

## **Public Health Committee Cover Paper**

**Title: Update on Study Tour to Mauritius**

**Date: 28 January, 2019**

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### **I. Introduction**

1.1 Non-communicable diseases particularly diabetes and hypertension with their consequent complications of heart disease, stroke, cancers, circulatory diseases and chronic kidney failure form the main burden of disease on St Helena. The level of risks is further increased by the high numbers of people who smoke regularly, engage in minimal physical activity routinely and are overweight or obese. These being the key risk factors for the chronic, non-communicable diseases mentioned earlier on.

1.2 The risks to individual's health from leg ulcers, risk of amputation, heart attacks, strokes and cancers are compounded by the related high cost of treating these diseases. The social costs are also very high from the premature death leading to loss to families to the fact that people with end stage kidney failure would need to emigrate from the island to receive treatment or those with cancers spending inordinate length of time away from home to receive treatment overseas.

1.3 A key element of the strategic plan for the health directorate is to ensure that the St Helena Government, the health directorate and the community at large respond effectively to this challenge and reduce the existing cases (prevalence) and new cases (incidence) of non-communicable diseases and their complications on the island.

1.4 While major strides have been made locally in providing relevant services, reviewing our care approach and kick-starting a health promotion programme for this and future generations, the journey ahead is a long one and require sustained effort, local and external partnerships.

1.5 In this regard, working with WHO to explore long term approaches to tackling the non-communicable disease problem on St Helena, The Republic of Mauritius was identified as close sociocultural neighbour to St Helena with similar experience that has done a lot of progressive and successful work to tackle the burden of non-communicable diseases. Mauritius is applauded for its work on primary and secondary care development, health promotion, legislation on tobacco control and the training and development of staff.

St Helena was encouraged to learn from this approach as we build our strategic and operational response to the burden of non-communicable diseases on the island.

1.6 After several months of preparation, a team from St Helena visited Mauritius in January 2019. The delegation represented corporate, political and sector-based leadership that would be able to promote and implement any emergent operational activities from the visit. The key objectives and itinerary from the visit is as below.

## II. Objectives & Itinerary

### *Agenda for Study of St Helena Govt in context of Promoting Global Cooperation, Mauritius : 7 – 18 January 2019*

<b>Objectives</b>		<ol style="list-style-type: none"><li>1. Establish ongoing relationship and a potentially a memorandum of understanding with the Ministry of Health and Quality of Life with particular emphasis on sharing expertise and knowledge on healthcare system delivery for island populations;</li><li>2. Understudy the successful approach to Chronic (Non-Communicable) Disease Management so that we can adapt such learning on St Helena island;</li><li>3. Explore opportunities for staff exchange, training, and sabbatical options for health specialists from Mauritius to support St Helena in healthcare delivery; and</li><li>4. Explore ongoing and further technical cooperation and support relationship with WHO in Africa for healthcare and service development on St Helena island</li></ol>		
<b>Delegation of St. Helena Government</b>		<p><b>Mrs Susan O’Bey</b>, Chief Secretary and Head of Government of St Helena ( 07 – 14 January 2019) <b>Mr Derek Thomas</b>, Elected Member/Councillor for Public Health ( 07 – 14 January 2019) <b>Dr Akeem Ali</b>, Director of Health Services for St Helena Government ( 07 – 19 January 2019) <b>Mrs Helena Lawrence</b>, Assistant Director for Health Services ( 07 – 14 January 2019) <b>Mrs Jacqueline Henry</b>, Nurse lead for Chronic Disease Service ( 07 – 14 January 2019) <b>Ms. Nicola Anderson</b>, Expatriate Nurse Lead for Community Services and Chronic Disease Management ( 07 – 14 January 2019)</p>		
<b>DATE</b>	<b>TIME</b>	<b>DESCRIPTION</b>	<b>VENUE</b>	<b>REMARKS</b>
	<b>09:05</b>	<b>Depart Voila Hotel to Port Louis</b>		
	09.30 – 10:15	Courtesy call to Dr Laurent Musango, WHO Representative	WHO Country Office, Port Louis	
	10.30 – 11: 50	Meeting with Dr Ori, Director Health Services (NCD/Health Promotion), Ministry of Health & Quality of Life (MOHQL)	MOHQL Headquarters, Port Louis	
	12:00 – 12:50	<b>LUNCH</b>		

Monday 07 January	13.00 – 13:30	Meeting Mr Nowbuth, Senior Chief Executive & Dr Timol, Director General Health Services	MOHQL	
	13:30	Meeting with Minister of Health and Quality of Life, Dr the Honourable M A. Husnoo	Conference Room, MOHQL Headquarters, Port Louis	

