

**ANNUAL REPORT  
ON  
PERFORMANCE FOR FINANCIAL  
YEAR 2019-2020**



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## Acronyms

ART	Anti-Retroviral Treatment	MST	Methadone Substitution Therapy
AHC	Area Health Centres	MOHW	Ministry of Health and Wellness
CDCU	Communicable Disease Control Unit	MIH	Mauritius Institute of Health
CHC	Community Health Centre	NAS	National AIDS Secretariat
CSD	Central Supplies Division	NBTS	National Blood Transfusion Service
DOSS	Department of Operations Support Services	OHU	Occupational Health Unit
EHEU	Environmental Health Engineering Unit	OWA	Orthopaedic Appliances Workshop
EPI	Expanded Programme of Immunization	PCV	Pneumococcal Conjugate Vaccine
FY	Financial Year	PEP	Post Exposure Prophylaxis
GAD	Government Analyst Division	PrEP	Pre Exposure Prophylaxis
GDP	Gross Domestic Product	PHC	Primary Health Care
GGE	General Government Expenditure	PWID	People Who Inject Drugs
HIEC	Health Information and Education Unit	PWUD	People Who Use Drugs
HIV	Human Immunodeficiency Virus	VBCD	Vector Biology Control Diseases
MIDAS	Mauritius Intensive Diabetes Action Study	WHO	World Health Organization



*Message from*  
**Minister of Health and Wellness**



It is with great pleasure that I am presenting the Annual Report on Performance of the Ministry of Health and Wellness for the Financial Year 2019-2020.

It is true that during this financial year, the country underwent challenges of the COVID-19 pandemic, impacting on both our working and living patterns. However, at the same time, the high perseverance of Government to address the health needs of the population and to respond to changing patterns of diseases, has equally been proven during this unprecedented health crisis.

My Ministry has taken a staunch commitment to work towards protecting what matters most that is healthcare and well-being of all our citizens. This completely new challenge and the way we have managed it, have permitted us to gauge the full potential of the workforce within our Ministry. It has also set a benchmark as to the level of care we are capable of providing.

The Annual Report 2019-2020 presents the achievements and progress made by the Ministry in line with the Government Vision 2030, the Government Programmes (2015-2019 and 2020-2024) as well as the Sustainable Development Goals and other commitments endorsed by the country at the Global and Regional levels.

The country will soon witness the materialisation of major infrastructural projects. The first phase of the New Cancer Centre is already operational and works for the construction of the New Teaching Hospital at Flacq have already started. Government has also allocated necessary funds to my Ministry to pursue the decentralisation of our health services. A comprehensive set of actions is being implemented to re-engineer and revamp our health delivery services with a lot of emphasis on customer care, enhancement of primary health care, health promotion, preventive medicine, specialised services and improve our response to the resurgence of communicable diseases.

I reiterate my trust and confidence in our staff who work relentlessly to keep all the citizens of our Republic safe and healthy. I also wish to thank development partners and other stakeholders for their unflinching support to my Ministry. I am fully confident that my Ministry is on right track and will continue to set higher benchmarks in the fulfilment of our mission

**Dr the Hon Kailesh Kumar Singh JAGUTPAL**  
**Minister**

29 July 2021

## **Message from Senior Chief Executive**

Mauritius acknowledges access to health as a fundamental right of every human being. The overall policy objective of Government is to achieve the highest attainable level of health regardless of gender, age, disability, geographical location, social status and ability to pay.

Over the years, Government has sustained its investment in the public health system to make it resilient, with an interlocking set of primary, secondary and specialized healthcare services. For Financial Year 2019/2020, Government's allocation to health was Rs. 12.95 billion representing 7.3% of General Government Expenditure and 2.6% of Gross Domestic Product.

The Ministry of Health and Wellness has continued its investment on the public health workforce composed of medical professionals, including doctors, nurses and midwives, dentists, pharmacists and other paramedical staff. Skilled personnel are available in a variety of medical specialties.

The sustainable provision of free healthcare services in the public sector has contributed to an enhancement in the health status of the population. At present, Mauritians are living longer. Over the last thirty years, life expectancy at birth has increased from 65 years to 74 years in 2019. Furthermore, Mauritius has already achieved some of the health-related Sustainable Development Goal targets set for 2030.

The Ministry continues to build on the health gains already achieved and is leaving no stone unturned to respond to the health challenges. As many other countries, Mauritius also faced the COVID-19 crisis during the Financial Year 2019/2020. The national response to COVID-19 was spontaneous and efficient and the country was able to effectively contain the outbreak.

Government fully recognises the need for preparing for the future while giving new directions to the health system response. In this line, universal health coverage with emphasis on people-centred quality services, health security and accessibility to more specialized medicine are being prioritised through the development of a comprehensive five-year Strategic Plan for the health sector.

I seize this opportunity to thank all my staff for their hard work, commitment and dedication to the Ministry in facing challenges and maintaining high quality healthcare.

I wish to extend my appreciation to Dr. the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness for his guidance and utmost perseverance in reaching people's aspirations for an enhanced wellness and quality of healthcare services in the country.

**D.Allagapen (Mrs)  
Senior Chief Executive  
Ministry of Health and Wellness**



## Part I

# ABOUT THE MINISTRY



## 1.1 Vision and Mission

### Our Vision

A healthy nation with a constantly improving quality of life and well-being

### Our Mission

- Reinforce our health services into a modern high performing quality health system that is patient- centred, accessible, equitable, efficient and innovative.
- Improve quality of life and well-being of the population through the prevention of communicable and non-communicable diseases, promote healthy lifestyles and an environment conducive to health.
- Harness the full potential of Information and Communication Technology to empower people to live healthy lives.
- Ensure that the available human, financial and physical resources lead to the achievement of better health outcomes.
- Facilitate the development of the Republic of Mauritius into a medical and knowledge hub and support the advancement of health tourism.

## 1.2 Role and Functions

The Ministry of Health and Wellness has the overall responsibility of ensuring that quality and equitable health services are accessible to the entire population at all times. Its policy is to continually improve the delivery of health care by promoting greater efficiency and effectiveness while laying emphasis on customer satisfaction. The Ministry is also responsible to promote healthy lifestyle.

### **The role and functions of the Ministry of Health and Wellness are to:**

- ✓ develop a comprehensive health service in order to meet the health needs of the population;
- ✓ investigate the influence of physical environment and psychosocial domestic factors on the incidence of human diseases and disability;
- ✓ plan and carry out measures for the promotion of health;
- ✓ institute and maintain measures for the prevention of diseases including Non-Communicable Diseases and the epidemiological surveillance of important communicable diseases;
- ✓ provide facilities for the treatment of diseases, including mental disease by maintenance of hospital and dispensary services;
- ✓ make provisions for the rehabilitation of the disabled;
- ✓ control the practice of medicine, dentistry and pharmacy;
- ✓ provide facilities for the training of Nursing Officers, Midwives, ancillary hospital and laboratory staff and Health Inspectors;
- ✓ advise local government authorities regarding their health services and to inspect those services;
- ✓ prepare and publish reports and statistical data and other information relating to health;
- ✓ implement a Family Planning, Maternal and Child Health Programme;
- ✓ initiate and conduct operational bio-medical health studies of diseases of major importance in the country.

### 1.3 Gender Statement



- Government recognizes that the health of women, men, girls and boys has a significant contribution on the quality of life, well-being and the overall health status of a nation and economic development of a country.
- In Mauritius, Government demonstrates staunch political will for universal health coverage with emphasis on people-centred services, accessibility to more specialized medicine and improvement in the quality of care for all and thus provides free affordable quality health services, from primary care to specialized services to the population, regardless of their income, **gender**, race and religion.
- The foundation for health and well-being throughout the life course is being laid through the necessary provision of maternal, neonatal and child health services.
- The needs and concerns of all the population regardless of their gender or race are taken into account in the design, implementation, monitoring and evaluation of all policies, plans and projects on health.
- The Ministry is also committed to a gender-inclusive and equitable workplace and encourages a culture that enables all employees to thrive, irrespective of gender.
- The Ministry also acknowledges that women and girls have specific health needs throughout their lifespan, including emotional needs, sexual, maternal and reproductive health, cancers, menopause and the pathology of ageing.
- Life expectancy at birth for both sexes has improved and is presently 71.2 years and 77.7 years, for male and female respectively. Maternal Mortality Ratio is 62 per 100,000 live births compared to the global target of 70.
- A comprehensive set of actions has been identified to improve the health of women and children under the Health Sector Strategic Plan 2020-2024. In addition, a National Roadmap Framework to Improve Maternal, Neonatal and Child Health and the 2017-2021 National HIV Action Plan which drives the 90-90-90 targets are being implemented. Moreover, to improve the outcome of pregnancy and newborn health, a preconception care policy is being worked out.

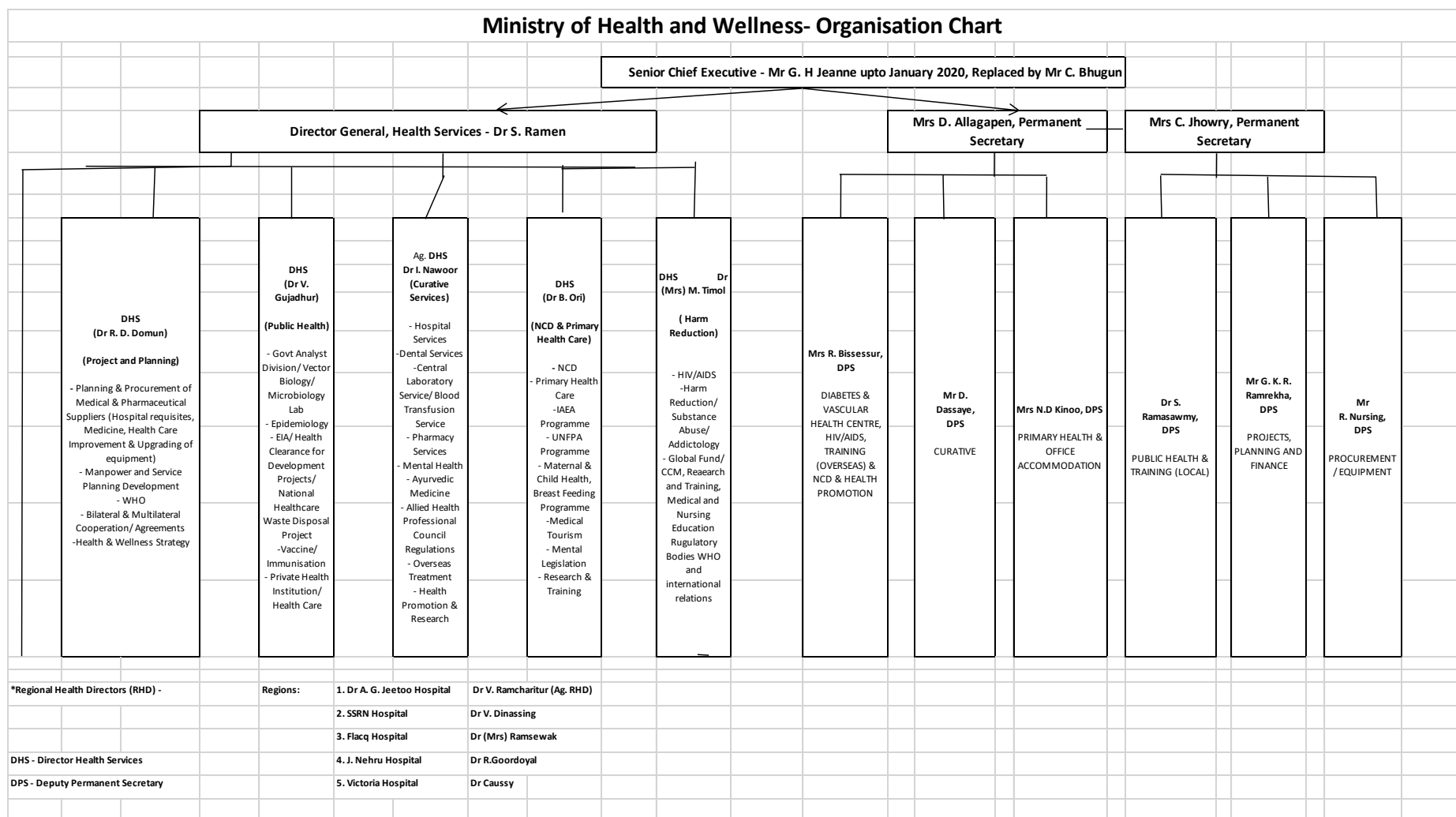
## 1.4 Our People



The Senior Chief Executive (SCE) is the head of the Ministry of Health and Wellness (MOHW) and is responsible for the overall administration and general supervision of all Departments and other Bodies falling under the aegis of the Ministry. The SCE is assisted in her functions and duties by two Permanent Secretaries and the Director General Health Services. The personnel of the Ministry also include officers from the Medical Cadre, Administrative Cadre, Analyst Cadre, Health Promotion and Research Cadre, Statistical Cadre, Health Records Cadre, Human Resources Management Cadre, Financial Operations Cadre, Procurement and Supply Cadre and other technical cadres as well as officers belonging to the general services grades.

