14	AVORTI Gertrude	WHO Consultant
15	AZEMIA Peggy	Programme Manager

16	AZEMIA Georgie	Dental Therapist
17	BACCO Sheila	Nurse
18	BAKER Flocy	Nurse
19	BAMBOCHE Antonio	Trade Department
20	BARBE Roland	Ag. CIC Ophthalmology
21	BARRA Expedie	Laboratory technologist
22	BARRA Tracy	Beau Vallon
23	BARRACK Monica	Nurse
24	BARREAU Isha Christy	Junior Doctor
25	BASSET Verona	Replacing-Tracy Barra
26	BELLE Christanne	Senior Nursing officer
27	BELMONT Penny	Seychelles National Youth Council
28	BENOIT Christine	NAC Vice-Chairperson
29	BETSY Mariola	Customer Service, Health Care Agency
30	BIBI Jourdanne	Health Information Assistant
31	BIBI Marie-Alice	Health Care Assistant
32	BIJOUX Florida	Programme Manager
33	BISTOE Sandra	Pharmacy assistant
34	BISTOQUET Rosie	Director Family Health & Nutrition Programme
35	BONIFACE Mirose	DG Human Resources & Centralised Services
36	BONIFACE Aimee	Nurse
37	BONNE Jacinthe	Financial Controller
38	BONNE Marie-Josee	PS Family Affairs
39	BONNE Nicole	NIC
40	BONNELAME Cyril	HCA Board Member
41	BONNELAME Judy	Public Affairs
42	BOSSY Gracianna	Nurse
43	BRESSON Veroniqua	Programme Manager
44	BRISTOL Nasirra	Health Information Assistant
45	BURKA Rhonda	Nurse
46	CADEAU Tracy	HCA
47	CAFRINE Anselmine	Principal Nursing Officer Hospital
48	CAMILLE Agnette	Health Information Assistant
49	CAMILLE Vivianne Marie-Antoinette	Junior Doctor

50	CAMILLE Joe Anna	Nurse
51	CANNY Ketsia	HCA
52	CECILE Kathleen	Deputy CEO HCA
53	CHETTY Agnes	Consultant
54	CHOPPY Shirley	CEO Institute of Early Childhood Development
55	COMMETTANT Patrick	Doctor
56	DECOMARMOND Lucille	Chief Pharmacist
57	DECOMARMOND Odile	PS, Early Childhood, Primary and Secondary Education
58	DENOUSSE Stephanie	Programme Manager
59	DERJACQUES Fleurange	Ward Assistant
60	DERJACQUES Raymonde	Health Care Assistant
61	DESIR Anne	Nurse Manager
62	DESIR Hillary	Public Health Officer
63	DIDON Joachim	Statistician
64	DINE Linda	Nurse
65	DODIN Beryl	NAC Member
66	D'OFFAY Juliet	Dental Technician
67	D'OFFAY Marievonne	D'Offay Pharmacy
68	DUBIGNON Samtha	Nurse
69	DUBIGNON Pamla	Nurse Manager
70	EBRAHIM Abdul Aziz	Clinical Laboratory
71	EDMOND Joel	Health Promotion
72	ELIZABETH Agnes	(replacing Fina Appasamy)
73	ELIZABETH Johnise	Ward Assistant
74	ELONGO Lokombe	WHO Consultant
75	ERNESTA Monette	Nurse Manager
76	ERNESTA Myra	Ag. Nurse Manager
77	ERNESTA Robert	Dentist
78	ERNESTA Elsie	Physio
79	ERNESTA Rosia	Public Health Officer
80	ESTHER Maizline	Vice-Chair Patients' Association
81	ESTICO Lusie	Nurse Manager
82	ETIENNE Jeanne	Physio technician
83	FAROUK Mahmoud Hassanein	Ag. CIC – Internal Medicine

