ANNUAL REPORT ON PERFORMANCE FOR FINANCIAL YEAR 2024-2025

MINISTRY OF HEALTH AND WELLNESS
OCTOBER 2025

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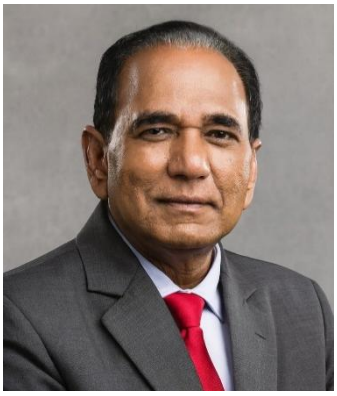
DISCLAIMER

The Annual Report on Performance for Financial Year 2024-2025 has been compiled based on information and statistics received from various units across the Ministry of Health and Wellness (MOHW). The Health Records Department and the Health Statistics Unit have complemented this Report with the relevant statistics where necessary. The Report was vetted by the concerned officers and approved by the Management of the MOHW before its submission to the National Assembly and Ministry of Finance. All efforts have been made to ensure the accuracy and reliability of the data presented.

ACRONYMS

AHC	Area Health Centre
Dr AGJH	Dr Abdool Gaffoor Jeetoo Hospital
BSMHCC	Brown Sequard Mental Health Care Centre
CDCU	Communicable Disease Control Unit
CHC	Community Health Centre
EEG	Electroencephalography
EHEU	Environmental Health Engineering Unit
ENT	Ear, Nose and Throat
FY	Financial Year
GAD	Government Analyst Division
ICOPE	Integrated Care for Older People
JNH	Jawaharlal Nehru Hospital
HIEC	Health Information Education and Communication Unit
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
LIMS	Laboratory Information Management System
MCH	Maternal and Child Health
MHO	Medical Health Officer
MIH	Mauritius Institute of Health
MOHW	Ministry of Health and Wellness
NAS	National AIDS Secretariat
NBTS	National Blood Transfusion Service
NCD	Non-Communicable Diseases
NHA	National Health Accounts
NHPRU	NCDS, Health Promotion and Research Unit
OAW	Orthopaedic Appliances Workshop
OPD	Outpatient Department
PHC	Primary Health Care
PHFS	Public Health and Food Safety
SBEH	Subramania Bharati Eye Hospital
SSRNH	Sir Seewoosagur Ramgoolam National Hospital
VBCD	Vector Biology and Control Division
VH	Victoria Hospital
WHO	World Health Organization

FOREWORD



It is with continued commitment to constantly improve quality of life and well-being that I present the Annual Report on Performance for the Financial Year 2024–2025, a period marked by struggles as well as recovery and progress in strengthening the health system, expanding preventive care, and ensuring equitable access to quality services for all.

Central to Government's vision is the development of a patient-centred public health system supported by digital innovation and technology. Strengthening efficiency and coordination across all levels of care remains a key priority. The overarching aim is to promote sustainable and healthy lifestyles, which form the cornerstone of long-term national well-being, while addressing the high prevalence of Non-Communicable Diseases, which continue to pose significant challenges to the population's health.

In a bid to address emerging health threats, the Ministry is focusing on the adoption of a prevention-oriented approach structured around three pillars: early detection, public engagement, and policy-driven interventions. Screening programmes and health promotion campaigns aim to identify risks at an early stage, empower communities to make informed choices, and guide policy measures to reduce disease burden.

Moreover, the quality of care and service delivery to patients has not been compromised. Regular visits to public hospitals and health facilities were conducted in person to directly assess standards, evaluate performance, and reinforce accountability. The forthcoming establishment of a National Health Quality Commission is expected to provide a framework for monitoring standards and driving continuous improvements across all hospitals. Complementing this, two special monitoring teams are being introduced to carry out unannounced visits nationwide, ensuring that transparency and patient well-being remain at the forefront of the public health system.

Innovation and digital transformation stand as vital enablers of progress. The health sector continues to integrate digital solutions to improve efficiency, strengthen patient-centred care, and ensure continuity of services across all levels. Government is also taking immediate measures to remedy the lack of investment in critical aspects of healthcare including the poor state of medical facilities and the chronic understaffing.

The foundations being laid by the new Government provide confidence that Mauritius is now well-positioned to meet future health challenges and advance towards Universal Health Coverage.

I take this opportunity to express my sincere appreciation to **the Junior Minister, Honourable Ms A. Babooram** for supporting the Ministry's on-going efforts, all staff of the Ministry of Health and Wellness, local stakeholders, development partners, and international organisations, particularly the World Health Organization and the United Nations Development Programme. Their unwavering dedication and collaboration have been instrumental in advancing the health agenda, strengthening service delivery, and achieving the progress recorded during the period. Their continued support will remain essential in pursuing future goals and ensuring the delivery of quality healthcare services to all.

The Honourable Anil Kumar BACHOO, G.O.S.K.
Minister of Health and Wellness

MESSAGE FROM ACTING SENIOR CHIEF EXECUTIVE

It is with great honour that I present the Annual Report on Performance of the Ministry of Health and Wellness for the Financial Year (FY) 2024-2025. This report provides an overview of the Ministry's financial and non-financial performance, whilst highlighting the achievements made during the period under review as well as the challenges faced.

During the FY 2024-2025, the Ministry has been striving to advance service delivery, upscale health services, adopt new technologies, expedite the digitalisation of the public health sector and sustain the proper management of both communicable and non-communicable diseases, amongst others.

Accessibility to healthcare services is being clearly enhanced through substantial investment in the construction of new public health infrastructure and the upgrading of existing ones which are ongoing both at the primary health care level and hospital level. A new Regional Hospital at Constance, Flacq was inaugurated and operationalized to meet the evolving demands of patients from that area.

A Digital Health Agency is also being set up with the overall responsibility, management and dedicated oversight for the successful implementation and sustainability of the e-Health Project and other digital initiatives within the Ministry.

In parallel, management's focus has also been on improving patient's experience and safety in the healthcare system. The mechanism in place regarding cases of alleged medical negligence within Public Health Institutions has been reviewed. A Medical Negligence Committee has been set up to investigate into cases of suspected medical negligence.

The Ministry has also leveraged on providing thorough training for personnel to ensure an efficient healthcare service delivery, effective utilisation of the modern healthcare equipment for improved patient care and relief. However, a recurring challenge across multiple units is the shortage of human resources, which hampers service delivery and limits expansion of care. Several services face staffing gaps due to retirements, resignations, redeployments, and limited training opportunities. The Ministry is currently expediting the recruitment of new staff and even opting for re-integration of retired ones, wherever possible, to remedy the situation.

Investment in health has paid rewarding dividends mostly in terms of an enhancement in the health status of the population. Eight kidney transplants were successfully performed by visiting specialists from India and United Kingdom respectively without major complications, achieving a 100% kidney graft function to date.

Moreover, WHO Minimum Requirements for Infection Prevention Control (Min-IPC) score improved from 62% in 2023 to 79% in 2024. HIV prevention program targeting young adolescents within the school-based initiative recorded an 18% increase in coverage, reflecting enhanced outreach.

The country has also received international recognition for improvements in the health sector. Mauritius was honoured with the WHO Director General Special Recognition Award on the occasion of the World No-Tobacco Day 2025, in acknowledgement of the country's unwavering commitment to tobacco control. The award was presented to the Minister of Health and Wellness, Hon. Anil Kumar Bachoo, by the WHO Director General during the opening session of the 78th World Health Assembly in May 2025, in Geneva.

I thus seize this opportunity to thank the Honourable Minister for his firm leadership, determination and enthusiasm to the realisation of the goals and objectives of the Ministry and the Honourable Junior Minister for continuously supporting the Ministry's ongoing efforts to advance public health. I also commend the staff of the Ministry, both at headquarters and in health regions for their hard work and dedication.

I also wish to extend my appreciation and gratitude to the World Health Organization and to all donor agencies, partners and other entities, for their unwavering support and dedication throughout this year.

I remain confident that the Ministry of Health and Wellness will continue to strengthen the health-care system and strive towards Universal Health Coverage and the well-being of our population.

Mr P. Mawah

Acting Senior Chief Executive
Ministry of Health and Wellness

HIGHLIGHTS FINANCIAL YEAR 2024-2025

1

Life Expectancy at birth 2024*
73.8 years

*Provisional

2

Increase in the **health budget** reaching **Rs 17. 2 billion**, reflecting a commitment to improving healthcare services.

Rs 13,810 Per Capita Government Expenditure on Health.

3

Around **9.5 million contacts** with public health institutions
6.1 million cases seen by doctors &
174,225 admissions

4

5 Regional Hospitals
2 District Hospitals
2 Community Hospitals
6 Specialised Hospitals

5

Participation in Small Island Developing States (SIDS) Pooled Procurement of Medical Products for more affordability, cost efficiency, economies of scale and collective negotiation.

6

229,461 HAEMODIALYSIS performed on Government hospital patients

7

109 Community Health Centres
18 Area Health Centres
12 Medi-Clinics
2 Community Hospitals

8

Setting up of a Digital Health Agency with the overall responsibility, management and dedicated supervision for the successful implementation and sustainability of the e-Health Project and other digital initiatives within the MOHW.

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.

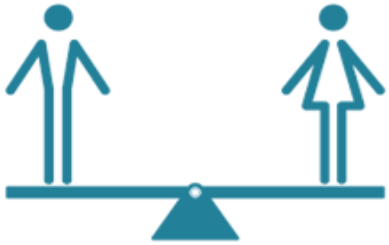
1.2 ROLE AND FUNCTIONS

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, while also promoting healthy lifestyle. Its policy is to continually improve the delivery of health care by promoting greater efficiency and effectiveness while laying emphasis on customer satisfaction.

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

- ***D**evelop a comprehensive health service in order to meet the health needs of the population.*
- ***I**nvestigate the influence of physical environment and psycho-social domestic factors on the incidence of human diseases and disability.*
- ***P**lan and carry out measures for the promotion of health.*
- ***I**nstitute and maintain measures for the prevention of diseases including Non-Communicable Diseases and the epidemiological surveillance of important communicable diseases.*
- ***P**rovide facilities for the treatment of diseases, including mental disease by maintenance of hospital and dispensary services.*
- ***M**ake provision for the rehabilitation of the disabled.*
- ***C**ontrol the practice of medicine, dentistry, pharmacy and allied health professionals.*
- ***P**rovide facilities for the training of Medical and Para-medical staff and other personnel of the Ministry.*
- *Advise local Government authorities regarding their health services and to inspect those services.*
- ***P**repare and publish reports, statistical data and other information relating to health.*
- *Implement a Family Planning, Maternal and Child Health Programme.*
- ***I**nitiate and conduct operational bio-medical health studies of diseases of major importance in the country.*

1.3 GENDER STATEMENT



The Ministry of Health and Wellness has the mandate to ensuring that quality and equitable health services, including reproductive health care, are accessible without any gender discrimination to the entire population at all times. To fulfil this mandate, the Ministry is committed to advancing gender equity within its workplace, health institutions and in its programmes and services by:

- Eliminating barriers to healthcare services for all genders, ensuring that every person have access the health services they need without discrimination through the development and implementation of health policies that reflect the diverse needs of all genders. This includes acknowledging and addressing the unique health challenges faced by women, men, and non-binary individuals.

- Embedding a gender perspective in the formulation of policies and programmes.

- Developing a framework within the ambit of the gender cell for the support of victims of domestic violence in public health institutions. A fast-track system is in place to support victims of GBV whenever they present to the regional hospitals. The services include management of trauma, psychological care, social care, provision of Post Exposure Prophylaxis and Emergency Contraception.

- Collaborating with international organisations and adoption of proactive measures in relation to enhancing the sexual and reproductive health of the different population groups.

- Ensuring equal opportunities and access to *inter alia* promotion opportunities, training and development for all our staff irrespective of gender.

- Prioritising the collection and analysis of gender-disaggregated data to better understand health disparities and inform our programmes and policies.

- Providing ongoing training for healthcare providers to enhance their understanding of gender sensitivity and to ensure compassionate and informed care for all patients.

- Collaborating with various NGOs and communities to raise awareness about gender and health issues, and to foster an inclusive dialogue that promotes understanding and respect.

- Providing free and quality health services to ensure that mothers and children benefit from optimal health services such as obstetric care, breastfeeding and immunisation.

The Ministry of Health and Wellness will continue to integrate the gender lens in all of its activities thereby ensuring the elimination of as many barriers as possible in the provision of health services.

1.4 OUR PEOPLE

Health and social care workforce planning is a fundamental and critical responsibility of all entities responsible for the coordination of the education, training, recruitment, deployment, and retention of a diverse number of workers. The "WHO Global strategy on human resources for health: Workforce 2030" has set important objectives, including optimisation of performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels. To this end, Mauritius continues to align itself with the Sustainable Development Goals, particularly SDG 3 (Health and Well-being).

In this line, the Ministry of Health and Wellness aims to provide the required policy solutions, investments, and multi-sectoral partnerships to address workforce challenges and advance health systems towards Universal Health Coverage and health security. Government is committed to building a patient-centred public health sector that leaves no one behind, one that is resilient in the wake of global health threats, responsive to economic and environmental shifts, and firmly rooted in the principles of social justice.

Since November 2024, the **Honourable Anil Kumar BACHOO, G.O.S.K. is holding the portfolio of Health and Wellness** in the Republic of Mauritius. The Minister recalled that a patient-centred public health system which is supported by digital innovation and technology, remains the priority of the Government. The aim is to promote sustainable and healthy lifestyles as a cornerstone of long-term national wellbeing, while deploring the high prevalence of Non-Communicable Diseases in the country. In a bid to address emerging health threats, Mauritius has also adopted a comprehensive and preventive oriented approach which rests on three key pillars namely early detection, public engagement and policy-driven actions.

As Minister of Health and Wellness, his portfolio comprises Medical and Public Health Services, population planning, all matters concerning population wellness, licensing of Private Health Institutions, prevention of Addiction and Rehabilitation of Addicts, E-Health System, Drug Users Administrative Panel, National AIDS Secretariat, Trust Fund for Specialised Medical Care, Mauritius Institute of Health, Medical Council of Mauritius, Dental Council of Mauritius, Pharmacy Council of Mauritius, Optical Council of Mauritius, Nursing Council of Mauritius, Allied Health Professionals Council of Mauritius, Clinical Research Regulatory Council, Tissue, Donation, Removal and Transplant Board, Traditional Medicine Board, Mental Health Board, Mental Health Commission and Dangerous Chemicals Control Board, amongst others.

The **Junior Minister of Health and Wellness, Honourable Ms Anishta Babooram**, took office on 7 August 2025. The Ministry welcomes her dynamic and innovative contributions, which are expected to bring fresh perspectives and strengthen leadership capacity, supporting the Ministry's ongoing efforts to advance public health, enhance service delivery, and promote stakeholder collaboration across all levels of the health system.

As far as management of the Ministry is concerned, presently, the **Ag. Senior Chief Executive, Mr P. Mawah**, is the head of the institution and is accountable for the overall administration and general supervision of all Departments and Bodies falling under the purview of the Ministry. The Ag. Senior Chief Executive is assisted in his functions and duties by **three Permanent Secretaries: Mr. N. Jugmohunsing, Mrs A.D. Seenundun and Mrs M. Ramkhelawon**, and the **Ag. Director General Health Services, Dr. A. Dinassing**.

Other personnel of the Ministry include officers from different cadres ranging from Director Health Services, Regional Health Directors, Medical, Paramedical, Administrative, Analyst, Health Promotion and Research, Statistics, Health Records, Pharmacy, Human Resources Management, Financial Operations, Procurement and Supply and other technical areas as well as officers from the general services grades.

In parallel, the health workforce is composed of medical doctors, nurses, midwives, dentists, pharmacists, other paramedical professionals. In addition, non-medical staff provide administrative support for the day-to-day running of the health services.

Across various healthcare levels, doctors are significantly involved in consultations, diagnosis of diseases, treatment of patients and surgeries when necessary. Simultaneously, nursing staff is vital to the efficient and effective administration of the ward, maintaining a high standard of nursing care to patients, evaluating patient responses to care, close monitoring of vital parameters whereby doctors are promptly alerted to any deviations from the normal parameters, assisting doctors, surgeons, other paramedical personnel in the care process, and timely tracing of investigations as well as blood results, among others.

Looking ahead, the Ministry will continue to invest in building a skilled, motivated and equitably distributed health workforce, anchored in a patient-centred public health system supported by digital innovation and technology.

Around 13,000 officers in 375 different grades are employed by the Ministry of Health and Wellness, of whom 85% are technical staff, responsible for delivery of services and 15% are support staff ensuring that skilled personnel are available in a variety of medical specialities.

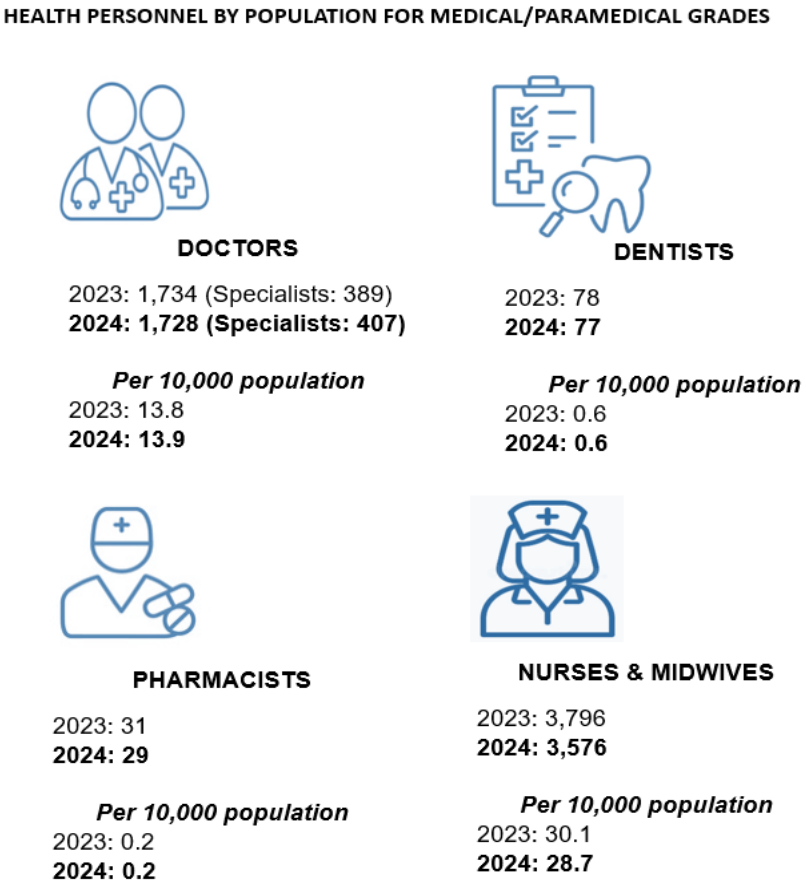


Figure I: Health Personnel by Population for Medical/Paramedical Grade
Source: Health Statistics Unit, MOHW

During the Financial Year 2024-2025, recruitment/promotion of some 695 officers from different cadres was carried out, including 3 Regional Health Directors, 1 Medical Superintendent, 7 Consultants in Charge, 12 Specialists/Senior Specialists, 21 Medical Health Officers/SMHOs, 5 Dental Surgeons/SDS, 2 Regional Dental Superintendents, 10 Dental Assistants, 161 officers from Nursing cadre, 8 officers from Midwifery cadre, 7 officers from Medical Imaging Technologists cadre, 2 officers from Medical Imaging Assistant cadre, 24 officers from Health Records cadre, 14 Insecticide Sprayer Operator, 12 Health Surveillance Officers, 280 General Workers, 22 Attendants (Hospital Services) (on shift), amongst others.

In that particular period, some 179 officers have retired from different cadres including, 1 Director Health Services, 1 Medical Superintendent, 3 Consultants in Charge, 6 Specialist/Senior Specialists, 3 Medical Health Officers/SMHOs, 64 officers from the Nursing cadre, 1 officer from Medical Imaging Technologist cadre,13 officers from Health Records cadre, 5 Health Sterile Services Assistant, 16 Senior Attendants (Hospital Services) (on shift) amongst others.

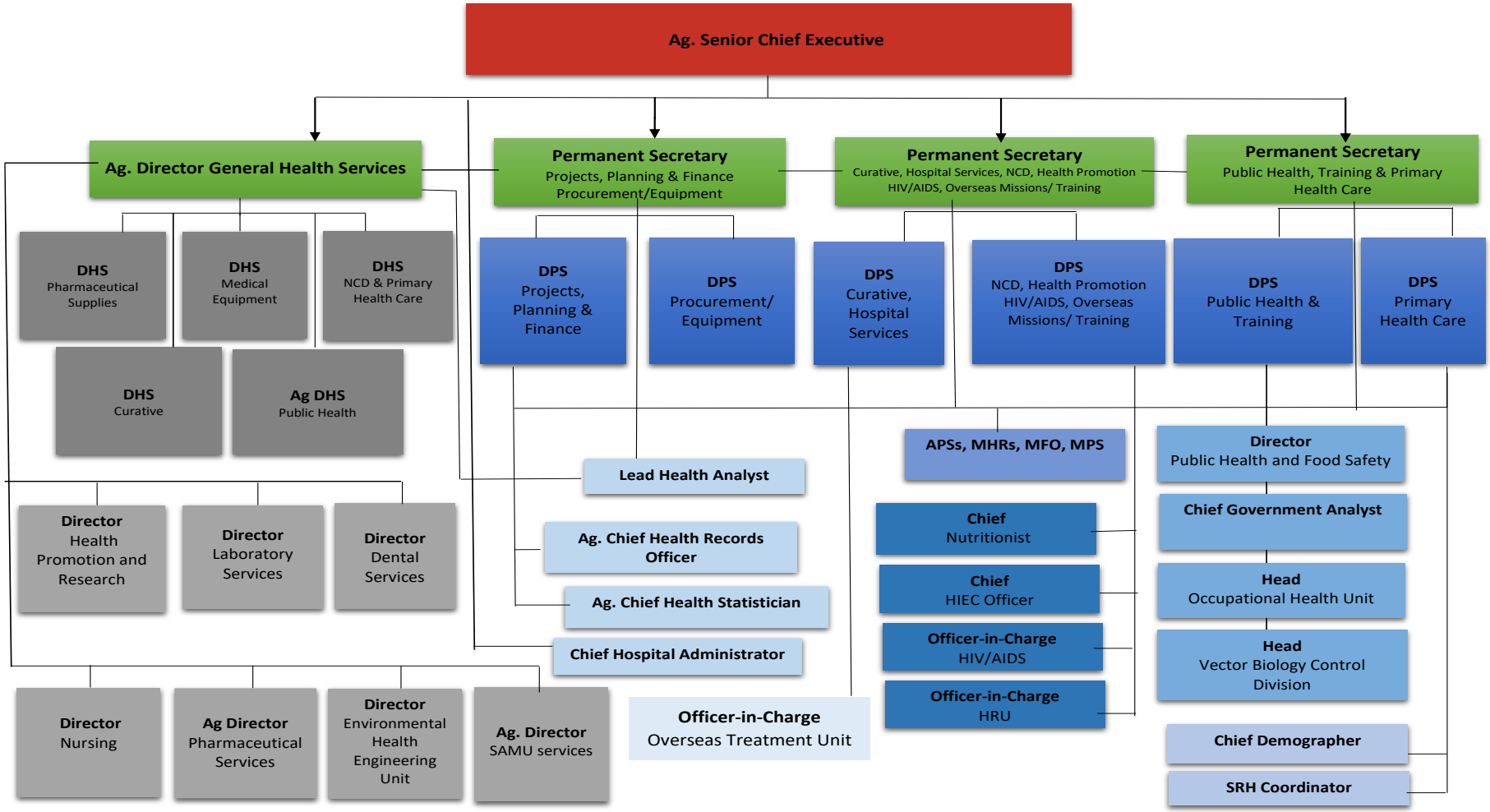
Further classification of the workforce by gender across hierarchy levels is as follows:

Staff in Post (June 2025)	Percentage		Number
	Male	**Female**	**Total**
Top Management (Salary ≥ Rs110,000)	73%	27%	77
Middle Management (Rs47,000 ≤ Salary ≥ Rs100,000)	50%	50%	2,813
Support (Salary < Rs47,000)	42%	58%	10,554
Overall	**44%**	**56%**	**13,444**

Source: Central Information Systems Division (CISD)

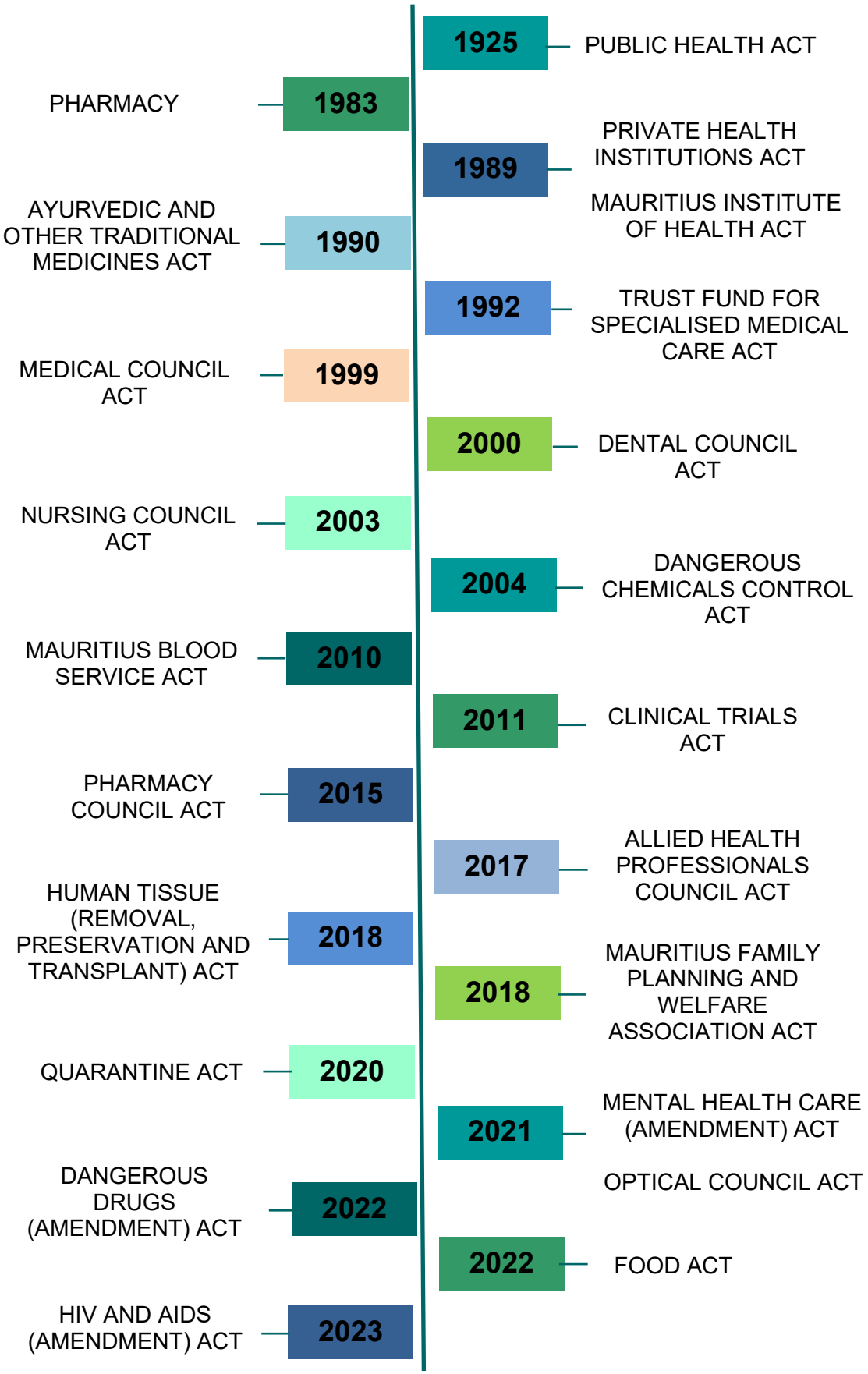
1.5 ORGANISATIONAL CHART

MINISTRY OF HEALTH AND WELLNESS (AS AT 30 JUNE 2025)



Source: MOHW Website (Accessed June 2025) & Inputs from HR

1.6 KEY LEGISLATIONS



1.6.1 AMENDMENTS BROUGHT THROUGH THE FINANCE (MISCELLANEOUS PROVISIONS) ACT 2024

- **Allied Health Professionals Council Act**
  The Allied Health Professionals Council Act was amended to provide an additional period of 3 years for a person to practise as an allied health professional and upgrade his qualifications to meet the requirements set out in the Allied Health Professionals Council Act.

- **Ayurvedic and Other Traditional Medicines Act**
  The Ayurvedic and Other Traditional Medicines Act was amended to facilitate the registration of specialists in the field of Ayurvedic and Other Traditional Medicines.

- **Clinical Trials Act**
  The Clinical Trials Act was updated to integrate the use of the National Electronic Licensing System (NELS) for clinical trial applications and related procedures. Key changes include:

  – **Section 2** now includes a new definition for *NELS*, described as the National Electronic Licensing System under section 27A of the Economic Development Board Act.
  – **Section 12** requires that all applications for a trial licence be submitted to the Council through the NELS.
  – **Section 15** specifies that any amendments to the trial protocol or related documents must also be submitted via NELS, along with the applicable application fee.

- **Dental Council Act, Medical Council Act and Pharmacy Council Act**
  The Dental Council Act, Medical Council Act and Pharmacy Council Act was amended to review the requirement for a Higher School Certificate, or its equivalent, for the registration of dental surgeons, general practitioners and pharmacists, respectively.

- **Private Health Institutions Act**
  The Private Health Institutions Act was amended to:
  – cater for Scientific Research and Development laboratories.
  – allow for the conduct of activities related to scientific research and development.

1.7 PACKAGE OF HEALTHCARE SERVICES

(i) Primary Healthcare Level

Services at Community Health Centres (CHC)	Services at Area Health Centres (AHC)	Services at Medi-Clinics
▪ Accident and Emergency ▪ Cancer Screening Clinics (cervical, breast, colon) ▪ Community health rehabilitation services ▪ Diagnosis and treatment of common diseases and injuries ▪ Dentistry* ▪ Diabetology* ▪ Diet and Nutrition* ▪ Expanded Programme of Immunisation for children aged up to 5 years old ▪ Foot Care* ▪ Follow up of referrals from hospitals ▪ General nursing care including wound dressing referred from hospitals ▪ Health education and promotion ▪ Maternal and Child Health: ➢ Antenatal clinics ➢ Post-natal clinics ➢ Pre-conception clinic ➢ Well baby clinics ➢ Cash gift scheme ▪ Methadone Clinic* ▪ NCD Clinics ▪ Nutrition education and counselling ▪ Primary Care ▪ Psychiatry* ▪ Records keeping and dispensing of medications are done by Nursing Officers ▪ Sexual and reproductive health clinic including Family Planning	▪ All services as provided at CHC level with the following additional services including: ▪ Dental Clinics ▪ Diabetology ▪ Diet and Nutrition ▪ Food Handlers Clinics ▪ NCD Screening for: ➢ Eye ➢ Diabetic foot care clinic including podiatry ▪ Pharmacy dispensing ▪ Records keeping ▪ School Health ▪ Specialist Clinics: ➢ Diabetic and Endocrinology ➢ Paediatric ➢ Obstetrics and Gynaecology* ▪ Paediatrics* ▪ Integrated Harm Reduction and HIV Services at Bouloux AHC ▪ Tobacco Cessation Clinics	▪ All services as provided at AHCs including ambulance services ▪ Ayurvedic Medicine* ▪ Chest Diseases* ▪ Dermatology* ▪ Echography (Ultrasound) ▪ General Medicines (Internal) ▪ Laboratory services* ▪ More Specialist Clinics: ➢ General Medicine ➢ Orthopaedics ▪ Obstetrics and Gynaecology ▪ Ophthalmology* / Laser$ ▪ Paediatrics ▪ Physical Medicines ▪ Psychiatry ▪ Radiology ▪ Retinal Screening$ ▪ X Ray facilities ▪ Integrated Harm Reduction and HIV Services at Hyderkhan Mediclinic, Plaine- Verte ▪ Tobacco Cessation Clinics* $ Carried out at Belvedere Clinic * Service is partly available

Source: Health Records Department, MOHW

(ii) List of Hospital Services

- Accident and Emergency
- Audiology
- Anaesthesia
- Autism (SSRNH & BSH)
- Angiography Cardiac
- Ayurvedic Medicine (SSRNH & VH)
- Bariatric Surgeries
- Breast Clinic (SSRNH)
- Cardiology/Cardiac Surgery
- Chest Unit
- COVID-19 Testing and Treatment Centres (Provisional services depending on the pandemic situation)
- Dental services including:
  (i) Endodontics
  (ii) Orthodontics
- Dermatology
- Diabetes/Endocrinology
- Diet and Nutrition
- Diagnostic Laboratory Investigations
- Ear, Nose and Throat (ENT) Services
- Early Dementia Clinic (SSRNH & VH)
- Echography (Ultrasound)
- Electrocardiography
- Electroconvulsive Therapy
- Electroencephalography
- Endoscopy
- Endovenous Laser Varicose Vein Surgeries
- Family Planning
- Fertility Clinic
- Gastro-enterology (AGJH)
- General Medicine
- General Surgery including Renal Transplant
- Geriatric Services
- Gestational Diabetes
- Haemodialysis
- Hyperbaric Chamber (VH)
- Harm Reduction
- HIV and AIDS Services
- Imaging facilities including CT scan & MRI
- Intensive Care Services
- Lithotripsy
- Medical Social Service
- Methadone Clinic
- Minimally Invasive Surgeries
- Neonatal Intensive Care Services
- Neonatology
- Nephrology services including Renal dialysis
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynaecology
- Occupational Medicine
- Occupational Therapy
- Oncology and Radiotherapy
- Ophthalmology / Laser
- Oral and Maxillofacial surgery
- Orthopaedics
- Paediatric Surgery
- Paediatrics
- Pathological Laboratory
- Pharmacy
- Physical Medicines
- Physiotherapy
- Plastic Surgery (VH)
- Podiatry (SH & VH)
- Psychiatry
- Psychology
- Radiology
- Renal Transplant (VH)
- Respiratory Medicine
- Retinal Screening
- Rheumatology
- Tobacco Cessation Services
- Speech Therapy
- Spinal Surgeries
- Unsorted OPD
- Vascular Surgeries

1.8 MAJOR ACHIEVEMENTS

In Mauritius, Government is committed to leave no one behind concerning access to quality healthcare. During the Financial Year 2024- 2025, public investments have been sustained to continue providing free universal access to quality health care services from primary to specialised care to the population, regardless of income, gender, race and religion. Several challenges were faced but at the same time, consistent efforts were being made with a view to transforming the healthcare system for improved accessibility, affordability, and quality of care for all citizens.