The health workforce in Mauritius is composed of medical doctors, nurses and midwives, dentists, pharmacists and other paramedical and allied health professionals. In addition, non-medical staff provides administrative support for the day-to-day running of the health services. An estimated 14,000 officers in 375 different grades are employed by the Ministry of Health and Wellness, of whom 85% are technical staff who are responsible for delivery of services and 15% are support staff. Skilled personnel are available in a variety of medical specialities.

## 1.5 Organizational Chart



## 1.6 Key Legislations

- Public Health Act 1925
- Pharmacy Act 1983
- Mauritius Institute of Health Act 1989
- Ayurvedic and Other Traditional Medicine Act 1989
- Trust Fund for Specialized Medical Care Act 1992
- Mental Health Care Act 1998
- Food Act 1998
- Food Regulations 1999
- Dental Council Act 1999
- Medical Council Act 1999
- Dangerous Drugs Act 2000
- Nursing Council Act 2003
- Dangerous Chemicals Control Act 2004
- Human Tissue (Removal, Preservation and Transplant) Act 2018
- HIV and AIDS Act 2006
- Mauritius Blood Service Act 2010
- Clinical Trials Act 2011
- Pharmacy Council Act 2015
- Pharmaceutical Products Fees (Regulation) 2016
- Allied Health Professionals Council Act 2017
- Quarantine Act 2020

## 1.7 Package of Healthcare Services

### (i) Primary Healthcare Level

Community Health Centres (CHC)	Area Health Centres (AHC)	Additional Services (Mediclinics)
<ul style="list-style-type: none"> <li>▪ Diagnosis and treatment of common diseases and injuries</li> <li>▪ Referral to hospitals</li> <li>▪ Follow up of referrals from hospitals</li> <li>▪ NCD Clinics</li> <li>▪ Dispensing of medications</li> <li>▪ Antenatal clinics</li> <li>▪ Well baby clinics</li> <li>▪ Cash gift scheme</li> <li>▪ Immunisation</li> <li>▪ Family Planning</li> <li>▪ Health education</li> <li>▪ Nutrition education &amp; counselling</li> </ul>	<ul style="list-style-type: none"> <li>▪ All services provided at CHCs</li> <li>▪ Dental Clinics</li> <li>▪ School Health</li> <li>▪ NCD Screening</li> <li>▪ Diabetic clinics</li> <li>▪ Specialist sessions</li> <li>▪ Food Handlers</li> </ul>	<ul style="list-style-type: none"> <li>▪ All services provided at AHCs</li> <li>▪ X Ray facilities</li> <li>▪ Laboratory services</li> </ul>

### (ii) List of Hospital Services

▪ Accident & Emergency	▪ Paediatrics
▪ Cardiology/Cardiac Surgery	▪ Neurosurgery
▪ Dental services	▪ Oncology and Radiotherapy
▪ Dermatology	▪ Ophthalmology
▪ Diabetes/Endocrinology	▪ Oral and Maxillofacial surgery
▪ Diagnostic Laboratory Investigations	▪ Orthopaedics
▪ Ear, nose and throat services	▪ Paediatric Surgery
▪ General Surgery	▪ Plastic Surgery
▪ Gastro-enterology	▪ Psychology
▪ General Medicine	▪ Psychiatry
▪ Gynaecology and obstetrics	▪ Respiratory Medicine
▪ Imaging facilities including CT Scan & MRI	▪ Rheumatology
▪ Intensive Care Services	▪ Social Care Services including therapy
▪ Infectious Diseases management	▪ Traditional Medicines Services
▪ Nephrology including Renal dialysis and transplantation	▪ Occupational and Physiotherapy
▪ Anaesthesia	



## 1.8 Major Achievements

Government of Mauritius acknowledges the access to health as a fundamental right of every citizen and is committed to universality and solidarity as the guiding values for the organization and the sustainable funding of its health system and the provision of free healthcare services to its population. The achievements and progress made by the Ministry are in line with the Government Vision 2030, the Government Programmes (2015-2019 and 2020-2024) as well as the Sustainable Development Goals and other commitments endorsed by the country at the Global and Regional levels in order to attain positive health outcomes for the individual, the family, the community and the economy at large.

Government spending on health has increased by 40.76% over the past six years, from Rs 9.2 billion in 2014 to Rs 12.95 billion for Financial Year (FY) 2019-2020. Government Expenditure on health as a percentage of GDP has improved from 2.3% in 2014 to 2.6% in FY 2019-2020. Per capita government expenditure on health which was Rs 7,292 in 2014 increased to Rs 10,233 in FY 2019-2020.

Government is leaving no stone unturned to improve universal access to quality healthcare services in hospitals and significant investments have been made to upgrade existing infrastructures and to build new and modern hospitals and primary health care institutions. For FY 2019/2020 capital expenditure as a percentage of the total budget on health has reached 16.85% as compared to 8.7% in 2014.

Outpatient and inpatient services provided by hospitals, on the round the clock basis and 7 days a week, extend to surgical, rehabilitation, palliative, geriatric, new born and post-natal care facilities. Hospitals represent the main concentration of health resources, professional skills, drugs, infrastructure and medical equipment. Public hospitals in the country treated some 194,659 admitted patients in 2019. The most common inpatient same-day treatment was renal dialysis. 208,874 renal dialysis sessions were carried out in 2019.

Primary Health Care (PHC) services are provided through a network of 19 Area Health Centres, 114 Community Health Centres, 6 Medi-Clinics, 2 Community Hospitals and other satellite PHC institutions. For approximately every 8,000 inhabitants, there is one PHC delivery point which is located within a radius of three miles of the residences of people.

The public health sector employs some 14,000 persons. In 2019, there were 3,290 doctors in the country, out of whom 1,568, including 354 specialists, were working in the public sector. The number of doctors per 10,000 population was 26 in 2019. Furthermore, there were recruitment of 10 specialists and 110 doctors during the financial year 2019/2020. In that particular period, there has been the retirement of 7 specialists and 6 Medical Health Officers. Out of the total number of 412 dentists, 66 were employed by

the State and 346 were working in the private sector. The number of dentists per 10,000 population stood at 3.3 in 2019. There were recruitment of 9 Dentist Surgeons and 10 Dentist Assistants during the financial year 2019/20. 536 pharmacists were registered in 2019, out of whom 36 were working in the public health institutions and 500 were practicing in the private sector. The number of pharmacists per 10,000 population was 4.2.

Qualified nurses and midwives working in the public sector in 2019 numbered 3,958 as compared to 3,907 in 2018. Other paramedical personnel in the public sector included 1,881 Hospital Care Attendants, 1,145 Health Care Assistants (General), 233 Medical Laboratory Technologists, 211 Pharmacy Technicians (including Store Manager) and 392 Health Records personnel. During the financial year 2019/20, there were recruitment of 114 Nursing Officers and 28 midwives in the public health sector. In the same period, 2 Principal Medical Laboratory Technologists, 1 Pharmacist, 6 Health Records personnel, 12 Pharmacy Technicians and 2 Health Care Assistants (General) retired from the service.

According to the 2017 WHO Global Monitoring, the Universal Health Coverage Index for Mauritius was 64 in 2015. It should also be noted that important progress in achieving the Sustainable Development Goal 3 targets has also been made. Mauritius has already achieved some of the health-related SDG targets set for 2030 as provided below:

- Under 5 Mortality Rate is 16.0 per 1,000 live births compared to the global target of 25;
- Neonatal Mortality Rate per 1,000 live births is 10.3 compared to the global target of 12;
- Maternal Mortality Ratio is 62 per 100,000 live births compared to the global target of 70;
- For every 10,000 population, Mauritius has a workforce of 26 doctors;
- For every 10,000 population, Mauritius has 36 nurses;
- % of the population with access to affordable medicines and vaccines on a sustainable basis is close to 100 and the Immunization rate is >95%, and
- Catastrophic expenditure on health is low (3.6%)

Between 2018 and 2019, mortality due to cardiovascular diseases (circulatory system) which include heart diseases and strokes, has decreased from 35.1% to 31.5%. The estimated average life expectancy at birth in Mauritius is 74.2 years, a performance comparable to that of most upper- middle income countries.

## 1.9 Management of COVID-19 pandemic



During the FY 2019-2020, Mauritius, as many other countries, also faced the challenge of COVID-19 pandemic. From the period 18 March to 30 June 2020, some 341 positive cases of COVID-19 were detected in the country. All necessary treatments were provided to the COVID-19 patients and 326 recoveries were recorded as at 30 June 2020. During the same period, 3,768 persons were quarantined for suspected cases of COVID-19.

The country was successfully able to contain the outbreak and provide treatment to COVID-19 patients due to the bold measures that were timely implemented. The measures adopted by Mauritius were in line with the nine pillars delineated in the WHO COVID-19 Strategic Preparedness and Response Plan.

### **Country-level coordination, planning and monitoring**

- Creation of a High-Level committee on COVID-19 chaired by the Prime Minister demonstrating strong political commitment in COVID-19 response.
- Creation of an inter-sectoral committee within MOHW.
- Evolving preparedness and response plans to adapt to the dynamic global and local context and WHO guidelines.

### **Risk communication and community engagement**

- Early intense sensitization campaign on COVID-19 by the MOHW starting on 23 January 2020 across wide range of media with the close collaboration of key stakeholders for maximum reach.
- Daily press conference during the COVID-19 outbreak for regular, real time, credible and transparent information sharing
- Diverse platforms for diffusion of communication as the hotline, daily press conferences, the Facebook pages and websites for maximum reach.
- Development of mobile application to continuously communicate to the public on the evolution of COVID-19.

### **Surveillance, rapid-response teams, and case investigation**

- Multiple surveillance systems namely surveillance at borders, community surveillance, hospital and laboratory surveillance.
- Early increase in surveillance at points of entry of incoming passengers and community surveillance by health inspectors for 14 days.
- Efficient and prompt case investigation and scaled up contact tracing.

- Mass testing of frontliners with 154 916 tests to prepare for the phased deconfinement.

### **Points of entry, international travel and transport**

- Early quarantine measures for incoming passengers with high-risk characteristics and imposing travel restrictions for high-risk countries.
- Rapid closure of borders upon detection of the first three cases of COVID-19.
- Free compulsory quarantine for all returning Mauritian citizens.

### **National laboratories**

- Creation of an internal committee within the National Health Laboratory Services for early preparedness and coordination.
- Expansion of the testing capacities of the central health laboratory with the recruitment of additional technicians, 24/7 operation and additional laboratory equipment.
- Large scale testing strategy including the testing of asymptomatic contacts of positive cases, frontliners, repatriated Mauritians and vulnerable groups.
- Introduction of the Laboratory information management system (LIMS) for COVID-19 during the outbreak to facilitate quick dissemination of results.

### **Infection prevention and control**

- Setting up of isolation wards to isolate suspected cases.
- Establishment of Flu/Fever clinics and subsequent construction of COVID-19 testing centres for triage of symptomatic patients.
- Strict IPC measures implemented for the safety of the health care workers such as provision of adequate Personal Protective Equipment (PPE), isolation during their working shifts with provision of accommodation, quarantining and testing at the end of their work shifts.
- Immediate and stringent national curfew following the detection of the initial cases to halt the spread of COVID-19 and allow for the detection of positive cases via contact tracing.
- Introduction of the Work Access Permit for workers of essentials services to facilitate the monitoring of the movement of citizens during lockdown.
- The creation/amendment and implementation of legal frameworks to prevent the spread of COVID-19 by providing the necessary guidelines for IPC measures.
- Phased deconfinement for monitoring of the situation in preparation for the total lifting of restrictions.

### **Case management**

- Systematic isolation of all person infected with SARS-CoV-2 in treatment centres, including asymptomatic patients and free treatment.
- High quality and optimum care was provided due to strategic sorting of patients, the relatively low prevalence of COVID-19, latest modern technologies and local expertise.
- Continuous training and support for health personnel in treatment centres.
- Knowledge exchange with international experts on latest updates about testing and treatment about COVID-19.

### **Operational support and logistics**

- Activation of the emergency procurement for timely delivery of essential medical materials including non-COVID-19 related materials.
- Centralised storage of medicals materials for COVID-19 response for better stock management, monitoring and distribution.
- Mobilization of support from the bilateral and multilateral agencies for support in terms of resources for the response.

