SPEECH

of

Hon Anil Kumarsing Gayan

Minister of Health & Quality of Life

On the occasion of

Training of Staff working for the

MAURITIUS NCD SURVEY 2015

DATE: Tuesday 14 July 2015

TIME: 09 30 hours

VENUE: Dr J. Burty David Recreational Centre for Senior Citizens, Pointe aux Sables
I have the great pleasure to be among you today for the launching of this training programme in the context of the forthcoming NCD Survey. Let me wish all of you a very good morning and extend a warm welcome to Professor Stefan Soderberg and Associate Professor Diana Magliano who have
travelled all the way from Sweden and Australia to be with us for the training of the Survey staff and be here with you to give you and share with you their valuable insight for the smooth running of this survey.

Dr Diana Magliano is a consultant epidemiologist from the Baker IDI Heart and Diabetes Institute, Australia. She has been collaborating with my Ministry on a number of projects since 2007. She was involved in the Mauritius Diabetes Surveillance Study 2007, the Mauritius and Rodrigues NCD surveys 2009, the Rodrigues Diabetes Surveillance Study 2010, the Mauritius and Rodrigues Nutrition Surveys 2012 and the Mauritius and Rodrigues Salt Studies in 2012 and 2013, respectively. She is very familiar with Mauritius and also speaks creole.
Professor Stefan Soderberg is a Senior Consultant in Cardiology at the Umea University Hospital, Sweden. He has collaborated also with my ministry on a number of projects since 2007. He is currently involved in the Mauritius Type 2 Diabetes Prevention Study and I am also aware that Professor Soderberg has had great experience working in Africa especially in Tanzania and I am sure that he will be sharing his experience here with you and will also encourage our unemployed doctors to try their hands in Africa.

Dear Participants,

You have a unique opportunity to be trained by and to work with these two personalities and I wish on your behalf to thank
them for making themselves available for this study. I hope that you will seize this opportunity that comes your way to learn from them for your future endeavours.

As you have heard, the NCD surveys are very important for my Ministry because they help us to define appropriate intervention strategies that get habits and mindsets of people changed, make improvements in health care, identify disparities and risk factors and act on the data collected to improve quality of life generally.

The first survey was conducted in 1987 following a significant change in disease pattern from communicable to non communicable diseases in the early 1980s and it was done with the collaboration of the WHO and the International
Diabetes Federation. These surveys are carried out every five years since 1987 and now in 2015 we are about to start our 6th NCD survey.

Health surveys save lives and they protect people. They also help in understanding the burden of disease in order to provide relevant, sensitive and scientific data for health policy makers and professionals to take the right decision.

Ladies and gentlemen, the NCD Survey also enables us to engage people in disease prevention and to uncover the ‘underlying’ truth about what impact NCDs are having on our population.
This is why it is critical to frame the questions in such way that the answer is not already suggested.

I am sure that all those who have worked on the preparation of the survey questionnaire have adopted the best methodology and that the questions which are asked do not simply elicit a “Yes” or “No” answer.

The language of the questions must be simple, easily understood. But it is also important for you as participant in the survey and especially when you are asking the questions to study, watch and monitor the ‘body’ language of the person being surveyed.
My Ministry will provide technical input for the good running of the survey. Technical assistance will also be obtained from the Baker IDI, Australia; the National Public Health Institute, from Finland and the WHO.

The target population for the survey comprises Mauritian adults aged 18 years and above. About 6000 persons have been selected to participate in this survey and will be carried out in 22 well defined clusters throughout the island, including Port-Louis.

The clinical testing plus the questions will enhance reliability of the survey and as a minister, I must say that however uncomfortable or unpleasant the data, it must be
collected, assessed and analysed and we have to work on the real evidence.

I am happy to note that the survey also deals with cognitive problems. Dementia is increasingly becoming a major problem for our health sector and it is opportune to have this included in the survey.

The feedback received from the people surveyed must be credible, reliable and actionable. You will naturally weigh the survey responses to account for sampling errors or miscalculations and other factors.
The wealth and quality of the data that will be collected will inform us about the existence of the burden of the diseases surveyed and also to help us focus on where the scarce resources need to be allocated. The data once processed will definitely improve our future health care delivery.

I am also hopeful that we will be able to see the trends and to learn lessons from this survey. Our ultimate aim as a government is to devise an appropriate strategy to prevent disease, to educate our people about the need to lead healthy lifestyles and to prepare for the future regarding the new challenges to our health care system.
I am making an appeal to all those targeted in the survey to be honest in their replies since the credibility of the survey depends upon that honesty.

On this note, I wish all of you to benefit from this 2-day training session, especially when you have the privilege to have very talented and distinguished resource persons.

Thank you for your attention.