Mauritius

HEALTH SITUATION

Mauritius is at an advanced stage in its epidemiological transition. Communicable diseases and problems of maternal and child health (MCH) have markedly decline and are controlled effectively. Coverage rates for immunization, ante and postnatal care, and attended births have reached relatively high levels as a result of implementation of a comprehensive national and maternal child health programmes within the framework of the National PHS Programme.

Noncommunicable diseases (NCDs) in Mauritius represent almost 85% of the total burden of disease. CVDs are the main cause of death (31.4%) followed by diabetes (predominantly type 2) and cancer responsible for 26.3% and 12.4% of total deaths in 2012. According to the National Cancer Registry (2012) the incidence of cancer is more prominent among female (134.6 per 100 000) compared to male (120.9 per 100 000). This pathology is likely to increase with an ageing population and risk factors related to changes in lifestyles.

Successive National NCD Surveys at five-six years intervals showed a rising trend in the prevalence of diabetes mellitus and hypertension over the period 1998 –2009, reaching around 21.3% and 37.9%, respectively, in 2009. The Atlas of the International Diabetes Federation (2012) indicates a drop in the prevalence of diabetes in Mauritius (15.5%). Rapid industrialization along with the openness of the island to the external world has brought in its wake changes in life styles, in turn contributing to high prevalence of NCDs risk factors, including overweight/obesity (50.9%) and tobacco consumption (21.7%).

HIV prevalence (2012) estimates are 0.97%, with an estimate of 8100 people living with HIV. The epidemic is classified as "concentrated e, with HIV prevalence estimates above 5% among key affected populations, while it remains low at 0.4% in the pregnant women population. In 2003 a shift in mode of transmission from heterosexual to injecting drug use was recorded and peaked to 92% in 2005. Following the introduction of harm reduction measures in 2006, transmission among the people who inject drugs has decreased to 68.1% in 2011, to 47.2% in 2012 and to 38.1% in 2013.

HEALTH POLICIES AND SYSTEMS

The Government of Mauritius remains committed to sustain the provision of health care services, free of any user cost, at the point of use to the population.

The pursuit of Primary Health Care (PHC) policy in Mauritius strives to achieve equitable distribution of health resources and support services to the community. The PHC package is delivered through a network of institutions providing preventive, curative and rehabilitative services to the community. Mauritius has an established welfare system with the State fulfilling a three-pronged role as a financing source, financing agent and provider of both clinical and non-clinical interventions in the public health sector.

Addressing the major challenge to have effective multisectoral actions such as the development of an environment (including work environment) conducive to healthy lifestyles, strict control of agents driving unhealthy lifestyles such as the fast food industry. Mauritius has developed and is implementing national action plans for cancer and NCDs risk factors (Tobacco and Physical Activity) and a National Service Framework for Diabetes. As the 15th country to ratify the WHO FCTC, Mauritius has made important strides towards implementation of the treaty, especially in terms of banning smoking in public places, advertising, promotion and sponsorships, as well as health warnings and pictorials.

COOPERATION FOR HEALTH

The first and only United Nations Development Assistance Framework (UNDAF) developed for Mauritius covered the period 2001-2003. With the transfer of the UNICEF and UNFPA in December 2003 to Madagascar, Mauritius is since classified by UNDG as 'Category C / non-harmonized cycle' countries, implying that a CCA/UNDAF process is not a requirement. Instead its relevance is left to the appreciation of the UN Country Team. On the basis of availability of reasonable national strategic documents, providing sectoral analyses and identifying country priorities, the UNCT (Mauritius) decided not to proceed with the CCA/UNDAF process in Mauritius.

The Ministry of Finance & Economic Empowerment is the authority coordinating grants and technical assistance and ensuring its monitoring and evaluation. There is no formal sector-wide approach (SWAP) mechanism in place to align and harmonize technical and financial support between the government and all the potential partner organizations in the health sector. However, the Ministry of Finance & Economic Empowerment is well aware of its role to harmonize donor support and ensure its alignment with national plans and strategies. Commitment to promote sector-wide approaches in the future is palpable.

Sustained economic growth during the past two decades has enabled Mauritius to move up to the league of upper middle-income countries. Rising per capita income, coupled with favourable health indicators, has impacted on Mauritius’ eligibility for external aid, especially for the health sector. Presence of development partners in Mauritius remains modest. External resources as a percentage of total health expenditures accounted for a meagre 1.9% in 2010. The main sources of technical assistance and grants to the health sector are WHO and other UN Agencies and the Global Fund to fight AIDS, TB and Malaria.
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1:                                    | • Technical support to strengthen the ongoing harm reduction interventions in particular through the scaling-up of the needle exchange and methadone substitution therapy programme.  
• Develop quality national HIV/AIDS/STI surveillance framework (behavioral surveillance/surveys, focusing on MARP and ‘bridging’ population; HIV sentinel surveillance for the general population).  
• Develop surveillance plan and protocol to address the existing gaps identified above. |
| STRATEGIC PRIORITY 2:                                    | • National assessments of IHR compliance and preparation of action plans to build core capacity for IHR requirements compliance.  
• Promote institutional capacity building through training programmes in applied field epidemiology targeting health personnel involved in surveillance activities. |
| STRATEGIC PRIORITY 3:                                    | • Technical assistance for the various aspects of pandemic preparedness and response. The national preparedness plan for the influenza pandemic, incorporating the medical and non-medical response, developed, implemented and tested. |
| STRATEGIC PRIORITY 4:                                    | • Implementation of the strategic framework and national action plans developed to address the prevention, management and surveillance of chronic diseases and NCDs and related risk factors, including National Nutrition Action Plan; National Tobacco Control Action Plan; National Cancer Control Action Plan; Physical Activity Action Plan; and National Service Framework for Diabetes. |
| STRATEGIC PRIORITY 5:                                    | • Formulation of a Human Resource for Health strategic plan for the medium-term that would cover issues relating to motivation, retention, succession planning and reducing wastes is critical as it would help achieve an optimum match between existing and required skills as the current predominance of NCDs and the threat of emerging health problems require periodic update of skills and maintenance of high standard of performance. |
| STRATEGIC PRIORITY 6:                                    | • Participation of the Blood Transfusion Services and other laboratory departments in an External Quality Assessment (EQA) schemes.  
• Implementation of the guideline developed on appropriate clinical use of blood and blood components intensified.  
• Support the strengthening of the drug management and regulatory system, with particular emphasis on quality assurance and pharmaco-vigilance. Technical support in undertaking surveys to monitor the availability and affordability of essential medicines. |

*A new (third) CCS is being drafted*