### **Maintaining essential health services and systems**

- Maintained essential services and implemented IPC measure to protect inpatients and outpatients.
- Maintaining and scaling-up of the yearly anti-influenza vaccination campaign.
- Stock evaluation and ensuring the availability of essential medications, equipment and supplies for diseases and life course conditions other than COVID-19.

### **Legislations and Regulations**

- During the FY 2019/2020, the COVID-19 (Miscellaneous Provisions) Act 2020 and the Quarantine Act 2020 were passed by the National Assembly.
- The COVID-19 (Miscellaneous Provisions) Act 2020 amended 56 legislations within the context of the COVID-19 pandemic to reduce the risks of the spread of the virus and its adverse impact on the economy and ensure social protection.
- Under the Section 79 of the Public Health Act, the Hon Minister of Health and Wellness also made the Prevention of Resurgence and Further Spread of Epidemic Disease (COVID-19) Regulations 2020.
- The Quarantine Act 2020 repealed the 1954 Quarantine Act and provides an updated legal framework for quarantine which is better adapted to our modern time. It includes legislative provision for the declarations of a quarantine period in the context of an epidemic, quarantine facilities and prohibitions to enter Mauritian territories.

### **COVID-19 Household Fever Survey**

- A Mauritius COVID-19 household fever survey was carried out for the period 1<sup>st</sup> to 7<sup>th</sup> April 2020 by the NCD, Health Promotion and Research Unit in collaboration with the World Health Organization.
- The aim of the survey was to identify any suspected case of COVID-19 by interviewing participants by phone about their state of health with an emphasis on the presence of fever in any family member.
- People who reported having fever were noted down and further history, such as recent foreign travel, contact with any person having returned from a foreign country, upper respiratory illnesses and/or recent COVID-19 exposure was investigated.

## 1.10 Major Challenges

Notwithstanding the significant health achievements accomplished, Mauritius faces certain challenges, which include the growing burden of Non-Communicable Diseases (NCDs), the complex health needs of the ageing population, the growth of personalized medicine and rising expectations of patients for more patient-centred and improved quality of care. Besides, the country is not spared from the resurgence of infectious diseases and emerging ones such as the COVID-19 remain continuous threats to the country.

Amongst the prominent NCDs affecting the population are diabetes, cardiovascular diseases and cancer. The rise of these diseases and the chronic conditions associated with them is responsible for the largest share of morbidity, mortality and disability and presents a major challenge to the health of the nation and to the health system at large. NCDs account for 85% of all deaths and 80% of the burden of disease. Unhealthy habits among the population such as smoking and alcohol abuse, eating the wrong foods and a sedentary life style have contributed to the high prevalence of NCDs in the country.

The high prevalence of NCDs and long term treatment for chronic diseases, increasing demand for geriatric services, health infrastructural developments, procurement of new and more effective drugs and advanced medical technologies are the primary drivers of increasing health care costs in Mauritius. There is also a rising demand for enhanced quality services of international standard by patients.

There is a strong political commitment to tackle NCDs and a number of fiscal measures and regulatory frameworks are in place. Regular surveys on NCDs and their risk factors are conducted and National Action Plans with multi-sectoral involvement have been developed and are being implemented. The main challenges include strong inter-sectoral coordination, behavioural change through community empowerment, and enforcement of regulations on tobacco and alcohol.

There is also high perseverance of Government to respond to changing patterns of communicable diseases and to sustain the implementation of measures to counter the spread of COVID-19 pandemic in the country in a more holistic manner.

## PART II



## ACHIEVEMENTS





## 2.1 Achievements

The Ministry manages one among the largest fractions of the National Budget. Public funds are spent under the Ministry's budget in order to provide quality and patient-centric health services to the population. The public health sector operates under a complex and elaborated structure comprising public officers from different grades and having a wide range of skills ranging from those of the medical field to administration. Besides the provision of medical services, other key functions, such as ensuring the right health infrastructure and the procurement of drugs and medical equipment, are carried in the most efficient manner to ensure the enhancement of health sector development in the Republic of Mauritius.

The achievements of the different level units of care for the FY 2019-2020 operating under the Ministry have been elaborated in this part of the Annual Report. This part also includes challenges and the way forward for the different units.

### 2.1.1 Primary Health Care

In 2019, 5.0 million attendances were recorded at the 141 primary health care institutions for the treatment of common diseases and minor injuries. **TABLE I** gives an indication of the total number of attendances recorded in all the PHC institutions at the level of the five Health Regions.

**TABLE I: ATTENDANCES AT PHC INSTITUTIONS 2019**

REGIONS	ATTENDANCES
Health Region 1	1,221,421
Health Region 2	1,231,292
Health Region 3	909,691
Health Region 4	698,010
Health Region 5	972,227
<b>TOTAL</b>	<b>5,032,641</b>

In 2019, 632 pre-primary schools were visited and 17,674 children were screened for common illness and dental carries. 2,698 children were referred to PHC institutions for vaccination. **TABLE II** highlights on the activities undertaken at the level of primary schools in 2019.

**TABLE II: SUMMARY ON PRIMARY SCHOOL HEALTH ACTIVITY 2019**

ACTIVITY AND RESULT	ISLAND OF MAURITIUS
No. of schools visited	312
No. of children screened	39,721
No. found with nits and lice	2,361



No. found with dental problems	8,011
No. of children referred to dentist	5,745
VISION SURVEY (Std III, V & VI)	
No. of children screened	19,474
No. with defective vision	1,092
No. referred to specialists	769
IMMUNIZATIONS PERFORMED	
D.T – Polio (New entrants)	9,641
Tetanus Toxoid (School leavers)	12,326

The activities carried out in 2019 by the Maternal and Child Health Services are given below:

**TABLE III: MATERNAL AND CHILD HEALTH ACTIVITIES IN PUBLIC SECTOR – 2019**

ACTIVITY	NUMBER
<b>DOMICILIARY VISITS BY MIDWIFE/NURSE</b>	
ANTENATAL	1,544
POSTNATAL	2,835
<b>TOTAL DOMICILIARY VISITS</b>	<b>4,379</b>
<b>CASES REFERRED TO HEALTH CENTRES &amp; HOSPITALS</b>	
BY DOCTOR FOR SPECIALISED TREATMENT	9,174
<b>TOTAL CASES REFERRED</b>	<b>9,174</b>
<b>EXAMINATIONS CARRIED OUT AT CLINIC</b>	
<b>ANTENATAL EXAMINATIONS BY MIDWIFE/NURSE</b>	
First attendances	8,743
Subsequent attendances	32,556
<b>ANTENATAL EXAMINATIONS BY DOCTOR*</b>	
First attendances	9,581
Subsequent attendances	30,885
<b>POSTNATAL EXAMINATIONS BY DOCTOR</b>	
First attendances	3,888
Subsequent attendances	1,072
<b>CHILDREN SEEN FOR GROWTH MONITORING</b>	
Number of attendances	143,966
<b>EXAM. OF CHILDREN UNDER 5 YEARS BY DOCTOR</b>	
First attendances	6,337
Subsequent attendances	14,411
<b>TOTAL ATTENDANCES AT CLINIC</b>	<b>251,439</b>
*include cases examined by specialists at first and subsequent attendances.	
*excluding activities carried out at Regional Hospital	

The table below provides the number of haemodialysis performed on government hospital patients for the period 2017 – 2019.

**TABLE IV: HAEMODIALYSIS PERFORMED FOR GOVERNMENT HOSPITAL PATIENTS  
2017- 2019**

HOSPITAL/CENTRE	NUMBER OF HAEMODIALYSIS PERFORMED		
	2017	2018	2019
Dr A.G. JEETOO	23,853	26,534	38,317
SSSRN	30,397	33,019	34,679
FLACQ	30,840	31,244	31,661
J. NEHRU	19,549	20,173	20,555
VICTORIA	26,771	33,800	29,324
SOUILLAC	12,992	13,178	13,199
<b>SUB TOTAL</b>	<b>144,402</b>	<b>157,948</b>	<b>167,735</b>
PRIVATE*	53,788	51,940	41,139
<b>TOTAL</b>	<b>198,190</b>	<b>209,888</b>	<b>208,874</b>

\* Government Hospital patients are also sent to private centres for dialysis sessions

At the end of 2019, there were 1,149 patients on dialysis in the 5 Regional Hospitals and Souillac Hospital, another 254 government hospital patients were on dialysis in private centres, making a total of 1,403 patients (1,325 patients as at end of 2017 and 1,344 as at the end of 2018).

From period 1 July 2019 to 30 June 2020, 243 patients have benefitted assistance for treatment abroad.

TREATMENT	2016	2017	2018	2019	2020
Eye	12	15	14	16	3
Neurosurgical	46	45	47	79	49
Cardiac	8	36	43	63	48
Other*	51	103	235	158	76
<b>Total number of patients</b>	<b>117</b>	<b>199</b>	<b>339</b>	<b>316</b>	<b>176</b>

\* leukaemia, orthopaedics, ENT, Cancer, Radiotherapy

## 2.1.2 Hospital Services

Curative services of Public Health Institutions are provided by 5 Regional Hospitals, 2 District Hospitals, 5 Specialised Hospitals and 2 Community Hospitals. They are supported by other specialised services at the Chest Clinic, Port Louis, La Source Ayurvedic Health Centre, Cardiac Centre, Pamplemousses and its wing at Victoria Hospital.

Services include emergency cases which are handled by the SAMU service and the Accident and Emergency departments of hospitals while chronic cases are seen at the Unsorted OPD of hospitals and primary health care centres. Specialised services are available on appointment provided by more than 23 specialties.

8,452,462 visits took place at the essential public health service points from 01 July 2019 to 30 June 2020 meaning that 23,094 cases were handled on average per day.

Accident and Emergency Departments of hospitals have catered for some 3,262 patients per day amounting to 1,190,524 visits for the whole financial year. Sorted outpatients on appointment arose to 1,349,846 visits followed by 441,743 unsorted visits without appointment. Hospitals have thus catered for 8,170 outpatient cases per day.

Cases handled by individual hospitals during Financial Year 2019-2020 are hereunder spelt out.

Hospital	Accident and Emergency Department	Sorted OPD	Unsorted OPD	Admissions	Surgeries
<b>Dr A G Jeetoo</b>	208,594	278,258	101,334	33,524	7,763
<b>SSRN</b>	153,985	229,379	77,276	29,791	5,241
<b>Flacq</b>	114,974	163,424	94,679	24,799	5,002
<b>J Nehru</b>	133,936	178,808	43,541	24,799	4,494
<b>Victoria</b>	177,110	341,873	99,039	37,871	8,277
<b>Mahebourg</b>	40,517	14,984		3,439	
<b>Souillac</b>	63,623	22,506		5,148	1,191
<b>Brown Sequard</b>	16,186	14,400		3,112	
<b>S Bharati Eye</b>	115,120	55,797		7,127	6,377
<b>ENT Centre</b>	93,691	9,750		2,579	4,505
<b>Poudre D'or</b>		9,577		646	
<b>Cardiac Centre</b>		19,423		3,035	910
<b>Long Mountain</b>	39,962	8,869			
<b>Yves Cantin</b>	32,826	2,798			
<b>TOTAL</b>	<b>1,190,524</b>	<b>1,349,846</b>	<b>441,743</b>	<b>175,743</b>	<b>43,762</b>

Ayurvedic Service was carried out at six service points which catered for 45,196 cases including panchakarma therapy.

A wide range of Support Services provided professional back-up to doctors which included Audiology and Speech Therapy, Clinical Psychology, Hydrotherapy, Hyperbar, Medical Social Service, Diet and Nutrition, Occupational Therapy, Physiotherapy, Podiatry and Foot Care, Occupational Health Service, Orthopaedics Workshop, Retinal Screening and Smoking Cessation Clinics among others. They have catered for some 280,220 cases and the main ones are highlighted hereunder.

<b>Services</b>	<b>Number of Cases</b>
<b>Audiology and Speech Therapy</b>	21,550
<b>Clinical Psychology</b>	9,624
<b>Medical Social Service</b>	23,853
<b>Nutrition service</b>	30,630
<b>Occupational Health Service</b>	5,186
<b>Occupational Therapy</b>	29,995
<b>Orthopaedic Workshop</b>	7,999
<b>Physiotherapy</b>	86,400
<b>Podiatry and Foot care</b>	39,231
<b>Retinal Screening</b>	23,822
<b>Smoking Cessation Clinics</b>	1,828

159 wards were available in public hospitals as at December 2019 with 3,657 available beds including 56 intensive care beds for adults and 28 for neonates. 174,743 admissions were registered in the Financial Year. Overall bed occupancy arose to 75.4% with the highest of 86.0%, 82.3% and 80.8% at S.Bharati Eye Hospital, Victoria Hospital and Brown Sequard Mental Health Care Centre respectively while average length of stay was 5.3 days.