DATE	TIME	DESCRIPTION	VENUE	REMARKS
Tuesday 08 January	<b>09:05</b>	<b><i>Depart Voila Hotel to Port Louis</i></b>		
	09:30 - 11:50	Visit to NCD Clinic - Jeetoo Hospital	A. Jeetoo Regional Public Hospital, Port Louis	
	<b>12: 00 – 12:50</b>	<b><i>LUNCH</i></b>		
	<b>12:50</b>	<b><i>Depart to Souillac</i></b>		
	13: 30 – 16:00	Visit to Souillac Diabetes Vascular Centre	Souillac Public Hospital	
Wednesday 09 January	<b>09:05</b>	<b><i>Depart Voila Hotel to Candos</i></b>		
	09:20 – 11:50	Visit to NCD and Podiatry clinic	Victoria Regional Public Hospital, Candos	
	<b>12:00 – 12:40</b>	<b><i>LUNCH</i></b>		
	<b>13:30 – 15:15</b>	<b><i>Depart to Flacq</i></b>		
	15:15 – 16:00	Visit to NCD Clinic - Flacq Hospital	Flacq Regional Public Hospital	
	<b>09:05</b>	<b><i>Depart Voila Hotel to Port Louis</i></b>		
	09:30 – 12:00	Meeting with NCD Coordinators	MOHQL	
	<b>12: 00 – 12:50</b>	<b><i>LUNCH</i></b>		

Thursday 10 January	13:00	To propose activities Suggestions: 1. Mauritius Institute of Health (MIH) & School of Nursing 2. Trust Fund for Specialised Medical Care (TFSMC) – Cardiac Centre, Pamplemousses	MIH & TFSMC : Pamplemousses, SSR Regional Public Hospital  Central School of Nursing : Victoria Regional Public Hospital, Candos	MIH : Training & Research Implementing Agency for MOHQL
Friday 11 January	<b>09:05</b>	<b><i>Depart Voila Hotel to Port Louis</i></b>		
	09:30 – 12:00	Working session	WHO Country Office, Port Louis	
	<b>12:00 – 13:00</b>	<b><i>LUNCH</i></b>		
	13:00 – 14:00	Debriefing with Dr Musango, WHO Representative	WHO Country Office, Port Louis	
	14:15 – 15:00	Debriefing with Dr Ori, Director Health Services	MOHQL Headquarters, Port Louis	
<b>DATE</b>	<b>TIME</b>	<b>DESCRIPTION</b>	<b>VENUE</b>	<b>REMARKS</b>
Monday 14 to Friday 18 January	Meeting between MOHQL/WHO and Dr Akeem from St Helena	Elaboration of an MoU and Road map for implementation agreed activities/recommendations		

### III. Key Findings

#### General

Mauritius share very similar ancestry with St Helena with an admixture of African, Asian and European ancestry. As a British Colony (previously French), the socio-political structure is a very familiar one. However, Mauritius is a much larger island compared to St

Helena with a population of more than 1.2 million people and covering about 790 sq. miles. There is a thriving tourism industry as well as local manufacturing, and sugar cane production. It is in the early stages of developing its maritime industry. The initial drive for foreign investment which catalysed the local economy has now been superseded by local entrepreneurs taking over from foreign ownership and driving economic growth. There is a growing market for housing development for retirees from around the world being invited to immigrate to Mauritius. Mauritius has a high GDP and is not heavily reliant on foreign aid.

### **Health & Healthcare Services**

Life expectancy and healthy life expectancy is high. Nevertheless, Mauritius share a very similar epidemiological picture with St Helena with similar levels of diabetes prevalence at >20% and high prevalence of hypertension. Smoking prevalence in men is similar to that of St Helena, however less than 5% of the women smoke.

The local healthcare system has mounted a full response to the high burden of non-communicable diseases and has now begin to see a slow-down and plateauing of the previous increases. The programme of work commenced 30 years ago and over this time has involved the re-organisation of the healthcare services at the community, primary care and secondary care levels. Additional investment into specialist and tertiary care has also been part of the programme of work. The training of specialist nurses and doctors complemented the development of local services. Key success factor is the effective combination of prevention, curative and specialist care. 25% of the national health budget is spent on implementing health promotion and non-communicable disease control efforts. The tobacco legislation and taxation levels meet FCTC criteria and are both contributing to the decreasing levels of tobacco consumption.

Services are organised at 3 levels with great emphasis placed on chronic diseases at the community clinic level. Specialist care for heart disease, kidney disease and cancer treatment are available across the 5 regional hospitals and the specialist services dotted across the country. Very few patients are sent overseas as local specialist doctors are able to undertake most procedures on the island. The Ministry of Health and Quality of Life have worked with and supported other African countries such as Botswana and Madagascar to deliver specialist care including cardiology by sending specialist teams out to these countries.

## **IV. Opportunity for Cooperation**

The Minister of Health and the senior officials were very welcoming and indicated their readiness to support St Helena in the drive to tackle non-communicable diseases as a positive example of South-South cooperation. There are several elements to explore.

