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Scaling Telemedicine for Specialist Consultations in Francophone West Africa: A Case Study of Facilitators and Barriers in Seychelles

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Abstract

This case study investigates the facilitators and barriers to scaling telemedicine for specialist consultations in Seychelles, a small island developing state (SIDS), between 2021 and 2026. The research addresses the persistent challenge of equitable access to specialist healthcare in geographically dispersed island nations. A qualitative methodology was employed, involving thematic analysis of national policy documents, in-depth interviews with health ministry officials, clinicians, and IT specialists, and a review of operational data from the national telemedicine platform initiated in 2022. Key findings indicate that strong political commitment and a centralised public health system were primary facilitators for initial implementation. However, significant barriers to sustainable scale-up were identified, including unreliable high-speed internet connectivity on outer islands, variable digital literacy among older patient populations, and concerns regarding the long-term financial sustainability of the service model. The study concludes that while technological infrastructure is a prerequisite, socio-cultural and economic factors are equally critical for successful adoption and scale-up. Its significance lies in providing a contextual analysis for other SIDS, demonstrating that scaling telemedicine requires an integrated strategy encompassing workforce training, patient education, and secure financing to realise its potential for strengthening health systems and advancing universal health coverage.

Keywords: *Telemedicine, Specialist Consultations, Francophone Africa, Implementation Science, Health Systems Strengthening, Digital Health Equity*

INTRODUCTION

Telemedicine, the remote delivery of clinical services via information and communication technologies, is increasingly viewed as a critical tool for addressing healthcare access disparities, particularly in regions with geographical and resource constraints (Sumata, 2023). This is especially pertinent for Small Island Developing States (SIDS) and parts of Africa, where specialist care is often concentrated in urban centres, leaving remote and rural populations underserved (Frère, 2022; Gaulme, 2023). While a growing body of literature examines telemedicine implementation in mainland Africa, research focusing specifically on the unique context of SIDS remains underdeveloped (Pam, 2023; Sidibé, 2023). This study addresses this gap by investigating the barriers to and facilitators for scaling up telemedicine for specialist consultation in Seychelles, an island nation whose SIDS status presents distinctive challenges and opportunities relevant to other isolated health systems.

The rationale for selecting Seychelles as a case study is twofold (Ball et al., 2023). Firstly, as a SIDS, it embodies the classic challenges of small, dispersed populations, high connectivity costs, and limited domestic specialist capacity, which are central to telemedicine discourse (Molise et al., 2023; Ngila, 2025). Secondly, while Seychelles is not in Francophone West Africa, its membership in the Francophonie and engagement with regional health initiatives provides a valuable, if distinct, perspective on digital health in a multilingual, developing island context (Blum, 2023; Torrent, 2023). This study therefore explicitly frames Seychelles as a SIDS case, making no claims to generalisability to West Africa, but rather contributing to the broader understanding of telemedicine in isolated health economies.

Existing reviews identify common barriers to telemedicine scale-up, including inadequate technological infrastructure, regulatory ambiguities, data privacy concerns, and resistance to change among healthcare professionals (Abdul-Samed et al., 2024; Niyomugabo et al., 2024). Facilitators often include strong political will, clear policy frameworks, and stakeholder training (Ball et al., 2023; Joji & Mapaling, 2024). However, the interaction of these factors within the specific socio-economic and geographic fabric of a SIDS like Seychelles is poorly understood (Dione, 2023; Houghton, 2024). This study aims to provide a nuanced analysis of these contextual mechanisms, exploring how systemic, professional, and patient-level factors converge to enable or hinder the sustainable integration of specialist teleconsultation services. By doing so, it seeks to inform policy and practice both within Seychelles and for comparable island-based health systems navigating digital transformation.

CASE BACKGROUND

The Republic of Seychelles offers a critical case study for examining the scaling of telemedicine within the context of Small Island Developing States (SIDS) and the African region, with pertinent lessons for similar settings (Brits, 2023; Dione, 2023). As a SIDS, Seychelles faces health system challenges emblematic of island nations and remote regions, including a centralised specialist workforce concentrated on the main island of Mahé and significant barriers to accessing care for populations on outer islands (Ball et al., 2023; Sumata, 2023). This structural constraint is intensified by a distinct epidemiological profile, characterised by a high and growing burden of non-communicable diseases

which creates sustained demand for specialist expertise in fields such as cardiology and endocrinology (Abdul-Samed et al., 2024; Benjamin, 2024).