Regional Hospitals, S.Bharati Eye Hospital, ENT Centre and the Cardiac Centre have carried out 43,762 surgeries. These included 816 open heart surgeries, 5,224 cataract surgeries, 740 lithotripsy and 600 arterio-venous fistula cases. Additionally, 4,173 cardiac angiographies/angioplastries were carried out.

The Laboratory Service has reported on 15,155,924 tests in 2019 while the Radiology Department has carried out 806,636 X-ray examinations including 22,636 CT-Scans and 3,874 MRIs.

Some other examinations and tests conducted are as follows.

Type of Test	Number of Tests
Chemotherapy	12,142
Electroconvulsive Therapy	210
Electroencephalography	749
Endoscopy	6,180
Laser (Ophthalmology)	4,730
Nuclear Medicine	1,268
Pacemaker implant	247
Stress Test	2,441

On top of hospitals, primary health care centres have also contributed for 1,782,150 consultations by doctors. 1,332,662 cases attended for general consultation during normal working hours and another 323,784 cases attended after normal working hours sessions, on Sundays and public holidays. Specialist clinics catered for 32,294 cases while other services such as Family Planning, Cash Gift, Screening programmes, Nutrition and Foot Care clinics have attended to 93,410 cases. Primary health care centres have thus catered for some 4,883 cases on average daily.

In spite of the COVID-19 national lockdown in 2020, all services of hospitals, except for booked appointments for consultation or surgery, and primary health centres have performed continuously on a 24-hour basis wherever required.

From the period 18 March to 30 June 2020, some 341 positive cases of COVID-19 were detected in Mauritius. All necessary treatment were provided to these patients and 326 recoveries were recorded as at 30 June 2020. During the same period, 3,768 persons were quarantined for suspected cases of COVID-19.

### **2.1.3 Dental Services**

The policy in Oral Health Care is to improve access, quality and delivery of Dental Services by inter alia reducing waiting time, putting emphasis on customer care and using latest medical technologies.

There are 52 dental clinics (including 3 mobile dental clinics) at Hospital and Primary Health care level providing routine dental care and 12 Specialised Dental Clinics (Oral Surgery, Orthodontics and Endodontics) in 4 Regional Hospitals. The following were undertaken in 2019:

#### **Attendance (2019)**

- 265, 051 persons
- Specialised services: 21, 361 persons
- Oral Health Promotion Programme: 25, 547 school children
- Waiting time for routine dental treatment: 4 weeks
- Waiting time for specialised Dental treatment: 6 weeks

#### **Agalega**

- 225 patients were seen during 4 visits

#### **Human Resources**

- Recruitment made in the year 2019-2020:
  - 9 Dental Surgeons
  - 10 Dental Assistants
- Posts of Consultant-in-Charge (Endodontics) and Specialist Dental Services (Orthodontics and Endodontics) have been filled.
- 

#### **Minamata Convention**

- Phasing down the use of mercury in dental amalgam gradually together with other African countries

#### **Procurement of Dental Consumables**

- Dental consumables amounting to Rs 2,896,404 have been procured during the year 2019/2020.

#### **Technical Assistance from WHO**

- Technical assistance was sought from WHO to conduct a national survey on Oral diseases and formulate a National Oral Health Plan of Action for Mauritius for the next 10 years.

## **Dental Council**

- Amendments to the Dental Council Act are being finalized to better regulate the dental profession.

## **New Services**

- New Dental Clinics have been set up at Floreal Mediclinic and Baie du Tombeau CHC.
- To further improve accessibility to oral health care for the population, more Dental Clinics will be set up at Coromandel Mediclinic and Stanley Mediclinic.

## 2.1.4 Public Health and Food Safety Inspectorate

The Public Health and Food Safety Inspectorate Unit is responsible for the protection of public health in order to promote a healthy living environment. It enforces inter alia, the Public Health Act, the Food Act, the Quarantine Act and its Regulations, the Dangerous Chemicals Control Act as subsequently amended and other related Regulations including the International Health Regulations. Its objective is to sustain measures for the prevention and control of communicable diseases, environmental sanitation, and food safety.

### Achievements (Financial Year 2019-2020)

#### ❖ *Environmental Sanitation*

68,407	premises were inspected
4,346	sanitary notices were served
1,773	statement of nuisances issued
5,551	complaints were attended
65	contraventions were established for environmental sanitation
55	cases were sentenced in District Courts
Rs 67, 700	received as fines paid in District Courts

#### ❖ *Prevention and control of epidemic-prone communicable diseases and vector-borne diseases*

##### (a) Communicable Diseases

20	imported cases of Dengue occurred during this period
130	local cases of Dengue occurred during this period
1	isolated case of Chikungunya occurred during this period
455,472	passengers were under Dengue and Chikungunya surveillance
161	cases of Filariasis were detected amongst Expatriate Workers
41	imported cases of Malaria were notified
Nil	introduced cases of Malaria were notified
366,660	incoming passengers were visited for Malaria
66,212	blood smears were sent to test for malaria parasite



**(b) Rodent Control**

44	complaints were attended
9,219	visits carried out
3,550	rats were caught/ killed
39	specimens were forwarded to laboratory for detection of plague (All were negative for plague)
42	Sensitization programmes were effected

**(c) Port Health and Food Import Unit**

Rs 4,288,150	claimed as revenue for fumigation and deratting services
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**(d) Tobacco**

2,946	visits were effected
19	contraventions were established
11	cases were sentenced in District Courts
Rs 13,200	received as fines paid in District Courts

❖ ***Food Safety Control***

**(a) Food Hygiene**

18,249	food premises were inspected
2,224	improvement Notices were served
36	prohibition orders were issued
276	contraventions were established (including 24 for school canteens)
320	cases were sentenced in District Courts <i>(incl. cases which were still pending in court before 2019)</i>
Rs 590,700	received as fines paid in District Courts
178,854 kg	of food found unfit for human consumption, both at Port, Airport and at Regional levels, were seized and destroyed under the supervision of Officers of the Public Health and Food Safety Inspectorate
35	cases of food poisoning were reported
30,547	food handlers examined

117	food handler's training courses delivered to private food establishments against payment
Rs 2,255,000	claimed as revenue for delivering food handler's training courses to private food establishments

#### ❖ **Pre-Market Approval Permits**

In order to improve the ease of doing business, the Food Regulations 1999 has been amended to streamline procedures and review the scope of food-related businesses requiring a pre-market approval permit. Consequently, the list of food, pre-packed food, container and contact material requiring a pre-market approval permit have been reviewed following the amendment to Regulation 23 and the Third schedule of the Food Regulations 1999.

29	pre-market approval permits have been approved
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#### ❖ **Food Sampling**

1,150	samples taken for chemical analysis
876	samples taken for microbiological examination
11	samples taken for analysis at Forensic/Agro/VBCD Div.
2,037	total number of samples taken

#### ❖ **School Canteen**

Since 01 January 2010, with the coming into operation of the Food (Sale of Food on Premises of Educational Institutions) Regulations 2009, all school premises are regularly visited for the control of food which is authorized for sale upon educational institutions.

1,037	visits were effected
24	contraventions were established
6	cases were sentenced in District Courts
Rs 12,900	received as fines paid in District Courts

## 2.1.5 Environmental Health Engineering Unit (EHEU)

Management of public health risks such as unsafe water, inadequate sanitation, inadequate lighting, noise, air and odour pollution, require institutional and technical capacities in order to assess, correct, control, and prevent those risks in the environment that can potentially affect adversely the health of present and future generations. In Mauritius, the role to manage these public health risks falls under the purview of the Ministry of Health and Wellness- namely by the EHEU.

### Activities for FY 2019/20

Description of Works	Number of cases processed/visits
Morcellement Applications	332
PER / EIA Applications	13
Government Project Plans	30
Odour and Environmental Complaints (Exc Noise)	236
No of water samples collected and analysed	3,872
Visit at Wastewater Treatment Plants	303
Visits at Water Treatment Plants	268
Ex-Post Monitoring- Classified trades	371
Noise Complaints (Note : 475 Noise Complaints received)	100%
Noise Monitoring after office hours	1,155

### **2.1.6 Occupational Health Unit**

Occupational Health is a discipline that deals with the full relationship between work and the health of workers. According to the Occupational Safety and Health Act 2005, the Occupational Health Unit (OHU), which operates under the aegis of the MOHW, caters for workers employed in the public sector.

#### **Achievements of the Occupational Health Unit – (July 2019-June 2020)**

- Medical surveillance of workers -Total number of workers medically examined: 6,537
- Medical Examination of Civil Servants
  - Total number of civil servants examined: 3,089
  - Medical examination of candidates for recruitment in the Mauritius Police Force: 1,148
- Examination of seafarers: 228
- Medical Boards -Total number of employees seen to ascertain fitness to discharge duties of their post following injury or disease: 329
- Health Quality Laboratory Activities - Total of No specialized tests done: 587
- Migrant workers Section
  - The number of applications submitted for Provisional Medical Clearances: 14,644
  - The number of Provisional Medical Clearances issued: 11,421
- Injuries Committee
  - Number of Public Officers interviewed following injuries at work: 68
  - Number of officers from Local Authority: 11
- The Dangerous Chemicals Control Board
  - Number of clearances given for chemicals: 8,660
  - Site Visits carried out by Dangerous Chemicals Control Board:325
- Site visits by Occupational Health Physicians to evaluate workplace hazards to which workers are exposed to: 11

## 2.1.7 Communicable Diseases Control Unit (CDCU)

**TABLE V: VECTOR-BORNE DISEASES JANUARY TO DECEMBER 2019**

<b>Vector-borne diseases January to December 2019</b>	
Number of passengers placed under malaria surveillance	394,033
Number of blood smears (slides) taken	88,520
Number of cases of malaria detected (all imported)	41
Number of passengers placed under Dengue/Chikungunya surveillance	481,007
Number of cases of Dengue detected (2019)	152
Number of cases of Chikungunya detected( all imported)	1
Number of passengers placed under surveillance for Zika Virus	57,657
Number of cases of Zika detected	Nil
Number of Filariasis cases detected (all imported)	161
<b>Other diseases on surveillance at points of entry( Port and airport) 2019</b>	
Number of passengers placed under surveillance for Avian Flu	214,068
Number of passengers placed under surveillance for MERS-CoV disease	368,196
Number of passengers placed under surveillance for cholera	161,363
<b>Consumables used</b>	
Amount of larvicide (Temephos) used	359 litres
Amount of fogging solution used	8,910 litres
Amount of indoor residual spraying solution used	112 litres
<b>Constraints</b>	
32 General workers performing duties of Insecticide Sprayer Operator. Therefore, need to recruit 32 Insecticide Sprayer Operators.	

### **Expanded Programme of Immunization (EPI)**

Under the Expanded Programme of Immunization (EPI) recommended by WHO, the following activities have been carried out during the year 2019:

Babies, infants, toddlers and children have been vaccinated against 13 antigens: for girls 13 antigens and boys 12 antigens.

- (a) 10,203 doses of BCG were administered to babies against Tuberculosis infection;
- (b) 19,856 doses of Rotavirus were administered to babies against diarrhoea (Rotavirus infection);

- (c) 30,922 doses of Pneumococcal Conjugate vaccine(PCV) were administered to babies against Pneumococcal infection;
- (d) 31,021 doses of Hexavalent vaccines were administered to babies against the six killing diseases.(Diphtheria, Pertussis, Tetanus Toxoid, Haemophilus Influenzae type b, Hepatitis B and Inactivated Polio Virus) in a single injection which has been introduced in January 2018;
- (e) 9,900 booster doses of Diphtheria and Oral Polio Vaccine were administered to school children;
- (f) 27,134 doses of MMR (Measles, Mumps, Rubella) were administered to babies;
- (g) 5,917 doses of MMR were administered to school children;
- (h) 11,722 doses of Human Papillovirus vaccine were administered to Primary school girls of Grade V and Grade VI to protect against Cervical cancer; and
- (i) 12,719 doses of Tetanus Toxoid were administered to Grade V and VI school children.

The vaccination schedule for MMR has been reviewed since the outbreak of measles in 2018. Henceforth the first dose is administered at 9 months and the second dose at 17 months. A strategy aiming to Reach Every Child (REC) in every district of Mauritius has been established to reduce the dropout rates of MMR.

### **2.1.8 Government Analyst Division (GAD)**

The Government Analyst Division is the chemical laboratory operating under the aegis of the Public Health and Training Section of the Ministry.