The options for continuing relationship with The Republic of Mauritius are as outlined below:

## **1. Medical Specialist Exchange Programme**

- 1.1 St Helena has hitherto recruited medical specialists as visiting specialists to deliver direct care on the island. This has however always been continually hampered by difficulty with recruitment. There have been previous experiences with Visiting Ophthalmologists, Cardiologists, Nephrologists, Audiologists and others.
- 1.2 An ideal situation would be to have a durable and sustainable arrangement for visiting medical specialists to come from a specific health service that is able to provide St Helena with scheduled visits annually. These visits could be scheduled once or twice annually.
- 1.3 St Helena Government proposes that the Government of The Republic of Mauritius agree to a programme of specialist exchange visit to St Helena in 4 medical fields initially and for more options to be further explored. The exchange visits for the first 4 medical specialists are proposed to occur annually in these fields: **Cardiology, Ophthalmology, ENT and Nephrology**. Frequency of exchange visits per year can be increased based on clinical needs and joint assessment between the local and visiting teams.

## **2. Nurse Training Programme**

- 2.1 St Helena has a total of 40 Nurses and Healthcare Assistants employed on the island. Of the 26 or so nurses on the island, 10 are expatriate nurses hired to bolster numbers. The high prevalence of diabetes on the island makes it imperative that our trained nurses are highly skilled in diabetic and foot care.
- 2.2 St Helena applauds the post-qualification programme offered to nurses who are trained to become specialist cardiac, diabetic and foot care nurses in Mauritius. The St Helena Government proposes that up to 2 nurses from St Helena are able to subscribe to the training programme offered by the Mauritius Institute of Health (MIH) on annual basis.
- 2.3 Working with the nurse educators at the Mauritius Institute of Health (MIH), St Helena Government proposes that a bespoke on-the-job training programme for foot care and diabetes care is offered on St Helena island and delivered by MIH educators.

### **3. Joint Research Programme on Non-Communicable Diseases**

3.1 The Ministry of Health & Quality of Life in Mauritius have acquired a significant level of experience in conducting Non-Communicable Disease Surveys over the past three decades. More recently, the collaborative work with WHO on the Health System Strengthening Survey and Assessments for non-communicable disease plus the aforementioned NCD Surveys are learning points and St Helena. St Helena Government proposes that a joint approach between WHO and the Ministry of Health team is established to conduct NCD survey on St Helena using the methodology in place in Mauritius.

3.2 Furthermore, St Helena Government proposes that the Ministry of Health & Quality of Life and the WHO team come to St Helena on study tour before the end of the 2019/20 financial year. This would have the dual objective of familiarisation and on-site assessment of the opportunities for joint epidemiological research on non-communicable diseases.

### **4. Bilateral South-South Assistance Programme**

4.1 The journey to achieving reduced future need for overseas care and self-sufficiency for critical care provision on St Helena is likely to be a long one that would require continued external support and assistance. A bilateral assistance programme between St Helena Government and The Government of The Republic of Mauritius would be a very positive and unique example of South-South Cooperation. It is proposed that the two governments collaborate specifically in the areas of health and tourism development. Initial emphasis for the cooperation is proposed to be focus on healthcare.

4.2 St Helena currently has a very significant burden of chronic kidney disease without the capacity and capability to provide any form of dialysis for end stage kidney failure patients. More than 50% of known diabetic patients on St Helena have already been diagnosed with chronic kidney disease. The limited option currently available involves emigrating to the UK when families can accept such patients and offer them accommodation close to a hospital willing to treat them. There are only four of these UK overseas slots available to St Helena each year. Furthermore, there are no angiography or angioplasty capacity or capability on St Helena. 20% of overseas referrals are due to cardiac and circulatory diseases.

4.3 It is significantly important that local possibilities for angiography and haemodialysis are available on St Helena. There is considerable expertise in both of these areas in Mauritius. St Helena government proposes that this is an area where The Government of The Republic of Mauritius can assist St Helena to acquire the technology, put in place the necessary

infrastructure with expert assistance and equipment. This area of work will be complementary to the specialist exchange programme as well as the overseas referral programme.

## **5. Overseas Medical Referral Programme**

3.1 As previously indicated, St Helena relies heavily on overseas medical care and referrals for specialist tertiary care. 60% of our overseas referral are for cardiac, cancers and circulatory diseases. This is particularly true because St Helena Health Service is unable to perform angiography, angioplasty or fully offer chemotherapy locally at the moment.

3.2 Most patients currently are referred to South Africa for overseas care. While there is a longstanding history of travel and visitation between South Africa and St Helena, there are distinct sociocultural and geopolitical differences. Mauritius and St Helena share ancestral heritage and are both islands. The medical facilities for cardiology and cancer therapy are well-established and available in Mauritius.

3.3 As a medium term option, following exploration during this financial year, St Helena Government may be able to work with the Ministry of Health & Quality of Life to refer patients for specialist care, particularly for kidney disease, cancers and heart disease to Mauritius. This has the potential to dramatically reduce current costs for overseas care and make funding available for further development of specialist care on St Helena.

## **V. Next Steps**

1. Public Health Committee to note the content of the report
2. Discuss and agree to the 5 proposed themes for collaboration with the Government of Mauritius
3. Action Plan to be developed for implementation based on PHC agreement
4. Further operational review to be undertaken with CLG and relevant colleagues
5. Quarterly updates to PHC about implementation progress