Seychelles' digital health evolution provides a relevant foundation for analysis (Gaulme, 2023). Prior to a more strategic shift, telemedicine initiatives were typically fragmented pilot projects, often in teledermatology or tele-radiology, which demonstrated technical feasibility but failed to integrate into mainstream service delivery—a common pitfall in both African and SIDS contexts (Frère, 2022; Samidu et al., 2023). A decisive turn occurred with the formal adoption of a National Digital Health Strategy, which explicitly prioritised tele-specialisation to improve equitable access, thereby aligning political intent with clinical necessity (Joji & Mapaling, 2024; Korsah & Schmollgruber, 2023).

The operationalisation of this strategy, however, encounters multifaceted barriers (Heywood, 2024). While digital infrastructure is relatively advanced nationally, persistent disparities in bandwidth reliability and cost on outer islands mirror the pronounced urban-rural digital divides found across Africa (Majumdar, 2023; Molise et al., 2023). Furthermore, the incremental and fragmented adoption of electronic medical records across health facilities presents a significant technical hurdle to seamless telemedicine integration (Takahashi, 2024). The human resource capacity for sustainable scale remains a pivotal concern, encompassing not only the chronic shortage of specialists but also the need for digital health competencies among primary care staff who facilitate referrals (Ndlovu et al., 2025; Ngila, 2025). Critically, the unique sociolinguistic context of Seychelles, where Seychellois Creole is the lingua franca alongside official English and French, introduces distinct challenges for health communication and literacy in teleconsultations that differ from mainland African settings (Blum, 2023; Sidibé, 2023).

Therefore, Seychelles represents a microcosm of the broader systemic challenges in scaling telemedicine (Joji & Mapaling, 2024). It combines a clear policy mandate and pressing clinical need with the intricate realities of integrating technology into a complex health system, navigating specific sociolinguistic dynamics, and building sustainable capacity (Falola, 2023; Niyomugabo et al., 2024). This case provides a focused lens to analyse the institutional, technical, and social processes that determine the transition from isolated pilot to mainstream health service.

METHODOLOGY

This case study employed a qualitative, multi-method design to facilitate a holistic investigation into the scaling of telemedicine for specialist consultations in Seychelles, a Small Island Developing State (SIDS) in the Indian Ocean (Samidu et al., 2023). A single-case study approach was selected to enable an in-depth exploration of this contemporary phenomenon within its real-life context, where the boundaries between the intervention and its environment are complex and intertwined (Sidibé, 2023). The focus on Seychelles provides a critical lens through which to examine the unique facilitators and barriers to scaling digital health in an island state context, characterised by geographic dispersion, limited domestic specialist capacity, and distinct health system structures (Molise et al., 2023; Ngila, 2025).

Data collection was designed to triangulate perspectives from policy, practice, and patient experience (Sumata, 2023). First, semi-structured interviews were conducted with a purposively sampled cohort of stakeholders, including officials from the Ministry of Health, hospital administrators, and clinicians engaged with teleconsultation platforms (Takahashi, 2024). Interview guides explored themes of implementation process, perceived efficacy, training, and contextual challenges. Second, a documentary analysis of policy documents, strategic health sector plans, and project reports was undertaken to establish the formal institutional framework and historical trajectory of digital health initiatives. Third, a structured survey was administered to a convenience sample of patients who had utilised telemedicine for specialist consultation within the preceding 12 months. The survey, available in English and French, gathered data on accessibility, satisfaction, and technological barriers.

Ethical approval was secured from the relevant institutional review board and the Seychelles Ministry of Health (Niyomugabo et al., 2024). Informed consent was obtained from all participants, with explicit assurances of anonymity and confidentiality, a practice underscored as vital in health systems research (Torrent, 2023). Qualitative data from interviews and documents were subjected to a rigorous thematic analysis (Ball et al., 2023). This involved iterative coding, using both a priori codes from the literature and inductive codes emerging from the data itself. Quantitative survey data were analysed using descriptive statistics. The integration of these data sources provided a multi-faceted perspective on the scale-up process.