#### **Key Achievements (FY 2019-2020)**

- Number of Samples analysed:
  - Toxicology: 1,604 Samples
  - Cholinesterase: 438 Samples
  - Trace Metals in Biomedical samples: 167 Samples
  - Food Samples (including Private and Public and Food Safety): 858 Samples
  - Drinking water and Dialysis: 156 samples
- Implementation of Occupational Safety and Health Management System (ISO 45001) at GAD

### 2.1.9 Vector Biology Control Diseases (VBCD)

The overarching objective of the Division is to gear Mauritius to be free from resurging/newly emerging vector-borne diseases and to prone efficient control of existing vectors of such diseases in the country.

#### Main Achievements July 2019 to June 2020

- (a) Over 586 mosquito surveys were conducted across the island. During those surveys, 87233 potential mosquito breeding sites were inspected of which 57, 107 and 619 sites were respectively positive for larvae of *Anopheles arabiensis* (malaria vector), *Culex quinquefasciatus* (filariasis vector) and *Aedes albopictus* (vector of Chikungunya and Dengue). 244 Adult *Aedes albopictus* mosquitoes collected during those surveys were sent to the Virology Unit at Candos for viral screening (CHIK and Dengue) till February 2020 (prior to COVID-19 Lockdown of March 2020). Other adult mosquitoes collected were dissected for screening of other pathogens in the VBCD laboratory.
- (b) 15 mosquito night catch sessions were carried out to evaluate incidence of night biting mosquitoes. 3 extended mosquito surveys of 24 hrs each were carried out to investigate the shift in biting behaviour of *Aedes albopictus*.
- (c) 51 surveys involving other insects of entomological importance (such as bed bugs, fleas, ticks, mites, bird lice, etc.) were conducted upon request/complaints and recommendations submitted to the appropriate stakeholders for abatement of nuisances.
- (d) 4 insecticide products were evaluated for efficacy.
- (e) 5 food specimens submitted to the VBCD by the Health Inspectorates (from public complaints and routine inspections) were examined for insect infestation.
- (f) 6 Maggots and other specimens submitted by the Police Forensic Department also underwent entomological examinations and reported to help the Police investigate about the approximate time of death. Officers of the Division were summoned to witness in Court to support the findings.
- (g) The VBCD was also actively involved in a Sterile Insect Technique (SIT) project (funded mainly by the International Atomic Energy Agency) aiming to investigate the possibility of suppressing/reducing the incidence of *Ae. albopictus* mosquitoes (vector of Chikungunya and Dengue) in Panchvati (a small village in the north-east of Mauritius). 30,000 – 40,000 males were produced, sterilised and released on a weekly basis till March 2020 in the pilot site. Surveys are also conducted on a weekly basis in the village to monitor the incidence of the vector mosquitoes.



### 2.1.10 Procurement and Supply Unit

The Procurement and Supply Unit of the Ministry is responsible for the purchase of all goods, works and services required to implement the policy of the Government. The Unit is broadly subdivided into the Pharmaceutical and Non-Pharmaceutical Sections. There is also a Procurement Unit in each of the Regional Hospitals.

#### Procurement of Pharmaceutical Items

The Procurement of Pharmaceutical Items Section deals mainly with the purchase of drugs, vaccines and active Pharmaceutical ingredients.

##### Procurement of Pharmaceutical Products

Financial Year	Amount Spent (Rs)
2016-2017	908,649,944
2017-2018	1,209,688,461
2018-2019	1,313,965,409
2019-2020	1,288,291,496

#### Procurement of Non-Pharmaceutical Items

The Procurement of Non-Pharmaceutical Items Section deals with all procurements other than drugs and vaccines.

#### Stock Control and Consumables at the Central Supplies Division

This Unit is responsible for monitoring the overall stock of consumables, other than drugs, such as gloves, suture materials, amongst others. In order to avoid cases of shortage, the Unit would apprise management of the annual requirements for replenishment of the stock of relevant items.

##### Procurement of Non-Pharmaceutical Products

Financial Year	Amount Spent (Rs)
2017-2018	1,166,034,409.30
2018-2019	1,195,248,691.07
2019-2020	1,472,923,164.68

The Ministry has, in collaboration with the Ministry of Finance, Economic Planning and Development implemented the New Electronic Inventory Management System at the Central Supplies Division and across all Regional Hospitals with a view to better managing the stock of drugs and consumables in real time.

### **2.1.11 NCD, Health Promotion and Research Unit**

The Ministry of Health and Wellness has put in place a series of health intervention programmes in the struggle against these diseases and their causative factors. Intervention programmes focusing on primary prevention of diseases and their risk factors in the community and at worksites have been reengineered. Existing programmes, which are comprehensive and multi-sectoral, are being sustained to favour an enabling environment for the adoption of a healthy lifestyle.

#### **Achievements (Financial Year 2019- June 2020)**

##### **1. Prévention Nationale pour Maladies Non – Transmissibles**

To enhance the health status of the population through a wider range of health intervention activities, the Mobile Clinic Service (Caravane de Santé) has been introduced. The service is geared towards providing health services to the community at their doorsteps, at schools and at workplaces. There is a Mobile Clinic Service in each of the five health region.

##### **2. NCD Screening Programme**

NCD Screening Programme is being carried out among persons aged 18 years and above at worksites and localities in the community throughout the island on a regular basis for the early detection, prevention and treatment of NCDs. 40,583 people were reached for the period January 2019 to December 2019.

##### **3. Breast and Cervical Cancer Screening Programme**

For the period January 2019 to December 2019, 3,846 women were screened for breast and cervical cancer. Breast and Cervical Cancer Screening Programme is being carried out for married or sexually active women aged 30 to 60 years according to guidelines laid by experts for early detection and treatment.

##### **4. School Health Programme for Secondary Schools**

Screening Programme for students of secondary schools is being carried out at the secondary schools (public and private) for students of Grade 7, 9 and 12 with the objectives of early detection of NCDs and their risk factors and the promotion of good health among students through education on nutrition, healthy lifestyle, personal hygiene and communicable diseases. 187 secondary schools have been visited from January 2019 to December 2019. 35,187 students of Grade 7 (Form I), Grade 9 (Form III) and Grade 12 (Lower VI) were screened.

##### **5. Physical Activity Programme**

To strengthen the physical activity programme, 22 Health Clubs, equipped with physical fitness equipment, have been set up. Besides the existing health clubs, the physical activity programme has been extended to 76 additional centres throughout the island

wherein Yoga, Tai Chi, Aerobics, Bollywood Aerobics, Zumba, Physical Exercise, and Karate sessions are held on a regular basis. To re-invigorate physical activity in the community, 6 Health Tracks have been set up. In addition, 5 Outdoor Gyms have been set up to encourage the community to undertake physical activity.

## **6. Research Activities**

### **▪ Development and Evaluation of a Technology-Assisted Diabetes Prevention Programme in Mauritius (SMS survey)**

This Ministry in collaboration with Diabetes Research Foundation, Chennai and Mauritius Telecom is conducting a study on 'Development and Evaluation of a Technology-Assisted Diabetes Prevention Programme in Mauritius' – (SMS Study). The main objective of the survey is to design and pilot a diabetes prevention programme for people with pre-diabetes which is based on lifestyle modification and specific to the needs of Mauritius.

Messages are sent to participants of the Intervention group. The study is for a duration of two years and an assessment of all participants is scheduled every six months. The baseline visit was carried out in January 2019. The first reassessment was carried out in July 2019 and the second reassessment was done in January 2020.

### **Mauritius Intensive Diabetes Action Study (MIDAS)**

This Ministry in collaboration with the Monash University, Australia; University of Helsinki, Finland and Department of Cardiology and Endocrinology, Denmark is conducting the Mauritius Intensive Diabetes Action Study (MIDAS). The main aim of the study is to reduce the risk for major cardiovascular diseases (CVD) events over a two-year period with mortality, microvascular complications and hospitalization for heart failure as secondary endpoints.

The study has started as from 11 March 2019. It is examining the effect of intensified multifactorial intervention in 1,250 patients with type 2 diabetes and microalbuminuria (approximately 250 participants from each health region) over a period of two years. Clinical assessment is being carried out every 6 months for a two-year period. Parameters such as BMI, Blood Pressure HbA1c, Total cholesterol, HDL cholesterol, FBG, Triglycerides, Haemoglobin, serum creatinine, urine albumin and urine albumin to creatinine ratio are also being measured again. The first clinical reassessment was carried out in September 2019, the second one has been done in February 2020 and the third assessment was conducted in November 2020 because of COVID-19 outbreak.

### **Mauritius COVID-19 Family Household Survey**

After the outbreak of COVID-19 pandemic in Mauritius in March 2020, a Mauritius COVID-19 household fever survey was carried out for the period 1<sup>st</sup> to 7<sup>th</sup> April 2020 by the NCD, Health Promotion and Research Unit in collaboration with the World Health Organization. The aim of the survey was to identify any suspected case of COVID-19 by interviewing participants by phone about their state of health with an emphasis on the presence of

fever in any family member. People who reported having fever were noted down and further history, such as recent foreign travel, contact with any person having returned from a foreign country, upper respiratory illnesses and, or recent COVID-19 exposure was investigated.

## **7. Other activities**

**1. A three-day Training Programme on “Sensitisation on Alcohol”** Number of participants – 70

**2. Anti- Flu Vaccination Program for elderly**

A total number of 132,768 elderly persons across the island were vaccinated in the immunization programme.

**3. Rapid Antigen Test for Detection of COVID- 19 for all frontliners.**

Rapid Antigen test was done for persons with no symptoms to all frontliners such as health personnel, Mauritius Police Force, prison detainees, expatriates dormitory, fire services. Gradually, the test was carried out to other institutions such as land transport services, Cargo Handling Corporation, Mauritius Ports Authority, airport personnel, Customs Officers, Mauritius Duty Free Paradise, pre-primary schools personnel, personnel working in shopping malls, scavenging and cleaning services, media and call centres personnel, post offices, bank personnel, CEB personnel, CWA personnel, bakery personnel, food distribution services personnel, Telecom personnel and Mauritius Turf Club. The activity was started on 27<sup>th</sup> April 2020.

## **2.1.12 Sexual and Reproductive Health and Maternal, Neonatal and Child Health**

The main achievements of the Ministry for the FY 2019-2020 under these areas are as follows:

### **Capacity Building**

- In-service training for 90 medical and paramedical staff on methods of contraception (MIH).
- Training of 50 teachers on SRH (F.P, STI and HIV) to create awareness among the youth about teenage pregnancy and sexually transmitted infections.
- Training workshop on antenatal care and basic obstetric care for 45 medical and para medical staff.
- 2 Training workshops on management of birth asphyxia, common infections and on safe sleep recommendations for 80 medical and para medical staff.
- 2 training workshops for health professionals on the signs and symptoms of complications occurring during the post-partum period for 80 medical and para medical staff.
- Workshop on Gender Based Violence and health sector response for 40 medical and paramedical officers.
- Training of 50 community members, peer leaders and youths on modern methods of contraception and its management (50) for better counselling on the methods hence increase awareness among youth.
- Training of 50 personnel in counselling about ante natal, intra and post-partum care and management of breast feeding to increase preparedness of woman to accept the physical and psychological changes occurring in her body through counselling.
- Training of 50 health providers for the management of menopause and other common SRH problems of the elderly to enhance the quality of life of the elderly in the context of Ageing Population.
- Assessment on 'Knowledge, attitude and behaviour of the youth in relation to use of contraceptives, sexually transmitted infections and teenage pregnancy ' in Rodrigues in mid-September 2019. The comprehensive assessment provided valuable data and formed the basis of recommendations for improved services to the youth in Rodrigues.

### **Sensitisation Programmes**

- Sensitisation of 40 community members, peer leaders and youths on the availability of SRH services (family planning, ante and post natal care, child health and screening of cancers of the reproductive tract).
- Awareness session on SRH in schools for pupils of 13 years and above.
- Sensitisation of 35 health personnel to raise awareness on Gender based sexual and physical violence.

- Awareness sessions among 35 women and men in the community about physiological, psychological and social changes associated with post-menopausal period.
- 2 sensitisation sessions on the benefits of breastfeeding for 80 women of reproductive age.

### **National Roadmap for Maternal, Neonatal and Child Health 2020 – 2024**

National Roadmap for Maternal, Neonatal and Child Health 2020 – 2024 was elaborated and adopted in 2019 in collaboration with WHO to contribute to the national efforts towards the improvement of the sexual and reproductive health status of all men, women and young people living in Mauritius and to improve the survival of new-born babies and the health status of all children in Mauritius. To this effect, a Sexual and Reproductive Health Unit was set up in June 2020 for the implementation of the Roadmap.