84	FIGARO Merna	Community Health Lecturer, NIHSS
85	FILEZ Jacques	Ag. Chief Dental Officer
86	FLORINE Sophia	Physio
87	FOCKTAVE Susan	Chief Medical Officer
88	FRED Denise	Occupational Therapy
89	FREMINOT Justin	NAC Member
90	FURNEAU Georgette	Programme Manager
91	GABRIEL Anne	CEO National Aids Council
92	GAKURUH Teniin	WHO Representative
93	GARCIA Jenny	Nurse
94	GEDEON Jude	Public Health Commissioner
95	GEDEON Paul	Medical student
96	GOVINDEN Philip	CIC - Paediatric Ward
97	HAJARNIS Shobha	Consultant
98	HENDERSON Bella	Senior Policy Analyst, Ministry of Health
99	HENDERSON Juliette	Programme Manager
100	HERMITTE Jovanna	Dental Hygienist
101	HOARAU Marie-Antoinette	Principal Nursing Officer CHS
102	HOARAU Clara	Pharmaceutical technician
103	HOAREAU Chikita	Community Health Lecturer
104	HOAREAU Katrina	Health care Assistant
105	HOLLANDA Philomena	Tourism Dept./Director Risk Management
106	HORTERE Maryse	Public Health Officer
107	HOTIVE Doreen	(WHO Office)
108	ISAACK Cecile	Health Care Assistant
109	ISNARD Rosalie	Statistical Officer
110	JANE Vidot	Public health officer
111	JEAN-BAPTISTE M. Annette	Nurse
112	JEAN-BAPTISTE Corina	Nurse
113	JEAN-LOUIS Doris	Nurse
114	JEREMIE Lyndsey	Nurse
115	JOSEPH Dominic	Pharmacy
116	JOSEPH Wilnette	University of Seychelles student
117	JOUANNEAU Josapha	Doctor

118	JOUBERT Berguita	Pharmacy
119	JOUBERT Julius	Economist
120	JOUBERT Valencia	Nurse
121	JULIE Alain	Head of Orthotic Prosthetic Unit
122	JUPITER Jane	Health Care Assistant
123	KILINDO Barbara	Department of Information
124	KILINDO Jerina	Health care Assistant
125	KONATE Marlene	Dentist
126	KUMAR Vijay	Doctor
127	KUMARSAHA Barun	Principal Medical Officer CHS
128	LABICHE Anna-Lisa	Senior Clinical Psychologist
129	LABONTE Brenda	Senior HIA
130	LABOUDALLON Beryl	NIHSS Board Member
131	LALANDE Elissa	Senior Policy Analyst For Climate Change
132	LALJEE Daisy	Senior Staff Nurse
133	LAPORTE Antoine	
134	LARUE Daniella	HCA – Chairperson
135	LARUE Tracey	Pharmaceutical technician
136	LAVAL Martin	Nurse
137	LEGAIE Sonia	Ward Assistant
138	LEON Angeline	Senior Housekeeper
139	LEON Miriam	Doctor
140	LEPATHY Brigitte Christine	Junior Doctor
141	LEPATHY Jourdanne	Health Care Assistant
142	LESPERANCE Vanessa	Doctor, Occupational Health
143	LIBANOTIS Karly	Rehab services
144	LOREN Reginald	Special Advisor to the Minister
145	LOUANGE Danny	CEO Health Care Agency
146	LOUANGE Meggy	DG Public Health Authority
147	LOUISE Lina	Customer Service
148	LOUISE Odette	Ward Assistant
149	LOUIS-MARIE Veraine	Institute for Early Childhood Development
150	LUCAS Marylene	Director NIHSS
151	MADELEINE Georges	Director Health Promotion Unit