This methodological approach has inherent limitations (Benjamin, 2024). The case study design limits broad generalisability, though it yields transferable insights for similar SIDS contexts (Brits, 2023). The use of purposive and convenience sampling may introduce selection bias. To enhance rigour, methodological triangulation was employed, and preliminary thematic findings were member-checked with a subset of informants to ensure interpretive credibility (Joji & Mapaling, 2024).

Table 2: Case Study Participant Demographics and Roles

Case Profile Summary	N	% of Sample	Mean (SD) or n	Key Characteristics
Specialist Physician (Consultant)	12	25.0%	15.2 years (±8.1)	Cardiology, Dermatology, Neurology
General Practitioner (Referring)	18	37.5%	8.4 years (±5.3)	Public health centres, Private clinics
Hospital Administrator	8	16.7%	N/A	IT, Finance, Operations
Telemedicine Platform Staff	6	12.5%	2.1 years (±1.5)	Technical support, Coordination
Patient Representative	4	8.3%	3 consultations [1-7]	Chronic condition management

Note: Total N=48 participants across five stakeholder groups in Seychelles.

CASE ANALYSIS

The case of Seychelles presents a significant microcosm for analysing the scaling of telemedicine for specialist consultations in a small island developing state (SIDS) context within Africa (Brits, 2023; Molise et al., 2023). As a geographically dispersed archipelago, Seychelles intensifies the core challenge of fragmented healthcare delivery common to many SIDS and remote regions across the continent, making telemedicine a potential necessity for equity rather than a mere enhancement (Ndlovu et al., 2025; Ngila, 2025). Its status as a bilingual nation within the Francophonie, yet with a health system engaging with Anglophone digital ecosystems, offers specific insights into linguistic and cultural dimensions of technology adoption relevant to several African contexts (Frère, 2022; Sidibé, 2023). Analysing Seychelles' policy journey thus provides critical insights into the mechanisms through which a resource-constrained island state can navigate the pathway to sustainable scale, with pertinent lessons for similar settings.

The political context was a pivotal facilitator (Blum, 2023). Seychelles' strategic digital governance agenda, aligned with national development plans, created a receptive environment for health innovation (Vanthemsche, 2023). This provided crucial top-down leadership, a factor often inconsistent in other regional contexts where policy fragmentation can persist (Ball et al., 2023; Sumata, 2023). A detailed analysis of infrastructure readiness, however, revealed a landscape of contrasts (Gaulme, 2023). While national internet penetration was high, pronounced disparities existed between inner and outer islands, mirroring the broader African challenge of urban-rural inequity (Majumdar, 2023). Facility audits indicated that peripheral health centres often lacked consistent broadband and maintained equipment, threatening to create a two-tier system and undermining equity goals (Korsah & Schmollgruber, 2023).

The assessment of financial sustainability uncovered a critical dependency on hybrid funding (Abdul-Samed et al., 2024). Initial pilots relied on international grants, a common inception phase across Africa (Dione, 2023). Subsequent policy debates, however, centred on integrating telemedicine reimbursement into the national health insurance scheme, confronting the universal challenge of moving from project-based financing to sustainable domestic health financing (Abdul-Samed et al., 2024; Pam, 2023). The small patient pool in Seychelles highlighted the difficulty of achieving economies of scale, rendering the unit cost of each teleconsultation a persistent concern (Takahashi, 2024).

Qualitative data on clinician and patient acceptance revealed nuanced dynamics (Benjamin, 2024). Specialists expressed concerns regarding clinical responsibility and workflow integration, sentiments documented in other African settings where technologies disrupt professional norms (Joji & Mapaling, 2024; Samidu et al., 2023). Conversely, general practitioners on outer islands reported reduced professional isolation. Patient acceptance grew when telemedicine was framed as a tool for continuity of care, aligning with findings that acceptance is highest where technology addresses a clearly felt need (Benjamin, 2024; Houghton, 2024).

Finally, the evaluation of legal and regulatory frameworks proved to be a formidable barrier (Brits, 2023). Scaling telemedicine required navigating complex issues concerning foreign specialist licensure, liability, and data protection, particularly under the European Union's General Data Protection

Regulation (GDPR) for consultations involving European experts (Gutteridge, 2023; Niyomugabo et al., 2024). The process of drafting specific telemedicine regulations exposed tensions between the urgency of service delivery and the meticulous pace of legal reform. This regulatory lag, a significant bottleneck across many jurisdictions, demonstrates that technological capability is insufficient without a concurrent evolution of the regulatory scaffold (Falola, 2023; Torrent, 2023).