### **Guidelines**

The following guidelines were developed to promote maternal and infant health:

- Development of the guidelines on Prenatal care
- Implementation of guidelines on Paediatric care

### **2.1.13 Mental Health**

In Mauritius, mental health care is accessible to each and every one through decentralization. The legal framework for Mental Health has completely changed in 1998 in order to further protect those suffering from mental health problems.

The following were undertaken during the FY 2019-2020:

- Amendment of the Mental Health Care Act in April 2019. The Managerial Committee and the Mental Health Commission is functioning well.
- Other amendments in the Mental Health Care Act is being proposed and debated. The aim of these amendments is to give the Mental Health Commission more time to devote to inquiry and investigation.
- Child Psychiatry Services have been set up at Brown Sequard Mental Health Care Centre (BSMHCC) under the responsibility of a Child Psychiatrist. She is also having outpatient clinic for Children and Adolescents in 3 general hospitals. Recommend for the training of 2 more Child Psychiatrists.
- Decentralisation of psychiatric services is an ongoing process. Three psychiatrists and Psychologists are posted in all 5 general hospitals.
- Addictology Unit has been reorganized in 2020 leading by three Psychiatrists.
- Early Dementia Diagnostic Clinic is functioning at Victoria Hospital. This service will be extended to two other hospitals (JNH & Dr. A.G. Jeetoo Hospital).
- Setting up of a Medical Laboratory at BSMHCC.

### **Projects**

- Opening of a Detoxification and Rehabilitation Centre for drug abuser in June 2021.
- Extension of Community Nursing to other hospitals. At present only Flacq and SSRNH provide this service.
- Setting up of inpatient facilities for children and adolescent suffering from Autism Spectrum Disorders.

### 2.1.14 National AIDS Secretariat

The National AIDS Secretariat (NAS) was set up under the aegis of the Prime Minister's Office in 2007. Since 2015, it is under the purview of the Ministry of Health and Wellness. NAS is the country level HIV/AIDS coordinating authority and the secretarial arm of the National AIDS Committee. The National AIDS Secretariat has implemented different strategies during the FY 2019-2020 as detailed below.

#### ▪ **Global Fund**

During the FY 2019/2020, the Ministry has formulated the country's Request Proposal for a grant allocation to Global Fund for the period 01 January 2021 to 31 December 2023. The country is in a transition period where the Global Fund is concerned and by 2024, Mauritius is expected to have full ownership of all HIV programmes supported by the Global Fund.

#### ▪ **HIV Testing and Counselling (HTC)**

In the last six months of 2019, 198 HIV Tests were conducted through the Needle Exchange Programme. Annually about 15,000 to 20,000 HIV tests are conducted in the community through mobile caravan.

#### ▪ **Activities by National AIDS Secretariat**

- **Global Fund under the Grant Flexibilities:** A Sustainability Strategy and Workplan has been worked out and submitted to the Ministry by the Aceso Global Team funded by the Global Fund for this activity. In this respect, NAS provided the necessary support to Aceso Global.
- **World Health Organisation (WHO):** Technical assistance from the WHO has been received for the: (a) Global Fund Grant Making Process – 2021-2023, (b) Submission of Funding Request Global Fund Grant 2021-2023 and (c) Writing up of the HIV Testing Policy which is in process.
- **Initiative 5% (I5PC):** Provision of Technical Assistance for Review of the HIV National Action Plan 2017-2021.
- **Awareness and sensitization campaigns** through media – radio and TV for the public, more targeted sessions for students at secondary and tertiary level of education and vocational institutions are carried out to promote adoption of safe behaviour. Employers and employees are also empowered to protect themselves against HIV and other Sexually Transmitted Infections during these awareness sessions.
- **A One-Stop Shop project** to enhance quality care through Integrated HIV Services for People Who Inject Drugs has been established end of 2019 at the Bouloux AHC. Services available are Methadone Substitution Therapy, Addiction services, dental care services, Anteretroviral Therapy, Hepatitis C treatment, Immunisation and Family Planning among others.



## 2.1.15 AIDS Unit

### ▪ Achievement of AIDS Unit

#### • HIV Treatment - Antiretroviral Treatment (ART):

The “**Test and Treat**” strategy has been approved by the Ministry and implemented in the country since 1st August 2017. As from that date, all positive patients are put on ARV. There were already 4,070 number of PLHIV on Antiretroviral drugs by June 2020. For the financial year, 439 new patients were enrolled in HIV Care and 212 patients were newly initiated on antiretroviral treatment. The adherence rate is around 70%.

#### • COVID-19

There was a total lockdown in Mauritius in the beginning of 2020 and there has been a strong collaboration among all stakeholders to provide assistance to those PLHIV who were unable to attend the N/DCCIs for their supply of ARVs. However, all DCCIs remained functional and provided a skeletal service as workforce were diverted to the regional hospitals. During this period, around 110 PLHIV “Lost to follow up” cases were enrolled into care again.

#### • The elimination of Mother to Child Transmission (eMTCT)

This programme has made significant progress since the introduction of antiretroviral drugs for HIV positive pregnant women. Implementation of new strategies to reach pregnant women has resulted in an increase to almost 97% in the compliance rate of eMTCT programme.

#### • Post Exposure Prophylaxis (PEP)

Following accidental exposure to HIV, PEP has been provided to 300 individuals according to protocol to prevent HIV transmission during the FY 2019-2020.

#### • Pre Exposure Prophylaxis (PrEP)

From July 2019 to June 2020, 28 new individuals have benefitted from Pre-Exposure prophylaxis. IEC materials regarding PrEP have been produced with collaboration of all stakeholders for a better awareness in all DCCIs.

#### • HIV Testing

A total of 103,056 Rapid and Elisa Tests were carried out through AIDS Unit and CHL from July 2019 to June 2020.

## **Community awareness on HIV and AIDS**

220 HIV prevention sessions were carried out to promote information on HIV and Sexually Transmissible Infections among the adolescents and young adults. 9,114 students have been sensitized on the adoption of safe behaviours.

7 HIV prevention programmes were done for out-of-school adolescents. Some 633 adolescents were sensitized. From July 2019 to June 2020, 248 HIV/STIs prevention programmes were conducted among the Key Populations. Some 1,045 Men who have Sex with Men, 1,159 Commercial Sex Workers, 580 Transgenders have been reached respectively. In the prison settings, 25 sessions on treatment literacy to improve adherence rate have been carried out.

## **HIV Preventive measures**

Condom distribution: 189,318 male and 14,798 female condoms have been distributed during the period between July 2019 and June 2020. 32,505 lubricant gels have also been provided, mainly in the men having sex with men group.

## **Co-infected HIV/Hepatitis C**

A strong referral system has been put in place to direct those in need of specific/special care whenever required. Since November 2019, Hepatitis C treatment is being provided to the HIV-HCV co-infected individuals.

## **Psychologist**

Psychological services are provided to the PLHIV attending the HIV Clinics across the island since December 2019. They attend all patients needing counselling in the course of their treatment. PLHIV are being seen by Psychologists in all DCCIs on appointment.

## 2.1.16 Harm Reduction Unit

### Achievements of Harm Reduction Unit

In 2006, the Government of Mauritius started harm reduction programmes including needle exchange programmes and opioid substitution therapy (methadone) to reduce the transmission of blood-borne infections among people who inject drugs including those in the prison settings. The achievements include the following:

- The implementation of the harm reduction measures has yielded notable results with an unprecedented reduction in the number of new Human Immunodeficiency Virus (HIV) cases registered as from 2011 onwards aligned with the strategic plan of the Government to be a healthy nation and improve quality of life through the development of an affordable and sustainable healthcare system.
- As at June 2020, 5,350 beneficiaries were on Methadone Substitution Therapy. During FY 2019-2020, 868 People Who Inject Drugs (PWIDs) were induced on Methadone. One Stop Shop at Bouloux MDCC is operational since December 2019 where patients who are on Methadone Substitution Therapy (MST) and are infected with HIV, are being offered treatment under the same roof. Anti-Retro-viral Treatment (ART) is being dispensed for these patients at the pharmacy of Bouloux Area Health Centre (AHC).
- Since January 2020, a psychologist attends each batch of patients being initiated on MST. Since February 2020, treatment are being proposed to patients on MST and to those infected by Hepatitis C.
- Representatives of NGOs attend patients regularly since February 2020 during MMT initiation in the context of rehabilitation and social integration.
- As from February 2020, four more methadone dispensing points were operational in view to address issues in the vicinity of the dispensing sites such as loitering, anti-social behaviour of methadone beneficiaries reaching 44 dispensing sites.
- About 780,392 needles were distributed across the country. Some 364,652 were distributed by the Ministry of Health and Wellness at its 36 distribution sites. The remaining 415,740 were distributed by the civil society.
- Drug Prevention Programme is carried out by HRU in line with the National Drug Control Master Plan 2019 - 2023, this concerns mainly strategic pillar 2 - Drug Demand Reduction (Drug use prevention, drug use disorders treatment, rehabilitation and social integration) that aims at empowering the population at large to build its resilience against drugs.

- Mass media campaign is also carried out regularly making use of billboards, TV/Radio spot, rear of bus advertising, posters, pamphlets and social media. Poster distribution programme for secondary institutions reached 28,000 posters in all 4 educational zones. For the years 2019 and 2020, a total of 22,659 students were reached, 11,945 citizens from the community and 7,143 employees in the workplace.
- Counselling, treatment, psychosocial support and rehabilitation are carried out by a multi-disciplinary team consisting of psychiatrists, psychologists, doctors and nursing officers. Detoxification offers patients opportunity to achieve a drug-free lifestyle. The total number of admission for the year 2019 was 169 at Mahebourg Detox Ward while at Nenuphar Centre, it was 151 during the same year.

## 2.1.17 Nutrition Unit

### ▪ Main Achievements

1. Production of a series of short videos during the period of lockdown (March to May 2020) to provide culturally acceptable and age/disease-specific information regarding healthy eating habits for the general population (children as well as adults) and the most affected and at-risk population groups due to COVID-19 and their vulnerabilities and capacities, such as:

- People suffering from chronic diseases, under nutrition due to food insecurity, lower immunity, certain disabilities, and old age.
- The videos were posted on social media, the Facebook page of this Ministry as well as on the Public Officers Welfare Council (POWC) website.

2. The Food Regulation 1999 on the level of industrially produced Trans Fatty Acids (TFAs) in fats and oils has been amended. The New draft Food Regulation has been amended to include the permissible level of TFAs safe for human consumption. The Amended Regulation will:

- Ban the use of fats and oils containing more than 1.0% of TFA on a fat weight basis.
- Control the amount of TFA at the source of entry of fats and oils in the country and the regulation will ensure that the TFAs is not available for use by the local food industry.

## 2.1.18 Health Information and Education Unit (HIEC Unit)

The Health Information Education and Communication (HIEC) Unit is responsible for the design of population-wide public information, education and communication to support the implementation of the various national action plans/strategies and to inform/educate the population about health issues.

Awareness and sensitization campaigns are carried out through regular Mass Media campaigns on priority health issues and they are ongoing throughout the year.

### Achievements July 2019 – June 2020

#### - COVID-19 (Risk Communication)

1. Mass media campaign on COVID-19
2. Online social media campaign on COVID-19 (Facebook, YouTube)
3. Production of IEC materials (posters, pamphlets, flyers) on COVID-19
4. Production of banners on COVID-19 for airport and hospitals
5. Distribution of posters on COVID-19 in all health institutions (hospitals, mediclinics, area health centres and community health centres)
6. Meetings with stakeholders (private sector, banker's association, Ministries, MACOSS, bus industry, etc.)