Key achievements under the following areas include:

Advancing Service Delivery

- Expansion of the Central Health Laboratory testing capacity in Human Leukocyte Antigens (HLA) contributing to improved Renal Transplant outcomes in Mauritius. The laboratory supports the renal transplantation programme by performing HLA typing, antibody screening, and flow crossmatching to assess donor-recipient compatibility. The laboratory also introduced High Resolution HLA Typing which can support future bone marrow transplant programmes.
- Establishment of an Additional Ayurvedic service outlet at Mediclinic, Grand Bois in July 2024, expanding access to traditional medicine.
- Creation of a dedicated Gastrointestinal Outpatient Department (GIOPD), drastically reducing waiting times for consultations and procedures from several months to days.
- With the decentralisation of services, 17 Primary Health Care (PHC) centres now offer dermatology services, compared to 15 centres in the previous financial year, improving accessibility to specialised dermatologic care across more regions. Moreover, there is an increase in the number of specialist-led outpatient dermatology clinics in some public health centres to enhance service accessibility.
- Extension of Resuscitation Units in Accident and Emergency departments 24-hour service from four regional hospitals to include JNH thus ensuring full nationwide coverage for continuous emergency care.
- Introduction of ward-based HIV voluntary counselling and testing (VCT) in all regional hospitals to enhance access to HIV testing services and to increase the number of individuals who are aware of their HIV status. Mass HIV testing has been initiated region wise since 2025 to target more people. Moreover, self-testing kits are now available to provide a confidential and convenient option for individuals who prefer to test privately.
- Timely transfer of stroke patients from across the Island to the Stroke Unit at Victoria Hospital for cases falling within the thrombolysis time window, enhancing access to specialised, time-sensitive stroke care and improving patient outcomes.
- Renewal of the existing Memorandum of Understanding with the Medical Research Foundation of Chennai, India, which provides for referral of patients requiring complex ophthalmological interventions not available locally in public health institutions.

Upscaling of health services

- Introduction of Transcranial Magnetic Simulation (TMS) Service to better address conditions such as depression, anxiety, stress, and other neuropsychiatric disorders. TMS uses a non-invasive procedure through magnetic fields to stimulate nerve cells in the brain. The TMS Wellness Centre was inaugurated at Victoria Hospital in September 2024 to provide this service. Mauritius is among the first countries in Africa to offer this service to its population.
- Introduction of Bronchoscopy and pulmonary function testing services in all regional hospitals.

Adoption of New Technologies and Digitalisation

- Setting up of a Digital Health Agency with the overall responsibility, management and dedicated oversight for the successful implementation and sustainability of the e-Health Project and other digital initiatives within the Ministry of Health and Wellness.
- Focus on preparations with respect to e-Health Software Requirements Specification (SRS) and collaboration with suppliers for the future implementation of the core Patient Administration System module initially at SAJH and the Health Region.
- High technology vector surveillance tools such as electronic tablets and mapping software like QGIS and QField were included to enhance the efficacy of mosquito surveys, making data collection real-time and paperless.
- Use of the mobile Vigi-mobile app for notification of adverse drug reactions.

Management and Control of Communicable Diseases

- Establishment of an Entomological Molecular Unit in October 2024 to screen mosquitoes for Dengue, Chikungunya, malaria, filariasis, and West Nile virus, and to detect insecticide resistance using PCR.
- Establishment of a dedicated Infectious Disease (Isolation) Ward, enhancing the facility's capacity to manage and contain infectious outbreaks effectively.
- Revision of the Chikungunya Preparedness and Response 2021 Plan in January 2025 and dissemination of updated version to all relevant stakeholders.
- Surveillance of incoming passengers from Réunion Island was reinforced, and regular intersectoral meetings were held following the detection of local cases of Chikungunya.
- The Central Health Laboratory has developed its sequencing capacity to include Dengue and Chikungunya.

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Management and Prevention of Non-Communicable Diseases

Decisive actions are being taken at the level of MOHW to further address Non- Communicable Diseases (NCDs) and their risk factors including:

- Launching of Onco-surgery services at the National Cancer Centre in the context of the commemoration of World Cancer Day on 04 February 2025.
- Visit of a team comprising Dr Sriprakash Duraisamy and Dr Balaji Ramani, renowned Oncologists from RECNAC Oncology Private Ltd, Chennai from 12 to 16 February 2025 to offer free oncology services to around ten complicated cases, who were on waiting list.
- Inauguration of the New Cardiac Outpatient Department at Victoria Hospital in September 2024.
- Implementation, as from September 2024, of the National Colorectal Cancer Screening Programme to target all Mauritians attaining 60 years of age. This Programme was initially started in the region of Port Louis and would be subsequently extended island wide.
- Joining the “Rays of Hope” initiative of the International Atomic Energy Agency, with the objective to help increase access to cancer care.
- Joining the United Nations Health4Life Fund (H4LF), a multi partner trust fund, designed to facilitate countries overcoming diverse obstacles and improve prevention and treatment of Non-Communicable Diseases (NCDs) and mental health conditions, in line with the Sustainable Development Goals.
- In line with the National Cancer Control Programme 2022-2025, vaccination against HPV has been extended to both girls and boys aged 9 to 15 years, reaching 76% coverage.

Improving Accessibility through investment in health infrastructure and Equipment

Accessibility to healthcare services is being clearly enhanced. Massive investment in the construction of new public health infrastructure and the upgrading of existing ones are ongoing both at the primary health care level and hospital level including:

- Inauguration of the Sir Anerood Jugnauth Hospital on 20 August 2024. As at 30 June 2025, the Grand Bois Mediclinic and Bramsthan Area Health Centres (AHCs) were operationalised. In parallel, the New Eye Hospital and 3 AHCs were fully completed. Extension and Renovation of the Pharmacy at J. Nehru Hospital, New Renal Transplant Unit at J. Nehru Hospital and Construction of 1 AHC was in progress. 2 Medi-Clinics, 3 AHCs and 2 CHCs were still at the design stage.
- Commissioning of a new dialysis unit at Quartier Militaire Medi-Clinic, equipped with five dialysis machines, catering to approximately 30 patients from the region. The Unit became operational on 17 July 2024, marking a crucial step in extending regional coverage.
- Relocation of the Riche Mare Dialysis Unit to the new SAJ Hospital. The new dialysis facility is outfitted with a new state-of-the-art Water Treatment Plant and boasts 35 dialysis stations. The Unit presently conducts over 100 dialysis sessions daily.
- Installation of two dialysis machines in the Medical ICU at the SAJ Hospital to manage emergency dialysis cases.

New Structures and Initiatives

- Reviewing the mechanism regarding cases of alleged medical negligence within Public Health Institutions. A Medical Negligence Committee, chaired by a Senior Adviser, was being set up to investigate cases of suspected medical negligence. The Medical Negligence Committee would convene any officer concerned and the complainant(s) for further explanations and submit a report with recommendations to the Senior Chief Executive of the Ministry of Health and Wellness within two weeks.
- Introduction of new measures to improve patients' safety in the healthcare system including:

  (a) weekly mortality meetings chaired by the Regional Health Directors to review cases of death reported in the hospitals, identify preventable causes, and address lapses in care. Monthly reports would be submitted to the Director of Health Services for follow-up; and

  (b) clinical auditing across all health regions to identify errors with a view to reducing medical negligence. Monthly audit reports would be submitted to Regional Health Directors to track progress and ensure continuous improvement in care.
- Participation in Small Island Developing States (SIDS) Pooled Procurement of Medical Products for more affordability, cost efficiency, economies of scale and collective negotiation.
- Collaboration with the World Health Organization, the Global Fund, the SADC, AUDA-NEPAD for the development of a new Health Sector Strategic Plan for the sector.

Favourable Health-Related Indicators/Outcomes

- Investment in health has paid rewarding dividends mostly in terms of an enhancement in the health status of the population. Life expectancy at birth has favourably improved to reach 70.4 years for male and 77.5 for female in 2024[1] as compared to 70.2 years for male and 77.3 for female in 2023.
- Eight kidney transplants were successfully performed by visiting specialists from India and United Kingdom respectively without major complications, achieving a 100% kidney graft function to date.
- Improvements concerning pharmacy services are as follows:

Indicator	2023–2024 Status	2024–2025 Status
Essential medicine availability	82%	**86%**
Stock-out incidents	120 cases	**95 cases**
Pharmacist-to-patient ratio	1:2,000	**1:2,000**

- Emergency and elective endoscopies are now carried out in line with strict timelines, with critically ill patients scoped within 24 hours, contributing to a mortality reduction from 65% to <10% in Gastrointestinal bleeding cases.
- WHO Minimum Requirements for Infection Prevention Control (Min-IPC) score improved from 62% in 2023 to 79% in 2024.
- HIV prevention program targeting young adolescents within the school-based initiative recorded an 18% increase in coverage, reflecting enhanced outreach.

[1] Provisional figures for 2024

International and Regional Recognitions

- Mauritius was honoured with the WHO Director General Special Recognition Award on the occasion of the World No-Tobacco Day 2025, in acknowledgement of the country's unwavering commitment to tobacco control. The award was presented to the Minister of Health and Wellness, Hon. Anil Kumar Bachoo, by the WHO Director General during the opening of the 78th World Health Assembly in May 2025.
- Mauritius received the Bloomberg Philanthropies "W" Award for Global Tobacco Control, presented during World Conference on Tobacco Control 2025 in Dublin, Ireland on 23 June 2025. Mauritius was notably recognised as the first African country to implement plain tobacco packaging and for its efforts in warning its population against the dangers of tobacco, reinforcing its leadership in tobacco control.
- The Harm Reduction Unit's pioneering paraphernalia kit distribution was recognised as a landmark achievement in Africa.
- The efforts of the Centre for Gastroenterology and Hepatology under the MOHW earned international recognition, including a featured documentary by Gilead Sciences with respect to a 97% cure rate for treated HCV patients and <10% lost to follow-up.

1.9 MAJOR CHALLENGES

The health sector in Mauritius continues to evolve in response to changing national and global dynamics. While noteworthy progress has been achieved in expanding access and improving the quality of care, the system also faces ongoing challenges arising from both internal and external pressures.

Among the most pressing are demographic shifts such as an ageing population, a decline in fertility rates, and the migration of skilled youth, all of which impact the availability of a sustainable workforce. Rising demand for healthcare, driven largely by the increasing burden of NCDs further strains the system.

These challenges, however, are not left untackled. The Ministry remains committed to addressing them through targeted strategies, which are further detailed in the “Way Forward” section of this report.

Challenges are present across several services within the health system, and the main ones from different units have been outlined to reflect both specific concerns and broader systemic issues.
The major challenges are as follows:

- **Service Delivery**

Expanding health needs and rising patient numbers have placed pressure on service delivery across multiple departments. The Renal Dialysis Service reported patient transportation delays that negatively affect well-being. The SAMU has experienced difficulty in responding to the rising number of ambulance requests, compounded by increasing road traffic accidents requiring acute care. In Rheumatology, the combination of high patient loads and limited access to modern biologic medicines continues to challenge effective care. In Sexual and Reproductive Health, the absence of a fully structured unit to coordinate activities has slowed progress in addressing rising cases of Sexually Transmitted Infections (STIs), teenage pregnancies, and the need for comprehensive psychosexual counselling. The Ayurvedic Unit also struggles with limited staff, lack of a clear policy framework, and inappropriate storage of medicines, which together restrict its integration and effectiveness within the broader health system. These operational inefficiencies highlight the importance of strengthening logistics, transport systems, and service organisation to ensure patients receive timely and uninterrupted care.

- **Health Concerns**

Stigma and taboo surrounding mental illness continue to delay early intervention and rehabilitation. The rising burden of disability due to stroke, mental illness, and population ageing is further increasing demand for rehabilitation services. Communicable diseases pose ongoing risks, with the resurgence of vector-borne diseases such as Chikungunya and Dengue exacerbated by climate change, which has multiplied the activities of the VBCD programme. Similarly, Sexual and Reproductive Health faces pressing challenges from rising STI cases, teenage pregnancies, and insufficient comprehensive sexuality education. These evolving health concerns call for integrated strategies that combine prevention, awareness, and service expansion to safeguard population health.

- **Non-Communicable Diseases (NCDs) Screening**

NCDs continue to place a significant burden on the health system, with challenges emerging at both school and community levels. In secondary schools, participation in NCD screening has declined considerably over the years, largely due to parental consent issues. Parents may be reluctant to allow their children to undergo screening, while in other cases consent forms are not delivered home by students or not distributed on time by school staff. This lack of engagement reflects limited awareness on the importance of early detection.

At the community level, participation in screening activities has also shown a downward trend. This is partly linked to insufficient outreach and sensitisation efforts, which reduce public interest and involvement.

Moreover, logistical difficulties persist, with screening teams often facing inadequate transport. These challenges limit the effectiveness of the programme and highlight the urgent need to expand health education, and improve operational support.

- **Infrastructure and Equipment**

Shortcomings in infrastructure and medical equipment remain a significant barrier across the public health system. The Endodontics Unit has reported delays in equipment maintenance and limited access to advanced dental materials, while physiotherapy services for instance at Jawaharlal Nehru Hospital and Mahebourg Hospital lack rehabilitation gyms, forcing exercise treatments into small cubicles where electrotherapy cables compromise safety. In Neurosurgery, the limited availability and malfunctioning of operating microscopes hamper specialised interventions. At the Central Health Laboratory, inadequate infrastructure poses risks to inventory management, infection control, and staff safety.

The Vector-Borne Communicable Diseases programme faces limited space that hinders expansion of core activities such as mosquito surveys and sterile male mosquito releases during epidemics. The Radiology Department has several machines that have surpassed their useful lifespan, with spare parts often unavailable, reducing reliability and service efficiency. These infrastructural and equipment limitations jointly reduce service efficiency, delay care, and compromise patient outcomes.

- **Policy, Awareness, and Governance**

Policy gaps, limited awareness, and governance challenges continue to affect service integration and uptake. The Ayurvedic Unit is hampered by the absence of a dedicated national policy on Ayurvedic services, weak regulation of practitioners under the Ayurveda and Other Traditional Medicine Act, and poor public awareness about the availability of these services. This undermines efforts to integrate traditional medicine into the mainstream health sector. Limited public awareness also affects areas like rheumatology, where early diagnosis and prevention could reduce long-term disability. Governance challenges extend to resource allocation and service coordination across units, as reflected in the need for more structured psychiatric services and comprehensive mental health programmes. Addressing these policy and governance gaps will be essential for ensuring equitable access, improving efficiency, and maximising the impact of existing health initiatives.

- **Human Resources**

A recurring challenge across multiple units is the shortage of human resources, which hampers service delivery and limits expansion of care. Several services face staffing gaps due to retirements, resignations, redeployments, and limited training opportunities.
For instance, the Cardiology services have been particularly affected due to the absence of structured training since the last cohort of doctors was trained abroad over two decades ago. Neurosurgery departments operate with only two Neurosurgeons each, making 24/7 emergency coverage difficult, while the lack of nursing officers has also limited the training of specialised Neurosurgical scrub nurses. Similar shortages are observed in laboratory services, where the number of technologists has steadily declined, alongside pathologists and auxiliary staff. Radiology, Rheumatology, Occupational Health, Physiotherapy, Sexual and Reproductive Health, Communicable Diseases, and Community-Based Rehabilitation units, amongst others have likewise reported difficulties due to inadequate staffing.

Collectively, these challenges highlight the need for systematic human resource planning, succession strategies, and forecasting to ensure the continuity of specialised care and equitable distribution of services.

- **Procurement and Supply Chain**

Delays in procurement and inefficiencies in supply chain management have affected the continuity and quality of care in multiple areas. The Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR) programme reported frequent delays in receiving essential IPC items, which has hindered implementation of preventive measures. Similarly, the Communicable Diseases Unit highlighted procurement delays of critical supplies such as Rapid Diagnostic Test (RDT) kits, Personal Protective Equipment (PPE), and vector control tools, all of which are essential for outbreak response and routine surveillance. These constraints emphasise the need for streamlined procurement mechanisms and improved inventory management to strengthen preparedness and response capacity.

1.10 DEVELOPMENT OF NEW HEALTH SECTOR STRATEGIC PLAN (HSSP)

1. Background

The Ministry of Health and Wellness has embarked on the development of the Health Sector Strategic Plan (HSSP) 2026-2030 for the Republic of Mauritius in collaboration with the World Health Organization. The new HSSP is being formulated through a comprehensive analysis of the health systems. This has involved an inclusive and participatory process soliciting contributions from various stakeholders, including relevant Ministries, development partners, private sectors, civil society, and community organisations.

The process was officially launched by the Hon. Minister of Health, Mr A K Bachoo, G.O.S.K, on January 30, 2025.

2. Progress of activities since the launch

I. A Steering Committee (SC), chaired by the Ag. SCE, has been established and held its first meeting on 21 February 2025 to oversee the development of the HSSP 2025–2030.

II. Sixteen Thematic Working Groups (TWGs), comprising stakeholders from the MOHW as well as State and Non-State institutions, have convened their initial meetings, undertaken situational analyses, and identified priority areas.

III. In addition, a consultation workshop was held on 3rd and 4th June 2025 to discuss and validate the draft situational analysis, which will serve as the foundation for setting goals, objectives, strategic interventions, and targets in the next stages of the HSSP.

3. Key consideration of the HSSP 2026-2030

I. The health components of the Government Programme 2025-2029 have been taken on board and will be reflected in the HSSP.

II. The non-communicable disease burden, especially managing diabetes and its complications, remains a central area of concern. The recommendations of international experts, such as Professor Owen from the UK, on managing diabetes will also be considered.

III. Current pressing issues, such as the provision of quality, patient-centred health care, the safety of health workers, and medical negligence, have been noted as priority areas of intervention that the HSSP needs to address comprehensively.

IV. Interventions to elucidate the extent of the human resource challenges and address them.

V. A Primary Health Care approach is also central to the HSSP 2026-2030, and the plan is mindful to include measures to improve the efficiency and effectiveness of service delivery.

4. Rationale behind the HSSP 2026-2030

The HSSP 2026-2030 is being developed to ensure that:

I. The priority health needs of the country are addressed;

II. The health system is strengthened to enable the implementation of cost-effective and efficient interventions; and

III. There is a guiding reference document for the health sector to inform the implementation of interventions that will progressively improve the health status of the Mauritian population.

1.11 DRIVING DIGITAL TRANSFORMATION IN HEALTHCARE- IMPLEMENTATION OF THE E-HEALTH SYSTEM

The e-Health System is being implemented by the MOHW under a comprehensive portfolio approach, in close collaboration with the United Nations Development Programme (UNDP). The implementation is structured in two main phases with a view to modernising healthcare delivery, improving data management, and enhancing service efficiency across public health institutions.

Phase I focuses on the deployment of foundational systems that establish the necessary digital infrastructure to support patient and health service management. The core modules under Phase I include:

- **Patient Administration System (PAS):** To manage the administrative lifecycle of patients, including registration, admission, discharge, and transfer processes.
- **e-Health Portal and Mobile Application:** To provide a digital interface for patients and healthcare providers to access health services, personal medical information, and appointment scheduling.
- **Blood Transfusion Services (BTS) and Donor Management Application:** To support the end-to-end management of blood donations, donor records, and transfusion processes.
- **Reporting and Analytics:** To facilitate real-time data aggregation, dashboards, and performance monitoring to support evidence-based decision-making and health system governance.
- **Laboratory Information Management System (LIMS) Integration:** To integrate LIMS with the e-Health System and deploy across wards, to enable electronic test ordering with automated transmission of results from laboratory analysers to wards and patients (where required).

Phase II involves the roll-out of clinical systems aimed at directly supporting medical, nursing, and allied health services. The following modules are being prioritised:

- **Radiology Module (including Picture Archiving and Communication System – PACS):** To enable the management, storage, and retrieval of diagnostic imaging and related reports.
- **Laboratory Information System:** To integrate the remaining laboratory service workflows, test orders, and result reporting across health facilities.
- **Nursing Module:** To facilitate the documentation of nursing observations, vital signs, and care plans to support clinical decision-making.
- **Pharmacy Module:** To support the dispensing, inventory control, and tracking of pharmaceutical products within healthcare institutions.
- **Bed and Ward Management:** To optimise bed utilisation, patient placement, and overall ward operations.
- **Surgical Module (Operating Theatre Management):** To manage surgical scheduling, theatre occupancy, and perioperative documentation.
- **Intensive Care Unit (ICU) Module:** To enable the capture and monitoring of patient data in high-dependency and intensive care settings.

- **Clinical Practice Management Module:** To facilitate the delivery and documentation of specialised services including dental, physiotherapy, and other paramedical care.
- **Billing and Costing Module:** To support the financial dimension of healthcare service delivery, including cost tracking, invoicing, and patient billing.

The Ministry of Information Technology, Communication and Innovation has confirmed that the Government Online Centre (GOC) will provide hosting services for the e-Health application on a 24/7 basis.

The Ministry is also mindful of the need to preserve the privacy and confidentiality of patients' records for the roll out of the digital health solutions. The digital transformation will therefore be backed by robust digital safeguards and legal protections, ensuring that patient rights are strengthened and protected.

Future Initiatives: Launch of 1st Phase

In view of the site readiness of SAJH, the e-Health is being tested since 23 August 2025. Efforts will be made to resolve issues that might crop up during the testing phase. Once the testing is successful, the project will be rolled out in the remaining Regional Hospitals.

With a view to ensuring that the patient experience dimension is tangible from the outset, the nurses' and doctors' modules have been incorporated in phase 1 of the project. This new system will enable the patient to have a Unique Health Identification (UHID) number which would be ultimately used across all health facilities once the e-Health is rolled out in these institutions.

The training of Doctors, Nurses and Health Care Assistants would be carried out on the respective modules. The remaining modules of the e-Health System, such as, the e-Health portal, mobile application, blood transfusion services, donor management application and LIMS will be rolled out eventually.

Digital Health Co. Ltd

The Digital Health Co. Ltd (DHCL) has been set up comprising representatives of the MOHW, Prime Minister's Office, Ministry of Information Technology, Communication and Innovation, Ministry of Finance, amongst others, as Directors. The DHCL will be a Government-owned company with the overall responsibility, management and dedicated oversight for the successful implementation and sustainability of the e-Health Project and other digital initiatives within the MOHW.

1.12 CLIMATE CHANGE

Initiatives related to Climate Change

In August 2024, the consultancy firm, BDO, was appointed with the support of the World Health Organization (WHO) to act as the consultative partner for the development of the National Adaptation Plan (NAP) for the Health Sector. This initiative represents a significant milestone in strengthening the resilience of the Mauritian health system to the increasing threats posed by climate change.

The process began in November 2024 with an initial meeting aimed at bringing together a broad range of stakeholders, which laid the foundation for a health assessment through a climate change lens. During this consultation, BDO engaged with Mauritian counterparts to review existing health challenges and identify climate-related vulnerabilities within the sector.

Building on this momentum, a second workshop was held in June 2025. The focus was to chart the way forward for a Vulnerability and Adaptation (V&A) Assessment in the health system. This assessment will guide future policy actions and interventions, ensuring that adaptation measures are evidence-based and aligned with health priorities of Mauritius.

In parallel, the MOHW is advancing efforts to establish an Early Warning System (EWS) for vector-borne diseases, such as, dengue and chikungunya. The System will be designed to provide a six-week predictive outlook, enabling timely public health responses to potential outbreaks. In order to operationalise this initiative, a Memorandum of Understanding will be signed with the Mauritius Meteorological Services with a view to explore data-sharing mechanisms and forecasting models.

PART II

ACHIEVEMENTS BY HEALTH SERVICES

SECTION A

HOSPITAL AND SPECIALISED SERVICES

2.1 HOSPITAL AND SPECIALISED SERVICES

Curative services of Public Health Institutions are provided by 5 Regional Hospitals, 2 District Hospitals and 2 Community Hospitals. They are supported by 6 specialised hospitals, in areas of Psychiatry, Chest, Eye, ENT, Cardiac and Cancer.

Emergency services are provided by SAMU and Accident & Emergency Departments of hospitals. Chronic cases are seen at unsorted and sorted OPDs of Hospitals and at the Primary Healthcare Centres. Specialised services are available on appointment provided across more than 23 specialties.

In Financial Year 2024-2025, Accident and Emergency Departments of hospitals have catered for some 3,118 patients per day amounting to 1,137,912 visits as compared to 1,192,878 visits in the preceding Financial Year. Sorted outpatients on appointment totaled 989,295 visits whilst there were 583,458 unsorted visits without appointment. Hospitals have thus catered for 6,342 outpatient cases per day.

Cases handled by individual hospitals during Financial Year 2024-2025 are as follows:

Regional Hospitals	Accident and Emergency Department	Sorted OPD	Unsorted OPD	Flu Clinics	Admissions	Surgeries
Dr A.G. Jeetoo	207,478	168,768	111,898	-	35,143	7,847
SSRN	141,368	151,821	91,618	9,129	27,663	5,526
Dr B. Cheong/ SAJH	116,354	120,689	81,317	7,490	26,267	6,091
J. Nehru	113,371	103,030	73,104	7,587	24,128	4,993
Victoria	128,779	216,656	161,469	12,685	32,638	8,373
TOTAL	**707,350**	**760,964**	**519,406**	**36,891**	**145,839**	**32,830**

**27,161 unsorted OPD cases were also handled by Mahebourg Hospital,*
Source: Health Records Department, MOHW

District, Community and Specialised Hospitals	Accident and Emergency Department	Sorted OPD	Admissions	Surgeries
Mahebourg	44,821	20,399	2,390	-
Souillac	77,570	28,351	4,972	2,555
Brown Sequard	14,185	13,951	3,373	-
S. Bharati Eye	103,390	67,389	6,126	8,045
ENT Centre	97,194	11,197	3,368	7,875
Poudre D'Or- Chest	-	6,123	431	
Cardiac Centre	-	22,895	4,501	1,040
Long Mountain	51,916	11,305	-	-
Yves Cantin	41,486	4,250	-	-
National Cancer Centre	-	42,291	3,225	196
TOTAL	**430,562**	**228,331**	**28,386**	**19,711**

Source: Health Records Department, MOHW

A wide range of support services provided professional back-up to doctors which included Audiology and Speech Therapy, Clinical Psychology, Hydrotherapy, Hyperbaric Medicine, Medical SocialService, Diet and Nutrition, Occupational Therapy, Physiotherapy, Podiatry and Foot Care, Occupational Health Service, Orthopaedics Workshop, Retinal Screening, Fertility Clinics and Tobacco Cessation Clinics among others. They have catered for some 395,029 cases and the main ones are highlighted hereunder.

Services	Number of Cases FY 23-24	Number of Cases FY 24-25
Audiology	13,485	**11,934**
Speech Therapy	9,727	**9,810**
Clinical Psychology	15,843	**16,465**
Medical Social Service	23,751	**24,838**
Nutrition service	26,684	**33,323**
Occupational Health Service	9,777	**8,671**
Occupational Therapy	44,098	**48,747**
Orthopaedic Workshop	22,397	**25,496**
Physiotherapy	130,627	**133,564**
Hyperbaric Chamber	131	**108**
Podiatry	1,780	**1,658**
Foot care	39,943	**42,895**
Retinal Screening	36,831	**44,234**
Tobacco Cessation Clinics	2,069	**2,329**

Source: Health Records Department, MOHW

	As at June 2024	As at June 2025
No. of wards in public hospitals	165	**176**
Available beds	3,604	**3,831**
Including: Intensive care beds for adults	111	**129**
Intensive care beds for neonatal	30	**31**
	FY 2023-2024	**FY 2024-2025**
No. of admissions	176,119	**174,225**
Overall bed occupancy	69.4%	**64.8%**
Bed occupancy at: Brown Sequard Mental Health Care Centre	78.4%	**67.9%**
Dr A.G. Jeetoo Hospital	78.8%	**76.9%**
Victoria Hospital	69.0%	**68.7%**

Source: Health Records Department, MOHW

	FY 2023-2024	FY 2024-2025
Surgeries carried out by Regional Hospitals, Souillac Hospital, S. Bharati Eye Hospital, ENT Centre and Cardiac Centre	51,418	**52,547**
Including Open heart surgeries	922	**976**
Cataract surgeries	8,209	**6,917**
Lithotripsy	1,012	**1,131**
Arterio-venous fistula cases	557	**507**
Cardiac angiographies/angioplasties	5,979	**6,743**

Source: Health Records Department, MOHW

Tests conducted	**FY 2023-2024**	**FY 2024-2025**
Laboratory Service	17.4 million	**17.8 million**
Radiology Department	**FY 2023-2024**	**FY 2024-2025**
X-ray examinations	727,183	**790,965**
Excluding CT-Scans	32,459	**37,618**
MRIs	5,084	**6,614**

Source: Health Records Department, MOHW

Some other examinations and tests conducted are as follows:

Type of Tests	FY 2023-2024 Number of Tests	FY 2024-2025 Number of Tests
Chemotherapy	16,235	**16,408**
Electroconvulsive Therapy	183	**276**
Electroencephalography	1,730	**1,577**
Endoscopy	12,975	**13,460**
Laser (Ophthalmology)	5,616	**5,525**
Nuclear Medicine	1,776	**1,177**
Pacemaker implant	225	**239**
Stress Test	4,507	**4,473**

Source: Health Records Department, MOHW

The achievements of the different units of care for the Financial Year 2024- 2025 falling under the Curative Section – Hospital and Specialised Services have been elaborated in this part of the report.

2.1.1 CARDIAC SERVICES

Cardiovascular diseases (CVDs), the leading cause of death worldwide, are a significant health concern in Mauritius as well. The public health institutions are focused in tackling these conditions through early detection, management of risk factors, and promoting healthier lifestyles.

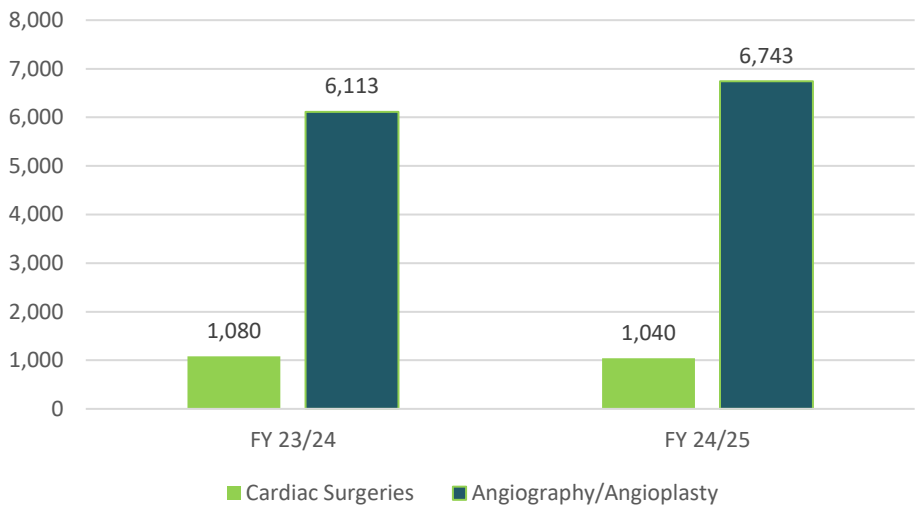
CARDIOLOGY UNITS

Cardiology units operating at Regional Hospitals are equipped with the latest technologies to serve both outpatient and inpatient cardiology services. Cardiac Outpatient Departments (OPDs) address cardiac cases, post-angioplasty and Coronary Artery Bypass Grafting (CABG) follow-ups, new cardiac cases, and pre-operative assessments while maintaining a daily on-call service for cardiac emergencies.

Additionally, a range of cardiac-related services are provided including temporary and permanent pacemaker insertions and interventions, cardiac echography, stress tests, Echocardiograms, Holter Monitoring, coronary angiography, angioplasty and primary Percutaneous Coronary Intervention (PCI).