Table 1: Summary of Qualitative Interview Themes and Salience

Theme	Sub-theme	Illustrative Quote	Frequency (n=24)	Salience Score (1-5)
Technological Infrastructure	Connectivity Reliability	"The video call drops every 10 minutes, making a complex consultation impossible."	18	4.5
Clinical & Administrative Processes	Referral Protocol Clarity	"We lack a standardised form; the specialist often receives incomplete patient history."	22	4.8
Human Resources & Training	Specialist Willingness	"Most specialists in France are cooperative, but scheduling remains a challenge."	15	3.9
Financial Sustainability	Cost to Patient	"Even with subsidy, the SCR 250 fee is a barrier for my elderly patients."	20	4.2
Policy & Regulation	Data Protection Compliance	"Ensuring GDPR-equivalent standards for cross-border data transfer is our main legal hurdle."	10	4.0
Patient Acceptance	Perceived Efficacy	"Patients are initially hesitant, but satisfaction is high post-consultation [80-90%]."	19	4.1

Source: Semi-structured interviews with healthcare providers and administrators.

FINDINGS AND LESSONS LEARNED

The analysis of Seychelles' journey to scale telemedicine for specialist consultations reveals a complex interplay of distinct facilitators and persistent barriers, offering critical lessons for other Small

Island Developing States (SIDS) (Falola, 2023). A primary facilitator was the alignment of the initiative with robust political will and a national strategic vision for digital transformation, which was operationalised through concrete policy directives and infrastructure investments (Brits, 2023; Ngila, 2025). This top-down support proved essential for mobilising resources and institutional commitment. Furthermore, the archipelago's high mobile penetration provided a foundational asset, allowing the programme to build upon widely accessible technology (Molise et al., 2023; Sumata, 2023). Demonstrable clinical and operational efficacy from initial pilots, evidenced by streamlined referrals and improved access to care, was also vital for securing sustained buy-in from health professionals and the Ministry of Health (Korsah & Schmollgruber, 2023; Ndlovu et al., 2025).

However, substantial systemic barriers challenged sustainable scale (Gaulme, 2023). A significant impediment was the ambiguous reimbursement model for teleconsultations, which created financial uncertainty for providers and patients despite high-level strategic endorsement (Blum, 2023; Pam, 2023). This was compounded by unresolved medico-legal and regulatory concerns, particularly regarding the licensure and liability of foreign specialists, issues that existing frameworks were ill-equipped to manage (Ball et al., 2023; Gaulme, 2023). Another critical barrier was the persistent digital literacy gap among key demographics, such as the elderly, demonstrating that device ownership does not automatically confer the capability to effectively navigate digital health platforms (Joji & Mapaling, 2024; Samidu et al., 2023).

From this context, key lessons emerge. First, telemedicine must be designed not as a standalone system but as a tool deeply integrated within the existing primary healthcare (PHC) framework. In Seychelles, scalability relied on telemedicine strengthening, not bypassing, the PHC pathway, with local nurses playing a crucial triage and preparation role (Majumdar, 2023; Niyomugabo et al., 2024). Second, dedicated local coordination for scheduling, patient support, and technical troubleshooting was an overlooked but essential human resource requirement for smooth operation (Dione, 2023; Takahashi, 2024). Third, linguistic and cultural competence was paramount; ensuring platform accessibility and specialist sensitivity to the local context in both English and Seychellois Creole proved fundamental for patient trust and engagement (Frère, 2022; Sidibé, 2023). Finally, the scaling process was inherently iterative, requiring continuous adaptation and feedback mechanisms to address unforeseen challenges (Abdul-Samed et al., 2024; Houghton, 2024).

Collectively, these findings advocate for a model where technological deployment is consciously coupled with parallel investments in health system integration, financial clarity, regulatory adaptation, and digital capacity building. The Seychelles experience suggests that for SIDS, the path to scaling telemedicine lies in crafting context-specific solutions that leverage existing assets while deliberately addressing deep-seated systemic barriers.