#### 1. MBC Programmes

<b>MBC Productions</b>
Production and broadcast of 60 TV programmes, 250 radio programmes
Production and distribution of 250 DVDs/ USB on extracts of Priorité Santé and spots to be broadcast in the waiting areas of health institutions
Campaign on soft/ sugary drinks
Campaign on Food Safety
Campaign on World Population Day
Campaign on Depression
Broadcast of TV and Radio Spots on NCDs

#### 2. Production of video for Dr. Bruno Cheong Hospital

#### 3. Production of Health IEC materials:

- Production of Cancer Booklet and Cancer Report for 2019

#### 4. Awareness and sensitization campaigns (ongoing) in the five health regions:

- health talks in the community (Community Centres, Social Welfare Centres, women Centres)
- health talks in schools (primary and secondary)

## **2.1.19 Tobacco Control Unit and Alcohol**

### **Tobacco Control Unit**

#### **Achievements (Financial Year 2019/2020)**

- The Republic of Mauritius was recipient for the first time ever of the World No Tobacco Day Award 2019 by WHO Headquarters in recognition of our outstanding contribution to Tobacco Control.
- Mauritius was selected by WHO to form part of the inter-sessional Working Group on Tobacco Advertising, Promotion and Sponsorship (TAPS) under Article 13 as well as to provide technical inputs on the implementation Articles 9 and 10 of the WHO Framework Convention on Tobacco Control. Mauritius served as key facilitator and was elected Chair of the meetings of the working group on TAPS.
- Extensive collaboration with the Commissioner of Prisons leading to making all prisons in Mauritius smoke-free as from 1<sup>st</sup> February 2019 and the launching of a Tobacco Cessation and Prevention Unit at Melrose prison on 3 June 2019 by the Hon. Minister of Health and Wellness.
- The Regional Tobacco Control Partners Meeting was held in Mauritius from 25 to 28 June 2019 after Cabinet approval.
- The first edition of the national anti-tobacco “*fresquemurale*” painting competition for secondary schools students of Grades 8-10 was launched during the commemoration of the World No Tobacco Day 2019 and successfully completed with a Prize Giving Ceremony on 30 September 2019.
- Printing of posters of the tobacco smoker’s body in English and French for distribution and sensitisation purposes for the general public and students at large.
- Consultations with stakeholders and importers of tobacco products in relation with the amendments of the tobacco regulations and the introduction of plain packaging.

### **Alcohol**

#### **Main Achievements**

1. Conducting sensitization programmes in both primary and secondary institutions pertaining to alcohol and tobacco prevention.  
The following are presently under negotiation with the Ministry of Education and Human Resources, Tertiary Education and Scientific Research:

- (i) Conduct of elocution/ debate competition on alcohol; and
  - (ii) Capacity building on alcohol with holistic educators in primary schools who will in turn educate students.
- 2. Awareness sessions to provide information about the harm that can be caused by alcohol to health (including workplaces) with target audience of 60,000 persons per year and 30,000- 45,000 students per year.
- 3. Community action- 2 pamphlets directed towards negative effects of drinking during pregnancy and underage drinking.
- 4. Setting up of a monitoring committee with 5 sub-committees (sensitisation, capacity-building, treatment, rehabilitation and legislation) to supervise and facilitate smooth implementation of strategies listed in the National Action Plan 2020-2024 to reduce the harmful use of alcohol.
- 5. Sensitisation programmes are conducted through radio, television and media.



## 2.1.20 Diabetes and Vascular Health Centre

### Achievements

- Decentralisation of Diabetic Foot Care Services at Primary level. Currently there are eight (8) Diabetic Foot Care Clinics (DFCCs) in Mauritius and one (1) in Rodrigues.
- Training of two nurses from Rodrigues in Diabetic Foot Screening and Foot Ulcer Management at Diabetes and Vascular Health Centre (DVHC).
- Five Podiatry chairs were procured to serve the Foot Care Clinics.

Foot screening in patients with Diabetes across the island: 60,342 patients have received foot screening.

Diabetic Retinopathy Screening in Patients with Diabetes across the island: 28,849 patients have received Retinal Screening.

## 2.1.21 Renal Dialysis Services

### Achievements

Dialysis treatment is provided free of charge to all patients attending Public Health Institutions. Presently, such treatment is available in six Government Hospitals and in six Private Clinics.

In 2019, a total of 1,403 patients were undergoing dialysis treatment. There were 1,149 patients on dialysis in the Government hospitals and 254 Government hospital patients on dialysis in the private clinics.

A total **208,874** dialysis sessions were performed in the year 2019. Out of this total, **167,735** sessions were performed in Government Hospitals and **41,139** in the private clinics.

Since there is no renal transplant Surgeon presently posted in the Government service, patients, who have their compatible kidney donors are being sent to India to have their renal transplants. In 2019, around 14 patients and their donors have proceeded to India to have their renal transplants at the cost of the Ministry.

## **2.1.22 Training and Research**

The Training and Research Unit of the Ministry promotes professional medical development and capacity building through the conduct of training programmes to upgrade and enhance and develop the skills of the personnel.

### **Mauritius Institute of Health (MIH)**

The MIH, the training arm of the Ministry, caters for the training and research needs in the health sector. The activities deployed relate to the development and delivery of educational programmes for health professionals, the conduct of studies to assess the severity and magnitude of health problems in the community and the reinforcement of technical cooperation among countries of the Region.

Some Achievements in 2019-2020:

- 14 Emergency Physicians completed their specialisation in Emergency Medicine.
- 19 candidates completed the Top Up Training programme leading to National Pharmacy Technician Diploma.
- 218 officers attended the course in Pre-Hospital Emergency Care for fire fighters.
- 45 doctors attended Continuing Professional Development sessions.
- Dissemination of report of the Study on Health and socio-economic impact of Road Traffic injuries in the island of Mauritius.

The Virtual Health Library Mauritius (VHLM) has been developed by the Mauritius Institute of Health, with the objectives of enhancing access to up-to-date health information and increasing cost-effectiveness through efficient and innovative approaches in the organisation and delivery of comprehensive health information resources. This virtual library hosts several databases and local reports, research studies, statistics and other documents pertaining to various health concerns, and provides online access to a series of international medical journals, articles, e-books and evidence-based guidelines. For the period under review, 3,262 health personnel have been registered under the VHLM.

## 2.1.23 Overseas Treatment Unit

### 1. Achievements

- The Overseas Treatment Unit provides financial assistance and all necessary support to patients who have been recommended for treatment abroad by a Medical Board set up in the Regional Hospitals.
- Arrangements are made for the patients to be admitted in a health institution in India with which our Ministry has signed a Memorandum of Understanding.
- From 1 July 2019 to 30 June 2020, 243 patients have benefitted assistance under this scheme.
- An amount of approximately Rs 88.6 Million has been disbursed for their treatment.

### 2. Foreign Teams

- Foreign visiting teams in different specialities come to Mauritius to offer their services in respect of surgical interventions which cannot be carried out by local specialists.
- The list of some foreign visiting teams for 2019/2020 and the number of cases operated are given below:

SN.	Visiting Doctors	Period	Speciality	No of Cases Operated
1.	<b>Prof Wajid Ali Khan,</b> <b>Prof Nadeem Qureshi,</b> <b>Dr Sultan Asif Kiani,</b> <b>Dr Shahzad Iftikhar,</b> (Al Shifa Eye Clinic, Pakistan)	22 to 28 July 2019	Ophthalmology	Operated – Ptosis: 6 Keratoplasty: 10 Vitreotomy: 13
2.	<b>Prof C. Tabatabay</b> <b>Dr Sirikishan Ramkishan Shetty</b> <b>Dr Michael Hemond,</b> (Teaching Eye Surgery Foundation, Switzerland)	27 October to 04 November 2019	Ophthalmology	Operated:8 (Corneal Grafting)
3.	<b>Dr Martin Gehrchen</b> <b>Dr Jesper Dirks</b> <b>Dr Lars Valentin Hansen</b> (University of Copenhagen, Denmark)	09 to 16 November 2019	Spinal surgery	Operated: 12

## **2.1.24 Department of Operations Support Services (DOSS)**

### **Main Achievements: 2019-2020**

- Renovation of the Ex-DWC Store, Les Guibies, Pailles - to increase the storage capacity of the Central Supplies Division (CSD).
- Extension of the Odette Leal Dental Clinic, Beau Bassin - to improve service delivery.
- Transport activities in connection with COVID-19 pandemic including vigorous contact tracing across the whole island.
- Mass transfer of furniture, equipment, drugs and stationery from ENT Hospital to Victoria Hospital.
- Disposal of expired Drugs.

## **2.1.25 Central Health Laboratory**

### **Main Achievements: 2019-2020**

#### **(1) Number of laboratory tests performed in 2020**

- Number of tests carried out in hospital laboratories from 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019 was 15.8 Million.
- From 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020, the total number of tests done was 14.5 Million. This decrease of 8.8% was mainly due to COVID-19 lockdown. However, sophisticated COVID-19 RT PCR tests have shown an exponential increase.

#### **(2) Revenue collected for laboratory tests and supply of blood & blood products in 2019-2020**

- Revenue generated from the private sector from 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2019 was around Rs 10 Million and from 1<sup>st</sup> January to 31<sup>st</sup> December 2020 was Rs 7.11 Million

#### **(3) New Equipment purchased**

- The Molecular Biology Department has been upgraded with a fleet of equipment which include additional PCR Platforms like QS7 (2) Automatic Extractor (2) and GeneXpert (2).
- Digital Pathology Slide Scanner for Histopathology Department.
- Additional equipment have been purchased for Mediclinics at Plaine Verte, Triolet, Goodlands, New Souillac Hospital and Mahebourg Hospital Laboratories.

#### **(4) Decentralization of Laboratory Services**

- Laboratory Service has been established in the New Cancer Centre.
- Infrastructure and procurement of equipment has been completed for the laboratory services in the following health centers:
  - Brown Sequard Mental Health Hospital
  - New ENT Hospital

## **(5) National Blood Transfusion Service (NBTS)**

### **Some Achievements 2019-2020:**

#### **a. Blood Donations**

A total of 44,254 units of blood were collected in 2020, a decrease of 2,261 compared to year 2019, mostly attributed to national confinement due to COVID-19 pandemic from March to May 2020. Average blood collection per mobile site was 49 units per session.

However, despite lockdown, blood supply was kept adequate through organization of 44 mobile sessions and some 4,935 blood units were collected during this period.

#### **b. Collection of convalescent plasma**

Protocols were developed for Convalescent plasma collection from recovered COVID-19 patients (Convalescent Plasma to be used for treatment of COVID-19 patient) and implemented.

#### **c. Equipment**

Two bench top sealers were installed and commissioned in February 2020. Two apheresis equipment and two Pathogen reduction technology equipment were donated by Lions Club.

#### **d. Quality Management System**

NBTS was certified to ISO 9001:2015 in November 2018. A surveillance audit was conducted by MSB in November 2019 and NBTS maintained its status of ISO 9001:2015 certification.

#### **e. National Blood Policy**

Following the adoption of a National Blood Policy, a National Blood Advisory Committee has been set up to develop strategic plan for implementation of the policy.

### 2.1.26 Central School of Nursing

The Central School of Nursing provides training in nursing care by running Certificate and Diploma courses in Nursing, Top Up programmes leading to Diploma in Nursing, Midwifery, Hospital Nursing Administration Course and a Diploma in Mental Health are also offered.

#### Some Achievement July 2019 – June 2020

<b>Training</b>	<b>Number of persons reached</b>
National Diploma in Nursing Cohort Jan 2017	136
National Diploma in Nursing Sept/Dec 2018	135
Top Up Programme Cohort January 2020 - Batch 7	375
Post Basic Midwifery Cohort October 2019	35
Basic Midwifery Cohort January 2020	33
National Diploma in Nursing Cohort June 2020	14

### **2.1.27 Allied Health Professionals Council (AHPC)**

- The Codes of Practice for the 18 professions regulated by the Act have been elaborated.
- Conventions between the Council and the educational institutions that will provide courses leading to the professional qualifications as per the first schedule of the AHPC Act 2017, have been sought. An agreement with the University of Mauritius was signed in September 2019 for that purpose. For certain professions, the Council will seek and sign conventions with foreign educational institutions.
- Online pre-registration of the professionals was carried out between September and November 2019 in view of setting up a database to facilitate formal registration.



### **2.1.28 SAMU Services**

The primary role of the SAMU services is to provide on-site prehospital emergency medical treatment and stabilize critical and vital emergencies, thus keeping in pace with the concept of the golden hour.

The SAMU Control Room 114 which is functional on a 24hr basis all year round is situated at Victoria hospital. Around 1,000 calls are attended daily and based on an efficient triage system, logistics and a recording system with specially trained staff, the SAMU attends to prehospital vital emergencies.

With the specialization in Emergency Medicine by the Emergency physicians in 2019, a Resuscitation Unit has been added to the Accident and Emergency unit in each of the 5 Regional Hospitals to cater for all vital emergencies including patients with myocardial infarction.

#### **Statistics for 2019-2020:**

- Total number of calls received on 114: 386,000
- Primary Outings (For Emergency purposes): 8,959
- Secondary Outings (Transfer from one health institution to another): 3,383
- Normal Ambulance: 24,079
- Aeromedical Evacuation (From health institution to airport and back): 47

### **2.1.29 Orthopaedic Appliances Workshop (OAW)**

Patients are referred for orthopaedic appliances to the Orthopaedic Appliances Workshop by medical practitioners from all Regional Hospitals including AHCs and Rodrigues. From July 2019 to June 2020, 9,449 patients attended the Orthopaedic Appliances Workshop to receive orthopaedic appliances and a total of 13,618 of such appliances were delivered. Staff of the OAW also attend to patients in regional hospitals once a month. From July 2019 to June 2020, 8,217 patients were attended to.