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Cardiology interventions for this financial year are as follows:



*Source: Health Records Department, MOHW (*inclusive of TFSMC statistics)*
*Cardiac Surgeries include Open Heart Surgeries

- **Establishment of Catheterisation Labs at JNH**: The Cardiac Service at JNH is now being equipped with its own Catheterisation Labs, enabling timely interventions, often immediately or within 24–48 hours, thereby preventing complications such as heart failure, shock, fatal arrhythmias, or death following an acute myocardial infarction.
- The installation of a **Coronary Catheterisation Lab** at JNH is under progress.
- **A full-fledged OPD** has been established at SAJH, providing daily specialist consultations for cardiac patients.
- Daily Electrocardiogram (ECG), Echocardiography (Echo), and Holter Monitoring sessions are conducted, ensuring timely and accurate cardiac diagnostics.

- **A dedicated Pacemaker Clinic** has been introduced to strengthen care and the management of patients requiring pacemaker support.

- Since July 2024, Pacemaker Implantation procedures, including both single-chamber and dual-chamber devices, have been performed at SAJH with the provision of Operating Theatre (OT) and C-arm for Permanent Pacemaker (PPM) implantation.

CARDIAC CENTRE

The Trust Fund for Specialised Medical Care (TFSMC) is a body corporate regulated by TFSMC Act 1992. The objectives of the TFSMC are to set up and operate a Specialised Medical Care Centre and manage other institutions for the provision of high-tech medical care.

The TFSMC provides the following services:

- Coronary Angiography
- Coronary Angioplasty
- Open Heart Surgery

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

As announced in the budget speech 2025-2026 and in view to reforming the Health Sector, one of the measures to be implemented for a transformative improvement in healthcare delivery and patients' outcomes would be the introduction of an advanced metabolic testing and non-invasive cardiac imaging technologies to ensure early detection of metabolic and cardiac diseases. In this spirit, a Unit has been introduced at the TFSMC and the Centre is in process of recruiting an expert in this field for the development of same.

Activities	No of cases performed		Waiting List		Waiting Time (weeks)	
Financial Years	FY 23-24	**FY 24-25**	FY 23-24	**FY 24-25**	FY 23-24	**FY 24-25**
Cardiac Surgery	1,025	**1,040**[2]	121	**131**	5.3	**6.1**
Angiography	2,888	**3,473**	622	**256**	7.8	**3.9**
Angioplasty	882	**1,021**	69	**0**	13.1	**0**

Source: Trust Fund for Specialised Medical Care

- **183 Primary Percutaneous Coronary Intervention** have been performed for this period.

- Training and upskilling of the cardiac workforce were undertaken to enhance technical competencies and ensure the delivery of high-quality care.

- **Transcatheter Aortic Valve Implantation (TAVI) has been introduced**. This treatment is conducted through foreign visiting team from America, namely Dr K. Lotun and team.

- **Complete Total Occlusion (CTO) has been implemented at the Centre.**

[2] Inclusive of 64 cases of re-opening

2.1.2 GENERAL SURGERY

The General Surgery Department within a hospital is crucial for delivering comprehensive care through both routine elective surgeries and critical emergency procedures. General Surgery addresses a broad range of operative procedures for diagnosing and treating injuries and diseases across various body parts. Mauritius currently has five General Surgery Units, one in each Regional Hospital.

Main conditions treated by General Surgeons:

- Traumatic and emergency injuries
- Breast pathologies, including cancer
- Vascular and diabetic foot conditions
- Endocrine conditions (thyroid, adrenal glands)
- Urological conditions (Kidney, Urinary bladder, Prostate, Penis, Testis)
- Upper and lower Gastro-intestinal tract conditions (oesophagus,stomach, small intestine)
- Biliary tract conditions (gallbladder, bile ducts, pancreas, liver)

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **13,778 surgeries** were performed at the 5 Regional Hospitals indicating a 3.6 % increase as compared to the previous financial year. This reflects the capacity of the department to handle a growing volume of complex cases, including **553 Arteriovenous Fistula (AVF) procedures and 1,131 Lithotripsy cases.**
- **720 amputation cases** at Regional Hospitals were recorded. First time amputees have dropped by 11.7% for the same period.
- Introduction of a vascular team in collaboration with a visiting Vascular Surgeon from England, enabling management and surgery of complex vascular cases alongside local specialists.
- Introduction of a dedicated **Thoracic Surgery Team** at SAJH to manage complex thoracic pathologies across the Island.
- Constitution of a **Renal Transplant Team** at SAJH, working with visiting experts while building capacity for independent practice.
- An Extracorporeal Shock Wave Lithotripsy (ESWL) unit at SAJH has started, effectively managing numerous renal stone cases.
- An **Arteriovenous Fistula (AVF) Clinic** has started to streamline case management and optimise surgical intervention.
- Hosting of foreign teams at SAJH (Vascular, Laparoscopic, Laser Proctology) and organisation of workshops to strengthen local expertise and service delivery.
- **Advanced Urology Services at SAJH** by adopting new techniques, including Retrograde Intrarenal Surgery (RIRS) with LASER.

2.1.3 VASCULAR SURGERY

Vascular surgery is a discipline which deals with disorders of arteries and vein. Currently, there is only one Vascular surgery specialist in the MOHW.

Pathologies looked after include:

- Peripheral arterial disease and preventing amputations.
- Complicated vascular access for dialysis patients (those with 1 or more previous failed AVFs).
- Traumatic/iatrogenic injuries which need vascular repair.
- Carotid artery disease.
- Aneurysms (excluding intra-cerebral)
- Type B aortic dissections
- Venous ulcerations and complicated DVTs.
- Arterio-venous malformations.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Efforts are being made to set up a vascular service nationwide with a designated arterial centre and non-arterial centres.
- The Unit also recognises that Endovascular surgery goes hand in hand with open Vascular surgery and envisages to set this up.
- Moreover, the Unit is seeking to provide a modern vascular service with adequate equipment and consumables to provide necessary care.
- The team is further striving to develop a Mauritian Vascular Registry and define protocols with relevant timelines for different vascular pathologies.

2.1.4 GENERAL AND INTERNAL MEDICINE

General and Internal Medicine encompasses a wide spectrum of acute and chronic diseases. It is responsible for the inpatient and outpatient management of non-surgical illnesses, monitors chronic diseases, conducts thorough diagnostic evaluations, and coordinates closely with other specialties and subspecialties, including chest medicine, dermatology, endocrinology, ENT, orthopaedics, general surgery, gastroenterology amongst others, to ensure holistic patient care.

It also operates an Endoscopy Unit, offering both diagnostic and therapeutic procedures such as gastroscopy, colonoscopy, and Endoscopic Retrograde Cholangiopancreatography (ERCP).

Within its scope, it also houses Infection Prevention and Control (IPC), the Antimicrobial Stewardship team, and the Hepatitis C elimination programme, all working in alignment to enhance patient safety, optimise treatment outcomes, and reduce spread of infectious diseases.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

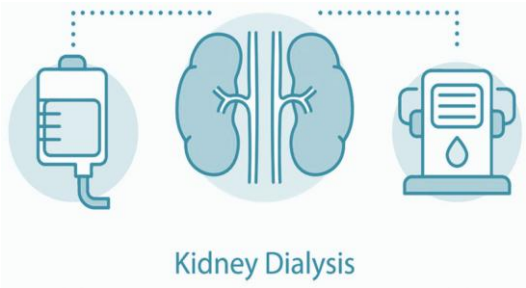
- For the reporting period; a total of 73,080 patients were seen in OPD General Medicine at the regional hospitals.
- IPC guidelines are being thoroughly updated to reflect current best practices and national standards.
- Establishment of a dedicated Infectious Disease (Isolation) Ward, enhancing the facility's capacity to manage and contain infectious outbreaks effectively.
- Participated in updating of national guidelines for the management of Chikungunya, Dengue, Mpox, and COVID-19, ensuring that national responses remain robust and up-to-date.
- Consistently conducted informative lectures on both IPC and AMR, contributing to the ongoing professional development of healthcare staff.
- Training was conducted on pharmacovigilance and the use of the mobile Vigimobile app for notification of adverse drug reactions.
- Statistics for Financial Year 2024-2025 are as follows:

Endoscopic Unit	Number performed
Gastroscopy	**8,685**
Colonoscopy	**4,167**
Other Gastroenterology	**609**

Source: Health Records Unit, MOHW

2.1.5 RENAL DIALYSIS SERVICES AND RENAL TRANSPLANT

RENAL DIALYSIS SERVICES



The Renal Dialysis Services Unit is responsible for the coordination and oversight of dialysis care for patients with End-Stage Renal Disease (ESRD) across Mauritius. The unit plays a pivotal role in ensuring equitable, timely, and accessible treatment through a comprehensive network of public and private service providers.

Dialysis services are delivered through **nine Government-operated dialysis centres**, strategically located within Regional Hospitals and satellite units, ensuring **nationwide coverage** with services available **24/7**.

In addition to public facilities, the MOHW collaborates with **six private clinics** under a Public Private Partnership (PPP) arrangement. This partnership provides dialysis to public patients when slots in Government centres are unavailable, thus optimizing service availability and minimizing waiting times.

All patients enrolled in the public dialysis programme benefit from **free transportation** to and from dialysis units, along with a one-time social allowance designed to assist with incidental treatment-related expenses. The delivery of dialysis services is driven by a highly skilled, multidisciplinary team. Nephrologists provide medical leadership by prescribing and supervising dialysis treatments, ensuring clinical safety, and planning long-term care. Registered nurses, who staff all dialysis units exclusively, are responsible for administering dialysis, preparing machines, managing vascular access, and monitoring patients throughout treatment sessions. The Units maintain a 4:1 patient-to-nurse ratio, offering thrice-weekly dialysis sessions for all eligible patients.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- During the reporting period, 01 July 2024 to 30 June 2025, **229,461 dialysis sessions** have been performed, inclusive of Government hospitals and private clinics' interventions.

	FY 23-24	FY 24-25	FY 23-24	FY 24-25
Dialysis Centers	**No of Patients**		**No of Sessions**	
Government Hospitals	1,245	**1,275**	192,322	**194,955**
Private Clinics	199	**234**	33,398	**34,506**
Total	1,444	**1,509**	225,720	**229,461**

Source: Renal Dialysis Unit, MOHW

- There has been reinforcement of service delivery through sustained operations across the nine Government-run centres and six private clinics under the PPP, with improved slot optimization, reducing delays in initiation of dialysis for new patients.
- **Training and Capacity Building**: More structured training sessions were conducted for nurses and the units' staff with modules on dialysis technology, emergency protocols, and patient safety.
- **Continuity of Care**: Despite high demand, the Units successfully avoided any interruption to the 24/7 dialysis coverage, and continued to offer thrice-weekly dialysis sessions for all eligible patients.
- **Expansion and modernisation of the dialysis facilities:** There has been continued implementation of the Ministry's strategic objective to integrate and expand dialysis services within public healthcare infrastructure.
  - **A new dialysis unit was officially commissioned** at **Quartier Militaire Medi-Clinic**, equipped with **five dialysis machines**, catering to approximately 30 patients from the region. The unit became operational on 17 July 2024, marking a crucial step in extending regional coverage.
  - **Two dialysis machines** were installed in the Medical ICU at the SAJH to manage emergency dialysis cases.

  - the **Riche Mare Dialysis Unit** has been fully relocated to the new SAJH on **09 September 2024**, and equipped with a **new state-of-the-art Water Treatment Plant**. The new dialysis facility boasts **35 dialysis stations** and now conducts **over 100 dialysis sessions daily**.

- **Standardising Nursing Practice**: Recognising the vital role of nursing professionals in delivering high-quality dialysis care, the Ministry has taken steps towards the formal adoption of National Nursing Guidelines for Dialysis Care. These guidelines aim to standardise clinical practice, improve care outcomes, strengthen professional confidence and operational consistency.
- The Renal Dialysis Services have **launched a proposed national campaign** under the theme: **"Give Blood, Give Life: Together for Kidney Health."** This campaign aims to unite healthcare workers, dialysis patients, and the general public through awareness-building and solidarity in support of kidney health.
- **Training for dialysis nurses and nephrology teams have been strengthened**, with increased focus on infection prevention and control, clinical documentation, and early identification of complications.
- **Continuous Quality Improvement (CQI) projects were pursued** in collaboration with nephrologists to standardise dialysis protocols and improve patient outcomes.
- **Introduction of a standardised hygiene monitoring template** to promote compliance and accountability. This template is now completed and submitted monthly by Dialysis Ward Managers, ensuring sustained oversight and uniform infection control practices across all units.

RENAL TRANSPLANT IN MAURITIUS

A kidney transplant is often the treatment of choice for kidney failure, compared with a lifetime dialysis treatment. Compared to previous years when patients and their compatible kidney donors were sent to India for renal transplants at the Ministry's expense, these procedures are now being performed locally at Victoria Hospital by visiting specialist teams. This has significantly reduced the need for overseas treatment while enhancing access to renal transplantation in Mauritius.

The Transplant Unit, located at Victoria Hospital, is led by Dr. D. Ip, Consultant-in-Charge of Nephrology, Dialysis, and Transplant. A dedicated team of several Nephrologist, one Transplant Coordinator and two Specialised Nurses in Organ Donation (SNOD) manages donor-recipient work-up and follow-up while adhering to international best practices.

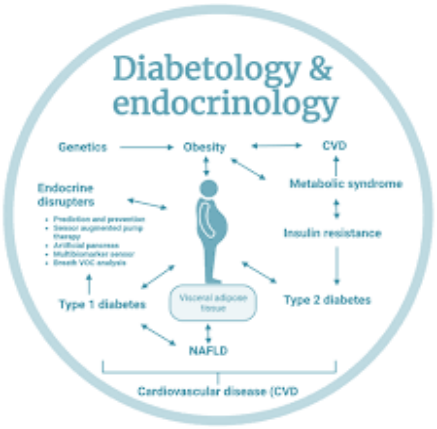
The Ministry is envisaging to sustain the renal transplant at VH. Moreover, the construction of a full fledge Renal and Transplant Unit, at J. Nehru Hospital is underway through assistance from Government of India.

An audit of transplant activities up to August 2024 showed that over 200 donor-recipient pairs had been assessed over the preceding two years. However, 81% of these pairs did not proceed to surgery due to medical or immunological contraindications identified during work-up. This high exclusion rate highlights the complexity of matching and screening processes, as well as the rigorous standards upheld to ensure patient safety.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- During the reporting period, **eight kidney transplants were successfully performed** by visiting specialists from India and United Kingdom respectively. All eight surgeries were completed **without major complications**, achieving a **100% kidney graft function** to date.

2.1.6 ENDOCRINE UNIT



The Endocrinology and Diabetology Unit looks after patients suffering from hormonal disorders including Diabetes and its complications. The service has been decentralised from Regional Hospitals to MediClinics, AHCs and even CHCs where Specialists in Endocrinology/ Diabetology are posted for closer approach and better control of patients' blood sugar level (HbA1c) and their hormonal parameters.

A protocol determining the level of care was devised and allowed patients to be seen in a timely manner whereby all those having HbAlc ≥ 7%, are being referred to the Endocrinologists. Moreover, dedicated clinics for Gestational Diabetes Mellitus (GDM), complex Diabetic Foot and Type 1 Diabetes < 16 years old were respectively availed of the services of Endocrinologists.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Setting up of new Diabetes Foot Care Services at:
  - SAJH- October 2024
  - Grand Bois Medi Clinic- July 2024
  - New Grove AHC - October 2024
  - Stanley Medi Clinic- January 2025
  - Triolet Medi Clinic- October 2024
- Introduction of 2 new anti-diabetic oral drugs "Vildagliptin and Dapagliflozin".
- 14 Nurses (Batch 2) completed their diploma in Diabetes Foot Care at the MIH and already received their graduation in June 2025 and 17 Nurses (Batch 3) will complete their diploma in the same field in August 2025 and all of them are posted in the Foot Care Screening Units.
- Confirmation of 13 Specialised HCAs in Retinal Screening in May 2025.

2.1.7 CHEST UNIT

The Chest Unit is responsible to manage acute and chronic respiratory diseases including Tuberculosis (TB). National TB program is managed through the Chest Unit to keep TB under control in the country. The respiratory services have been decentralised and services are given in all five Regional Hospitals, Poudre D'Or hospital and Chest Clinic Port Louis.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Bronchoscopy and pulmonary function testing services have been introduced in all regional hospitals.
- **No cases of Multidrug-Resistant Tuberculosis** (MDR-TB) have been reported.
- Statistics for the reporting period 01 July 2024 to 30 June 2025:

Services	Number
Bronchoscopies	**304**
Spirometry	**283**
Admissions at P. D'Or Hospital	**431**

Source: Health Records Unit, MOHW

2.1.8 ONCOLOGY SERVICES

The National Cancer Centre (NCC) functions as the primary institution for comprehensive cancer care in the country. It provides a full range of diagnostic, therapeutic, and supportive services to cancer patients, following a multidisciplinary, patient-centred approach in alignment with national guidelines and international best practices.

The oncology section encompasses radiotherapy, brachytherapy, and chemotherapy. It supports various radiological investigations, including CT scans, MRI, mammography, and X-rays.

The care structure includes both out-patient andin-patient departments, a follow-up clinic, and services for palliative and supportive care. Additionally, the section manages and treats new cancer cases, ensuring a holistic approach to patient care.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Decentralisation of chemotherapy services** at SAJH in February 2025**.**
- Envisaging the installation and commissioning of PET and SPECT CT scan.
- Installation and commissioning of High-Dose Rate (HDR) brachytherapy equipment and is now fully operational.
- **Successfully introduced surgical oncology services,** enabling integrated cancer treatment through surgery in addition to medical and radiation therapies.
- **A new follow-up OPD service has been launched**, operating morning sessions since December 2024, improving patient convenience and continuity of care.
- Recent upgrade from 2D to 3D conformal radiotherapy.
- The centre continues to receive continuous support from the International Atomic Energy Agency (IAEA), ensuring adherence to international standards.

2.1.9 ONCOSURGERY UNIT

The Oncosurgery Unit at the NCC became operational on 10 February 2025. The main objective of the Unit is to offer surgical intervention for oncological cases, hence establishing a one-stop-shop for cancer patient at the NCC.

The Unit is manned by 3 specialists and 5 MHOs, with an inpatient bed-capacity of 10 beds each in female and male wards as well as 6 beds in high dependency ward.

Outpatient clinics are offered 3 times per week and emergency services at casualty level are operational on a 24/7 basis.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- From 10 February 2025 till 30 June 2025, the **total number of surgeries performed was 159 out of which 46 reflect minor procedures and 113 major interventions**, including mastectomies, colorectal surgeries, thyroidectomies, hepatico-biliary pancreatic surgeries, nephrectomies amongst others.

- In February 2025, **two foreign visiting oncosurgical team performed complex oncosurgical cases locally.**

2.1.10 NEURO SCIENCES

NEUROLOGY

Neurology services in Mauritius are dispensed across the Island, and have taken up a wide portion of medical patients, with referral cases from departments such as medical units, orthopaedic units, surgical units, neurosurgery units, obstetrics and gynaecology units and the spine unit.

Neurology services address disorders of the central and peripheral nervous system as well as muscle and neuromuscular disorders. These include; stroke, neuroinfections, epilepsy and seizure disorders, movement disorders, demyelinating disorders, dementia, headache and head pains, spinal cord pathologies, peripheral nervous system pathologies, muscular dystrophy, myasthenia gravis, amongst others.

At present, there are two neurology units across the Island, namely at VH and at Dr. A.G. Jeetoo Hospital which provide both inpatient care and outpatient consultations. Outpatient consultations are being conducted at SSRNH, JNH and SAJH through satellite OPDs.

The weekly outpatient sessions are as follows:

- Dr AGJH: 2 sessions
- SSRNH: 1 session
- SAJH: 1 session
- JNH: 1 session
- VH: 2 sessions

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Around 5,000 new cases and 20,000 follow-up cases were seen across all outpatient consultations during the 2024/2025 period.
- Neurology services also extend their input for dementia patients which are seen at the Early Dementia Diagnosis Clinics (EDDC) across the 5 Regional Hospitals.

STROKE UNIT

The sole Stroke Unit present at VH, operational since December 2023, caters for acute ischemic stroke patients from across the Island.

It offers unique treatment options such as thrombolytic therapy with a view to reversing or minimizing stroke symptoms and therefore decreasing stroke burden of the Mauritian population.

Thrombolytic therapy is dispensed to acute ischemic stroke patients who arrive at the Stroke Unit within the 4.5-hour critical therapeutic window from the onset of stroke symptoms. It is therefore worthy to note that the SAMU services play a crucial role in delivering this service.

The Unit aims at improving stroke outcomes and therefore decrease mortality and morbidity associated with stroke by giving timely and appropriate treatment.

The Stroke Unit features 6 ICU beds and provides a round the clock service with a team of 2 Neurologists, 5 MHOs, nursing staff, and paramedical staff. Rehabilitation services are also ensured by physiotherapists and speech therapists.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

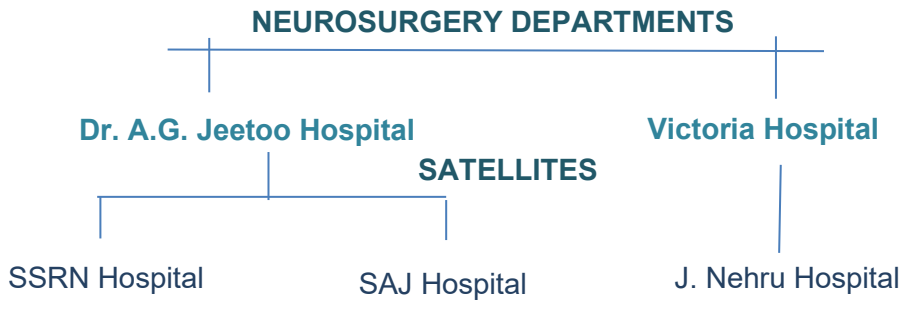
Statistics for the period 01 July 2024 – 30 June 2025

- Total number of patients admitted to the Stroke Unit: **152**
- Number of patients who received thrombolytic therapy: **29**

NEUROSURGERY

Neurosurgical services in Mauritius include surgical and non-surgical treatment of all the main neurosurgical pathologies affecting the brain and the spinal cord. This includes traumatic brain injury, tumors, infections, congenital malformations as well as malformations of the cerebrovascular system.

At present there are two full-fledged independent departments of Neurosurgery in Mauritius.



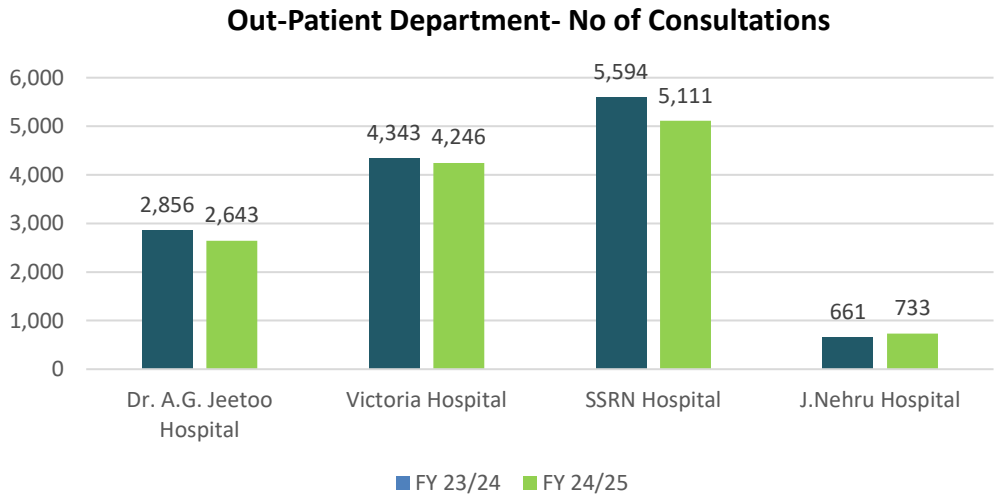
Each Unit is providing coverage for Neurosurgical Emergencies in their respective catchment area on a **24/7 basis**. Moreover, there is only a total of five Neurosurgeons in the service.

Hospitals	OT days	OPD Sessions	Dedicated Neurosurgical Peripheral Ward
Dr AGJH	**3**	**3**	**-**
VH	**1**	**5**	**10 beds**
SSRN	**1**	**5**	**12 beds**
JNH	**-**	**1**	**-**
SAJH	**-**	**-**	**-**

(Source: Neurosurgery department, JNH)

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The successful conduct of operations via transsphenoidal approach (for instance pituitary macroadenoma, CSF Rhinorrhoea) in collaboration with the ENT Department.
- One Neurosurgeon and one Specialist in Neurosurgery have joined a training program in “Interventional Radiology and Interventional Neuroradiology” at the Pekin University in China, making it possible, in the near future, for patients needing interventions for cerebral aneurysms, arterio-venous fistulas and arterio-venous malformations to be treated in Mauritius itself.
- The number of **Neurosurgical operations** carried out in Mauritius during the reporting period increased to **1,227** compared to 1,114 in Financial Year 23/24.
- The comparative number of OPD consultations across Regional Hospitals is as follows:



- In order to constantly improve Neurosurgical services, a weekly departmental meeting as well as a monthly morbidity and mortality meeting is convened, finding the best solutions for patient’s treatment and discussing short comings.

2.1.11 GASTROENTEROLOGY INCLUDING HEPATOLOGY SERVICES

The Centre for Gastroenterology and Hepatology at Dr A.G. Jeetoo Hospital serves as a national tertiary referral centre for managing gastrointestinal and hepatology issues and has rapidly evolved into Mauritius' first and only dedicated centre of excellence for gastrointestinal and liver diseases. It consists of two sub-units, namely, (i) Endoscopy Unit and (ii) the Gastrointestinal Out-Patients Department (GIOPD). It is staffed with one Specialist and three MHOs, providing both in- patient and out-patient services.

Established in response to systemic challenges within the public healthcare system such as long waiting times, fragmented care pathways, and limited access to specialists, the department has implemented transformative solutions based on international best practices, tailored to the local context to enhance service delivery and patient outcomes.

The Endoscopic Unit handles routine and emergency gastrointestinal problems in Region 1 and offers nationwide coverage for acute gastrointestinal bleeds, palliative stent placements for unresectable tumours, and other complex endoscopy procedures.

Complex endoscopic procedures, including ERCP, play a crucial role in helping patients avoid major surgical interventions, facilitating quicker recovery, and expediting the start of chemotherapy for patients with gastrointestinal malignancies.

Additionally, the centre leads the National Hepatitis C Elimination Programme, collaborating closely with NGO sites, prisons, and methadone dispensing sites to screen patients and facilitate access to treatment and care.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Core Services

- A dedicated Gastrointestinal Outpatient Department (GIOPD) was created, drastically reducing waiting times for consultations and procedures from several months to days.
- The centre has successfully implemented digital innovations, including a custom-built GI software platform that enhances patient record management, real-time audit, endoscopy list scheduling, and consumables tracking, ensuring seamless and high-quality care.
- **Emergency and elective endoscopies** are now carried out in line with strict timelines, with critically ill patients scoped within 24 hours, **contributing to a mortality reduction from 65% to <10% in GI bleeding cases**.
- The centre delivers over 6,000 endoscopic procedures annually, **far surpassing national averages**, and remains the sole provider of advanced procedures such as ERCP, cholangioscopy, capsule endoscopy, and GI stenting.

Introduction of Cholangioscopy
(Source: Centre for Gastroenterology and Hepatology, MOHW)

Training and Workforce Development

- A strong culture of continuous medical education and hands-on endoscopy training has been established, supported by structured mentorship and regular audits by international experts.
- The Unit has trained numerous doctors in diagnostic and therapeutic endoscopy, building national capacity and creating a sustainable model of skills development within the public sector.

Innovative Public Health Impact

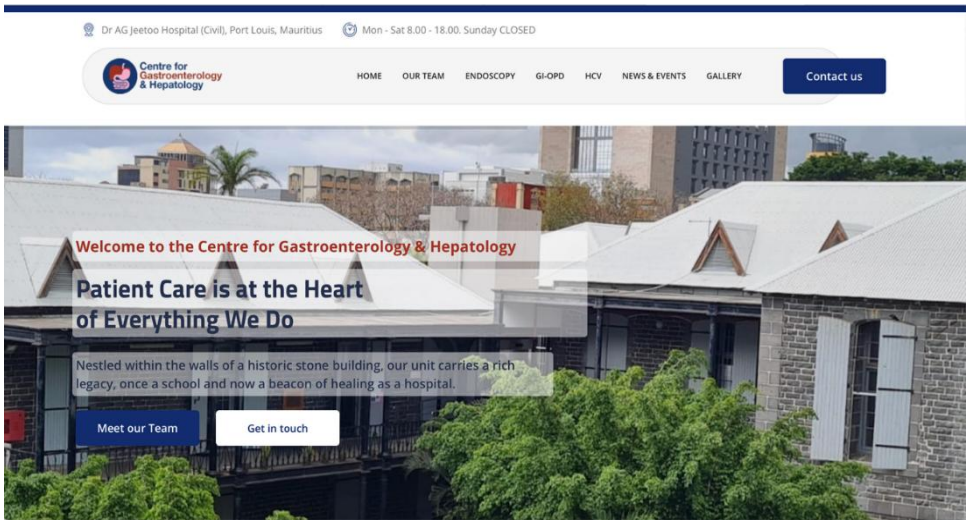
- The department has led to **nationwide initiatives** in Hepatitis C elimination, integrating Hepatitis C Virus (HCV) screening and treatment within high-risk populations, including prisons, dialysis units, methadone centres, and NGOs, achieving one of the **highest treatment rates in the Sub-Saharan Africa**.
- With a **97% cure rate for treated HCV patients** and **<10% lost to follow-up**, the centre's efforts have **earned international recognition**, **including a featured documentary by Gilead Sciences.**

Comprehensive Care Beyond Endoscopy

- The Unit also provides specialised care for chronic conditions such as Inflammatory Bowel Disease (IBD), decompensated cirrhosis, and Hepatocellular Carcinoma (HCC), including the use of novel therapeutics like Infliximab, Adalimumab, and Tofacitinib.
- It coordinates overseas referrals for Liver Transplantation and Transarterial Chemoembolization (TACE), maintaining the largest national cohort of Hepatocellular Carcinoma (HCC) patients.

Patient-Centred Approach

- Emphasis has been laid on **improving patient experience** through education, simplified instructions, patient-led scheduling, and a fully integrated endoscopy pathway that reduces anxiety and enhances satisfaction.
- A dedicated website (www.gastrohepmauritius.com), patient education banners, and nurse-led counselling further empower patients in their care journey.



2.1.12 SAMU SERVICES

The Service d'Aide Médicale Urgente (SAMU) provides on-site pre-hospital medical treatment and stabilises critical and vital emergencies during transport, aligning with the golden hour concept. SAMU also handles secondary inter- hospital transfers for CT-Scans, MRIs, and Primary and Rescue Percutaneous Coronary Intervention (PCI), as well as aero-medical transfers.

The SAMU 24/7 Control Hospital manages approximately 2,000 calls daily, utilising an efficient triage and logistics system.

A Resuscitation Unit has been added to the AEDs in all five Regional Hospitals to address vital emergencies, including myocardial infarctions and road traffic accidents.

OPERATIONS FOR FINANCIAL YEAR 24/25

- Primary outings (For emergency purposes): **10,417**
- Secondary outings (Transfer from one health institution to another): **4,836**
- Number of normal ambulance interventions: **13,054**
- Number of aero transfers: **126**

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Previously, operational hours of Resuscitation Units in AEDs 24-hour service were available in four Regional Hospitals, excluding JNH. This service has now been extended to **all five Regional Hospitals**, ensuring full nationwide coverage for continuous emergency care.
- Training of 26 Permanenciers out of 114 was successfully completed between January and March 2025.
- Training of 29 nursing officers in Emergency Care by Bordeaux University started in October 2024 for a year-course.
- The postgraduate specialisation programme in Emergency Medicine for an additional 30 Emergency Physicians by Bordeaux University is currently ongoing in its second year.
- Timely transfer of stroke patients from across the Island to the Stroke Unit at VH for cases falling within the thrombolysis time window, enhancing access to specialized, time-sensitive stroke care and improving patient outcomes.
- Participation in simulation exercises with other stakeholders, for example, attending to mass casualties during natural or man-made disasters.

2.1.13 OBSTETRICS AND GYNAECOLOGY

The Obstetrics and Gynaecology services encompass treatment and surgical management for obstetric and gynaecological problems, providing antenatal care and gynaecological assessments with appropriate treatment in accordance with established guidelines and protocols.

The services are available at both primary healthcare and hospital levels, with each of the five Regional Hospitals having a Department of Obstetrics and Gynaecology to ensure enhanced accessibility to care and safe delivery of pregnant women and their babies.

Trained midwives deliver antenatal, postnatal, and child welfare services at AHCs and CHCs Island-wide. Moreover, Gynaecologists are available 24/7 at Regional Hospitals to address ongoing needs. A monthly tour of specialists is also conducted to Rodrigues to provide consultations and care.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- A fertility clinic has been introduced for screening and the provision of basic fertility, enhancing treatments at the SAJH.
- High-risk antenatal clinics have been initiated at the SAJH, supported by a multidisciplinary approach to ensure comprehensive maternal care.

- Multidisciplinary oncology clinics have been established to provide integrated cancer management and patient support.