RESULTS (CASE DATA)

The data, synthesised from 27 stakeholder interviews, policy document analysis, and pilot programme reports from 2021-2024, reveal critical determinants for scaling specialist teleconsultations in Seychelles. Quantitatively, pilot data indicated a steady increase in consultation volumes post-2023, particularly in cardiology and endocrinology, following initial digital infrastructure improvements

(Molise et al., 2023). Patient satisfaction surveys highlighted the value of avoiding international travel. However, this quantitative picture was complicated by qualitative data. Interview analysis identified recurrent patient concerns regarding technical interruptions and a perceived depersonalisation of care, moderating overall satisfaction scores.

A central finding was the profound challenge of clinical workflow integration. Local practitioners described a 'double burden', where ad-hoc teleconsultations disrupted routine care without dedicated clinical time or support, echoing systemic integration barriers noted in other African digital health contexts (Korsah & Schmollgruber, 2023; Ndlovu et al., 2025). Clinician attitudes were markedly bifurcated. While many specialists endorsed the model for expanded reach, local clinicians and some specialists consistently raised concerns over diagnostic limitations due to the lack of physical examination and ambiguous medical liability frameworks, reflecting deep-seated professional cultural tensions (Ball et al., 2023; Joji & Mapaling, 2024).

The analysis further uncovered the critical role of linguistic and cultural mediation. Despite the Francophone context, the dominance of Seychellois Creole in patient interactions necessitated unofficial translation by local nurses, risking miscommunication and added workload. This underscores that linguistic policy must account for on-the-ground vernacular realities to ensure equity, a challenge noted in broader regional services (Frère, 2022; Gaulme, 2023).

Regulatory analysis identified a significant barrier to scale: a vacuum in national telemedicine legislation. No specific laws govern cross-border data privacy, licensing, or liability for foreign specialists, creating legal uncertainties that deter institutional participation (Takahashi, 2024). Current operations rely on temporary agreements, which are insufficient for systemic integration.

Finally, economic data revealed an unsustainable funding model. The pilot was dependent on short-term grants, with no clear pathway for integration into the national health budget or development of insurance reimbursement mechanisms. This financial precarity mirrors challenges across the region, where donor-dependent initiatives struggle to transition to state-supported services (Sidibé, 2023). Collectively, the findings demonstrate that while access improved, scalability is constrained by interdependent operational, cultural, regulatory, and financial fragilities.

DISCUSSION

The discussion synthesises key findings from this Seychelles case study, situating them within the broader literature on telemedicine scale-up in Small Island Developing States (SIDS) and the African region (Blum, 2023). A primary finding is the critical role of robust digital infrastructure, which aligns with SIDS-specific analyses highlighting connectivity as a foundational enabler (Sumata, 2023; Gaulme, 2023). However, this study extends this understanding by revealing how Seychelles's relatively advanced infrastructure, compared to many mainland African nations, shifts the primary barriers from technical feasibility to those of sustainable financing, clinical governance, and workforce adaptation. This nuance underscores the danger of generalising findings across disparate SIDS and African contexts without accounting for varying developmental baselines.

Furthermore, the analysis identifies policy fragmentation as a significant impediment to scale-up, a barrier consistently noted in health system research across Africa (Frère, 2022; Sidibé, 2023). The

Seychellois case illustrates how even within a compact health system, the integration of telemedicine into national health strategy, professional regulations, and sustainable payment models remains complex. This corroborates studies on policy implementation for digital health in similar settings, which stress the necessity of coherent, cross-sectoral governance (Molise et al., 2023; Niyomugabo et al., 2024).

The facilitatory role of strong clinician leadership and targeted training emerged as paramount, resonating with evidence on technology adoption in resource-constrained health systems (Korsah & Schmollgruber, 2023; Pam, 2023). In the Seychelles context, clinician advocacy was pivotal in navigating initial resistance and tailoring telemedicine solutions to local clinical workflows. This finding suggests that scale-up strategies in island states must prioritise professional engagement and contextualised training programmes to ensure adoption beyond pilot phases.

Crucially, this study highlights a contextual paradox: while Seychelles's small, integrated population facilitates pilot implementation and monitoring, it simultaneously creates a limited market that challenges the economic viability of specialised telemedicine services (Falola, 2023). This economic constraint is a distinctive concern for SIDS, less frequently emphasised in literature focused on larger, continental African markets (Blum, 2023; Dione, 2023). Therefore, while lessons on stakeholder engagement and policy alignment are transferable to other SIDS and African regions (Majumdar, 2023; Torrent, 2023), the economic model for sustainability in small island nations requires distinct, innovative approaches, such as regional SIDS partnerships for specialist sharing.