## 2.1.30 Status on Implementation of Budget Measures

**TABLE VI: STATUS ON IMPLEMENTATION OF BUDGET MEASURES**

<b>MONITORING OF KEY ACTIONS AND KEY PERFORMANCE INDICATORS FOR FY 2019/2020</b>				
Vote 10-1 Ministry of Health and Wellness				
<b>SN</b>	<b>Key Action</b>	<b>Key Performance Indicator</b>	<b>Target 2019/2020</b>	<b>Status as at 30 June 2020</b>
<b>1</b>	Implementation of the e-health system in public health institutions	Percentage of regional hospitals and medi-clinics computerised	20%	10%
<b>2</b>	Improving specialized services to address chronic conditions related to Non-Communicable Diseases (NCDs)	Mortality rate due to NCDs per 100,000 population	≤525	595
<b>3</b>	Opening of National Cancer Centre	Percentage completion of works on renovation of existing building	100%	100%
		Percentage completion of works on new building (including bunker)	100%	40%
<b>4</b>	Strengthening of primary health care services to provide more people-centered services	Number of new Medi-clinics/ AHCs/CHCs constructed	4	3
<b>5</b>	Improving neonatal services	Infant Mortality Rate per 1,000 live births	12	14.5
<b>6</b>	Increase number of tests conducted within the community for public health emergency including COVID-19	% of laboratory results available within 24 hours	N/A	77

## **2.2 Risk Management, Citizen Oriented Initiatives and Good Governance**

### **Risk Management**

The Ministry has set up various committees to identify risk areas and weaknesses. A prioritization process has been established so that the issues with the highest probability of risks/impacts are addressed promptly. Risk Management is carried out through the Internal Control Unit, the Audit Committee and the Anti-Corruption Committee.

### **Internal Control Unit**

This unit is responsible for conducting the internal audit of the Ministry with a view to ensuring that good governance principles are used to promote operational effectiveness and efficiency. Moreover, it covers Procurement Auditing. The core areas audited by the Internal Control Unit include:

- i. Procurement,
- ii. Asset Management,
- iii. Accounts Payable,
- iv. Accounts Receivable,
- v. Warehousing,
- vi. Compensation of Employees, and
- vii. Follow up on Report of National Audit Office.

### **Audit Committee**

The Audit Committee supports the monitoring and reviewing of both risk control and governance processes. The Committee supervises the entire audit and reporting processes and ensures that weaknesses in the system raised by both the Internal Control Unit and the National Audit Office are looked into and that their recommendations are complied with.

Technical support has been sought from the African Development Bank to review the present allocation and utilization of resources. Moreover, the Health Sector Strategic Plan 2020-2024 will also aim to operationalize the Efficiency Management Committee, review the resource allocation formula to ensure allocation for resources to priority areas and address shortcomings identified in the Director of Audit Reports.

### **Anti-Corruption Committee**

The Ministry in collaboration with the Independent Commission Against Corruption (ICAC) is working on the implementation of the Anti-Corruption Framework. In this connection, an Anti-Corruption Committee and various regional sub committees have been set up to identify risk areas and weaknesses. These Committees have come up with appropriate measures to better control corruption risks identified in the respective Units and Departments.

## **Parliamentary Questions and Private Notice Questions**

During the FY 2019/2020, the Hon Minister of Health and Wellness has responded to numerous Parliamentary Questions and Private Notice Questions, especially on the Ministry's policies and actions related to the COVID-19 response.

These questions and answers represent important means used by members of Parliament to ensure the Government is accountable to the Parliament for its policies and actions and, through the Parliament, to the nation.

For the period under review, 57 Parliamentary Questions, requiring both oral and written answers and 3 Private Notice Questions were attended to.

## PART III



## FINANCIAL PERFORMANCE

### 3.1 Financial Highlights

#### 3.1.1 Statement of Expenditure under Vote 11-1

**TABLE VII: STATEMENT OF EXPENDITURE UNDER VOTE 11-1**

Item No	Head/Sub Head of Expenditure	2018-2019	2019-2020	2019-2020
		Actual (Rs)	Estimates (Rs)	Actual (Rs)
	<b>11-1 HEALTH AND WELLNESS</b>	<b>11,945,211,218</b>	<b>14,300,000,000</b>	<b>13,776,686,238</b>
	<b>11-101: GENERAL</b>	<b>419,125,999</b>	<b>539,400,000</b>	<b>467,256,190</b>
20	<i>Allowance to Minister</i>	2,400,000	2,400,000	2,400,000
21	<i>Compensation of Employees</i>	237,080,199	251,276,000	233,546,831
22	<i>Goods and Services</i>	81,704,841	75,420,000	68,898,855
26	<i>Grants</i>	26,815,818	29,850,000	26,980,472
27	<i>Social Benefits</i>	60,257,849	50,000,000	88,589,468
28	<i>Other Expense</i>	4,108,100	5,454,000	2,753,400
31	<i>Acquisition of Non-Financial Assets</i>	6,759,192	125,000,000	44,087,164
	<b>11-102: HOSPITAL AND SPECIALISED SERVICES</b>	<b>10,348,795,868</b>	<b>12,254,700,000</b>	<b>12,137,258,893</b>
21	<i>Compensation of Employees</i>	6,350,330,489	6,120,790,000	6,319,980,700
22	<i>Goods and Services</i>	2,838,060,333	3,983,910,000	4,669,620,263
26	<i>Grants</i>	265,000,000	265,000,000	265,000,000
31	<i>Acquisition of Non-Financial Assets</i>	895,405,046	1,885,000,000	882,657,930
	<b>11-103: PRIMARY HEALTH CARE AND PUBLIC HEALTH</b>	<b>1,009,065,514</b>	<b>1,289,000,000</b>	<b>1,019,328,514</b>
21	<i>Compensation of Employees</i>	745,458,771	892,910,000	765,897,509
22	<i>Goods and Services</i>	179,846,204	204,090,000	178,455,637
28	<i>Other Expense</i>	6,327,500		
31	<i>Acquisition of Non-Financial Assets</i>	77,433,039	192,000,000	74,975,368

	<b>11-104: TREATMENT AND PREVENTION OF HIV AND AIDS</b>	<b>77,585,654</b>	<b>95,800,000</b>	<b>58,326,271</b>
<b>21</b>	<i>Compensation of Employees</i>	27,766,303	35,294,000	26,494,311
<b>22</b>	<i>Goods and Services</i>	49,031,851	60,506,000	31,831,960
<b>28</b>	<i>Other Expense</i>	787,500	0	0
<b>31</b>	<i>Acquisition of Non-Financial Assets</i>	0	0	0
	<b>11-105: PREVENTION OF NON-COMMUNICABLE DISEASES AND PROMOTION OF WELLNESS</b>	<b>90,638,183</b>	<b>121,100,000</b>	<b>94,516,370</b>
<b>21</b>	<i>Compensation of Employees</i>	59,431,603	83,093,000	66,690,220
<b>22</b>	<i>Goods and Services</i>	29,502,556	32,007,000	27,692,735
<b>28</b>	<i>Other Expense</i>	263,000	0	0
<b>31</b>	<i>Acquisition of Non-Financial Assets</i>	1,441,024	6,000,000	133,415
	<b>TOTAL EXPENDITURE FOR VOTE 11-1</b>	<b>11,945,211,218</b>	<b>14,300,000,000</b>	<b>13,776,686,238</b>

**TABLE VIII- STATEMENT OF REVENUE**

		Budget Code	2018-2019	2019-2020	2019-2020
			Actual	Estimates	Actual
<b>1</b>	Pharmacy Licenses	11452008	1,414,150	1,550,000	1,395,150
<b>2</b>	Central Health Laboratory fees	14220110	11,915,355	12,000,000	8,653,138
<b>3</b>	Overtime Fees	14220112	1,862,450	1,800,000	2,182,800
<b>4</b>	Vaccination Fees	14220113	21,675,530	21,600,000	17,071,410
<b>5</b>	Fumigation and Disinfection Fees	14220114	2,441,600	2,600,000	2,633,450
<b>6</b>	Sales of Drugs, Serum and Sundry appliances	14230090	3,698,140	1,350,000	794,334
<b>7</b>	Health Sales of Goods and Services**	14299006	44,645,075	44,380,000	32,631,964
	<b>Total (Rs)</b>		<b>87,652,300</b>	<b>85,280,000</b>	<b>65,362,246</b>

\*\* also include services offered by Government Analyst Division, Renewal of License (Dangerous chemicals) and Licence of Private Hospital/Clinical Laboratory



## PART IV



## WAY FORWARD

## 4.1 Trends and Challenges

Mauritius is often cited as a reference on the international arena for its remarkable achievements made in improving the health status of its population. According to the 2017 WHO Global Monitoring Report, the UHC Service Coverage Index for Mauritius was 64 in 2015. Mauritius positions third in the African region for the UHC Service Coverage Index behind South Africa and Seychelles.

Universal health coverage has been remarkably evidenced through the improvement of the overall health status of the population since independence. Life expectancy at birth has favourably improved to reach 71.0 years for male and 77.6 years for female. Infant mortality rate was 14.5 per thousand live births in 2019. Under five mortality rate was 16 and maternal mortality ratio was 0.62 per thousand live births in 2019. The incidence of HIV in the population is around 1%. The proportion of births attended by skilled personnel is 100% and immunization rate is >95%. The incidence of parasitic and water-borne diseases has been decreasing over the years.

It is worth mentioning that the latest Survey on Households Out-of-Pocket (OOP) Expenditure on Health indicates that approximately 73% of the health needs of the population are catered by public health institutions for outpatient and inpatient services, while 27% are catered by the private sector.

These achievements position Mauritius above the level of health performance of countries in the African Region. In spite of the health gains achieved, so far, Mauritius continues to be challenged by the consequences of an ageing population, a higher burden of non-communicable and other chronic diseases, accelerating cost pressures and rising demand for enhanced quality services of international standards.

Mauritius is also not spared from the resurgence of past communicable diseases and emergence of new ones such as the COVID-19 pandemic. Management of the pandemic, treatment of COVID-19 patients and vaccination represent additional burden on the public health financing and health workforce and also create challenges to maintain the continuum of normal public healthcare services.

During the Financial Year 2019/20, the Ministry of Health and Wellness, in collaboration with the World Health Organization, has embarked on the formulation of a Health Sector Strategic Plan for the period 2020 to 2024.

The main objective of this Plan will be to ensure the enhancement of health sector development in the Republic of Mauritius, including Rodrigues and the Outer Islands, in order to further improve positive health outcomes for the individual, the family, the community and the economy at large. The HSSP 2020-2024 will also chart out the roadmap for health development and will outline actions that will address health challenges across the lifespan of citizens. It will also identify processes that need to be reengineered and actions to be undertaken to revamp health service delivery in the country.

## 4.2 Strategic Directions

Strategic Directions		Enablers
<b>Strengthen Primary Health Care Services</b>	⇒	<ul style="list-style-type: none"> <li>▪ Upgrade existing primary health care infrastructures and construct new ones</li> <li>▪ Reinforce the “gatekeeper” mechanism at primary healthcare institutions and provide more people-centered services</li> </ul>
<b>Reduce infant mortality rate</b>	⇒	<ul style="list-style-type: none"> <li>▪ Strengthen neo-natal care services and enhance sensitisation programmes</li> </ul>
<b>Respond to the health needs of the ageing population</b>	⇒	<ul style="list-style-type: none"> <li>▪ Strengthen healthcare services at all levels, from primary to specialized health services, including long term continuing care, palliative and rehabilitation services</li> </ul>
<b>Address problems of NCDs</b>	⇒	<ul style="list-style-type: none"> <li>▪ Scale up the prevention and control of NCDs and develop a robust NCDs surveillance system</li> <li>▪ Provide more specialized clinical care for cancer, diabetes, hypertension and other NCDs</li> </ul>
<b>Improve public health service delivery</b>	⇒	<ul style="list-style-type: none"> <li>▪ In order to minimize wastage and ensure value-for-money, the following actions will be taken:               <ul style="list-style-type: none"> <li>• evidence-based monitoring and evaluation of processes</li> <li>• revamping of the PPP framework to attract more private investment in the health sector</li> <li>• implementation of e-health to improve resource planning and allocation, and enhance communication between healthcare providers and patients</li> <li>• introduction of efficiency improvement measures</li> </ul> </li> </ul>
<b>Establish Mauritius as a Medical Hub</b>	⇒	<ul style="list-style-type: none"> <li>▪ Enhance the healthcare system to make Mauritius a medical centre of excellence</li> </ul>