Number of Deliveries at Public Health Institutions		
Type of Deliveries	**FY 23/24**	**FY 24/25**
Normal	3,106	**3,390**
Caesarean	4,360	**4,762**
Forceps/breech	92	**94**

Source: Health Records Unit, MOHW

2.1.14 FERTILITY CLINIC

The Fertility Clinic at SSRNH offers comprehensive support for couples facing conception challenges. Outpatient clinics, managed by gynaecologists alongside a daily walk-in morning service, facilitated timely access to care. Core services included baseline assessments, fertility-enhancing procedures such as laparoscopy and hysteroscopy, and medical management through timed intercourse.

Fertility services are also available at VH. Introduction of Intrauterine Insemination (IUI), has also marked the first phase of Assisted Reproductive Techniques in the public sector.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Statistics for Fertility Clinic at SSRNH	FY 24-25
Number of Attendances	**518**
Number of Intrauterine Insemination (IUI)	**35**
Number of patients who become pregnant	**6**
Number of Hysterosalpingogram	**33**

2.1.15 DERMATOLOGY SERVICES

Dermatology services are provided at both primary and hospital levels. There are daily outpatient clinics in the five Regional Hospitals. Inpatients are seen daily in the wards and emergency cases are also attended to. Coverage also includes district hospitals, specialised hospitals, Medi-Clinics and prisons.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- For the reporting period, dermatology services have managed **24,405** consultations conducted at hospitals and an additional **4,533** cases addressed at Primary Health Care (PHC) services.

- With the decentralisation of services, **17 PHC centres now offer dermatology services, compared to 15 centres** in the previous financial year, improving accessibility to specialised dermatologic care across more regions.
- Clinical training sessions on Sexually Transmitted Infections (STIs) for postgraduate diploma students were conducted.
- STI awareness sessions were delivered in March 2025 to students from Grade 7 to Grade 12, in collaboration with the Ministry of Education and Human Resources, promoting early education on sexual health and prevention.
- An STI awareness talk was organized in July 2024 for the women Empowerment Centre, in partnership with the Ministry of Gender Equality and Family Welfare.
- The **number of specialist-led outpatient clinics have been increased** in some public health centres to enhance service accessibility. At the Floreal Mediclinic, outpatient clinics increased from **2 per month in 2024** to **3 per month in 2025**, while at Stanley Mediclinic, outpatient clinics expanded from **1 per month in 2024** to **2 per month in 2025**.
- Several meetings were held to develop and review the STI guidelines, whereby the amended documents have been submitted to the MOHW for validation and approval.
- Public awareness was promoted through radio talks on common skin diseases and STIs, supporting health education and community outreach.

2.1.16 OPHTHALMOLOGY SERVICES

Subramania Bharati Eye Hospital (SBEH) is Mauritius' sole public eye hospital, providing comprehensive eye care and services, including consultations, advanced ophthalmological studies, and surgeries such as cataract, vitrectomy, corneal transplant, amongst others.

Other ophthalmic services include:

- Argon Laser therapy
- Yag Laser therapy
- Penta Cam
- Optical Coherence Tomography (OCT)
- Refraction Clinic
- Ultra Sound

Over the past 10 years, cataract surgeries at New Souillac Hospital (NSH) have contributed to a decrease in the number of patients on the waiting list and expanded the hospital's services to include three specialist OPDs, a Laser clinic, and an OCT clinic.

Ophthalmic services are available at Regional Hospitals, Yves Cantin, and Mahebourg Hospital, with bi-monthly visits to Rodrigues. Additionally, foreign teams from Pakistan and India have visited SBEH, allowing patients to access advanced and complex surgeries.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Since 17 January 2025, the **ophthalmology services have expanded to SAJH including cataract surgery.**
- Statistics for the reporting period, reflecting surgeries performed at SBEH:

Surgeries	Number
Cataract Operation	**3,814**
Vitrectomy	**558**
Corneal Transplant	**26**
Squint Correction	**55**
Minor Operation by SP	**3,537**
Laser: Argon Yag	**3,929** **621**

Source: SBEH

- In August 2024, visiting surgeons from Pakistan performed complex surgeries at SBEH, including:
  - **10** Corneal Transplants
  - **17** Vitrectomy
  - **5** Oculoplastic Surgeries
- In March 2025, 5 Corneal Tissues from Sri Lanka were received, whereby the **local team at SBEH performed the 5 Corneal Transplants.**
- In April 2025, **Indian Surgeons performed 47 Squint surgeries**.
- In May 2025, another **team from India performed 43 Vitrectomy surgeries**.
- Rotary Clubs have supported strabismus and vitreo-retinal surgeries by sending teams from India, U.S, Switzerland, and France, thus improving surgical capabilities and patient outcomes.
- An agreement with the Lions Clubs has been reached to ensure a regular supply of corneal tissues during the year, enabling constant corneal grafting surgeries. The corneal tissues are received from the U.S and Sri Lanka.
- An average of **50 transplants** are performed annually.
- **Waiting list for cataract surgery has been reduced to the range of 6 weeks – 2 months**.
- **No waiting list for Laser therapy**, timely treatment is given to patients.
- Many complex surgeries are being performed locally, with very few cases sent abroad.

2.1.17 EAR, NOSE AND THROAT (ENT) SERVICES

The ENT Hospital offers treatment in Rhinology, Otology, Laryngology, Head and Neck Surgery, as well as congenital hearing loss screening and treatment for newborns, including cochlear implant surgery following audiological tests.

The facility includes an Anaesthetic Unit with major operating theatres for specialized ENT and paediatric surgeries.

Moreover, the Paediatric Intensive Care Unit (PICU) offers specialized anaesthetic services for daily ENT and paediatric surgeries, 24/7 emergency anaesthesia and critical paediatric care.

ENT services have been **decentralized across all five regional hospitals**, operating from 9:00 a.m. to 4:00 p.m.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Statistics for the period 01 July 2024 to 30 June 2025:

Paediatric Services at the ENT Hospital	Number
Paediatric Surgeries	**483**
Paediatric Plastic Surgeries	**224**
Paediatric Intensive Care Unit (PICU) Admissions	**102**

Source: Health Records Unit, MOHW

ENT Hospital Attendances	Number
AED	**97,194**
Sorted OPD	**11,197**

Source: Health Records Unit, MOHW

	Number
Admissions at the ENT Hospital	**3,368**
Surgeries performed at the ENT Hospital	**7,875**

Source: Health Records Unit, MOHW

2.1.18 SPEECH THERAPY AND AUDIOLOGY DEPARTMENT

The Speech Therapy and Audiology Department caters for Speech Therapy cases (including ward cases) and those requiring Audiological Evaluations. This department is operational in each Regional Hospital with outreach to Autism Day Care Centers, Neuro Rehabilitation Unit and Cleft Lip/Palate Clinic. Regular visits are also undertaken to cover the cases in Rodrigues Island.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Speech Therapy Cases:

New cases: 1.876

Follow up Cases: 7,934

(i) **Paediatric cases-** Delayed Language and Speech, Mental Retardation, Autism Spectrum Disorders, Selective Mutism, Reading and Writing Disorders, Stammering, Phonological Delays (including articulation disorders), Cerebral Palsy and Aural Rehabilitation (hearing aid and/or cochlear Implant users).

(ii) **Adult cases:** CVA (Aphasia, dysarthria, apraxia), Dysphagia, Stammering, Voice disorders, articulation disorders and Aural Rehabilitation.

Audiology:

Cases Seen: 11,934

Routine Pure-Tone Audiometry, Aided audiometry, Speech tests, Tympanometry, Acoustic Reflex testing, OAE/AABR screening, Electrophysiological Tests (including BERA, EcochG, VEMP) which allows for neurodiagnostic testing, threshold search for "difficult to test" population and vestibular testing, Aural rehabilitation for pediatric and adult population.

2.1.19 MENTAL HEALTH INCLUDING ELECTROENCEPHALOGRAPHY (E.E.G) UNIT

Mental health care in Mauritius is accessible through a decentralised system, with services provided at the Brown Sequard Mental Health Care Centre (BSMHCC), 5 Regional Hospitals, AHCs, and Medi-Clinics. Community Psychiatry Nursing has been extended to all Regional Hospitals. Early Dementia Diagnosis Clinic is also functional in all 5 Regional Hospitals. Specialist Psychiatric Outpatient Clinics are now being conducted in new Mediclinic and AHC (Bois Chéri, Stanley and others).

The legal framework binding the functioning of the Psychiatric services is the Mental Health Care Act 1998, amended in 2021 and 2022, respectively.

BSMHCC features a 250-bed facility for acute cases and accommodates around 350 patients in long-stay wards. The different services proposed include Electroencephalography (EEG), Electroconvulsive Therapy (ECT), social services, child psychiatry, psychological services, inpatient and outpatient services, laboratory services, 2 de-addiction rehabilitation centres for substance users, occupational therapy and welfare services.

Additional support includes the Life Plus Unit hotline (188) and the Drug Users Administrative Panel (DUAP). Furthermore, Regional Hospitals offer consultation-liaison psychiatry, and Rodrigues has dedicated psychiatric services with a full- time psychiatrist.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **14,062 patients** were seen at the OPD of BSMHCC.
- Life Plus Unit hotline service (188) received **655 calls**.
- **1,539** sensitization campaigns were conducted.
- Electroconvulsive Therapy (ECT) is available exclusively at BSMHCC, with **283 ECT sessions** conducted compared to 203 in Financial Year 23/24.
- Introduction of new medications such as Aripiprazole, Flupenthixol, Zuclopenthixol A and D for improved treatment effectiveness.
- Sensitisation and awareness campaigns regarding mental health disorders are ongoing throughout the year.
- A total of **3,143 admissions** at BSMHCC were recorded, as compared to 4,875 during last Financial Year:

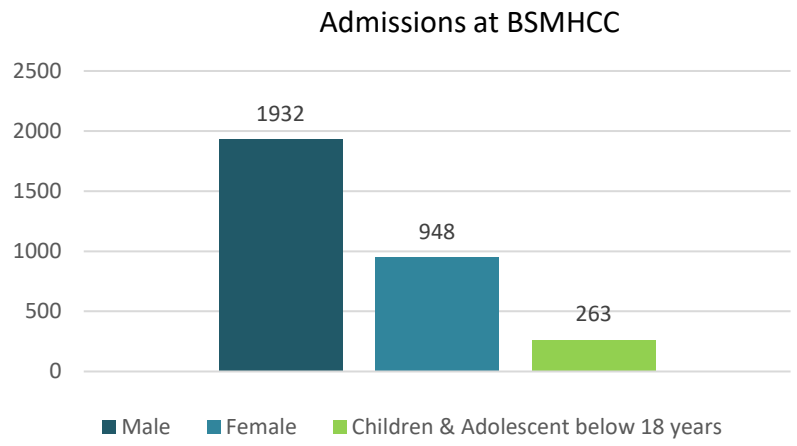


Figure II: Admissions at BSMHCC

Electroencephalography (E.E.G) Unit

The Electroencephalography (EEG) test detects abnormalities in the electrical activity of the brain and helps in diagnosing various neurological disorders. EEG services are currently available at the BSMHCC, catering to both paediatric and adult populations in Mauritius and Rodrigues. Additionally, the Unit accommodates referral cases from private clinics at no cost.

Over the past 4-5 years, the Ministry has consistently enhanced its services with the goal of reducing patient waiting times for EEG tests and ensuring timely reporting of the results. The number of EEG tests carried out during the Financial Year 24/25 amounts to 1,577 *(Health Records Department, MOHW)*.

2.1.20 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. As at date, the total number of Dental Clinics is 55 (including Rodrigues) at Hospital and Primary Health Care level providing routine dental care and 16 Specialised Dental Clinics (Oral Surgery, Orthodontics and Endodontics).

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

A. GENERAL DENTAL SERVICES

- Dental attendances for Mauritius for the year 2024 was 237,644 as compared to 248,344 in the preceding year.
- Paediatric attendance increased from 23,623 in 2023 to 29,781 in 2024, suggesting improved outreach and greater awareness among parents regarding children's oral health.
- The Dental Services Department has actively implemented oral health promotion campaigns in line with the National Action Plan (NAP) for Oral Health 2022–2027.

No of students who attended Oral Health Talks at schools:

Schools	FY 23/24	FY 24//25
Pre-Primary	9,366	**10,243**
Primary	83,741	**75,186**
Secondary	93,917	**94,488**

Source: Dental Services Unit, MOHW

- In addition, requests from various organisations (including sociocultural organisations and Rotary clubs, etc.) for dental check-ups, screening, and oral health awareness campaigns were acceded to.
- Dental treatment and screening are being provided in residential care homes around the island through the mobile dental caravan as part of the Strategic Goal outlined in the NAP for Oral Health 2022-2027.
- Oral Health talks are also given on MBC Radio/TV as well as on private media.
- The Director, Dental Services represented Mauritius during the Global Oral Health Meeting held on 29 November 2024 in Bangkok, Thailand which brought together stakeholders from various countries to discuss advancements, challenges, and strategies in promoting oral health.
- Intense oral health awareness campaigns for diabetic patients. This project was presented during the WHO Global Oral Health Meeting. The 1st phase of the pilot project started during the 3rd quarter of 2024 as an initiative in the dental clinic at Grand Bois Mediclinic for oral health screening of diabetic patients and implementing appointment system for follow-up treatment.

- World Oral Health Day was celebrated on 20 March 2025. It is the culmination of a year-long campaign dedicated to raising global awareness on the prevention and control of oral disease.

B. SPECIALISED DENTAL SERVICES

(i) Oral Surgery - Oral and maxillo-facial surgery is a speciality of dentistry that deals with diagnosis, surgical and adjunctive treatment of diseases, injuries and defects of the oral cavity, jaws and other associated structures. The oral and maxillo-facial surgeon is the specialist involved in managing these patients.

The department collaborated with Dr. Prof. S. M. Balaji who visited Mauritius in February 2025 along with Dr. Prof. Dr. Deepak Chandra who have treated cleft lip and cleft palate patients.

The work performed during Financial Year 24/25 is as follows:

- Attendance at four oral surgery clinics: **7,364 patients**
- Surgery for impacted wisdom tooth: **609 patients**
- Draining of oral and maxillo-facial abscesses: **158 cases**
- Cysts enucleation: **134 cases**
- **115 cases** of jaw bone fractures were reduced.
- **97 cases** of biopsy for oral cavity were performed (among which 35 patients were found positive for oral carcinoma)

(ii) Orthodontics Clinics specialise in Orthodontics which is the dental speciality that is concerned with the supervision, guidance and correction of the growing and mature dentofacial structures. This includes addressing conditions that necessitate movement of teeth or correcting malformations in related structures. Orthodontics services are extended to Regional Hospitals in both Mauritius and Rodrigues.

The main responsibilities of Orthodontics Clinics include diagnosing, preventing, intercepting, and treating various forms of teeth malocclusion and associated alterations in their surrounding structures. This is achieved through the use of functional and corrective appliances, ultimately guiding the alignment of dentition and supporting structures to achieve optimum relations in physiologic and aesthetic harmony among facial and cranial structures.

Staffing - The department presently consists of a Consultant-in-Charge, 4 orthodontists, 1 dental technician, and 4 dental assistants.

Timely delivery of treatment is ensured at the Orthodontics Clinics. Work performed at these clinics, in the Republic of Mauritius, are as follows:

Details	FY 23/24	FY 24/25
Cases seen	6,342	**5,133**
Impressions done	855	**742**
Functional appliances delivered	805	**725**
New cases	595	**457**

Source: Dental Services Unit, MOHW

- Orthodontic treatment was provided for patients with protruding, irregular, or malocclusion teeth, effectively addressing associated psychosocial concern.
- Assistance provided to patients with increased susceptibility to trauma, periodontal disease, and tooth decay resulting from malocclusion.

(iii) Endodontic Clinics are dedicated to providing specialised dental services focusing on the diagnosis, prevention, and treatment of diseases and injuries affecting the dental pulp and surrounding tissues. Their core services include root canal therapy, endodontic retreatment, management of dental trauma, and surgical endodontics. The Unit works closely with other dental specialties to ensure a multidisciplinary approach to patient care.

- During the period of 01 July 2024, to 30 June 2025, the department has seen and performed:

Details	FY 23/24	FY 24/25
Cases seen	10,577	**10,050**
Root Canal Treatment done	2,836	**2,695**

Source: Dental Services Unit, MOHW

- **Complex endodontic cases**, including surgical interventions such as apicoectomies and retreatments were managed efficiently with **a high success rate and minimal complications.**
- **Improved diagnostic protocols** were implemented, resulting in **more accurate case selection and treatment planning**, which in turn led to **higher treatment completion rates** and **better patient outcomes** in dental care.
- The Unit also initiated a quality improvement program focusing on case documentation and outcome monitoring.
- Furthermore, training sessions and meetings were conducted for specialist (Dental Services) in Endodontics to enhance endodontic clinical skills and standardise care delivery across health centers.
- The Endodontics Unit also collaborated with the public health department in awareness campaigns on dental trauma prevention and the importance of early endodontic intervention.

2.1.21 RHEUMATOLOGY

The department of Rheumatology is a specialised Unit providing diagnosis, management, and follow-up of patients with Rheumatic and Musculoskeletal Disorders (RMDs) in adults. Core services include assessment, treatment, and follow-up of chronic rheumatologic conditions, intra-articular procedures and collaboration with allied health professionals.

Rheumatology services are offered through outpatient clinics held across five Regional Hospitals, Souillac hospital, Mahebourg hospital and some PHCs, ensuring decentralised access to care for patients' Island-wide.

Moreover, outpatient department coverage has been adjusted to accommodate the growing number of attendances, ensuring that new cases are seen within one to two weeks, while referrals are attended to on the same day and followed up accordingly.

The common conditions treated are:

- Rheumatoid Arthritis (RA)
- Psoriatic Arthritis
- Osteoarthritis (OA)
- Systemic Lupus Erythematosus (SLE)
- Gout and other inflammatory conditions

Massive media campaign is being undertaken to create awareness on RMDs. The department remains guided by its mission and vision of improving rheumatologic care, research, and education in Mauritius.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- During the reporting period, the department continued its outreach through daily OPD clinics across five Regional Hospitals and affiliated PHC centres, maintaining equitable access to specialist care. A total of **approximately 36,989 outpatient consultations** were held.
- There is an ongoing effort to encourage the publication of case reports and plan the starting up of registries for Rheumatoid Arthritis.
- Data collection is actively being carried out on various pathologies seen in clinics, including Spondyloarthropathy, Systemic Lupus Erythematosus, and comorbidities such as interstitial lung disease, as well as rare diseases like IgG4-related disease.
- Identification of patients requiring biological Disease-Modifying Antirheumatic Drugs (bDMARDs) to ensure timely and appropriate interventions.
- Initiation and monitoring of patients on Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and biologics, in line with international treatment protocols.
- Requests for the introduction of new therapeutic molecules to expand treatment for RMDs.

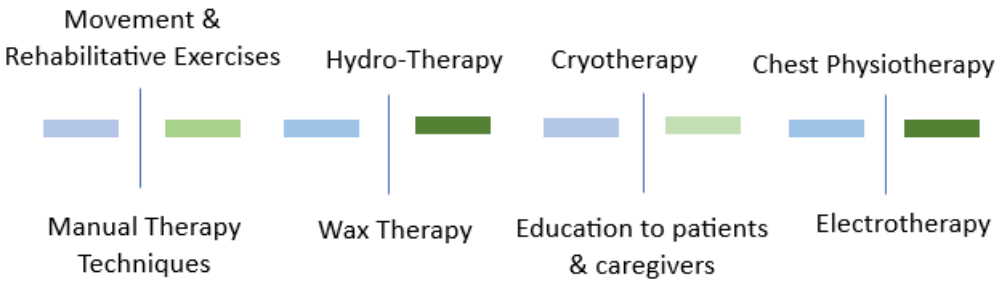
2.1.22 PHYSIOTHERAPY SERVICES

Physiotherapy is a science-based health care profession dedicated to the remediation of impairments, promotion of mobility and function, and overall enhancement of quality of life. Through comprehensive examination, diagnosis, and physical interventions, which involve the use of mechanical force, movement, and specialised apparatus, physiotherapists help restore and maintain functional ability in individuals affected by injury, illness, or disability.

The Physiotherapy department is committed to the rehabilitation and improvement of physical function, with the overarching goal of enhancing patients' quality of life. It adopts evidence-based practices to effectively manage a wide range of health conditions, including musculoskeletal disorders, neurological impairments, and chronic diseases.

In addition to treatment, the department emphasises on patient-centred care, focusing on preventive strategies, home education, and advice to empower patients in managing their health. Physiotherapy services are provided to inpatients (daily) and outpatients (on appointment) through referral from treating doctors.

The Physiotherapy Unit provides a wide range of services, among which:



ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Patient Care: 137,116 patients** were served for this reporting period across the island, including inpatients, outpatients, and outstation facilities.
- **Procurement of New Equipment:** The Physiotherapy Unit at the Dr A.G Jeetoo Hospital enhanced the quality of its services through the procurement of new apparatuses, including a static cycle, hot pack, shockwave apparatus, wax bath, ice-making machine, and ultrasound apparatus.
- **Introduction of Mirror Therapy:** In May 2025, mirror therapy was introduced in the gymnasium area at Dr A.G Jeetoo Hospital to support rehabilitation.
- **Launching of Pulmonary Rehabilitation Program** on a **pilot basis** at the Dr A.G Jeetoo Hospital Chest Clinic in October 2024.
- **New treatment modalities now available at SAJH:**
  - Laser Therapy
  - Continuous Passive Motion (CPM) Shoulder
  - Shock Wave Therapy
- **New physiotherapeutic equipment at SSRNH** has led to better patient care and reduced waiting time.
- **Re-application of wax bath apparatus** at SSRNH has increase the effectiveness of treatment for patients with fractures of upper limbs and post stiffness of orthopaedic cases.
- **New Traction Machine (JLT)** at SSRNH has improved the health of patients suffering from nerve compression (cervical /lumbar).

2.1.23 ORTHOPAEDIC SERVICES

Each Regional Hospital has an Orthopaedic Unit which is run by a Consultant-in-Charge, Specialists, Medical Health Officers and para-medical staff. Orthopaedic services are provided to patients suffering from orthopaedic pathologies and fractures.

Additionally, certain Orthopaedic Units across the island provide 24/7 coverage specifically for orthopaedic and trauma. They also cater for complex orthopaedic paediatric cases, Traumatology, Arthroplasties of the hip, knee and shoulder joints as well as general elective orthopaedic cases.

These Units are supported by the radiology department as far as x-rays are concerned. Moreover, patients are referred for orthopaedic appliances to the Orthopaedic Appliances Workshop by medical practitioners, if needed.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Total Orthopaedic surgeries increased from 7,595 to reach **7,766**.
- **14 complex paediatric ortho surgeries** were performed by foreign visiting teams.
- At SSRNH, the Platelet Rich Plasma (PRP) technique, daily Fracture Clinic, daily Diabetic Foot Reconstruction (DFR) Clinic, weekly departmental meetings, and monthly Mortality and Morbidity meetings have been implemented to enhance the quality of services and align practices with the IPC protocol.
- The Unit at VH has started providing arthroscopic services to treat sports and other injuries in a minimally invasive manner.

2.1.24 SPINE UNIT

The Spine Unit in Mauritius is located at VH and provides modern infrastructure and clinical expertise for various spinal conditions, including trauma, tumors, deformities, infections, and degenerative diseases. A 24/7 coverage is ensured by the Spine Unit to operate emergency cases referred from throughout the Republic of Mauritius and these surgeries are carried out by competent surgeons with good results.

Spine surgeons have regular weekly OPD where newly referred cases are assessed and existing patients are followed up. The Unit also thrives to maintain the regular fruitful visits of Professor Martin and his team from Denmark to treat complex and revision cases locally, obviating the need to send these patients abroad.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Statistics for the reporting period 01 July 2024 to 30 June 2025	
Total No of Spine Surgeries	**208**
Total No of Patients with Spine Problems Seen as Outpatient	**4,273**

2.1.25 OCCUPATIONAL HEALTH UNIT

Occupational Health aims to protect and promote workers' health by preventing occupational diseases and injuries, ensuring a safe and healthy working environment. The Occupational Health Unit (OHU) of the MOHW has the ultimate goal of maintaining a healthy workforce and oversees the following sections:

- Occupational Health Services,
- Migrant Worker Section,
- Dangerous Chemicals Control Board (DCCB), and
- Personal Examination Record (PER) Section.

As of 31st December 2024, Mauritius had 596,100 economically active individuals, representing 47.9% of the total population, highlighting the importance of Occupational Health in industrializing society.

The OHU, operational since 34 years, has played a key role in raising awareness through medical surveillance of workers, workplace site visits, worker education programmes, and specialised testing at the Health Quality Laboratory in Reduit.

Occupational Health Services are now available in **23** Government Health Institutions, as compared to only 7 in previous years, marking a significant improvement in accessibility.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

11,603 medical surveillances of employees were carried out.

8,516 medical examinations were performed for civil servants and staff of the parastatal organisations.

388 workers appeared before the Medical Board for assessment of their fitness for continued service.

25,400 medical clearances were issued to expatriate workers.

420 specialised tests were carried out at the Health Quality Laboratory.

Dangerous Chemicals Control Board:
5 Board Meetings
4,975 Chemical Clearances
317 Licenses issued (new & renewal)

1,519 as compared to 813 permits issued in Financial Year 23/24, indicating a more streamlined approval process or increased demand.

541 site visits to industrial premises and chemical storage facilities as opposed to 430 in Financial Year 23/24, reflecting enhanced field-level monitoring and enforcement.

Occupational Health Physicians conducted **6 site visits** to evaluate workplace hazards.

2.1.26 OCCUPATIONAL THERAPY

Occupational Therapy is a healthcare profession that helps people of all ages who have physical, sensory, or cognitive problems participate in the activities of daily life. These activities range from self-care tasks like dressing and eating to more complex activities like working, going to school, or engaging in hobbies. The ultimate goal is to improve and maintain functional capacity of the patients and encourage them to function in the society by fulfilling their respective roles.

Main services provided by the Occupational Therapy Unit are:

- Rehabilitation of patients
- Counselling of patients and their relatives
- Providing individual rehabilitation protocols
- Monitoring ongoing progress of patients.
- Providing specialised care to child psychiatry (including children diagnosed with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)).
- Devising home programmes and adaptations for continuity of rehabilitation at home or once patients are discharged from ward.
- Providing orthosis (splint) in neurological (e.g. nerve injuries) and orthopaedic (e.g. finger deformities) conditions.
- Recommendations of assistive technologies and devices as well as training the patients on how to make use of these.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Statistics for the period 01 July 2024 to 30 June 2025:

No of Sessions	New Cases	Follow-up Cases
1,974	**5,320**	**43,427**

Source: Health Records Unit, MOHW

2.1.27 ANAESTHESIOLOGY UNIT

The Anaesthesiology Unit is a specialty focused on the perioperative care of patients, providing anaesthesia for both surgical and non-surgical procedures, and managing the care of critically ill patients in the Intensive Care Unit (ICU).

Main services provided are:

- General anaesthesia, locoregional anaesthesia, local anaesthesia and ‘sedation’ or monitored anaesthesia care
- 24/7 coverage of emergency cases by both specialist and RMO
- Daily elective cases: surgical, orthopaedics, gynaecology, ophthalmology
- Once per week elective ENT cases
- ICU ward round and care of patients on ventilator support
- Resuscitation of patients in ward
- Monthly tour by specialists to Rodrigues
- Training of RMOs and preregistered officers
- Training of Anna Medical College students

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Statistics for the Financial Year 24/25: **37,284 anaesthesia.**
- Visit from foreign teams for specialized surgeries at SAJH, especially in laparoscopic and vascular fields.
- Successfully performed **2 thoracoscopic surgeries** at SAJH.
- The number of beds in SAJH's ICU has increased from 6 to 10.

New services introduced at SAJH requiring anaesthesiology interventions

- Ophthalmology unit: cataract operation is being carried out on a daily basis with around **10 surgeries per day**, catering for patients residing in the east and north of the island.
- ENT unit: Tonsillectomy is being done once per week (Mondays) for patients residing in the region of Flacq.

2.1.28 OVERSEAS TREATMENT AND VISITING FOREIGN TEAMS

Overseas Treatment Unit

For more financial protection with regard to access to healthcare, Government runs an Overseas Treatment Scheme whereby complicated cases which cannot be attended locally in public hospitals are referred abroad for treatment. In this line, the Overseas Treatment Unitof the Ministry provides financial assistance and all necessary support to patients who have been recommended for treatment abroad by a Medical Board set up in Regional Hospitals.

These patients also have to meet the income eligibility criteria as set by the Ministry. The household income ceiling eligibility criteria has been revised to Rs 200,000 and arrangements are madefor the patients to be admitted in health institutions in India with which the MOHW has signed a Memorandum of Understanding. In 2022, a framework was as well established with local private clinics to allow patients the choice to undergo treatment locally under the scheme if treatment is not available in public hospitals.

The Overseas Treatment Scheme also provides the possibility for patients to opt for any medical institutions of their choice in other countries. Patients proceeding to hospital of their choice benefit financial assistance based on the lowest quotation received from the above-mentioned health institutions. They are, in addition, granted the equivalent of funds for a return flight ticket equivalent to India airfare. In some severe cases, upon recommendation of the treating doctor, medical personnel and stretcher are also provided for the transfer.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- From 1 July 2024 to 30 June 2025, around **409 patients** have benefitted assistance under the Overseas Treatment scheme.
- An amount of approximately **Rs 161,698,194.26 million** has been disbursed for their treatment.

- In the budget 2024/2025, under the Paediatric Cancer Care, the Government has increased the eligibility age of the cancer scheme from 18 years to 25 years. As such, all children and young adults up to the age of 25 years who have cancer will receive treatment in the best foreign and local cancer centres, fully financed by the Government.
- For other severe medical conditions, the Government has also removed the maximum amount of Rs 1 million under the Overseas Treatment Scheme for paediatric patients up to the age of 18 years. Thus, Government is now **covering their full cost of overseas treatment.**
- For patients aged 26 years and above, the Government is **increasing for all medical treatments:**
  - The monthly household income eligibility from Rs 150,000 to **Rs 200,000**; and
  - The grant limit from Rs 1 million to **Rs 1.3 million**.