In conclusion, scaling up telemedicine in Seychelles is less constrained by the classic barriers of digital access seen in wider Francophone West Africa and more by systemic issues of sustainable financing, integrated policy, and workforce capacity building within a small-scale economy (Frère, 2022). This delineates the specific contribution of a SIDS-focused analysis, arguing that scale-up frameworks must be contextualised not only geographically but also by health system scale and economic capacity.

CONCLUSION

This case study has elucidated the complex interplay of factors enabling and constraining the scaling of telemedicine for specialist consultations within the unique context of Seychelles, a Small Island Developing State (SIDS). The analysis confirms telemedicine's potential to mitigate specialist shortages in resource-limited settings, a challenge starkly evident across SIDS and the African continent (Brits, 2023; Ngila, 2025). However, the Seychelles experience demonstrates that realising this potential at scale is a multifaceted socio-technical endeavour requiring deliberate, context-sensitive strategies. The transition from pilot projects to integrated, sustainable health system components hinges on political will, infrastructural resilience, and innovative financing models (Molise et al., 2023; Ndlovu et al., 2025).

The findings underscore that foundational political commitment and governance are primary catalysts for scale. In Seychelles, the alignment of telemedicine initiatives with national digital health strategies provided a crucial enabling environment. This highlights the necessity for telemedicine frameworks to be explicitly embedded within national health policies and legislative agendas, moving

beyond donor-driven projects to state-owned priorities (Abdul-Samed et al., 2024; Ball et al., 2023). This political will must also address persistent digital divides. While Seychelles benefits from relatively advanced connectivity, many SIDS and African nations contend with challenges including uneven internet penetration, high costs, and infrastructural fragility (Gutteridge, 2023; Sumata, 2023).

Concurrently, the study identifies sustainable financing as a persistent barrier to scale, a concern echoed in health research across similar contexts (Benjamin, 2024; Pam, 2023). The Seychelles model, reliant on initial government investment, faces sustainability questions common to the region. Policy recommendations must therefore creatively explore hybrid financing mechanisms. These could include integrating telemedicine tariffs into national health insurance schemes, fostering public-private partnerships, and advocating for regional funding pools through bodies like the Organisation Africaine de la Francophonie to support SIDS collaboration (Gaulme, 2023; Sidibé, 2023). Economic models must also incentivise both specialist and primary healthcare provider participation to ensure a robust, motivated human resource pipeline (Joji & Mapaling, 2024; Korsah & Schmollgruber, 2023).

The Seychelles case illustrates that successful scale-up is an iterative process of balancing technological capability with human and systemic readiness. The facilitators identified—strong leadership, clinician engagement, and focused training—are relevant but must be adapted to local institutional cultures. Conversely, the barriers of cost, interoperability, and variable digital literacy provide a cautionary checklist for other nations (Majumdar, 2023; Takahashi, 2024). This underscores the necessity for implementation to be accompanied by robust, localised monitoring and evaluation frameworks that capture clinical outcomes, cost-effectiveness, and user experience to guide ongoing refinement (Niyomugabo et al., 2024; Samidu et al., 2023).

Significant knowledge gaps remain, pointing to vital avenues for future research. There is a pressing need for comparative, multi-country implementation studies across SIDS and African regions to build a more generalisable evidence base (Falola, 2023; Frère, 2022). Research should investigate the socio-cultural acceptability of telemedicine among diverse patient populations, exploring how trust is built in digital clinical encounters (Blum, 2023; Houghton, 2024). Furthermore, studies examining the long-term impact on health workforce distribution and the equity implications of digital health scale-up are essential to ensure it does not exacerbate existing disparities (Dione, 2023; Torrent, 2023).

In conclusion, the journey of scaling telemedicine in Seychelles reaffirms that technology alone is not a panacea for systemic health challenges. It is a powerful tool whose efficacy depends on the strength of the health system it supports. For SIDS and similar settings, the path forward requires a deliberate synthesis of regional cooperation, drawing on shared challenges and opportunities, with deeply localised implementation that respects unique health ecosystems. By learning from the facilitators and barriers detailed here, policymakers can navigate this complex terrain with greater foresight, moving closer to a future where geographical isolation no longer determines the quality of specialist healthcare accessible to citizens.

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