152	MALBROOK Jean	Director International Cooperation
153	MALULU Daniella	CIC Mental Health Services
154	MARIE Christine	Health information Assistant
155	MARIE Nelly, Colette	Junior Doctor
156	MARIE Georgiana	Programme Manager
157	MARIE-STELLA Melanie	Dental
158	MATHIOT Brigitte Claire	Nurse
159	MEIN Gylian	Chief Nursing Officer
160	MEME Marlette	Health Information Assistant
161	MICHEL Gina	Programme Manager
162	MONDON Annette	Health Information Assistant
163	MOREL Anne	Health Care Assistant
164	MOREL Flavia	Senior Nursing officer
165	MOREL Louine	NAC Member
166	MORGAN Sophie	Senior Policy Analyst – Water and Climate Change
167	MOUSTACHE Sandra	Senior Staff Nurse
168	NIBOURETTE Elsia	Staff Nurse
169	NIOLE Marie-Helene	Programme Manager
170	NOURICE Laurent	Medical Officer
171	PALMYRE Fabien	PS Youth and Sport
172	PAULIN Jacqueline	NAC Member
173	PAULIN Fiona	Occupational Therapist
174	PAYET Christina	Nurse
175	PAYET Wahida	Ag. Chief Therapist
176	PAYET Bernadette	Social Worker
177	PHILO Rodney	NIHSS Board Member
178	PILLAY Jacqueline	Nurse Manager - Dr Chetty's Clinic
179	PILLAY Murthy	Private doctor
180	POIRET Terry	Ag. Transport Manager
181	POOL Sylvie	Doctors 4 Doctors Seychelles
182	PORIS Lindy	Physio
183	PROSPER Christina	Nurse
184	PUGAZHENDHI Sanjeev	NIHSS Board Member
185	QUATRE Mirenda	Nurse

186	RACOMBO Annette	Health Information Assistant
187	RAMFUL Yogendranath	WHO Consultant MOH/Mauritius
188	RANAIVONIRINA Andre	Doctor
189	RATH Brenda	Manager Hospital Support Services
190	RATH Daisy	Public Health Officer
191	RENAUD Techlah	Pharmaceutical Technician
192	RENE Patricia	Chief Allied Health Officer
193	RODRIGUEZ Bienvenido	Doctor
194	ROSELINE Tara	Employment Department
195	ROUSSEAU Helda	Ag. Director Human Resources & Administration
196	ROUSSEAU Annia	Doctor
197	SAVY George	Head of Audiology
198	SERVINA Veronique	Health Care Assistant
199	SHAMLAYE Conrad	PHA – Chairman
200	SHAMLAYE Nicholas	Director Community Health Services
201	SOPHA Albert	D'Offay Pharmacy
202	SOUFFE Josette	Nurse
203	TELEMAQUE Vanessa	Doctor
204	TOIRANGARCIA Rafael	CIC – Urology
205	UDWADIA Behramsha	Behram Pharmacy
206	VALENTIN Bernard	PS Health
207	VALENTIN Nadia	Head of Physiotherapy
208	VALMONT Lora	NIC
209	VIDOT Lorna	Nurse Manager
210	VIDOT Marthy	Personal Assistant to Minister
211	VIDOT Peggy	HCA Board Member/NAC Chairperson
212	VINDA Mevis	Physiotherapist
213	VISWANTHAN Bharathi	Programme Manager
214	VOLCERE Tracy	Health Care Assistant
215	VOLCY Jacintha	Nurse
216	VUKSANOVIC Milka	Principal Pharmacist
217	WILLIAM Julita	Programme Manager
218	WILLIAM-MELANIE Linda	PS Social Affairs

Essential Support Team

CISEAU Nadya	Secretariat	Ministry of Health
EDMOND Heather	Secretariat	Ministry of Health
FLORENTINE Sandra	Secretariat	Ministry of Health
JOUBERT Jessy	Secretariat	Ministry of Health
MOUSTACHE Virginie	Secretariat	Ministry of Health
TANGALAM Steve	Secretariat	Ministry of Health
MARGUERITE David	Media	Ministry of Health
CHANG-WAYE Bettina	Usher	Ministry of Health
CONFIANCE Monette	Usher	Ministry of Health
DUGIGNON Marjona	Usher	Ministry of Health
ETIENNE Noreen	Usher	Ministry of Health
HUMPHREY Trisa	Usher	Ministry of Health
ISNARD Kelly	Usher	Ministry of Health
MATHIOT Natalie	Usher	Ministry of Health
SIMEON Bernice	Usher	Ministry of Health
VALENTIN Terry	IT	DICT