Visiting Foreign Teams

Foreign visiting teams in different specialities are invited 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 FY 2024-2025 and the number of cases operated are as follows:

Table I: Visiting Foreign Teams

SN.	Visiting Doctors	Period	Purpose of visit
1.	**Dr Mohamed Ibrahim ABDELGHANI,** *Consultant Psychiatrist and Medical Director, Nurify Medical, London, United Kingdom*	22 to 26 July 2024	To provide training in Transcranial Magnetic Stimulation (TMS) at Victoria Hospital
2.	**Professor Patrick Yu Wai Man,** *Professor of Ophthalmology, Department of Clinical Neurosciences, University of Cambridge and Consultant Ophthalmologist, Moorfields Eye Hospital NHS Foundation Trust, UK* **Dr Cynthia Yu Wai Man,** *Assistant Professor and Consultant Ophthalmic Surgeon, King's College London*	29 July to 01 August 2024	To assist in glaucoma treatment and review patients suffering from neuro-ophthalmic conditions

3.	**Dr Rajinder Pal SINGH,** *Consultant Transplant Surgeon, Pancreas & Kidney Transplant Unit, Clinical Lead for Vascular Access and CSU Lead for Infection Prevention & Control, Manchester Royal Infirmary, UK*	16 to 20 July 2024	To sustain the local transplant programme and training of surgeons at Victoria Hospital
4.	**Dr Stephan Marc VANDERBECKEN,** *Consultant Haemotologist, CHU Felix Guyon, Saint Denis, Reunion Island*	29 to 31 August 2024	To optimise the treatment of patients suffering from complex haematological disorders, including patients with Haemophilia, in Mauritius.
5.	**Prof Balaji SUBRAMONIAM MUTHIAH,** *Director, Balaji Dental and Craniofacial Hospital, Chennai, India* **Prof Deepak CHANDRASEKHARAN,** *Professor and Head, Department of Orthodontics, SRM Kattankulathur Dental College, India*	26 to 31 August 2024	To operate on complex maxillofacial and reconstructive cases at Victoria Hospital and review orthodontic cases as well as work on new cases.
6.	**Prof. Wajid Ali Khan,** *Chief of Medical Services and Dean of Al Shifa Trust Eye Hospital, Pakistan* and his team consisting of **Prof Nadeem Qureshi, Dr Shehzad Iftikhar and Dr Sultan Asif Kiani**	24 August to 01 September 2024	To perform complex eye surgeries at Subramania Bharati Eye Hospital
7.	**Dr Sulleman MOREEA** *G.O.S.K., Consultant Gastroenterologist/Hepatologist, Bradford Teaching Hospitals, UK*	07 to 14 September 2024 07 to 15 December 2024	To review the endoscopy services and impart endoscopy training in Regional Hospitals as well as to oversee the National Hepatitis C Elimination Programme and the setting up of Colorectal Cancer Screening Programme

8.	**Dr Atul Rajeshwar BHASKAR,** *Paediatric Orthopaedic and Spine Surgeon, India*	25 September to 01 October 2024	To perform complex orthopaedic surgeries at SSRNH
9.	**Dr (Ms) Meenakshi Subbiah,** *Senior Consultant Interventional Cardiologist, MIOT Hospital, Chennai, India*	28 September to 11 October 2024	To perform complex interventional cardiology cases with a view to decreasing the waiting list at Victoria Hospital
10.	**Professor Stéphanie Agnes Baillif,** *Head of Ophthalmology Unit, Hospital Pasteur 2, Nice, France*	21 to 25 October 2024	To perform complex eye surgeries at New Souillac Hospital
11.	**Dr Poul Martin GEHRCHEN,** *Spinal Surgeon and Head of Spine Unit, National University, Copenhagen, Denmark and his team*	02 to 09 November 2024	To perform complex spinal surgeries at Victoria Hospital
12.	**Dr Nirmal Tulwa,** *Consultant Paediatric Orthopaedic Surgeon* **Dr Rajiv Srinivasa,** *Consultant Anaesthetist, Mid Yorkshire Hospitals* **Ms Sarah Tulwa,** *Specialised Physiotherapist, Leeds Hospital, UK* **Dr (Ms) Leena Duvika Mewasingh** *Consultant Paediatric Neurologist, St Mary's Hospital, Imperial College Healthcare NHS Trust, London, UK*	26 November to 08 December 2024	To carry out complex paediatric orthopaedic surgeries and assist in the training of our physiotherapists who are involved in the treatment post-surgery at SSRN Hospital and to carry out consultations in respect of children suffering from epilepsies, spasticity and other neurological issues and train our medical and paramedical staff in Regional Hospitals
13.	**Dr Ragavan MUNISAMY,** *Head of Department, MIOT International, Chennai, India*	14 to 27 December 2024	To perform complex Arteriovenous Fistula (AVF) surgeries in public health institutions

14.	**Prof Ashley Lucien Joseph D'Cruz,** *Director and Sr Consultant, Paediatric Surgeon/Urologist* **Dr Murugesan Chinnamuthu,** *Head of Anaesthesiology and Senior Consultant* **Dr Vinay Chandrashekhar,** *Consultant Paediatric Surgeon, NH Mazumdar Shaw Medical Center, Bangalore, India*	17 to 23 January 2025	To perform complex paediatric surgeries at ENT Hospital
15.	**Prof Balaji SUBRAMONIAM MUTHIAH,** *Director, Balaji Dental and Craniofacial Hospital, Chennai, India* **Prof Deepak CHANDRASEKHARAN,** *Professor and Head, Department of Orthodontics, SRM Kattankulathur Dental College, India*	03 to 08 February 2025	To operate on complex maxillofacial and reconstructive cases at Victoria Hospital
16.	**Sriprakash DURAISAMY and Dr Balaji RAMANI,** *Consultants Surgical Oncologists, RECNAC Oncology Private Ltd, Chennai, India*	12 to 16 February 2025	To operate on complex oncological cases at the National Cancer Centre
17.	**Dr Dynesh RITTOO,** *Consultant Vascular Surgeon, University Hospital Dorset, Bournemouth, UK*	24 March to 05 April 2025	To perform complex Arteriovenous Fistula (AVF) surgeries at SAJ Hospital
18.	**Dr Elsa TOUMI,** *Consultant Ophthalmologist, Nice University Hospital, France*	01 to 11 April 2025	To perform complex vitreoretinal surgeries at New Souillac Hospital
19.	**Prof Ravi RAMALINGAM** *ENT Surgeon and Managing Director, KKR ENT Hospital and Research Institute, Chennai, India*	16 to 23 June 2025	To operate on complex cases at the ENT Department of Victoria Hospital

Source: Curative Section, MOHW

2.1.29 PHARMACY SERVICES

The Pharmacy department of the MOHW is responsible for ensuring the safe, effective, and equitable management of medicines and pharmaceutical services across the country. Its functions include:

- procurement, storage, and distribution of medicines and vaccines to health facilities;
- regulation and quality control of pharmaceuticals and medical devices;
- development and implementation of the National Medicines Policy;
- monitoring medicine uses through pharmacovigilance and adverse event reporting; and
- providing technical guidance, training, and support to healthcare professionals.

The department also plays a key role in essential medicines selection, formulary management, and safeguarding public access to affordable and quality-assured treatments.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The department has successfully organised a workshop that strengthened national capacity in pharmacovigilance and vaccine safety monitoring. The event brought together healthcare professionals from various regions to receive hands-on training on VigiFlow and the newly introduced VigiMobile application, enhancing their ability to report and manage Adverse Drug Reactions (ADRs) and Adverse Events Following Immunisation (AEFIs) efficiently, including areas with limited internet access.

  Participants engaged in practical exercises, discussed challenges and solutions for effective reporting, and reviewed national and WHO-standard procedures for data management. This initiative will improve the timeliness, accuracy, and completeness of safety data reporting, fosters intersectoral collaboration, and reinforces Mauritius's contribution to the global medicines and vaccine safety network.

- **Budget Allocation and Utilisation**

  - Preliminary allocations suggest a continued upward trend, with added focus on decentralising pharmaceutical services to regional health centers.
  - Budget earmarked for expanding cold chain infrastructure for vaccines and biologics.

- **Medicine Availability and Stock Management**

  - Targeting zero stock-outs for essential medicines through the application of re-order level.

- **Performance Indicators**

Indicator	2023–2024 Status	2024–2025 Status
Essential medicine availability	82%	**86%**
Stock-out incidents	120 cases	**95 cases**
Pharmacist-to-patient ratio	1:2,000	**1:2,000**
Mobile pharmacy coverage	3 districts	**3 districts**

2.1.30 CENTRAL HEALTH LABORATORY

Laboratory services play a crucial role in healthcare delivery, providing essential support in the diagnosis, treatment, and management of diseases. The Central Health Laboratory (CHL) functions as both clinical and public health laboratory. Health Laboratory Service covers nine departments comprising of Bacteriology, Biochemistry, Blood Transfusion Services, Cytology, Haematology, Histopathology, Parasitology, Virology and Molecular Biology.

Besides the routine diagnostic services, CHL also supports several national programmes, such as, NCD, Cervical Cancer Screening, HIV/Syphilis/Hepatitis B and C Screening aiming towards dual elimination (HIV/Syphilis) of Mother to Child Transmission (eMTCT) as well as Hepatitis C Elimination amongst others. More importantly, CHL has been highly effective and proactive in responding to outbreaks of public health importance such as Covid-19, Dengue and Chikungunya while also conducting routine surveillance for diseases like influenza, measles and rubella.

CHL also operates a network of regional and peripheral laboratories. The services provided by regional laboratories include Routine Biochemistry, Blood Bank/Cross Matching, Haematology, Parasitology and Bacteriology (at Dr. AGJH Laboratory only) while peripheral laboratories provide basic Biochemistry, Haematology and Parasitology services. The Food Microbiology on the other hand, carries out tests on water and various submitted food items.

Blood Transfusion Service is a national service providing blood products to both public and private healthcare institutions. The National Blood Transfusion Service (NBTS) is responsible for recruitment of voluntary blood donors through education, information and motivation, collection of blood at fixed and mobile sites, processing of blood into components, testing and supply of blood and blood products to all health institutions in the country. NBTS is fully computerised as from 2007 and is also ISO 9001-2015 certified.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

CHL Statistics

- A total of **17.7 million tests** has been performed during the reporting period as compared to 17.4 million in the last Financial Year.

- **5,885 Immunohistochemistry (IHC) markers** have been done on 1,008 cases for cancer diagnosis during the reporting period as compared to 4,513 IHC markers done on 833 cases for cancer diagnosis in the previous Financial Year.

Expansion of Lab testing capacity in Human Leukocyte Antigens (HLA) to support Renal Transplant

- The HLA Laboratory supports the renal transplantation program by performing HLA typing, antibody screening, and flow crossmatching to assess donor-recipient compatibility.

- In the reporting period, **2,395 HLA typing** were conducted, with antibody screenings rising from 522 to **684** and flow crossmatches increasing from 480 to **582**, contributing to improved transplant outcomes.

- The laboratory also introduced High Resolution HLA Typing which can support future bone marrow transplant programs.

Introduction of New Tests/Services

- **Dengue and Chikungunya sequencing:** Genomic sequencing procedures are well established, with ongoing COVID-19 sequencing conducted for surveillance. In addition, the laboratory has developed its sequencing capacity to include Dengue and Chikungunya.

- **Fecal Immunochemical Test** (FIT) for screening colorectal cancers which is currently being carried out on a pilot basis.

Staff Training

- Several laboratory staff have attended local and international training/workshops in key areas such as biosafety, drug susceptibility testing for TB, sample management and referral, sequencing, and bioinformatics.

Quality Management System

- National Blood Transfusion Service is certified to ISO9001-2015 standards. **ISO certification has been maintained** since 2010.

- The National TB Reference Laboratory at SEL was recently audited by MAURITAS and **has been recommended for accreditation to ISO 15189-22 standards.**

2.1.31 RADIOLOGY SERVICES

Radiology is an important segment of medicine that utilises imaging technologies to visualise and project different parts of the human body. It encompasses a variety of tests, including ultrasound, MRI, CT scans, mammography, echography, and X-rays. These imaging techniques are essential in assisting physicians with the accurate diagnosis and management various medical conditions.

These services are provided across both Regional Hospitals and Medi-Clinics, with 24/7 emergency care available for various departments such as surgical, medical, neurosurgical, orthopaedics, and paediatrics. Radiologists, working on a roster basis, ensure urgent X-rays and scans are available to all departments. Additionally, C-arm facilities are accessible in operating theatres and the Cardiac Unit on a 24-hour basis. The key objectives of the Unit are to reduce patient waiting times through additional sessions for specific tests, prioritise radiation safety using the As Low As Reasonably Achievable (ALARA) principle, and strictly adhere to international safety and sanitation standards.

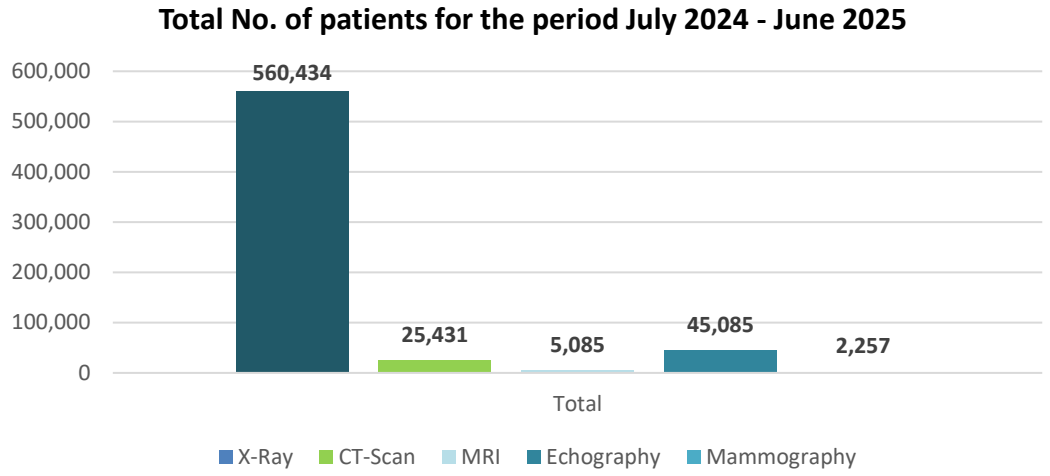
Moreover, Fluoroscopic imaging is performed for paediatric population to diagnose mainly Gastrointestinal tract abnormalities. Women of reproductive age group with fertility problems benefit from Hysterosalpingogram to assess tubal patency. Assistance and Angiographic Imaging are also provided to assess the kidneys, vascular structures for pre-operative planning of patients due for renal transplant surgeries.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Most conventional X-ray machines have been replaced by digital ones, significantly enhancing image quality and diagnostic accuracy.
- Cardiac imaging using MRI and CT scan has been introduced to improve cardiac diagnostics.
- All emergency imaging requested by emergency physicians are entertained by the team of radiology to provide an urgent scanning or X-ray without any delay, providing a prompt diagnosis and treatment.

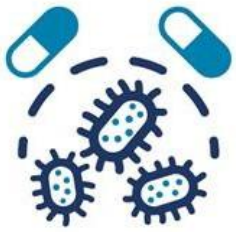
- At SSRNH, the old echography machine was replaced by a high-end model, while advanced equipment was also acquired, including a high-end echography machine for the Breast Clinic and a digital mammography machine.
- Introduced **mammography examinations** at SSRNH, eliminating the previous referral process to Dr A.G. Jeetoo Hospital.
- Minimal interventional procedures are regularly being performed at SAJH along with an increased frequency of special examinations.
- SAJH has received 2 additional ultrasound machines for which commissioning is being awaited.

Total number of patients for the period July 2024 to June 2025 **for all five regional hospitals as well as the National Cancer Centre (NCC)** is as follows:



(Source: Office of Chief Medical Imaging Technologist, Radiology Department)

2.1.32 INFECTION PREVENTION CONTROL AND ANTIMICROBIAL RESISTANCE



According to the WHO, Infection Prevention and Control (IPC) is a clinical and public health specialty based on a practical, evidence-based approach which prevents patients, health workers, and visitors to health care facilities from being harmed by avoidable infections, including those caused by antimicrobial-resistant pathogens, acquired during the provision of health care services.

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness, disability and death.

The IPC and AMR branch of the Public Health Services department plays a critical role in safeguarding public health by coordinating national efforts to prevent healthcare-associated infections and combat antimicrobial resistance, both of which are major issues in the country. The Unit is responsible for the strategic implementation of national policies, guidelines, and action plans aligned with international standards.

It provides training on IPC and AMR, conducts surveillance, audits healthcare facilities, promotes rational use of antimicrobials, facilitates multisectoral collaboration under the One Health approach, assists in outbreak response and containment, reports on antimicrobial consumption and use, and helps to sensitise healthcare workers and the public on topics pertinent to IPC and AMR.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- All five regional IPC Committees are now fully functional.
- Established IPC teams are operative across all five regions.
- An incident reporting mechanism was successfully established.
- More than **500 inspections** were conducted across healthcare facilities.
- **Two-thirds of the activities** outlined in the first National Action Plan on IPC have been **implemented.**
- Dashboards on monitoring IPC and AMR indicators were submitted on a regular basis.
- **The first national patient satisfaction survey** focusing on IPC was conducted.
- A Product Complaint Form was approved for use.
- SOPs and guidelines were developed to support consistent IPC practices.
- Outbreaks involving Multidrug-Resistant Organisms (MDROs) were notified and investigated.
- A training session on sterilisation was conducted to enhance IPC measures.
- Protocols on IPC for airport health settings were written.

Campaign on hand hygiene

Performance Improvements:

Indicators	2023 (%)	2024 (%)	Trends
IPC team Functionality	58	63	
Soap Availability	64	78	
Presence of Elbow Taps	26	43	
Isolation Procedures	12	50	
Prevalence of MDRO in ICUs	42	38	
Clean Hospital Areas	49	79	
Knowledge in IPC	13	17	

(Source: Annual Progress Report on IPC, Year 2024)

- Overall, the above key IPC and AMR indicators, based on surveys conducted by different teams, including IPC teams, the IPC/AMR national focal point, and Regional Hospital Directors, have shown measurable improvement, reflecting strengthened team functionality, better hygiene, and a reduction in MDRO prevalence, highlighting the positive impact of ongoing interventions and monitoring.

The impact of measures can be summarised as follows:

1. WHO IPC Assessment Framework (IPCAF) **score improved from 50% in 2023 to 55% in 2024.**
2. WHO IPC Assessment Tool 2 (IPCAT-2) **score plateaued at 61% in 2024.**
3. WHO Minimum Requirements for IPC (Min-IPC) **score improved from 62% in 2023 to 79% in 2024.**
4. **Prevalence and incidence of 5 out of 9 High-Priority Multidrug-Resistant Organisms (HPMDROs) decreased from 2023 to 2024** (carbapenem-resistant *Serratia marcescens* was added as a new HPMDRO).

2.1.33 NATIONAL AIDS SECRETARIAT (NAS)

The National AIDS Secretariat (NAS) operates under the MOHW and follows the 2005 Joint United Nations 'Three Ones' principles:

- **One agreed HIV/AIDS Action Framework**: Coordinates partner efforts.
- **One National AIDS Coordinating Authority**: Provides broad, multi-sectoral oversight.
- **One agreed country-level Monitoring and Evaluation System**: Ensures effective progress tracking.

The NAS is pivotal in leading and coordinating the national AIDS response, ensuring alignment with the HIV National Action Plan. It implements a joint monitoring and accountability framework to effectively execute the National Strategy and promote multi-sectoral engagement. NAS ensures that all populations, including hard-to-reach groups, have access to necessary services. It develops and updates strategies, policies, and protocols to address the evolving HIV epidemic.

Additionally, NAS monitors and evaluates national HIV programs to achieve targets and mobilises financial and technical resources from donors and development partners to support its initiatives.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Introduction of HIV Self-Test, Directly Assisted HIV Self-Test.
- Inclusion of paraphernalia which comprises of sterile cookers, filters, dry cotton swab and sterile water in the service package distributed to PWIDs, enrolled in the Needle and Syringe Programme to further reduce transmission of HIV, Hepatitis C and other blood-borne infections.
- Development of HIV Testing Guidelines and Guidance for introduction of HIV Self-Test in Mauritius.
- HIV-TB Collaborative Activities: Developed booklet on Tuberculosis-HIV collaborative activities (2025) to address co-infection and strengthen integrated service delivery for which printing for dissemination is awaited.

Capacity Development

- From August to October 2024, **75 Health Care Assistants and Nursing Officers HIV Care and Support were trained** to expand frontline capacity for patient support.
- From 28 to 30 January 2025, **35 Health Care Providers were trained** on HIV Testing in Rodrigues.
- **Training of 25 Health Care Providers** on Combo HIV/Syphilis Rapid Diagnostic Testing for staff of Sexual and Reproductive Health.
- Diploma Course in HIV and AIDS: **Trained 24 doctors from both AIDS Unit and Harm Reduction Unit**, creating a core team of highly specialised professionals.
- Training of one Clinical Scientist and one Laboratory Technician of the CHL on HIV Sequencing in South Africa.
- Training of one Psychologist on EU Teach for Vulnerable Adolescents in Portugal.

Sensitization and Awareness

Production of:

- Video on HIV Transmission
- Video on HIV Self Testing and development of Poster
- Skit Competition on Sexual Violence among Adolescents (videos) in collaboration with the Ministry of Education and Human Resource with the participation of 18 colleges

Monitoring and Evaluation

- Data Quality Review (HIV) by Consultants from Global Fund has led to the Data Quality Implementation Plan (DQIP).

2.1.34 AIDS UNIT

The AIDS Unit of the MOHW provides HIV testing, prevention, treatment and care services for the population at large, for people at risk of acquiring HIV, people living with HIV (PLHIV) and their partners. People living with HIV (PLHIV) follow treatment in Day Care Centre for the Immunosuppressed, which are decentralized around the island and also at Banian Centre in collaboration with NGOs in view of effectively increasing access and uptake of HIV services.

The AIDS Unit provides the following main services:

- Age-appropriate awareness sessions and testing for HIV, Sexually Transmitted Infections (STIs), and Hepatitis C in communities, health institutions, educational institutions, out-of-school youth, prison inmates, key populations, workplaces, amongst others.
- Island-wide caravan testing services.
- Rapid HIV testing in the Accident & Emergency Departments of all hospitals.
- Condom promotions as both primary and secondary prevention.
- Post Exposure Prophylaxis (PEP) to prevent HIV acquisition following high-risk events such as accidental prick injuries or sexual exposure.
- Pre-Exposure Prophylaxis (PrEP) for HIV prevention.
- Prevention of mother-to-child transmission (PMTCT) services.
- Treatment for patients co-infected with HIV and Hepatitis C.
- Psychological support for PLHIV attending treatment and follow-up.

A holistic approach is adopted for the management of PLHIV at Day Care Centres for the Immunosuppressed,namely at:

Name of Centre	Contact Number	Hotline
The National Day Care Centre for the Immunosuppressed, Volcy Pougnet	213 8166	5257 7890
Day Care Centre (DCCI), Victoria Hospital	427 7946	5257 7891
Day Care Centre (DCCI), SAJ Hospital	413 5363	5257 7874
Day Care Centre (DCCI), Sir Seewoosagur Ramgoolam National Hospital	243 9930	5257 7892
Day Care Centre (DCCI), Jawaharlal Nehru Hospital	627 2792	5257 7902
Yves Cantin Community Health Centre (DCCI)	427 7946	5257 7891
New Souillac Hospital (DCCI)	627 2792	5257 7902
Mahebourg District Hospital (DCCI)	604 2000 Ext 223	5257 7902

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- As at 30 June 2025, **a total of 39,546 rapid HIV tests and 99,097 Enzyme-Linked Immunosorbent Assay (ELISA) tests** were conducted as part of the ongoing HIV testing services.
- HIV awareness efforts reached **33,065 individuals**.
- In terms of prevention, **267 individuals** received PEP while **68 were newly registered** on PrEP.
- The coverage for the PMTCT program stood at an impressive **97%.**
- Additionally, 594,440 male condoms, 15,284 female condoms, and 148,787 lubricant gels were distributed to support HIV prevention efforts.
- The prevention program targeting young adolescents within the school-based initiative recorded **an 18% increase in coverage**, reflecting enhanced outreach and engagement efforts.
- Most of the doctors now working at the AIDS Unit have received a formal training (12/13) compared to none last year.
- Most doctors of the AIDS Unit have received a formal training (Postgraduate Diploma in HIV/AIDS Management)
- Additional one-stop shops have been established at Hyderkhan and Yves Cantin to provide centralised, client-centered care to improve access to HIV prevention, treatment, and support services.
- In order to enhance access to HIV testing services and increase the number of individuals who are aware of their HIV status, **ward-based voluntary counselling and testing (VCT) has been introduced in all regional hospitals**. In addition, **self-testing kits** have been introduced to provide a confidential and convenient option for individuals who prefer to test privately.

- Introduction of pill boxes for PLHIV to improve treatment adherence.
- Mass testing has been initiated region wise since 2025 to target more people through testing.

2.1.35 HARM REDUCTION UNIT (HRU)

The Harm Reduction Unit (HRU), established in 2006 under the MOHW, aims to curb HIV transmission and mitigate health risks associated with drug use among People Who Use Drugs (PWUDs) in Mauritius. The Unit implements a comprehensive harm reduction approach through the following programmes:

- Methadone Substitution Therapy (MST)
- Needle Exchange Programme (NEP)
- Residential Rehabilitation and Detoxification
- Addiction Treatment Services
- Drug Users Administrative Panel (DUAP)
- One-Stop Shops
- Drug Use Prevention Programmes
- Collaboration with NGOs

HRU supports treatment, rehabilitation, and prevention efforts island-wide. Services are provided through various centres and mobile units to ensure wide accessibility. Expansion plans are underway to extend services to Rodrigues. The Hotline of the HRU is **8001022**

In order to offer a comprehensive package of services to methadone beneficiaries, the MOHW operates 5 Day Care Centres namely at:

Name of Centre	Contact Number
Sainte Croix Methadone Day Care Centre	242 0192
Dr. Bouloux Cassis Methadone Day Care Centre	211 2442
Mahebourg Methadone Day Care Centre	631 3075
Centre Frangipane - Beau Bassin, and	455 3187
Centre Orchidée for Women - Beau Bassin	455 9066

The services offered are methadone induction, methadone dispensing, medical follow up clinics, hepatitis C treatment, psycho-social support, counselling, distribution of condoms and educational materials. Treatment for detoxification with suboxone/naltrexone is also offered. Moreover, there are treatment and rehabilitation services on a residential basis mainly for minors and young people under the age of 23 years at the **Nenuphar Centre situated at Long Mountain (Contact Number: 209 2030).**

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The MST programme **expanded** to serve approximately **8,795 beneficiaries** by June 2025, **with methadone dispensed daily at 75 sites** up from 72 sites in June 2024.

- The Take Home Dose initiative, launched in the previous Financial Year, enabled **around 20 stabilised patients to receive methadone prescriptions**, enhancing treatment accessibility.
- The NEP recorded the **attendance of around 6,800 for the Financial Year 2024-2025** operating through **8 mobile caravan sites** and **3 fixed sites.**
- The DUAP **referred 337 patients** to the HRU by June 2025, offering rehabilitation as an alternative to prosecution.
- **A new One-Stop Shop at Hyderkhan Mediclinic Plaine Verte became operational** on 13 January 2025, providing integrated services including drug treatment, NEP, management of HIV and Hepatitis C.
- Throughout the period, the HRU conducted Drug Prevention Programme activities as follows:

Drug Prevention Programme	
	No of Participants
Educational Institutions	**15,107**
Community	**1,799**
Workplace	**1,329**

- The HRU also launched a weekly Addictology Outpatient Clinic at Centre 'Banian' with NGO PILS in September 2024, targeting vulnerable populations.
- The HRU strengthened its workforce with 20 doctors and 60 nursing officers, enhancing service delivery.
- A workshop on the commemoration of World Drug Day has been organised with stakeholders like NGOs, prison services, doctors, and prevention staff.
- The HRU **expanded MST** services to **14 additional sites** across AHCs and Medi-Clinics, including Bel Air, Triolet, Goodlands, Grand Bois, Rose Hill, and others.
- The HRU also advocated for naloxone availability in all public health institutions and supported pre-filled methadone phials in child-proof containers.
- The Nénuphar Centre continued to serve minors, while Frangipane and Orchidée Centres at BSMHCC provided specialised rehabilitation for women and other PWUDs.
- **Recognition and Awards**: The HRU's pioneering paraphernalia kit distribution was recognised as a landmark achievement in Africa.
- Approval by Forensic Science Laboratory (FSL) for submission of biological specimens for drug testing has been considered on a case-to-case basis.

2.1.36 INTEGRATED CARE FOR OLDER PEOPLE (ICOPE)

The National Integrated Care for Older People (ICOPE) Strategic and Action Plan was developed in collaboration with the Ministry of Social Integration, Social Security and National Solidarity (MSISSNS) and WHO. Launched in March 2023, the plan encompasses **55** activities across **7** strategic objectives.

Along with 5 Regional ICOPE Facilitation Committees, Early Dementia Diagnosis Clinics have been extended to all 5 Regional Hospitals.

33,000
Patients Screened (MSISSNS & MOHW)

Mobienet App Upgraded for Elderly

Dementia and Ageing Awareness Television Broadcast

Over 100 additional Trained Staff

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- A further project is underway to extend **ICOPE screening to all 270,000 senior citizens** in Mauritius, through joint efforts of medical doctors from both MOHW and MSISSNS.
- Lecture on safe prescribing for the elderly was organised and delivered by an international expert from WHO at UoM in September 2024, for both MOHW and MSISSNS doctors.
- Across the range of occupations including medical practitioners, nurses, paramedical staff, **over 100 additional staff** under MOHW across the Republic of Mauritius, have received training in dementia, ICOPE screening, and healthy ageing.
- Animated clips designed through MOHW were regularly broadcast on national television on the subjects of Dementia, Preventing falls in the elderly, and Healthy Ageing.
- The Mobienetapp was updated to contain a range of healthcare topics to help sensitise and educate the population on diseases of the elderly, and the app was also upgraded to facilitate screening.

2.1.37 NURSING SERVICES

The Director Nursing Office at the MOHW is responsible for a wide range of functions, mainly the planning, coordination, and monitoring of nursing and midwifery services to ensure quality care across all health institutions.

Other key functions include:

- Ensuring that nursing and midwifery services in all health care institutions are easily and readily accessible to the whole population.

- Ensuring that adequate human resources for nursing and midwifery are available to satisfy the needs of the population.
- Liaising with professional nursing institutions e.g. Central School of Nursing, Mauritius Institute of Health, Polytechnics (Mauritius) Ltd in the delivery of quality nursing and midwifery education.
- Investigating on complaint received from the public against nursing personnel and submit report to the Ministry.
- Attending workshops, seminars and meetings.
- Conducting surprise visit in hospitals and certain health care institutions and submit report to Ministry.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- There has been specialised training by MIH, targeted to Nursing Officers and Health Care Assistant for areas like Operation Theatre, Nuclear Medicine, Oncology, Phlebotomy, etc. About 100 officers have obtained their certificates and Diploma in their relevant field of speciality.
- During the reporting period, there has been the transition of shifting from Dr B. Cheong Hospital to SAJH whereby the nursing officers maintained high standards of clinical care and demonstrated commitment.
- A number of training hours were logged through in-house CPD sessions and external workshops.
- A new nursing documentation system was implemented at SAJH, leading to improvement in record accuracy and reduced time spent on clerical tasks.
- The visit of foreign doctors regarding a National AVF session was successfully performed through the assistance of nursing officers.
- The scope of services at SAJH was extended to include nurse-led patient discharge counselling in the medical wards.
- Cataract operations are being performed at SAJH whereby nurses were able to receive training from both staff and doctors of the Moka Eye Hospital.

2.1.38 ORTHOPAEDIC APPLIANCES WORKSHOP

The MOHW has an Orthopaedic Appliances Workshop (OAW) which is divided into five sections namely Prosthesis, Orthosis, Leather, Metal and Seamstress. The main objective of OAW is to assist disabled patients overcome their disabilities by fitting them with appropriate orthopaedic appliances.

Patients are referred to the OAW for orthopaedic appliances by medical practitioners from all Regional Hospitals, AHCs and Rodrigues.

Services include provision of corrective braces, spinal braces for fracture of spine, night splints for corrective upper and lower limbs, adapted chairs for cerebral palsy, Minerva jacket for fracture of cervical, and lower limb prosthesis for amputees, lumbo-sacral belts, orthopaedic shoes, corrective insoles, among others.

All these orthopaedic appliances are manufactured with specific materials, orthotics and prosthetics components mostly procured from abroad.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **13,021 patients** have attended the OAW to receive orthopaedic appliances.
- Staff of the OAW also have to attend to patients in Regional Hospitals once a month. From 01 July 2024 to 30 June 2025, around **11,460 patients** were attended to.
- **22,015 orthopaedic appliances** were delivered to patients.
- A contract has been awarded for electrical re-wiring works at the ex-CDCU and Orthopaedic Workshop store building. The works are currently in progress to upgrade the facility's electrical infrastructure.

2.1.39 DEPARTMENT OF OPERATIONS SUPPORT SERVICES

The Department of Operations Support Services (DOSS) provides essential logistical, technical, and maintenance services that support the MOHW in fulfilling its mandate. Its functions include transportation, vehicle servicing, carpentry, plumbing, welding, electrical works, building maintenance, and infrastructure support across all health facilities. DOSS ensures that frontline healthcare services operate smoothly through effective delivery of these critical support functions.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Maintenance Works:** A total of 269 repairs and maintenance requests were successfully completed for SAMU and Ambulances, while 755 other vehicles (lorries, cars, vans etc) were replaced.
- **Carpentry Workshop:** Fabrication of 70 new furniture, partitions, flush doors and others.

  Supported in the dismantling of tables, furnitures at EAB, Bacha Building and Atchia Building during the relocation to Nexsky Building, Ebene.
- **Transport Section:** Successfully managed numerous trips, supporting staff mobility, logistics distribution, and emergency health operations.

  Fuel efficiency and vehicle availability improved scheduled servicing routines.

  Transfer of equipment and stationaries from Dr B. Cheong Hospital to SAJH was carried out by the logistics of DOSS.

  Attending requests from different units of the Ministry for transportation of delegates all over the islands.
- **Digitalisation of Operations:** Implementation of an electronic work order system that allows real-time tracking of requests. GPS systems, tracking of drivers' route as per schedules.

- **Acquisition of Assets:** Procurement of 5 service vehicles (Ambulances) and 4 microbuses for dialysis patients in Year 2025.

- **Medical Coverage at Grand Bassin:** During the Maha Shivratee pilgrimage, DOSS plays a crucial role in ensuring the safety and well-being of the public. Ambulances and other vehicles are thoroughly maintained and strategically stationed at the region of Grand Bassin to provide immediate medical assistance in case of emergencies.
- **Blood Collection Programs:** A specially equipped caravan is made available each week to serve as a mobile blood donation Unit. This caravan is designed to maintain hygiene standards and provide a safe and comfortable environment for donors and medical personnel.

SECTION B

PRIMARY HEALTH CARE SERVICES

2.2 PRIMARY HEALTH CARE SERVICES

According to the WHO, Primary Health Care (PHC) is the foundation for Universal Health Coverage. In Mauritius, PHC services are provided through a network of 109 CHCs, 18 AHCs, 12 Medi-Clinics, 2 Community Hospitals and other satellite PHC institutions. The network of PHC facilities is such as to enhance accessibility to primary care within a radius of 3 km.

For the Financial Year 2024-2025, a total of around 5.9 million attendances were recorded at the 139 PHC institutions for the treatment of common diseases and minor injuries. FIGURE III gives an indication of the total number of attendances recorded in all the PHC institutions at the level of the five Health Regions.

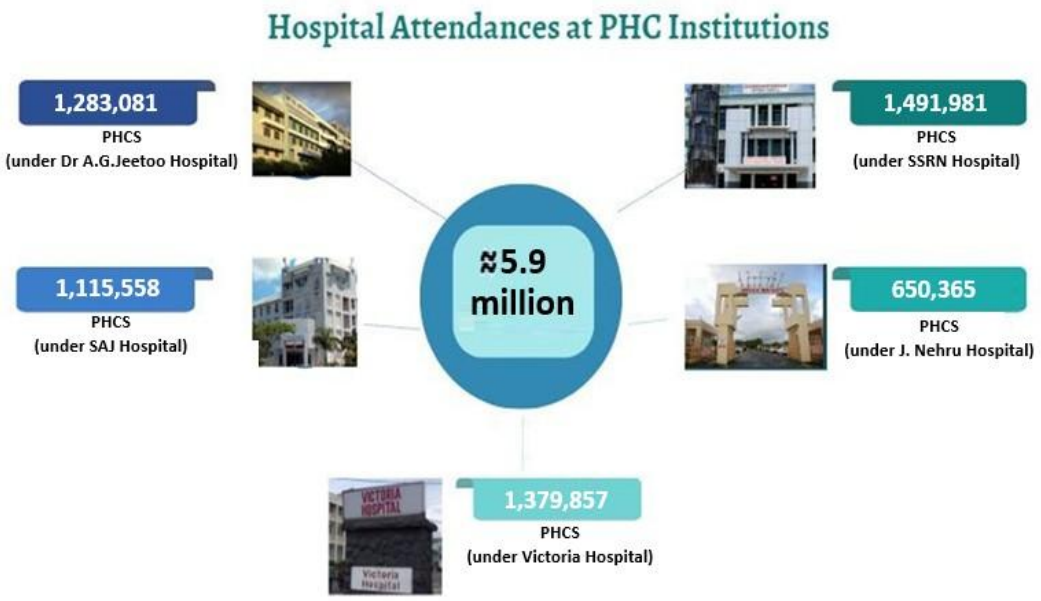


Figure III: Attendances at PHC Institutions July 2024 to June 2025

Source: Health Records Unit, MOHW

In 2024, a total of 520 pre-primary schools were visited and 14,232 children were screened for common illnesses and dental carries. 1,370 children were referred to PHCs for vaccination. **TABLE II** highlights the activities undertaken at the level of primary schools in 2024.

Table II: Summary on Primary School Health Activity 2024

ACTIVITY AND RESULT	ISLAND OF MAURITIUS
SCREENING BY NURSING STAFF	
No. of schools visited	**335**
No. of children screened	**35,147**
Nits and lice	**849**
Dental problems	**4,232**
No. of children referred to dentist	**2,999**

VISION SURVEY (Std III, V &VI)	
No. of children screened	**21,323**
No. with defective vision	**1,551**
No. referred to specialists	**1,223**
IMMUNIZATIONS PERFORMED	
TDaP/IPV (New entrants)	**8,267**
TDaP (School leavers)	**10,061**

Source: Health Statistics Unit & EPI, MOHW

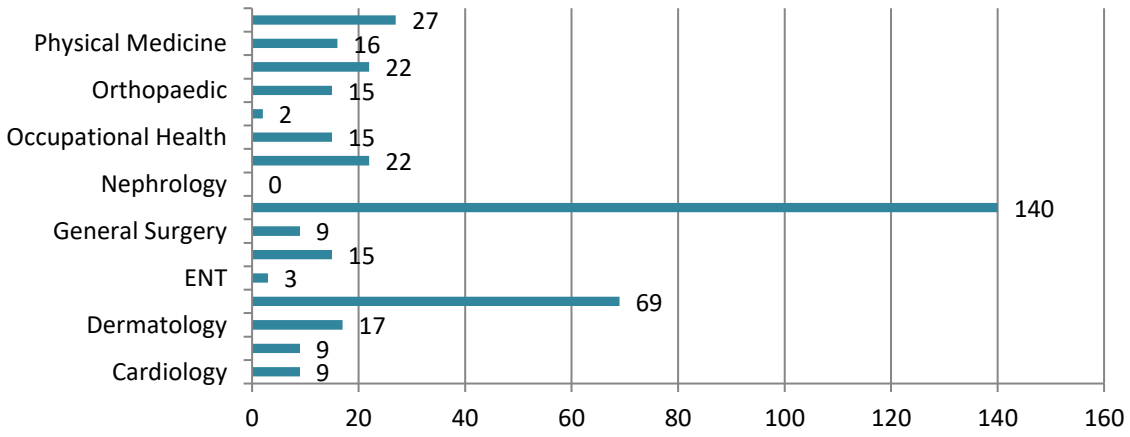
On top of hospitals, PHC centres have recorded 1,978,581 consultations by doctors. 1,330,445 cases pertain to general consultation during normal working hours, while 453,235 cases were attended after normal working hours sessions, on Sundays and public holidays. Specialist clinics catered for 99,544 cases, while other services,such as, Family Planning, Cash Gift, Screening programmes, Nutrition and Foot Care clinics have attended to 95,357 cases. PHC centres have thus, catered for some 5,421 cases on average daily.

The number of specialist clinics in primary care has increased by 17% from 201 to 235 between 2023 to 2025.

DECENTRALISATION OF SPECIALIST SERVICES

Decentralisation of around 15 specialist services have been actively implemented. The key objectives are: decongestion of Regional Hospitals and in particular Accident and Emergency services along with proximity and democratising access to specialist services at the doorstep of the ageing population.

Number of health facilities providing specialist services- FY 24/25



Source: Health Records Unit, MOHW

Number of outpatient clinic initiated at PHCs per year:

REGIONS	2022	2023	2024	Up to June 2025	TOTAL
I	18	34	1	0	**53**
II	20	29	0	0	**49**
III	34	14	14	4	**66**
IV	37	9	8	3	**57**
V	38	10	13	1	**62**
TOTAL	147	96	36	8	**287**

Source: Health Records Unit, MOHW

The achievements for the Financial Year 2024-2025 of different units falling under the Primary Healthcare Services have been elaborated in this part of the Report.

2.2.1 NON-COMMUNICABLE DISEASE (NCD) CLINICS

NCD clinics are operational in Medi-Clinics, AHCs and CHCs of the 5 health regions. The consultations in NCD Clinics are carried out by a multi-disciplinary team including Community Physicians, Diabetic Specialised Nurses, Nutritionists, Health Care Assistants, amongst others. They provide personalised care to all patients. The Diabetic Specialised Nurses, besides counselling patients on their medications, including insulin injections, also motivate them to adopt a healthy lifestyle.

The main services provided include:

- Diabetic Retinopathy Screening Service for Diabetic including Type 1 and Gestational Diabetes Mellitus (GDM) patients
- Diabetic Foot Care Clinic
- Tobacco Cessation Clinic
- Breast and Cervical Screening
- School Health Programme
- Pre-Conception Counselling Clinic
- Health Talk at Social Welfare Centres and Community Centres
- Radio and TV Programme

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Operationalisation of the Diabetic Footcare Clinic at Bel Air Rivière Sèche Mediclinic**, which began in May 2024 on a once-weekly basis, was significantly expanded during the reporting period. From 17 March 2025, **the clinic extended its operations to six days a week (Monday to Saturday)**, enhancing access to specialised foot care services for diabetic patients.
- **Operationalisation of the Tobacco Cessation Clinic at Bel Air Rivière Sèche Mediclinic** on 17 August 2024, offering dedicated Saturday sessions to support individuals seeking to quit tobacco use.

- **Introduction of Tobacco Cessation Clinic services at SAJ Hospital** with sessions held on Saturdays.
- Regular health talks for elderly at SSR Recreational Centre, Belle Mare.
- Setting up of a Diabetic Foot Care Clinic at Triolet Mediclinic.

- **Diabetic Retinopathy Screening for patients with Diabetes across the island**

All diabetic patients are referred for eye screening to allow both the early detection of diabetic eye complications and appropriate referral to eye specialist. This enables early treatment to prevent blindness. Diabetic retinal screening services are carried out by trained diabetic retinal screeners.

  - **44,195 patients** have received Retinal Screening in Financial Year 24/25

- **Foot Screening for patients with Diabetes across the island**

  - **55,922 visits** at Foot Care Clinics in Financial Year 24/25

2.2.2 PAEDIATRIC SERVICES AND NEONATAL CARE

The Paediatric Unit provides comprehensive care to patients aged 0 to 16 years, encompassing both inpatient and outpatient services. The Unit encompasses a Neonatal Intensive Care Unit (NICU) situated at ENT Hospital, managing newborns requiring intensive care, with specialised medical and nursing staff available 24 hours a day. Following stabilisation, these babies are transferred to the Nursery Unit, which also cares for newborns delivered by C-section or those requiring minimal medical intervention, until discharge. The Paediatric Ward on the other hand caters to general admissions for children up to 16 years, while male adolescents aged 11 to 16 years admitted in other male medical wards are also managed by the paediatrics team. The IPC protocols are strictly adhered to in all the units.

The Unit operates an unsorted paediatric OPD for general attendances from 8:00 a.m. to 10:00 p.m., and a sorted OPD for follow-up visits with designated paediatricians. Outreach services are conducted on a fortnightly basis at Mediclinics and AHCs. Additionally, a specialised Type 1 Diabetes Mellitus (DM) Clinic is held fortnightly for patients under 16 years, attended by a dedicated team.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The number of NICU beds have increased at SSRNH from 4 to 6.
- An online training session on the use of Nitric Oxide for newborn babies with Persistent Pulmonary Hypertension of the Newborn (PPHN) was delivered by the Connecticut Children's Hospital, United States of America (USA).
- Regular fortnightly departmental Continuing Medical Education (CME) sessions are conducted by paediatricians, medical officers, and pre-registration officers to enhance clinical knowledge and skills.

- **Opening of a new Paediatric OPD** at Quartier Militaire Mediclinic, expanding access to paediatric services.
- The NICU successfully provided intensive care to premature and critically ill newborns with notable survival improvements in extreme low birth weight infants.
- The paediatric OPD at VH catered to a high number of consultations, **with the addition of an unsorted OPD (24/7 service) to reduce patient congestion.**
- **Successful implementation of Neonatal Retrieval Service,** covering the whole island, ensuring timely transfer of high-risk neonates across public hospitals and private hospital to public hospitals on a 24 hours daily basis.
- Extending the age group to be seen by Paediatricians from 0 to 12 years old to 0 to 16 years old.
- Additional paediatric outreach coverage and PICU coverage.

2.2.3 COMMUNITY BASED REHABILITATION UNIT

The Community-Based Rehabilitation (CBR) Unit provides rehabilitative care services at the Primary Health Care level, adopting a medical perspective that directs individuals with disabilities towards social, educational, and vocational rehabilitation. This integrated medico-social programme is implemented within the family setting and leverages all available community resources, fostering community engagement and participation.

The CBR Unit provides **hope and inspiration for a brighter future** by ensuring timely outreach and access to appropriate rehabilitative care for individuals following a disability. Its core goals also include reducing the long-term impact of disability on individuals and their families by offering recovery prospects, promoting early intervention to minimise severe impairments, and supporting the rehabilitation of both mentally and physically disabled persons to improve their quality of life and foster inclusion.

Integrated Rehabilitation Programme Components

- **Fundamental Therapies:** Provision of physiotherapy, occupational therapy, and speech therapy.
- **Training and Technology Transfer:** Educating family members, caregivers, and relatives on basic therapies to promote home-based rehabilitation.
- **Facilitation:** Coordinating evaluation, liaison, and accessibility to support services.
- **Counselling and Monitoring:** Providing health education, rehabilitation plans, progress tracking, and follow-ups with active participation from family members and caregivers.
- **Referral Network:** Facilitating access to treatments, benefits, assistive devices, education, job placement, social integration, and recreational opportunities.

This network includes PHC services, Social Security Office, orthopaedic workshops, pre-primary and specialised schools, vocational institutions, community centres, Community-Based Organisations (CBOs), and NGOs.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

ACTIVITIES	TOTAL
▪ Recovery cases for social integration & workplace reintegration	**62**
▪ Recovery cases for progress in daily-activities	**216**

ACTIVITIES	FY 24/25
▪ New cases registered	**493**
▪ Number of visits	**12,269**
▪ Number of referrals	**1,941**
▪ Number of appliances delivered	**512**
▪ Number of institutions' visits	**576**

2.2.4 MATERNAL, NEONATAL AND CHILD HEALTH SERVICES

Maternal and Child Health (MCH) under Sexual and Reproductive Health Unit plays a fundamental role in ensuring the well-being of women before, during, and after pregnancy, as well as promoting the health of infants and children. This holistic approach not only addresses immediate health needs but also supports long-term health outcomes for families and communities. By providing essential services and education, MCH programs contribute to reducing maternal and child morbidity and mortality, ultimately fostering healthier populations.

The key components of MCH are prenatal care, postnatal care, family planning services, immunization services, nutrition and health education, perinatal and neonatal care, support for breastfeeding, mental health support, child health services and community outreach and education.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

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

Table III: Maternal and Child Health Activities in Public Sector

ACTIVITIES	FY 23/24	FY 24/25
DOMICILIARY VISITS BY MIDWIFE/NURSE		
Antenatal	798	**863**
Postnatal	1,595	**1,679**
CASES REFERRED TO HEALTH CENTRES & HOSPITALS		
By doctor for specialised treatment	8,176	**8,892**

EXAMINATIONS CARRIED OUT AT CLINIC		
ANTENATAL EXAMINATIONS BY MIDWIFE/NURSE		
First attendances	7,863	**8,439**
Subsequent attendances	29,166	**33,375**
ANTENATAL EXAMINATIONS BY DOCTOR*		
First attendances	7,931	**8,552**
Subsequent attendances	27,760	**32,548**
POSTNATAL EXAMINATIONS BY DOCTOR		
First attendances	3,441	**3,595**
Subsequent attendances	1,222	**1,547**
CHILDREN SEEN FOR GROWTH MONITORING		
Number of attendances	132,622	**139,311**
EXAMINATIONs OF CHILDREN UNDER 5 YEARS BY DOCTOR		
First attendances	5,468	**5,444**
Subsequent attendances	10,418	**10,951**
TOTAL ATTENDANCES AT CLINIC	225,891	**243,762**
*Include cases examined by specialists at first and subsequent attendances.		

Source: Health Statistics Unit, MOHW

- A Workshop on Comprehensive Abortion Care Policy was conducted to develop national guidelines and SOPs related to post-abortion care and medical termination of pregnancy.
- 24 sensitisation sessions on breastfeeding were held in collaboration with “Action Familiale”, targeting over 900 participants including couples, young people, adolescents, and grandparents.
- Outreach programmes were conducted in commercial centres in partnership with “Action Familiale”, targeting more than 1,000 people.
- A refresher course on breastfeeding was delivered to 40 NGO members.
- Capacity building initiatives on breastfeeding targeted 250 health professionals.
- The Maternal and Child Health Handbook was reviewed.
- In collaboration with the European Union and Commission de l’Océan Indien, a « Campagne nationale sur les bonnes pratiques nutritionnelles du programme SANOI» was launched, targeting women of reproductive age and mothers, covering topics such as: “préparer la grossesse, allaitement maternel et alimentation du nourrisson”.
- Community Health Care Officers carried out canvassing and counselling of women on various topics with the following reach:
    - Preconception care: **6,187 women**
    - Premarital counselling: **1,574 women**
    - Breastfeeding: **18,790 women**
    - Postpartum contraception: **3,866 women**

2.2.5 SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The Sexual and Reproductive Health (SRH) Unit has a crucial role in providing comprehensive services that address the needs of individuals in relation to sexual and reproductive health.

SRH services are provided mainly by Community Physicians and Community Health Care Officers based in various Mediclinics, AHCs and CHCs.

ervices of the SRH Unit include education, awareness, and providing information on sexual and reproductive health topics, such as contraception, STIs, and healthy relationships. Clinical services mainly focus on contraceptive provision, including prescribing birth control and long-acting reversible contraception.

The Unit also offers counselling services, covering pre- and postnatal care, sexual health, fertility and infertility, and information on cervical and breast cancer screenings as well as the HPV vaccine.

Another key function is advocacy and policy development aimed at promoting SRH rights, improving access to services, and supporting comprehensive healthcare policies.

Moreover, the Unit collaborates with Ministries such as Gender, Youth, and Education, along with Civil Society Organisations (CSOs) to implement SRH-related programmes and raise awareness within communities and the general population.

Implementation of Sexual and Reproductive Health activities are mainly guided by:

- Health Sector Strategic Plan 2020 - 2024
- National Sexual and Reproductive Health Policy 2022
- National Sexual and Reproductive Health Plan of Action 2022 – 2027
- National Breastfeeding Action Plan 2022 – 2027
- Annual workplan UNFPA

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- In February 2025, **youth clinics were introduced in five Higher Education Centres**, the University of Mauritius, 'Université des Mascareignes', University of Technology, Charles Telfair Institute, and Middlesex University, marking a significant step in improving access to SRH and Mental Health services for students.

  - Services provided include mental health assessment, counselling, HIV testing, and contraceptive supply directly on campus.
  - These clinics also serve as referral network, linking students to broader health services at hospitals.
  - 25 health professionals were trained in HIV testing and counselling.
  - Among the **135 students assessed for mental health**, **66 were referred** to psychologists or psychiatrists for further support, reflecting the programme's strong focus on early identification and care.

- Family Planning Guidelines for Service Providers (2024) were reviewed and officially launched.
- Capacity building on family planning and dissemination of the new guidelines was conducted with some 150 participants.
- In collaboration with the Ministry of Gender Equality and Family Welfare, a 5-day training on Gender-Based Violence was held for 30 health professionals, facilitated by DIMO with support from the US Embassy.
- Participation in programmes such as “Men as Caring Partners” as well as the Family and Couple Counselling was carried out to promote healthy relationships.
- Community Health Care Officers (CHCOs) provided counselling and canvassing services on:
    - Family planning: **35,056 individuals**
    - Breast and cervical cancer screening: **22,837 individuals**
- **Sexuality education sessions** were also conducted by CHCOs in schools, reaching **2,075 students** through health talks.
- **Screening for breast and cervical cancers** was conducted at Family Planning Clinics across Mediclinics, AHCs, and CHCs, benefiting **1,888 individuals**.
- A 1-day consultative workshop was held with 50 out-of-school adolescents.
- A 4-day consultative workshop was conducted with stakeholders, including the Ministry of Education and Human Resources as well as NGOs, with 40 attendees.
- A 1-day consultation session was organised with young people and CSOs, gathering 60 attendees.
- A national curriculum on Comprehensive Sexuality Education was drafted in collaboration with a UNFPA consultant and has been submitted to UNFPA for vetting.

2.2.6 NUTRITION UNIT

The Nutrition Unit of the MOHW is involved in the prevention and control of NCDs and the promotion of healthy eating habits. The Unit advises on all matters relating to nutrition and on the formulation of health nutrition policies,amongst others. The nutrition services offered by the Nutrition Unit are both preventive and curative. The Unit is composed of a Chief Nutritionist, a Principal Nutritionist and 14 Nutritionists/Senior Nutritionists.

Diet counselling is provided by the Nutritionists to both outpatients and inpatients on therapeutic diets at hospital level. This service is also extended to the Community through AHCs and CHCs. The Nutritionists are also called upon to advise on the nutritional standard of the hospital’s general food services and ensuring that the prescribed diets are prepared and supplied to patients.

Health Promotion activities including talks on nutrition and healthy eating habits are targeted to all age groups and are conducted all year round.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Growth is a key component of the nutrition status and an indicator of health and well-being of an individual or population measured objectively using various anthropometric measurements.

- The Republic of Mauritius continues to galvanise its efforts towards strengthening the child growth assessment and monitoring through capacity building of health care professionals, updating and providing relevant tools and equipment.

The main objective of the child growth assessment training was to strengthen the knowledge and skills of health care professionals to measure the weight and length/height of children, assess growth in relation to the WHO child growth standards and counsel mothers/caregivers about growth and feeding.

The trainings were conducted in three sessions in Mauritius and Rodrigues Island, facilitated by a team of experts from WHO and MOHW.

- Training of trainers/facilitators on child growth assessment, WHO growth standards from 2nd - 5th December 2024.
- Cascade training on child growth assessment, WHO growth standards, 9th -11th December 2024.
- Cascade training on child growth assessment, WHO growth standards, 25th -27th November 2024, Rodrigues Island.

- 91 health professionals successfully completed the course on child growth assessment in Mauritius and Rodrigues Island. Of these, 25 completed the training of trainers' course and 10 of them rolled out the training thereafter.

- The trained health professionals were capacitated with the required knowledge and skills to conduct child growth assessment and to monitor using the revised growth charts in the mother child booklet and to provide appropriate counselling to the mothers/care givers on feeding and growth.

These will contribute to timely identification, referral, and management of growth problems among children from zero to five years of age.

2.2.7 AYURVEDIC MEDICINE

7 AYURVEDIC CLINICS AROUND THE ISLAND

Ayurvedic Medicine in Mauritius operates under the health system, MOHW since 2004. The 'Ayurveda and other Traditional Medicine Act 1990' recognises and regulates the practice of Ayurveda, Homeopathy, and the Chinese system of Traditional medicine.

SERVICES OFFERED:

- Consultation and diagnosis
- Advising and counselling
- Ayurvedic panchakarma therapy
- NCD management sessions
- Dispensing of ayurvedic medicine
- Awareness programs

AYURVEDIC CLINICS STAFFING:

- Ayurvedic Medical Officer
- Nursing Officer
- 2 Health Care Assistants, trained in Ayurvedic panchakarma
- Health Record Clerk
- Senior Pharmacy Technician, trained in Ayurvedic dispensing
- Hospital Care Attendant

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- In 2024, Ayurvedic clinics recorded 36,986 attendances and 63,672 cases treated, compared to 38,974 attendances and 70,144 cases in 2023.

- **Additional Outlet for Ayurvedic Services**
  An additional Ayurvedic service outlet was established at Mediclinic, Grand Bois in July 2024, expanding access to traditional medicine.

- **Procurement of Ayurvedic Medicines**
  Procurement of Ayurvedic medicines is carried out through a structured process involving planning, acquisition, storage, stock control, and distribution, under the Pharmaceutical department of the MOHW.

  Medicines are currently stored at the Old Printing Warehouse in La Tour Koenig and at CSD Plaine Lauzun, with the Central Supply Division responsible for overall stocking and monitoring.

- **Importation of Ayurvedic and Herbal Products**

  The Ayurvedic Committee, functioning as a subcommittee within the Pharmaceutical Department, comprises experts in Ayurvedic medicine, pharmacy, Government analyst, and academia (UoM).

  The committee evaluates import requests from the public sector and aims to control importation.

  A guideline has also been developed to formalise the procedure.

  Approved Ayurvedic products undergo further countercheck and thereby clearance for release is granted by the expert of Ayurveda attending the clearing and forwarding Unit of clearance at the point of entry.

- **Blood Pressure and Diabetes Mellitus**

  The Ayurvedic Clinic has been actively addressing chronic conditions such as High Blood Pressure (HBP) and Diabetes Mellitus (DM) over the past years. In 2024, concerning treatment at the clinics, there was a slight decrease in HBP cases to 4,839, while DM cases saw a slight increase to 11,368.

  The statistics reflect ongoing efforts to provide comprehensive care and management for these prevalent health issues.

  **Statistics compiled for all 7 Ayurvedic Clinics*

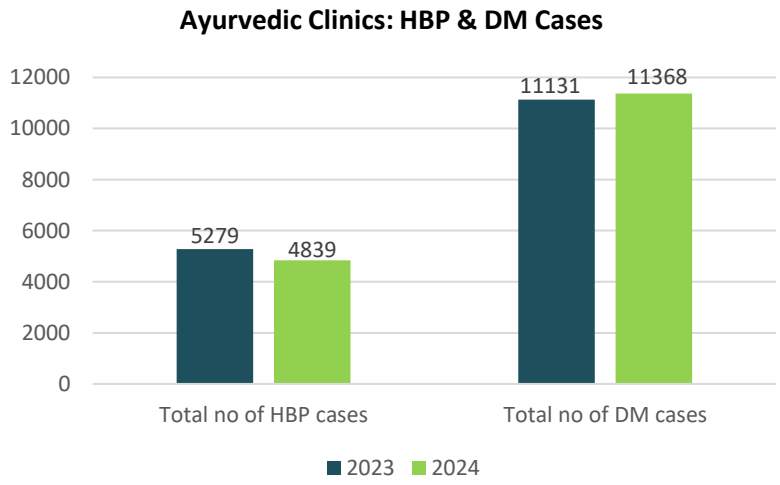


Figure IV: HBP & DM cases at Ayurvedic Clinics

2.2.7.1 TRADITIONAL MEDICINE BOARD

The Traditional Medicine Board (TMB) in Mauritius is established under the Ayurvedic and Other Traditional Medicines Act 1990 to regulate and discipline the practice of traditional medicine, including Ayurveda, Homeopathy, and Chinese medicine.

The main function of the TMB is to look into the matter of the legalised Traditional Medicines, specifically the registration of the following:

- Ayurvedic physician
- Homeopathic physician
- Chinese physician

Registration of the Physicians are done according to well established criteria.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

The following have been made during the reporting period:

- Change in the name of the Act from Ayurvedic and Other Traditional Medicines Act to Traditional Medicines Act where the AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) and the Chinese Medicine are recognised by the Act.
- The TMB has been reconstituted in June 2025.
- Provision to register Specialist in Traditional Medicines has been done, awaiting the implementation.

2.2.8 ALCOHOL AND TOBACCO CONTROL UNIT

TOBACCO CONTROL UNIT

Established in 2009 following the ratification of the WHO Framework Convention on Tobacco Control (FCTC) in 2004, the Tobacco Control Unit (TCU) focuses on drafting policies with respect to the public health implications and the subsequent impact of tobacco consumption on the population. It also oversees the implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products (2018) recommendations and supports the enforcement of the Public Health (Restrictions on Tobacco Products) Regulations 2022.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

19 May 2025:

Mauritius was honoured with the **WHO Director General Special Recognition Award** on the occasion of the World No-Tobacco Day 2025, in acknowledgment of the country's unwavering commitment to tobacco control. The award was presented to the Minister of Health and Wellness, Hon. Anil Kumar Bachoo, by the WHO Director General during the opening session of the 78th World Health Assembly in Geneva.

23 June 2025:

Mauritius received the **Bloomberg Philanthropies "W" Award for Global Tobacco Control**, presented during the World Conference on Tobacco Control 2025, in Dublin, Ireland.

Mauritius was notably recognised as the **first African country to implement plain tobacco packaging and for its effrots in warning the population against the dangers of tobacco**, reinforcing its leadership in tobacco control.

- Celebration of World No Tobacco Day 2025 in collaboration with WHO and UoM to sensitise youth on the ill-effects of tobacco and the availability of cessation services.
- Increase in taxes on tobacco products in the Annual Budget 2025-2026 by 10% to discourage consumption of the products.
- Training of 80 Prison Officers on the harmful effects of tobacco consumption as well as importance of cessation in collaboration with NGO ViSA.
- Continuous sensitisation campaigns through talks by HIEC Unit and screening by the NHPRU.

TOBACCO CESSATION SERVICES

Tobacco cessation services offer comprehensive pharmacotherapeutic treatments and counselling to support smokers in overcoming nicotine dependence. These services are provided at no cost and are integral to the MPOWER initiative of the WHO's global tobacco control strategy.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Decentralisation of tobacco cessation services to **17 TCCs** in Mauritius.
- Launching of cessation services on the UoM campus to help quit tobacco consumption.

ALCOHOL

The Alcohol Control Unit focuses on strategies and frameworks to control alcohol consumption as a modifiable risk factor for NCDs. It offers specialised care in psychiatric Units of Regional Hospitals for both in-patients and out-patients.

The National Action Plan to reduce harmful use of Alcohol 2020-2024 has been completed and is awaiting a term review to assess its efficacy and formulate recommendations for the new action plan. The strategies listed on a yearly basis are being repeated for the year 2025 till the review and evaluation process is completed.

The implementation of strategies encapsulated within the National Action Plan to reduce harmful use of Alcohol 2020-2024 is under the supervision of the monitoring committee with 5 subcommittees; sensitisation, capacity-building, treatment, rehabilitation and legislation, with multiple stakeholders.

The main function of the National Action Plan to reduce harmful use of Alcohol 2020-2024 is to achieve a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context by 2025, as per cited in Global NCD Target: Reducing Harmful Use of Alcohol (2016) article by the WHO.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Sensitisation sessions "Life Enhancement Education Program" through 13 NGOs, Ministry of Social Integration, Social Security and National Solidarity.

A training program for the Ministry of Civil Service and Administrative Reforms to sensitise HR personnel has been conducted to promptly detect and refer cases to concerned facilities for treatment by psychiatrists of MOHW at the Municipality of Port-Louis.

- Metro campaign on alcohol, as modifiable risk factor to NCDs, mobile sensitisation and will has been included in the Ministry's program on a yearly basis.

- An algorithm from the Ministry of Education and Human Resources to devise proper means of tackling alcohol use and abuse by youngsters and adolescents. Two sessions with steering committee have taken place with the possibility of reviewing the school management program 2009 to accommodate strategies to counter alcohol consumption within schools.

- Educational sessions by HIEC Unit in tertiary institutions conducted with additional sessions in workplaces to sensitise on alcohol consumption.

Setting up of a media monitoring committee to deter illegal online advertisement of alcoholic beverages on media or online platforms.

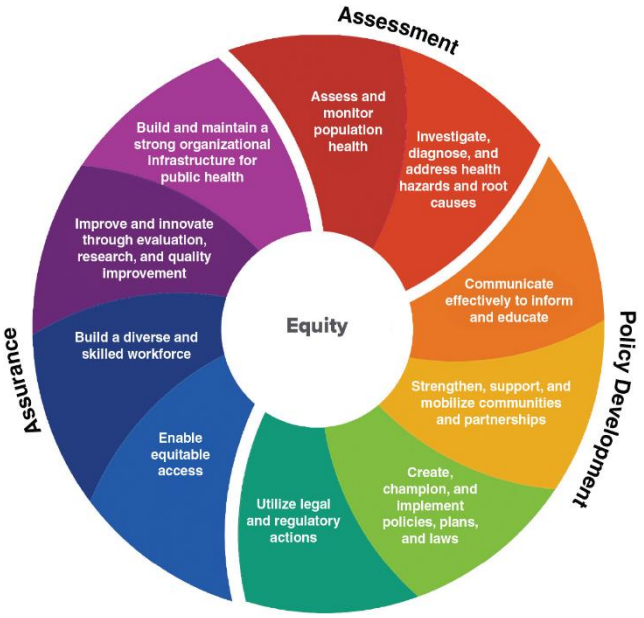
- Setting up of a standing committee to tackle alcohol use as well as abuse in schools and colleges by the Ministry of Education and Human Resources.

- Completion of programs in educational institutions to sensitise youth on the harm effects of alcohol.

SECTION C

PUBLIC HEALTH SERVICES

2.3 PUBLIC HEALTH SERVICES



According to the WHO, "public health refers to all organised measures (whether public or private) to prevent diseases, promote health, and prolong life among the population as a whole".

The Units under the Public Health Services of the MOHW drive policies with regard to public health and deals with emerging and re-emerging communicable diseases, environment health, food safety and licensing of private health institutions.

During the Financial Year 2024/2025, the country faced significant public health challenges with the **emergence and re-emergence of communicable diseases** such as dengue, chikungunya, and leptospirosis.

Multi-sectoral coordination under the **One Health approach**, supported by the WHO, has been key to managing public health threats and enhancing national preparedness.

The Ministry will continue to advance the **National Action Plan for Health Security (NAPHS) after the Joint External Evaluation,** which outlines measures for early detection, rapid response, and multi-year strategies to enhance health security. The plan builds on lessons learnt from the COVID-19 pandemic and ensures a framework for systematic preparedness for emerging infectious diseases.

The institutionalisation of the **Public Health Emergency Operations Centre (PHEOC)**, established with technical support from WHO, will play a central role in coordinating outbreak responses, managing real-time data, and facilitating timely interventions. Through the PHEOC, the MOHW will ensure early disease detection, effective communication, and efficient allocation of resources during public health emergencies.

Additional efforts in Financial Year 2024/2025 included vector control campaigns, community awareness programmes, and health promotion activities targeting high-risk areas, aiming to minimise disease transmission and protect vulnerable populations. These initiatives, alongside multisectoral partnerships, have contributed to improving population health outcomes and mitigating socio-economic impacts of outbreaks.

Overall, Financial Year 2024/2025 reflects a transition from pandemic response to a broader focus on endemic and emerging diseases, highlighting Mauritius' commitment to resilient, proactive, and integrated public health services.

2.3.1 PUBLIC HEALTH AND FOOD SAFETY INSPECTORATE

The Public Health and Food Safety (PHFS) 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 1925, the Public Health (Restrictions on Tobacco Products) Regulations 2022, the Alcohol Regulations, the Food Act 2022,the Food Regulations, the Quarantine Act 2020 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.

The Public Health and Food Safety Inspectorate is decentralised to 13 District Health Offices and specialised Units such as the Airport Health Office, Port Health Office, Food Import Unit, Communicable Disease Control Unit and Dangerous Chemical Control Board.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

A. PUBLIC HEALTH

Environmental Sanitation

Statistics as regards to Environmental Sanitation is given in the table hereunder.

Item	July 2023 – June 2024	July 2024 – June 2025
No. of premises inspected	184,256	**122,174**
No. of Sanitary notices served	4,204	**2,961**
No. of Notices served (water nuisances)	8,583	**5,397**
No. of Statement of Nuisances issued	3,513	**2,047**
No. of complaints attended	4,197	**3,862**
No. of contraventions established for environmental sanitation	51	**61**
No. of cases sentenced in District Courts	27	**19**
Revenue from Fines paid in District Courts (Rs)	(as fine) 57,200 + (as costs) 2,700	**(as fine) 32,002 + (as costs) 5,000**

Source: PHFS Inspectorate Unit

Larviciding

Item	July 2023 – June 2024	July 2024 – June 2025
Larviciding		
No. of premises covered during larviciding	668,769	**585,851**
Amount of chemical larvicide used (Temephos – common name Abate)	515.52 L	**896.71 L**

Source: PHFS Inspectorate Unit

Item	July 2024 –June 2025
Fogging	
Fogging Operations Carried out	**3,423**
No. of Premises covered during Fogging activities	**732,141**
Amount of chemicals (Aqua K-Othrine) used	**4,567.7 L**

Source: PHFS Inspectorate Unit

B. FOOD SAFETY CONTROL

Food Hygiene

Item	July 2023 – June 2024	July 2024 – June 2025
No. of Food premises inspected	16,143	**11,331**
No. of school canteens visited	746	**628**
No. of Improvement Notices served	15,098	**279**
No. of Prohibition Orders issued	36	**6**
No. of Notice prior to Emergency Closing Order issued	2	**-**
No. of food complaints attended	425	**320**
No. of Contraventions established	404	**54**
No. of cases sentenced in District Courts	442	**91**
Revenue from Fines paid in District Courts (Rs)	(as fine) 861,900 + as costs 54,650	**(as fine) 204,500 + as costs 9,600**

Source: PHFS Inspectorate Unit

Food Seizures

Statistics in respect of food seizures are given in the table hereunder.

Food seized	July 2023 – June 2024	July 2024 – June 2025
Meat & meat products	115.5 Kg	**55.1 Kg**
Fish & fish products	61.8 Kg	**20.6 Kg**
Milk & milk products	21.4 Kg	**0.23 Kg**
Vegetables & Fruits	42.1 Kg	**199.78 Kg**
Canned foods, bottles & others (eggs)	9,163.1 Kg	**53,080.29 Kg**

Source: PHFS Inspectorate Unit

Food Handlers Training

Statistics in respect of food handlers training are given in the table hereunder.

Item	July 2023 – June 2024	July 2024 – June 2025
No. of food handler's training sessions delivered	493	**585**
No. of food handlers examined	37,844	**33,855**
Food Handler's Training upon request from private food establishments against payment	**July 2023 – June 2024**	**July 2024 – June 2025**
Revenue collected for delivering Food Handler's Training upon private food establishments (Rs)	1,755,001	**3,133,002**

Source: PHFS Inspectorate Unit

Food Sampling

Statistics in respect of food sampling are given in the table hereunder.

Item	July 2023 – June 2024	July 2024 – June 2025
No. of food samples taken for chemical analysis	275	**466**
No. of food samples taken for bacteriological analysis	747	**772**
No. of physical examination of food samples	3,081	**2,523**

Source: PHFS Inspectorate Unit

Squad Operations

Squad operations are conducted to target activities which are normally unreachable or not carried out during normal working hours. Such activities include cooking and selling of food by roadside, 'grillade', and also food establishments like restaurants, bakeries etc.

Item	July 2024– June 2025
Food Control	
No. of squad operations carried out during office hours	**134**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**2**
No. of premises visited	**685**
No. of contraventions established	**19**
Tobacco Squads	
No. of squad operations carried out during office hours	**35**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**-**
No. of premises visited	**281**
No. of contraventions established	**13**
Alcohol Squads	
No. of squad operations carried out during office hours	**11**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**-**
No. of premises visited	**70**

C. TOBACCO CONTROL

Item	July 2023 – June 2024	July 2024 – June 2025
No. of Visits effected	9,514	**6,317**
No. of Contraventions established	72	**22**
No. of cases sentenced in District Courts	43	**25**
Revenue from Fines paid in District Courts (Rs)	114,700	**23,600**

Source: PHFS Inspectorate Unit

D. PORT HEALTH ACTIVITIES

General Port Health activities

Item	July 2023 - June 2024	July 2024 – June 2025
General		
No. of ships given pratique	5,469	**4,279**
De-ratting of ships		
No. of deratting of ships performed	10	**18**
Fumigation of ships		
No. of ships fumigated	8	**13**
No. of holds of ships fumigated	31	**41**
Total no. of containers of food fumigated	2,955	**3,089**
Revenue Collected for de-ratting and fumigation services		
Revenue collected in respect of services offered at the Port (viz. fumigation of food containers, deratting of vessels and Ship Sanitation Certificates) (Rs)	2,725,250	**3,013,400**

Source: PHFS Inspectorate Unit

Rodent Control

Item	July 2023 – June 2024	July 2024 – June 2025
No. of complaints attended	53	**45**
No. of visits carried out	10,828	**16,191**
No. of rats caught/ killed	3,813	**4,824**
No. of specimens forwarded to laboratory for detection of plague disease (N.B. All were negative for plague)	99	**84**
No. of Sensitization programs effected	10,828	**16,191**

Source: PHFS Inspectorate Unit

E. ACTIVITIES AT AIRPORT HEALTH OFFICE

Activities undertaken at the airport health office include the disinsection of planes on arrival and screening of passengers for communicable diseases such as Ebola, Dengue, Chikungunya, Cholera, Malaria, amongst others.

Item	July 2023 – June 2024	July 2024 – June 2025
No. of planes landed	11,315	**12,920**
No. of planes disinsected on arrival	94	**182**

Source: PHFS Inspectorate Unit

F. LODGING ACCOMMODATION FOR EXPATRIATE WORKERS (Dormitories)

Item	July 2023 – June 2024	July 2024 – June 2025
No. of dormitories inspected	1,573	**1,749**
No. of dormitories in good sanitary condition during 1st visit	760	**442**
No.of dormitories issued with list of requirements for compliance	813	**974**
No. of Health Clearances issued	769	**831**

Source: PHFS Inspectorate Unit

G. CREMATION / EXHUMATION

Item	July 2023 – June 2024	July 2024 – June 2025
No. of cremation permits issued by Health Offices	5,713	**5,718**
No. of private cremation sites visited	17	**28**
No. of exhumations attended	7	**13**
No. of Unclaimed dead bodies for which needful done for interment by Health Offices after completion of formalities by Police	22	**12**

Source: PHFS Inspectorate Unit

2.3.2 ENVIRONMENTAL HEALTH ENGINEERING UNIT

The MOHW also has the important responsibility to manage public health risks, such as unsafe drinking water, inadequate sanitation, noise, and odour pollution. In this respect, the Environmental Health Engineering Unit (EHEU) of the Ministry monitors and enforces standards under the Environment Act 2024.

The EHEU's main responsibilities include:

- Monitoring drinking water quality to ensure safety in line with Drinking-Water Standards of the Environment Act 2024 and WHO Guidelines;
- Monitoring environmental noise within permissible limits as prescribed under the Environment Act 2024; and

- Investigating and monitoring environmental issues related to odour and wastewater.

Additionally, the EHEU assists the Project Implementation Unit in the conception and implementation of civil projects, including evaluating and preparing Terms of Reference for major projects and attending site visits and meetings with consultants and contractors.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Drinking Water Quality Monitoring

- The MOHW is enforcing Drinking Water Quality monitoring under the Environment Protection Act (EPA) 2002, through the officers of the EHEU.
- A total of **4,538 drinking water samples** were analysed in this Financial Year compared to **4,060** in the previous one.

Poliomyelitis Environmental Surveillance

- Environmental surveillance for poliomyelitis was conducted at four wastewater treatment plants: St Martin, Grand Baie, Baie du Tombeau, and Montagne Jacquot.
- Poliomyelitis surveillance showed no virus detection, with **50 samples** and **132 monitoring visits** in Financial Year 2024–2025 compared to 44 samples and 140 visits in Financial Year 2023–2024.

Surveillance for Legionella Bacteria in Hotels

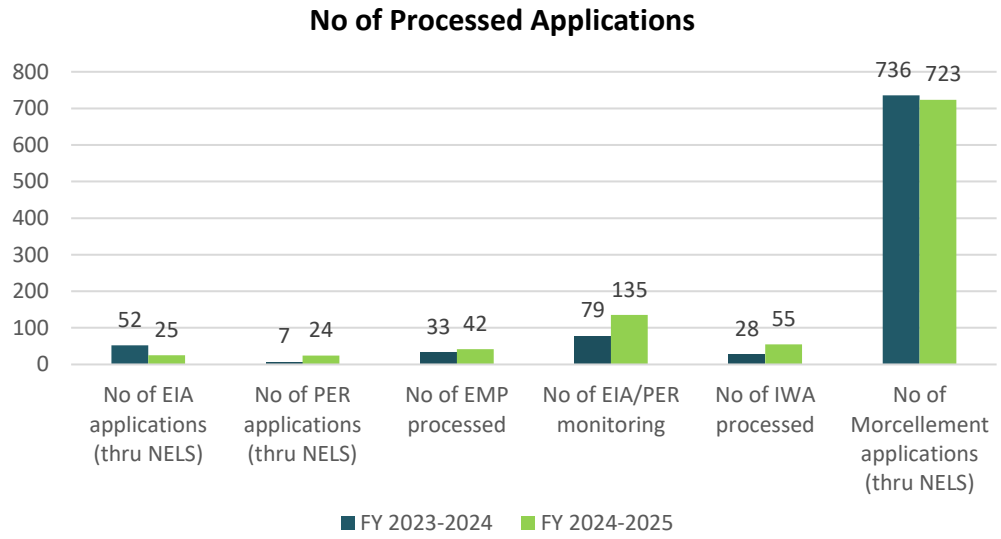
- Sampling from Water Distribution Network of Hotels for Legionella: **29 samples** were taken for monitoring purposes.

Monitoring and Enforcement

- The EHEU continued to respond proactively to environmental complaints, particularly those related to noise and odour nuisances, by following established protocols and leveraging multiple communication channels, including the Citizen Support Portal.
- During the period July 2024 to June 2025, a total of **519 complaints** related to noise and odour were received and attended. Moreover**, 239 site visits** were conducted during after-office hours squad operations.

Processing EIA/PER/IWA/Morcellement Applications

- The EHEU carried out its responsibilities related to Environmental Impact Assessment (EIA), Preliminary Environmental Report (PER), Industrial Wastewater Agreement (IWA), and morcellement applications through site assessments, impact evaluations, and inter-ministerial recommendations.



(Source: Environmental Health Engineering Unit, MOHW)
Figure V: No of Processed Applications

2.3.3 COMMUNICABLE DISEASES CONTROL UNIT (CDCU)

The Communicable Diseases Control Unit (CDCU) serves as the primary agency for ensuring an effective, efficient public health surveillance and response system resulting in the reduction of morbidity, mortality, and disability from disease outbreaks. The activities of the CDCU include but are not limited to:

- Surveillance and monitoring of communicable diseases of national public health importance such as dengue, malaria, food poisoning, leptospirosis,
- Collection and processing of data pertaining to these diseases,
- Supporting the International Health Regulations National Focal Point in ensuring national health security,
- Carrying out outbreak investigations and field case investigations, and
- Ensuring preparedness for emerging and re-emerging epidemic prone communicable diseases by drafting and subsequently updating protocols, plans and procedures.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

A. International Health Regulations (IHR)

- In October 2024, a national IHR onboarding workshop was held to reaffirm multisectoral commitment and coordination.
- The Office of the Director Health Services (Preventive) was designated as the IHR National Focal Point.
- The composition of both the IHR Technical Working Group and Steering Committee was revised.
- A dedicated IHR Implementation Authority, aligned with the IHR 2024 amendments roadmap, is currently under consideration.

B. E-State Party Annual Report (e-SPAR)

- The e-SPAR serves as a mandatory annual monitoring and evaluation tool for assessing IHR (2005) core capacities. A consultative meeting was convened in January 2025, followed by a validation meeting in February 2025 to finalise the assessment outcomes.
- The resulting outcomes, recommendations, and strategic directions were disseminated to all members of the IHR Technical Working Group. The process ensures continuous assessment, reinforces compliance with IHR obligations, and informs targeted capacity-building interventions.

C. INTRA ACTION REVIEW (IAR)

In response to the surge in dengue cases last year, an IAR was conducted from 3–5 September 2024. The review gathered key stakeholders to assess the national response, identify gaps, and document best practices. The resulting recommendations aim to strengthen future outbreak preparedness and response, enhance multisectoral coordination, and improve public health resilience.

D. PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC)

- The institutionalisation of the PHEOC has started, with partial delivery of essential furniture and IT equipment.
- Key guiding documents have been developed, including the PHEOC Manual of Management and Operations, Handbook, and legal framework inputs.
- The Terms of Reference for the PHEOC Steering Committee and SOPs for activation and deactivation have been finalized.

These actions collectively strengthen preparedness and lay the foundation for a structured and coordinated emergency response system.

E. Rapid Response Team (RRT)

- A national RRT workshop was held in November 2024, during which 26 officers from various Ministries were trained. This was followed by cascade training for 25 medical officers in April 2025 which enabled rapid, coordinated outbreak investigations during the ongoing chikungunya and dengue outbreaks.
- The RRT facilitated active case detection, mitigated transmission, and reinforced public health response readiness. These initiatives highlight the value of multi-sectoral preparedness and operational surge capacity.

F. Points of Entry

Mauritius, as a signatory to the IHR (2005), remains committed to strengthening public health capacities at Points of Entry, including airport and seaport. To this end,

- The CDCU, in collaboration with national and international partners, held a 4-day workshop from 30 July to 02 August 2024.
- A comprehensive risk assessment was conducted by WHO and ICAO experts, leading to the development of a National Aviation Public Health Emergency Plan and key recommendations to enhance IHR implementation.

G. One Health

In 2024–2025, Mauritius advanced the One Health approach through the development of the National Action Plan on AMR (2024–2028), promoting cross-sector collaboration.

- A bridging workshop held from 12–14 May 2025 brought together the health, animal, and environmental sectors, fostering multisectoral dialogue and coordination.
- Workshop recommendations are under review, with final validation expected by August 2025.

H. Expanded Programme of Immunisation

According to the WHO, immunisation prevents illness, disability and death from vaccine-preventable diseases including cervical cancer, tuberculosis, diphtheria, measles, mumps, pertussis, pneumonia, poliomyelitis, rubella, rotavirus diarrhoea, hepatitis B and tetanus.

Mauritius has a well-defined immunisation schedule, that is, the Expanded Program of Immunisation (EPI) which is committed to achieving and maintaining high immunisation coverage by making efforts to reach all children with potent vaccines.

Public Health Nursing Team

EPI is carried by the Public Health Nursing Team for babies, infants and toddlers in Medi-Clinics, AHCs, CHCs and some Social Welfare Centres,158 points throughout the island.

The EPI Unit also conducts yearly anti-flu vaccination campaign, provides vaccines for international travellers and pilgrims, and administers the hepatitis vaccine to dialysis patients, immuno-compromised individuals, health workers, and manual labourers, as part of its targeted immunisation initiatives.

The following activities have been carried out during the period **01 July 2024 to 30 June 2025**:

- International Vaccinations: **21,328**
- Anti-Flu Vaccine: **30,237**
- Hepatitis B Vaccine: **3,428**

In addition, the School Health Programme delivers vaccinations in Grades 1, 5, and 6, along with screening (all grades), vision tests (Grade 3 & 5), medical inspections, and referrals. It also promotes health education on personal hygiene, physical activity, nutrition, family life, sexual and reproductive health, and self-breast examination for girls after puberty.

School Health Programme Summary for **01 July 2024 to 30 June 2025**

Schools	Screening	Vision Test	Medical Inspection	Vaccination
Pre-Primary	14,569	NA	13,918	NA
Primary	39,782	22,997	5,122	Grade 1 (Tdap/IPV): 10,476 Grade 6 (Tdap): 9,684

Source: Vaccination (EPI) Unit, MOHW

Vaccines administered to babies:

Details	FY 2023-2024 Doses	FY 2024-2025 Doses
Bacillus Calmette-Guerin (BCG) against Tuberculosis infection	9,824	**10,489**
Rotavirus against diarrhea	15,070	**20,211**
Pneumococcal Conjugate vaccine against Pneumococcal infection	29,032	**31,044**
Measles, Mumps, Rubella (MMR)	20,221	**20,854**
Hexavalent vaccines against six diseases	36,899	**40,713**

Source: Vaccination (EPI) Unit, MOHW

Vaccines administered to children:

Details	FY 2023-2024 Doses	FY 2024-2025 Doses
Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine (DTaP-IPV) administered to school children (booster doses)	10,619	**10,514**
Human Papilloma virus vaccine administered to Primary school girls of Grade V and Grade VI	1,390	**2,718**
Diphtheria, Tetanus, acellular Pertussis (Tdap) administered to Grade V and VI school children	10,187	**9,693**
Hepatitis B vaccines	5	**2**

Source: Vaccination (EPI) Unit, MOHW

- From June 2024 to June 2025, Mauritius' EPI achieved high coverage rates, exceeding 80% overall and over 90% for school children vaccines (TDaP/IPV).
- HPV vaccination for boys and girls aged 9 to 15 years reached 76% coverage.
- Anti-mucosal inoculation of Anti-flu and hepatitis B vaccines for adults and vaccination of travellers.

I. Mauritius National Immunisation Technical Advisory Group (MAUNITAG)

- Training was conducted in February 2025 on MAUNITAG, a workshop on the Vigimobile application for AEFI online reporting, and training on child development and breastfeeding.

  During 2024–2025, MAUNITAG reinforced its role in guiding immunization policy with timely, evidence-based recommendations.

- It advised on the use of an alternative Measles, Mumps, and Rubella (MMR) vaccine following global supply disruptions.
- A deployment strategy was outlined for Mpox vaccines in case of an outbreak.
- The committee issued guidance on Hepatitis B vaccine use amid ongoing global shortages.
- It also evaluated the introduction of a Chikungunya vaccine under controlled trial conditions during outbreak scenarios.

J. Integrated Disease Surveillance and Response, Event Base Surveillance and Epidemic Intelligence from Open Sources

Mauritius uses a multiple surveillance approach that includes Integrated Disease Surveillance and Response (IDSR) for 11 priority suspected diseases in primary health care centers. This surveillance is reported electronically through the DHIS2 platform.

- In this respect, a training of trainers on Event Based Surveillance (EBS) was carried out in September 2024 so that small outbreaks can be captured through signals.
- Moreover, to strengthen early warning and media scanning, a training on epidemic intelligence from open sources was held in October 2024.
- In 2025 official access to international platform was obtained from WHO for two doctors.

K. COMMUNICABLE DISEASES, EMERGING AND RE-EMERGING DISEASES

– **Mpox**

Mpox was declared a Public Health Emergency of International Concern in August 2024. The management protocol for Mpox developed in 2023 was updated and validated in August 2024. This protocol guides case detection, clinical management, and public health response to enhance national preparedness.

– **Cholera**

In response to the surge in cholera cases in the Comoros Islands in 2024, a National Cholera Preparedness Plan was developed for Mauritius in May 2024, approved by Cabinet in June 2024, and subsequently disseminated during the Financial Year 24/25 to all stakeholders to strengthen surveillance, enhance early detection, and ensure timely response capacities.

– **Dengue**

Following the Intra Action Review (IAR) in September 2024, the Dengue Operational Plan was revised in November 2024 under the leadership of the CDCU. The updated plan incorporates key recommendations, focusing on enhanced surveillance, improved case management, strengthened vector control, effective risk communication, and greater intersectoral collaboration and community engagement. It now serves as a strategic framework for a more coordinated and timely response to future dengue outbreaks in Mauritius.

– **Leptospirosis**

In response to leptospirosis cases, a comprehensive Operational Plan was developed and published, outlining key interventions in surveillance, case management, vector control, and community engagement. Its implementation has strengthened cross-sectoral coordination and enhanced preparedness and response capacity.

– **Chikungunya**

In response to the Chikungunya outbreak in Réunion Island, the 2021 Chikungunya Preparedness and Response Plan was revised in January 2025 and disseminated to all relevant stakeholders. Surveillance of incoming passengers from Réunion Island was reinforced, and regular intersectoral meetings were held following the detection of local cases. In June 2025, WHO consultants conducted targeted training for Regional Public Health Superintendents to strengthen field-level preparedness and response capacities.

L. STATISTICS

Table IV: Vector-Borne and Other Diseases

VECTOR-BORNE DISEASES		
	FY 23-24	**FY 24-25**
Malaria Surveillance		
Number of Incoming passengers placed under Malaria surveillance	362,733	**421,917**
Number of blood smears (slides) taken	67,766	**60,818**

Number of positive malaria cases detected	44[3]	**41[4]**
Dengue & Chikungunya Surveillance		
Total number of incoming passengers put under Chikungunya & Dengue Surveillance	**792,504**	**409,907**
Total Number of Positive Dengue cases	6,836[5]	**241[6]**
Total Number of Positive Chikungunya cases	*Nil*	**1,405[7]**
Zika Surveillance		
Total number of incoming passengers put under Zika Surveillance	73,462	**84,246**
Number of cases	*Nil*	***Nil***
Filariasis Surveillance		
Number of Positive Filariasis Cases detected (all imported)	559	**411**

Source: CDCU, MOHW

2.3.4 GOVERNMENT ANALYST DIVISION (GAD)

The Government Analyst Division (GAD) is the Chemistry Laboratory of the MOHW. Analytical chemistry is essential in medical technology as it can measure the performance and safety properties of medical products and different types of samples, thus helping to improve an individual's health as well as their safety. The GAD provides analytical services to both public and private entities. Private firms and individuals are charged fees for the services.

The activities at the GAD include:

- **Regulatory Activities:** Food analysis as per Food Act 2022, alcohol analysis as per Excise Act, drinking water analysis as per Environmental Protection Act 2002.
- **Clinical Analysis**: Toxicological screening for body fluids from patients in poisoning cases, and trace metals in Biomedical samples.
- **Support to different Units:** Determination of blood cholinesterase level for sprayer men and other pesticide exposed workers, heavy metals in body fluids for industrial workers, dialysis water quality from Haemodialysis Unit, methadone quality for Harm Reduction Unit, hypochlorite content in disinfection products, mercury content in cosmetics, heavy metals content in Ayurvedic Medicines and quality control of medicines.
- **Technical advisory services to the Government:** Assistance on matters of chemicals and health, food safety, chemical and biological weapons.
- **Involvement in National Surveys:** Lagoonal monitoring - Heavy metals levels in fish and Nutrition survey- Micro-nutrients in blood.

[3] *2 introduced and 42 imported cases*
[4] *2 introduced and 39 imported cases*
[5] *All local cases*
[6] *23 imported and 218 local cases*
[7] *42 imported and 1,363 local cases*

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- From July 2024 to June 2025, GAD has analysed **3,022 samples** as compared to 2,961 samples in the previous Financial Year, corresponding to about 30,000 test parameters. The table below details the number and type of samples tested by GAD.

	Private Customers	Governmental Organisation
Analytical Toxicology (in poisoned patients)	102	1,351
Trace metals in body fluids	31	39
Cholinesterase	241	292
Food Testing	162	499
Drinking water (EHEU)	-	103
Dialysis water	-	98
Bottled water	1	24
Medicines	-	40
Non-Food (including disinfection products)	7	32
Total	**544**	**2,478**

Source: GAD, MOHW

- The GAD has maintained accreditation to the ISO 17025:2017 Quality Management system standard as certified by the MAURITAS. The division is accredited to the following Testing fields: Food and Chemical Testing.
- Accreditation for the following existing parameters **was successfully maintained** for the financial year:
  - Anions (Fluoride, Chloride, Nitrite, Nitrate, Bromide, Sulphate, Phosphate) in drinking water and water used for dialysis
  - Disinfectant (Bromate) in drinking water and water used for dialysis
  - Cations (Sodium, potassium, Magnesium,Calcium) in drinking water and water used for dialysis
  - Metals contaminants (Aluminium, Arsenic,Cadmium, Chromium, Lead, Nickel, Copper, Zinc and Mercury) in drinking water and water used for dialysis
  - Lead level in blood
  - Identification of Pharmaceutical products
  - Assay of Pharmaceutical products
  - Disinfectant (Bromate) in drinking water and water used for dialysis

2.3.5 VECTOR BIOLOGY AND CONTROL DIVISION (VBCD)

The responsibilities of vector studies, surveillance and strategical control are vested to the Vector Biology and Control Division (VBCD) of the MOHW. 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. Its main activities include the following:

(1) Conducting daily surveys: i) to evaluate the incidence and behaviour of mosquitoes and other arthropods of diseases, ii) upon notification of vector borne disease, to provide guidelines for vector control interventions.

(2) Evaluating fogging, spraying, larviciding operations, as well as the efficacy of insecticide products and vector control operations.

(3) Surveying other disease vectors, such as, the fresh-water snail *Bulinus cernicus* and biting midges belonging to the *Culicoides* genus.

(4) Screening for resistance to commonly-used insecticides in the island's mosquito populations and other arthropods (fleas, bedbugs, mites, ticks, etc.).

(5) Participating in public awareness campaigns on vector-borne diseases, vectors and their control.

(6) Conducting research on novel environment-friendly methods or strategies to decrease mosquito incidence in Mauritius.

(7) Identifying insects of (i) forensic importance which are retrieved from human corpses and (ii) entomological importance from food specimens submitted by the sanitary department.

(8) Conducting surveys and recommending control measures in case of infestation of hospitals, other private/public institutions or houses by arthropods such as bed bugs, fleas, ticks, amongst others.

(9) Mosquito screening using real-time PCR was conducted for the detection of Dengue and Chikungunya viruses, as well as for the identification of Anopheles stephensi as part of Point of Entry Surveillance, and

(10) Mapping of larval sites and related cases during outbreaks using QGIS software to identify hotspots for better vector control interventions.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **741 mosquito surveys were conducted island-wide**, leading to the inspection of 138,704 potential breeding sites, out of which the following number of sites were respectively positive:
  - **13** for larvae of Anopheles gambiae (malaria vector),
  - **216** for Culex quinquefasciatus (filariasis vector) and
  - **685** for Aedes albopictus (vectors of Chikungunya and Dengue).
- Breteau Index data derived from Aedes albopictus larval incidence were used to guide vector control activities, in line with the Operational Plan for the Prevention and Control of Chikungunya and Dengue, where an index above 5 in a surveyed area during the inter-epidemic season necessitates implementation of vector control activities.
- **An Entomological Molecular Unit was established in October 2024** to screen mosquitoes for pathogens (such as Dengue, Chikungunya, Zika) and invasive mosquito species, such as, the malaria vector Anopheles Stephensis.

- PCR will also be used to screen mosquitoes for insecticide resistance and other pathogens such as malaria and filariasis.
- 1,218 female mosquitoes collected during mosquito surveys were screened for the presence of Dengue and Chikungunya viruses and 30 for Anopheles stephensis using real time PCR by this Molecular Unit.
- **High technology vector surveillance tools**, such as, electronic tablets and mapping software like QGIS and QField were included to enhance the efficacy of mosquito surveys, making data collection real-time and paperless.

(Training of VBCD field staff to use QFIELD on tablets during their routine work instead of paper-based survey forms)

The routine activities for the Unit together with activities related to mosquito control over the two Financial Years have been provided in the following table:

Routine activities	FY 23-24	FY 24-25
Number of mosquito survey carried out	945	**741**
Number of sites inspected for mosquito larvae	95,841	**138,704**
Number of sites with larvae that were overturned or treated with insecticide	1,336	**685**
Number of bed bug surveys carried out upon request	47	**50**
Number of other pest-related surveys (ticks, fleas, mites, cockroaches, ants, millipedes, etc.) carried out upon request	15	**8**
Number of food specimens examined for insect infestation	7	**4**
Number of entomological exhibits from suspected criminal cases examined (Forensic entomology)	14	**19**
Number of times VBCD officers deponed in a court of law	8	**3**
Number of mosquito night-catch surveys carried out to assess mosquito biting incidence and behaviour	11	**Nil**
Number of insecticide products tested for their efficacy	29	**4**
Number of insecticide resistance tests carried out	51	**58**
Number of Mosquitoes screened for DEN/CHIK/ZIKA virus	Nil	**1,218**
Number of Mosquitoes screened for the detection of Anopheles stephensii as part of Point of Entry Surveillance	NIl	**30**

Source: VBCD, MOHW

2.3.6 MANAGEMENT OF VECTOR BORNE DISEASES

Vector-borne diseases remained a concern for Mauritius during the financial year 2024/2025, with both dengue and chikungunya cases recorded. While dengue continued to require close monitoring, the resurgence of chikungunya marked a more significant impact, highlighting the importance of maintaining strong systems for surveillance, prevention, and rapid response.

From 01 July 2024 to 30 June 2025, a total of 241 cases of dengue were recorded in the Island of Mauritius, including 23 imported cases, compared to 6,836 cases recorded in the previous financial year.

An Intra-Action Review has been developed in collaboration with the WHO, identifying best practices on the containment of the surge in Dengue cases as well as, challenges encountered. Following the review, appropriate public health measures were strengthened.

While the dengue situation improved considerably, Mauritius witnessed an unexpected resurgence of Chikungunya. After 17 years, without a single reported local case, the re-emergence of local Chikungunya cases in 2025 presented a new public health challenge, underscoring the ongoing vulnerability of evolving nature of arboviral threats, and the need for sustained vigilance in vector control and disease surveillance, despite previous successes in disease elimination.

The first local case of Chikungunya was reported in Mauritius on 15 March 2025. During the Financial Year 2024-2025, a total of 1,405 cases of chikungunya were reported, out of which 1,363 were locally transmitted and the remaining 42 cases were imported, mainly from Reunion Island.

In response, the MOHW rapidly mobilised resources, applying the same core measures used during the dengue outbreak, including vector control, Risk Communication and Community Engagement, and active surveillance with greater intensity and scale.

This response was further strengthened by strong political leadership at the highest level by convening Five High-Level multisectoral meetings to coordinate a unified national approach, as well as Two Technical Working Committees. These meetings brought together key stakeholders from various ministries and sectors, ensuring a whole-of-Government response and reinforcing the importance of intersectoral collaboration in managing vector-borne diseases.

As a result of these decisive actions, the number of local Chikungunya cases, which peaked at 201 in Week 21, 19 to 25 May 2025, began to decline steadily. By the last week of June, 23 to 30 June 2025, reported cases had dropped to 108, signaling progress in early containment of the surge of cases and reducing transmission.

The figure below shows the weekly distribution of local and imported cases of chikungunya, **starting 15 March 2025**:

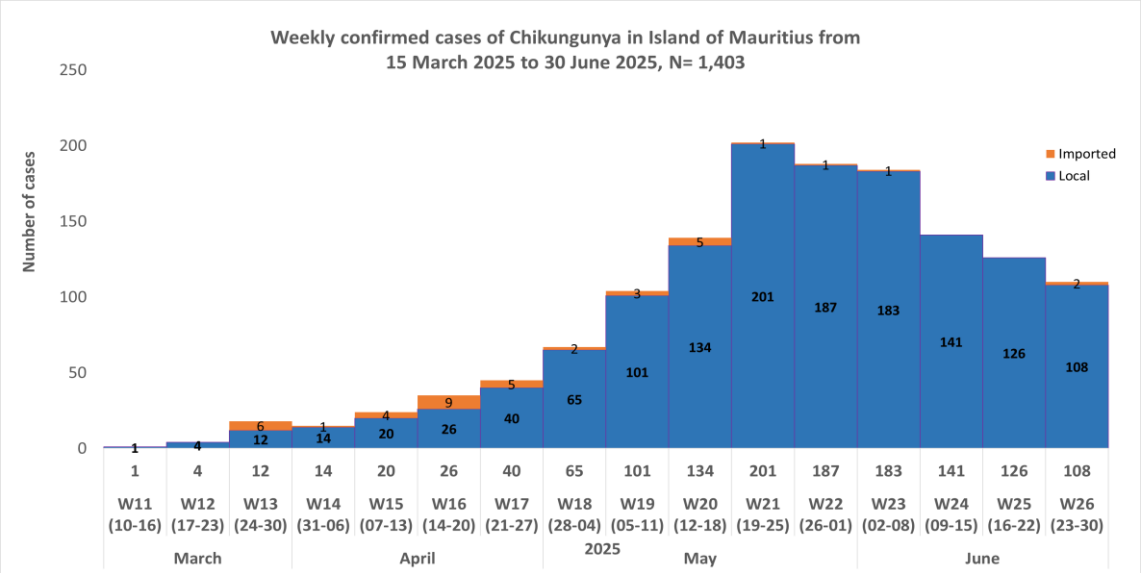


Figure VI: Weekly distribution of local and imported Chikungunya cases

SECTION D

HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES

2.4 HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES

According to the WHO, the majority of NCDs emanate from four specific behaviours; harmful use of alcohol, tobacco use, physical inactivity, and unhealthy diet that are leading to four key metabolic/physiological changes such as raised cholesterol, raised blood pressure, overweight/obesity and raised blood glucose.

Thus, the Ministry is committed towards the development and implementation of appropriate health policy to address the rising global burden of NCDs. In order to address thegrowing challenges of NCDs while also contributing to communicable disease control efforts,distinct Units have been set up.

The achievements of the different units for Financial Year 2024-2025 falling under the Health Education, Promotion and NCD Screening Services are further elaborated in this part of the Report.

2.4.1 NCDS, HEALTH PROMOTION AND RESEARCH UNIT

The NCD, Health Promotion and Research Unit (NHPRU) is responsible for planning and implementing health programmes, focus on prevention of Non-Communicable Diseases (NCDs) and promotion of healthy lifestyles to improve overall well-being.

Its main objectives include conducting screenings, health education at workplaces, schools, and in communities, promoting healthy eating and physical activity, organising awareness campaigns and counselling, supporting lifestyle management, and providing infrastructure for physical activity.

Additionally, it conducts research on NCDs such as obesity, diabetes, hypertension, cardiovascular issues, and their risk factors. It also supports communicable disease control through focused sensitisation.

The Unit also actively contributes in the preparation and implementation of National Action Plans namely:

- National Action plan for Tobacco Control (2022 - 2026)
- National Cancer Control Programme (2022 - 2025)
- National Sport and Physical Activity Policy (2018 – 2028)
- National Integrated NCD Action Plan (2023-2028)
- National Service Framework for NCDs (2023-2028)
- National Strategy for Adolescent Health (2023 – 2029)
- Obesity Action Acceleration Roadmap (2024 – 2030)
- National Policy for Local Health Committee in Mauritius
- National Plan of Action for Nutrition (NPAN)

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

A. NCD and Health Promotion Activities

'Prévention Nationale pour Maladies Non – Transmissibles Programme'

The NCD Screening Programme focuses on early detection, prevention, and treatment of NCDs, by addressing risk factors and complications. It is regularly conducted for individuals aged 18 and above at workplaces and in communities across the Island as well as in the Health Promotion Shop at Port-Louis.

Activities include registration, measuring height, weight and blood pressure checks, glucose tests, vision tests, electrocardiography, cancer screenings (breast and cervical), counselling, health education, referrals, follow-ups, and issuing health cards. The programme also features a strong public health promotion campaign.

At worksites, in the communities and Health Promotion Shop for the period 1st July 2024 to 30th June 2025:

- Total number of adults screened in NCD screening**: 40,471**
- Total number of women screened for Breast Cancer**: 7,644**
- Total number of women screened for Cervical Cancer**: 3,959**

School Health Programme for Secondary Schools

Screening programme for students of secondary schools of Grade 7, Grade 9 and Grade 12 (aged between 11 – 17 years) is being carried out for the early detection of NCDs and their risk factors.

- Number of students screened in School Health Programme: **24,463**

Physical Activity Programme

Since the introduction of the National Action Plan on Physical Activity, much emphasis has been placed on promoting an active lifestyle. The Unit monitors the activities of 9 Health clubs set up with fitness equipment, the sessions of Yoga, Tai Chi, and physical exercises as well as the use of 6 health tracks and 5 outdoor gyms across the Island.

- **Additional Yoga sessions** were introduced at Henrietta Multi-Purpose Hall and Health Club of MOHW, Ebene.
- **Additional Physical sessions** at Health Club of MOHW were launched.
- **Outdoor Yoga sessions** were organised at the following locations:
  - La Source Playground - 04 July 2024
  - Plaine de Papayes - 08 July 2024
  - Goodlands - 09 July 2024
- **Physical activity demonstrations** were conducted at:
  - Riche Mare Community Centre on 30 July 2024
  - Bramsthan Social Welfare Centre on 21 September 2024
- Total number of attendances for physical activity and yoga sessions: **63,782**

B. Sensitisation and Health Education Campaigns

Health education sessions are systematically conducted during all screening activities in schools, communities, and workplaces. These sessions focus on promoting healthy lifestyles, encouraging physical activity, and raising awareness about the risks associated with smoking, alcohol consumption, and drug use.

- **628 health talks** have been organised, reaching a total of **64,722 participants**.

C. Medical Check-up on Request

The NHPRU provides medical check-ups across communities and workplaces Island-wide upon request from NGOs, parastatal bodies, associations, community centres and private enterprises, thereby enhancing the capacity to screen a larger segment of the population. For this Financial Year, medical check-ups were conducted in over 40 places covering both urban and rural settings, shopping malls, private companies, Government institutions, among others.

D. Mega Health Day

The NHPRU successfully organised several Mega Health Days in collaboration with multiple stakeholders, across various venues Island-wide. These events provided comprehensive health services, including NCD screening (BMI, blood pressure, diabetes, ECG, vision tests), breast and cervical cancer screening, dental check-ups, anti-influenza vaccination, and blood donation. Additionally, health promotion exhibitions, nutrition talks, and Ayurvedic service displays were conducted to raise awareness on healthy lifestyles. Mega Health Days were held in locations such as Mont Ida, Bel Air, Quartier Militaire, Montagne Blanche, Trou D'eau Douce, Riviere du Poste, Camp de Masque Pavé, Amaury, and Vacoas, reinforcing public engagement and community-based preventive healthcare.

E. Media Campaign

Awareness on healthy lifestyles, physical activity, mental health, cancer, tobacco cessation, sexual health, and substance abuse was achieved through the following means:

- TV and Radio Programme: "Tou Korek" raises public awareness on NCDs through national media.
- The Ministry's Website and Facebook page.
- SMART App- "MoBienet".

F. Conference/Workshops

- Half-Day Workshop on Prompt Identification and Referral Pathway to the Stroke Unit—31 July 2024

G. Surveys

Research studies which are ongoing by the Unit is as follows:

- Contraceptive Prevalence Survey 2024 (Report in progress)
- Global Youth Tobacco Survey 2024 (Report in progress)
- May Measurement Month 2025

H. Infectious Disease Outbreak/Emergencies

COVID-19 Vaccination Programme

The NHPRU was entrusted the coordination and implementation of the COVID-19 Vaccination Programme for COVID-19 Vaccines, following the development of the National Deployment Vaccination Plan.

Mauritius COVID-19 Vaccination Status

Category	Description	Number of Individuals
General Population	1st dose administered	933,747
	Fully vaccinated	907,110
	Received 1st booster dose	640,934
	Received 2nd booster dose	19,181
	Received 3rd booster dose	448
Adolescents (12–17 years)	Pfizer – 1st dose	77,044
	Pfizer – 2nd dose	70,489
Children (5–11 years)	Pediatric Pfizer – 1st dose	12,994
	Pediatric Pfizer – 2nd dose	10,527

**Cumulative figures as at 30 September 2024*

Source: NCD & HPRU, MOHW

Vector Borne Diseases

Dengue and Chikungunya continue to pose a significant public health threat. In response, the NHPRU is actively engaged in raising awareness and empowering individuals to prevent the spread of these diseases.

Category in Sensitisation against Dengue & Chikungunya	From 01 July 2024 to 30 June 2025
Students sensitised	**13,372**
Community Members sensitised	**7,814**
Adults at Worksite sensitised	**7,670**
Meetings with Community Leaders	**175**
Household Visits & pamphlet distribution	**11,450**
Pamphlet Distribution	**35,100**
Mosquito Repellent/ Coil Distribution	**17,400** mosquito repellents and **2,500** mosquito coils

Source: NHPRU, MOHW

I. Inaugurations

Several major health facilities and service upgrades were inaugurated, including the new SAJ Hospital, AHCs, Mediclinics, Haemodialysis Units of the Quartier Militaire Mediclinic and SAJ Hospital, and specialised facilities such as the Transcranial Magnetic Stimulation (TMS) Wellness Centre.

J. Official Functions

The Unit also organised and coordinated several events throughout 2024–2025, including programme launches, workshops, training sessions, ceremonies, and national health campaigns, aimed at strengthening healthcare services, promoting public health, and enhancing stakeholder engagement.

K. World Health Awareness Days

- **World Heart Day 2024 –** Held on 28 September 2024; Theme: "Use Heart for Action", with various awareness and screening activities.

- **World Cancer Day 2025 –** Held on 04 February 2025; Theme: *"United by Unique"*.

- **World Oral Health Day 2025 –** Held on 20 March 2025 at Bheewa Mahadoo Government School, Royal Road, Rivière du Rempart.

- **World No Tobacco Day 2025 -** Held on 02 June 2025 at the University of Mauritius.

- **World Blood Donor Day 2025 –** Held on 11 June 2025 at the Sir Leckraz Teelock SSS, Central Flacq.

- **International Day of Yoga 2025 –** Held on 21 June 2025 at Cote D'Or National Sports Complex; Theme: "Yoga for One Earth, One Health".

L. Activities for Rodrigues

Rodrigues Global Youth Tobacco Survey (GYTS) 2024

- The GYTS is the 4th Survey, aiming to provide data on the magnitude, patterns, determinants and consequences of tobacco use and exposure to tobacco smoke among students aged 13 to 15 years. The survey was conducted in August 2024 and its report writing is in progress.

Rodrigues Contraceptive Prevalence Survey

- The objectives of the survey are to assess the current contraceptive prevalence rate among women of reproductive, aged 15 to 49 years, to identify trends in contraceptive method preferences and usage patterns, to explore factors influencing contraceptive decision-making, including socio-economic status, education, cultural beliefs, and access to healthcare. The field work was done in July 2024 and the report writing and analysis is in progress.

2.4.2 HEALTH INFORMATION EDUCATION AND COMMUNICATION (HIEC) UNIT

The Health Information Education and Communication (HIEC) Unit is a supporting Unit which provides its services in the field of Health Promotion and Health Education to all Units/Departments of the MOHW and to non-health and medical sectors viz Ministry of Education and Human Resources, Ministry of Tourism, Ministry of Environment,Solid Wate Management and Climate Change, Airports of Mauritius, NGOs, Civil Society, amongst others, and to the community in general.

It focuses on mass media and community interventions, developing communication strategies to encourage healthy behaviours among Mauritians. The Unit produces and distributes Information Education and Communication (IEC) materials such as posters, pamphlets, banners among others to health centres in all districts and also to the community.

The Unit is also responsible for managing the Facebook page of the Ministry, and daily Radio/TV programs on priority health issues with the participation of health professionals in collaboration with Maurtius Broadcasting Cooperation (MBC).

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Health Communication and Media Engagement Initiatives

- Ongoing Radio and TV Programmes on different health issues.
  "Priorité Santé", "Swasthya aur Chikitsa", "Morisien konn ou lasante (Senn Kreol)", "Aaj Ki Charcha": "Apki Swasthya"/ Radio Mauritius, Kool FM, 3 Minutes Radio Programme
- Collaborate with Top FM private radio and Defi Media group for health programmes.
  Radio Plus – "Allo Docter"
- Production of short videos on mosquito control, distributed in all health institutions for broadcast, targeting patients in waiting room.

Dengue

- Production and broadcast of 2 new spots on Dengue for MBC/Facebook.
- Weekly production of TV Programme on affected localities.
- Community engagement carried out in the North and East.
- Training session by Risk Communication and Community Engagement (RCCE) Expert from WHO for HIEC officers.
- Communication through private radios such as Top FM and Wazaa FM.

Leptospirosis

- Short Video produced and broadcasted on the Facebook page of the Ministry.
- Artworks posted on Facebook page of the Ministry.
- Artwork on posters on Dengue and Leptospirosis which was produced in collaboration with WHO expert, was shared with all relevant stakeholders, encouraging them to produce and make use of the materials.

Ministry's Facebook Page

The official Facebook page of the Ministry continued to serve as a key platform for health promotion and public awareness. Graphic posts and educational videos were shared on a wide range of topics, including healthy lifestyles, disease prevention, vaccination, and climate-related health issues, among others. These initiatives helped to engage the population and disseminate timely information on priority health concerns.

Community- Based Interventions

Community-based interventions were carried out through official requests from Ministry of Education and Human Resources, Ministry of Tertiary Education, Science and Research (Primary Schools, Secondary Schools and MITD Centres), Ministry of Gender Equality & Family Welfare, workplaces, and various centres including social welfare, community, and youth centres, thereby extending health awareness and education across diverse population groups.

Regions	Total No. of Talks	Attendance
Plaines Wilhems	**636**	**11,601**
Grand Port/Savanne	**202**	**5,818**
Pamplemousses Rivière du Rempart	**238**	**6,964**
Port Louis	**262**	**6,946**
Flacq	**246**	**7,476**

Source: HIEC Unit, MOHW

SECTION E

TRAINING, INFRASTRUCTURE, PROCUREMENT AND SUPPORT SERVICES

2.5 TRAINING, INFRASTRUCTURE, PROCUREMENT AND SUPPORT SERVICES

The public health sector continues to navigate a rapidly evolving landscape, requiring strategic planning, targeted investments, and a capable workforce to respond effectively to population needs. During the Financial Year 2024/2025, the Government has sustained efforts to enhance infrastructure, procure essential medical equipment, and strengthen operational capacity to improve service delivery.

This section focuses on training and capacity-building initiatives within the MOHW, reflecting the Ministry's commitment to holistic improvement through workforce development, and evidence-informed practices.

It also highlights the roles of the Project Implementation Unit, the Ministry's procurement and supply management functions, and the information systems supporting decision-making, all of which contribute to efficient service provision and the continued advancement of the health sector.

2.5.1 TRAINING, RESEARCH AND CAPACITY BUILDING UNIT (TRCBU)

The Ministry has continuously emphasised on the training and capacity building of its health personnel, ranging from nursing to medical, para-medical and non-medical staff to ensure that staff are up-to-date with the latest technological advances and thus, provide the highest quality of care to patients. The Training, Research and Capacity Building Unit (TRCBU) of the MOHW promotes professional medical development and capacity building through the conduct of training programmes to upgrade, enhance and develop the skills of the personnels.

It is to be noted that training is not only dispensed by the training arms of the Ministry, that is, the Mauritius Institute of Health and the Central School of Nursing but also by the Polytechnics Mauritius Ltd, University of Mauritius and Civil Service College Mauritius.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

1. Overseas Training

Capacity building abroad invites international cooperation to enhance skills, knowledge and organisational abilities. Several training institutions/organisations, such as, the Indian Technical and Economic Cooperation (ITEC), International Atomic Energy Agency (IAEA), WHO, SADC, Africa CDC, among others offer training courses, workshops, seminars abroad in different fields.

2. Local Training

Institutions	Completed Programmes	Ongoing Programmes
Mauritius Institute of Health (MIH)	▪ Please refer to the respective sections below	

Central School of Nursing (CSN)	▪ Please refer to the respective sections below	
Polytechnics Mauritius Ltd	▪ 80 Midwives were trained ▪ 1 training programme ▪ 33 Officers were trained	N/a
University of Mauritius (UOM)	N/a	▪ 64 officers are being trained (Medical Imaging Technologists- Year 1 and year 2)
Civil Service College Mauritius	▪ 2 training programmes ▪ 81 Officers were trained	N/a

Source: TRCBU, MOHW

3. Memorandum of Understanding (MoU)/Memorandum of Agreement (MoA)

(i) Agreement between the Ministry and University of Mauritius

The Ministry and the UOM signed the Agreement for the professional training, in a clinical setting of students in respect of BSc (Hons) Biomedical Sciences, BSc (Hons) Nutritional Sciences, BSc (Hons) Pharmacy, amongst others.

Additionally, MoA was signed for the training of Trainee Medical Laboratory Technologist.

(ii) MoU between the Ministry, UOM and University of Geneva

The MoU was signed to facilitate the setting up of full-fledged medical undergraduate programme of 6 years duration. The Ministry to provide clinical facilities within its public hospitals.

(iii) Agreement between the Ministry and UOM, University of Bordeaux, Centre Hospitalier Universitaire de Bordeaux, University of Reunion and "Centre Hospitalier Universitaire de Reunion"

The objective of the collaboration is to enable Mauritian General Practitioners to deepen, consolidate and update their medical knowledge and competencies by acquiring theoretical and practical (specialist) training within a French University Hospital setting in specialised medical institution. Currently, training is being offered in the field of 'Imagerie Médicale' and Anesthésie-Réanimation'.

(iv) MoUs between the Ministry and Polytechnics Mauritius Ltd (PML)

The objective is to strengthen and broaden mutual cooperation in the provision of education and training by PML to staff of the Ministry in Nursing, Allied Health, Pharmacy, Paramedical and related specialisation areas including, but not restricted to, Mental Health, Midwifery, Public Health Nursing and Oncology Nursing.

Additionally, the MoU provides for the training of both Mauritian and international students in the Nursing and Paramedical fields, so that they are directly employable and will be empowered to contribute to this professional area of activity.

(v) Clinical Training Framework (CTF) Agreement between the Ministry and JSS Academy of Higher Education and Research Mauritius

The Agreement was signed to facilitate the clinical training within its public hospitals for students who would enrol for the MBBS Undergraduate programme offered at JSS Academy.

(vi) Clinical Training Framework (CTF) Agreement between the Ministry and IOMIT'S SSR Medical College

The Agreement was signed to facilitate the clinical training within its public hospitals for students who would enrol for Postgraduate Medical programme offered at IOMIT'S SSR Medical College.

2.5.2 THE MAURITIUS INSTITUTE OF HEALTH (MIH)

The Mauritius Institute of Health (MIH), established in 1989 under the MIH Act, serves as the central pillar for training and research under the MOHW, offering capacity building, training, health systems research, and regional partnerships to advance healthcare knowledge and practice. As the primary Awarding Body, for a wide range of training programmes, the MIH also offers specialised courses for doctors, nurses, and other healthcare professionals. Moreover, innovative, evidence-based training and Continuous Professional Development (CPD) are provided to ensure practitioners meet statutory licensing requirements and deliver high-quality, patient-centred care while adapting to evolving healthcare challenges.

Chairperson of the MIH Board and Personnel (as at 30th June 2025)

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Awards**
  - The MIH, in collaboration with the MOHW, hosted its first Award Ceremony for year 2025 at the MIH on 2nd June 2025, to celebrate the accomplishments of graduates from various professional health training programs. The event was graced by the presence of the Honourable Minister of Health and Wellness, Mr. Anil Kumar Bachoo, G.O.S.K., and other notable dignitaries.

➢ Training Programmes, Courses and Examinations

(i) Completed Post Basic Courses

- **National Diploma in Diabetes Foot Care Nursing:** 13 participants successfully completed the training programme in November 2024.
- **Field Epidemiology Training Programme (FETP) Frontline One Health (Seychelles):** A second cohort of 16 candidates successfully completed this 13-week Certificate Course in Field Epidemiology in October 2024.
- **Field Epidemiology Training Programme (FETP) Frontline One Health (Mauritius):** A third cohort of 24 candidates successfully completed this 13-week Certificate Course in Field Epidemiology in June 2025.
- **Certificate Course in Phlebotomy:** A six-month certificate in Phlebotomy ended in May 2025 with 14 successful participants**.**
- **Certificate in Nuclear Medicine for Health Care Assistants:** 7 Health Care Assistants successfully completed this training programme in April 2025.
- **National Certificate Level 5 in Pre-Hospital Emergency Care for Fire and Rescue Officers:** 29 Fire and Rescue Officers from the Mauritius Fire & Rescue Services successfully completed a one-year training programme in December 2024.

(ii) Completed Basic Courses

- **National Pharmacy Technician Diploma (Level 6) Course:** 16 participants successfully completed the course in February 2025.
- **National Diploma in Specialised Nursing: Operation Theatre:** 34 participants successfully completed the training in May 2025.
- **National Certificate Level 5 in Community Based Rehabilitation:** 14 trainees successfully completed same in April 2025.
- **National Certificate Level 5 in Physiotherapy Assisting:** 5 participants successfully completed the training in April 2025.
- **Certificate for 'Permanenciers' (SAMU):** 25 participants successfully completed the training in February 2025, which was conducted in two batches.
- **Training in Electro-Encephalography (EEG):** 3 trainees successfully completed this six-month training in November 2024.
- **National Certificate Level 4 in Food Production (Training of Catering Supervisors):** 4 trainees completed the training programme in June 2025.
- **Certificate in Cooking (6-month course of 150 hours):** 30 trainees successfully completed the course in July 2024.
- **National Certificate Level 5 in Community Health Care:** 12 trainees successfully completed the course in August 2024.

(iii) Ongoing programmes and courses

- Field Epidemiology Training Programme – Regional Master Degree Programme
- Diplôme Universitaire de Spécialisation en Médecine d'Urgence for Medical and Health Officers - is a 3-year Degree Course
- Diplôme Universitaire (D.U) de Soins en Médecine d'Urgence (for Nursing Officers)
- National Diploma in Diabetes Foot Care Nursing
- National Pharmacy Technician Diploma (Level 6) Course is a three-year Diploma Course.
- National Level 4 in Food Production (Training Course for Catering Supervisors)

(iv) Upcoming Programmes

- BSc (Hons) Nursing (Top-Up)
- Top-Up Diploma in Midwifery and Obstetrical Nursing
- National Diploma in Specialised Nursing: Operation Theatre, Adult Intensive Care Unit, Oncology and Cardiac
- Diploma in Diabetes Specialised Nursing
- National Certificate Level 5 in Community Based Rehabilitation
- National Certificate Level 5 in Pre-Hospital Emergency Care (for Fire & Rescue Services)
- Certificate in Pharmacy Store Management
- Certificate in Pharmacy Dispensing for Police Officers
- National Certificate Level 5 in Pre-Hospital Emergency Care (Mauritius Police Force)

➢ **MIH - Awarding Body**

The MIH acted as Awarding Body for following institutions:

(i) Central School of Nursing/Ministry of Health and Wellness

(ii) Polytechnics Mauritius Ltd (PML)

➢ **Continuing Professional Development (CPD)**

Face to Face CPD

- **124 Medical Doctors** attended CPD sessions during the reporting period. This is an ongoing programme.
- **235 Dentists** attended 6 Dental CPD Sessions.

Online CPD

- **9 Participants** completed the online Medical CPD (FOCAD) Courses.

➢ **Research Activities**

- A study on the prevalence, perceptions and contributing factors of breastfeeding Cessation in Mauritius.
- Birth Defects Registry 2022 and 2023.
- Study on the clinicopathological Characteristics, Mismatch Repair (MMR) Status and Prognostic Factors of Colorectal Carcinoma in Sub-Saharan African Countries.

2.5.3 CENTRAL SCHOOL OF NURSING

The Central School of Nursing (CSN) is a state-owned institution legally authorised by virtue of Government Notice No. 35 dated 10th May 1958 to conduct courses in nursing and midwifery which are internationally recognised.

The on-going courses run by the school are Certificate and Diploma courses in Nursing, Top-up programme leading to Diploma in Nursing, Midwifery, Hospital Nursing Administration Course and Diploma in Mental Health.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Successfully Completed Courses	Duration	Target Groups	No. of Participants
Certificate in HCA *Cohort:* November 2023	1 Year	Trainee HCA	**78**
Post-basic Midwifery Course *Cohort:* November 2023	1 Year	Nursing Officer/Charge Nurse (female)	**33**
Basic Midwifery *Cohort:* August 2022	2 Years	Trainee Midwives	**20**
Certificate in Hospital Nursing Administration Course *Batch:* April 2025	3 Months	Ward Managers	**50**
Running Courses	**Duration**	**Target Groups**	**No. of Participants**
National Diploma in Nursing *Cohort:* May/August 2023	3 Years	Trainee Nurses	**166**
Certificate in HCA *Cohort:* May 2025	1 Year	Trainee HCA	**90**
Forthcoming Courses	**Duration**	**Target Groups**	**No. of Participants**
Certificate in Clinical Nursing Management & Ward Administration	6 weeks	Ward Managers	**40**
Certificate in Hospital Nursing Administration Course	3 Months	Ward Managers	**50**

Source: Central School of Nursing

2.5.4 MEDICAL PROCUREMENT AND SUPPLY

The Procurement and Supply Unit of the MOHW is responsible for the management of the overall procurement, warehousing, supply and distribution of medical supplies for all public health institutions in Mauritius. Medical supplies include, *inter-alia*, pharmaceuticals, non-pharmaceuticals, vaccines, medical equipment and devices, reagents and other consumables as well as services incidental to the provision of healthcare in the public health institutions. The Unit is broadly divided into pharmaceuticals and non-pharmaceuticals. Other departments include the Central Supplies Division, Clearing and Forwarding Unit, Stock Control Unit, and Procurement Unit, in each of the five Regional Hospitals.

The Procurement Section is also responsible to ensure proper storage and distribution of all items procured to relevant health institutions. The Central Supplies Division is responsible for stocking and monitoring the overall stock of pharmaceutical products and other consumables, such as gloves, masks and suture materials, amongst others.

In order to avoid cases of shortage, the Stock Control Unit monitors and apprises management of the requirements for replenishment of the stock of relevant items.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

The MOHW undertook procurement of pharmaceutical and non-pharmaceutical items amounting to some Rs 3.2 billion for the Financial Year 24/25. These procurement exercises are not only highly complex but also very specialised and have to be executed in a planned and timely manner to ensure uninterrupted supply of these items as most of them are lifesaving.

- **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)
2019-2020	1,288,291,496
2020-2021	1,010,186,687
2021-2022	1,210,284,540
2022-2023	1,726,087,562
2023-2024	1,217,440,398
2024-2025	**1,920,532,211**

Source: Procurement and Supply Unit, MOHW

- **Procurement of Non-Pharmaceutical Items**

The procurement of non-pharmaceutical items section deals with all procurements other than drugs and vaccines such as medical equipment, consumables, reagents, among others.

Procurement of Non-Pharmaceutical Products

Financial Year	Amount Spent (Rs)
2019-2020	1,472,923,164
2020-2021	1,290,321,832
2021-2022	1,219,218,398
2022-2023	2,011,732,942
2023-2024	2,691,963,647
2024-2025	**1,321,707,255**

Source: Procurement and Supply Unit, MOHW

➢ SIDS Pooled Procurement

- The Procurement and Supply Unit ensures that all procurement exercises are done in line with the Public Procurement Act. Beside the regular procurement exercises, the Ministry has engaged in pooled procurement initiatives to benefit from economies of scale such as the SIDS Pooled Procurement Program, **under which eight pharmaceutical products from the annual procurement requirements have been procured during the Financial Year 24/25.**

2.5.5 PUBLIC HEALTH INFRASTRUCTURE

Bramsthan AHC

National Cancer Centre

Sir Anerood Jugnauth Hospital

The Ministry is actively advancing numerous health infrastructure projects aimed at delivering new state-of-the-art, and upgraded facilities to enhance healthcare services across Mauritius.

The Project Implementation Unit oversees the efficient execution of minor infrastructural works and capital projects. Major public health infrastructure initiatives are managed through consultancy services provided by Hospital Services Consultancy Corporation (India) Ltd., a Government of India enterprise, operating under a Government-to-Government (G2G) agreement.

Additionally, the Ministry of National Infrastructure and Community Development (MNICD) contributes technical expertise to support the successful implementation of these projects.

For the Financial Year 2024-2025, approximately Rs 2.3 billion has been allocated towards health infrastructure works, contributing to a total project portfolio valued at around Rs 15 billion. This budget covers a wide range of activities including minor upgrades, service extensions, painting, renovations, and waterproofing.

Table V: Status of Implementation of Major Infrastructural Projects

S/n	Projects	Status as at 30 June 2024	Status as at 30 June 2025
1	**Sir Anerood JugnauthHospital (Phase 1)**	Progress of works was 98%	Project completed and inaugurated on 20 August 2024.
2	**National Cancer Centre**	Completed. Inaugurated in May 2024.	Operational
3	**New Eye Hospital**	Progress of works is 70%.	Project Completed in March 2025

4	**Extension and Renovation of the Pharmacy at J. Nehru Hospital**		Progress of works was 45%	Progress of works was 70%
5	**New Renal Transplant Unit at J. Nehru Hospital**		Progress of works was 42%	Progress of works was 94%
6	**7 New Medi-Clinics**	*a) Stanley*	Completed. Operationalised in May 2024	Operational since May 2024
		b) Coromandel	-	Operational since February 2023
		c) Bel Air	Completed. Operationalised in April 2024.	Operational since April 2024
		d) Quartier Militaire	Completed. Operationalised in December 2023.	Operational since December 2023
		e) Chemin Grenier	At design stage	At design stage
		f) Grand Bois	Completed. Operationalisation will be in July 2024.	Operational since July 2024
		g) Rivière du Rempart	At design stage	At design stage
7	**8 New Area Health Centres**	*a) Henrietta*	At tender preparation stage.	At design stage
		b) Cap Malheureux	Progress of works was 75%	Completed. Inaugurated on 12 March 2025
		c) New Grove	Progress of works was 80%	Completed. Inaugurated on 03 October 2024.
		d) Plaine Magnien	At design stage	At design stage
		e) Curepipe	Progress of works was 25%	Progress of works was 70%
		f) Bramsthan	Completed. Operationalisation in July 2024.	Operational since July 2024
		g) Bambous	Progress of work was 45%	Project completed in April 2025
		h) Wooton	At design stage	Land acquired and design under preparation
8	**11 New Community Health Centres**	*a) St Fançois Xavier*	*Completed. Operationalised in June 2024.*	Operational since June 2024
		b) Roche Bois	*At design stage to complete outstanding works.*	At design stage
		c) Grand Bay	-	Operational since July 2022
		d) Pointe aux Sables	-	Operational since February 2023

		e) Trou d'Eau Douce	*Completed. Operationalised inJuly 2023.*	*Operational since July 2023*
		f) Camp de Masque	*Completed. Operationalised in June 2024.*	*Operational since June 2024*
		g) Baie du Cap	*At design stage*	*At design stage*
		h) Case Noyale		
		i) Piton		
		j) Ecroignard		
		k) Camp Thorel		
		l) Tamarin		

Source: Project Implementation Unit, MOHW

Health Cluster

The Ministry embarked on four (4) projects in the Healthcare and Pharmaceutical sector at the Côte d'Or Integrated Smart City by Landscope (Mauritius) Ltd, of which, three (3) were under the Build Operate Transfer (BOT) scheme through a Public Private Partnership mechanism. The status of these projects are as follows:

Projects	Description	Status as at 30 June 2025
New Warehouse for Pharmaceutical and Other Medical Products	A modern Warehouse is being constructed and will be operated in line with best storage practices and in accordance with the guidelines issued by the World Health Organization and comprising: ○ Proper Racking systems and Material Handling Equipment to ensure appropriate racking and material handling equipment that would facilitate First Expiry First Out (FEFO) inventory management systems. ○ A modern Warehouse Management System with appropriate software, bar coding equipment, and radio frequency communications to provide computerised process management andinventory control.	A new Transaction Adviser was appointed 21 June 2024 who submitted the Final Project Review Report in September 2024. The Report is under study.
New Cardiac Centre	A 225 bedded state-of-the-art Cardiac Hospital having new specialties such as paediatric and congenital cardiac surgeries, interventional paediatric and congenital cardiology, interventional and open vascular surgery, thoracic surgery, hybrid cardiac surgery, electrophysiology, round the clock Primary Coronary Intervention (PCI), PCI, Extracorporeal Membrane Oxygenation (ECMO) facilities and Transcatheter Aortic Valve Implantation (TAVI).	A new Transaction Adviser was appointed 21 June 2024 who submitted the Final Project Review Report in September 2024. The Report is under study.

New National Health Laboratory	The NHLS shall be the principal public health laboratory of the Republic of Mauritius and will provide quality laboratory investigations and technical coordination of the entire network of health-related laboratories. It will be designed according to International infrastructural and ISO standards which will include BSL-3 level Laboratory and will aim to become a Supra- National Reference Laboratory in the region.	A new Transaction Advisor was appointed 21 June 2024 who submitted the Final Project Review Report in September 2024. The Report is under study.
AYUSH Centre of Excellence	The AYUSH Centre of Excellence would be implemented in collaboration with the Indian Authorities and would be an eco-friendly facility comprising the following main components: ○ A treatment Centre of Excellence; ○ A training college and research centre; ○ A wellness centre; and ○ Promotion of Indian AYUSH medicinesand products.	The feasibility study and concept proposal have been finalised. A Detailed Project Report has also been completed forimplementation of the Project in two (2) Phases. Funding under a grant scheme is being considered.

Source: Project Implementation Unit, MOHW

Extension and upgrading of Health Institutions

Furthermore, the Ministry has also embarked on more than 275 projects of upgrading of the existing health infrastructures which include upgrading works, leakages, extension of existing services, paintings, and renovations.

2.5.6 PLANNING, FINANCE AND INTERNATIONAL COOPERTATION (PFIC) UNIT

The Planning, Finance and International Cooperation (PFIC) Unit is responsible for the effective monitoring and implementation of measures for the health sector as outlined in the Government Programme 2025-2029 and annual budgets of the MOHW. The Unit is mainly involved in the:

- **Preparation and Monitoring of Budget:** Developing, allocating, and monitoring the MOHW's budget to ensure financial resources are effectively utilised.
- **Audit and Public Accounts Committee:** Conducting regular audits and engaging with the Public Accounts Committee to ensure accountability and transparency.
- **Bilateral-Regional-Multilateral Cooperation:** Engaging in international cooperation to enhance health service delivery through shared knowledge and resources.
- **Human Rights Matters:** Ensuring all health initiatives respect and promote human rights principles.

The Unit also oversees the projects/strategies that are being implemented by the different departments under its purview including:

- Handling of financial transactions and budgeting for the MOHW by the Finance Section.
- Monitoring of progress on the implementation of the HSSP 2020-2024, Health Financing and Costing of Services by the Health Economics Unit.
- Production of Health Records by the Health Records Department.
- Development of Medical and Statistical Data by the Health Statistics Unit.
- Establishing and maintaining robust internal controls to safeguard the Ministry's assets and ensure financial integrity by the Internal Control Unit.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

A. Ensuring Effective Financial Management and Strategic Planning

1. Preparation, Submission and Monitoring of MOHW Budget

- Monitoring of Budget implementation for Financial Year 2024-2025: Ensured the budget was effectively executed and aligned with the Ministry's goals and objectives.
- Preparation and submission of Budget proposals for Financial Year 2025-2026: Developed and submitted comprehensive budget proposals for the upcoming fiscal year to secure necessary funding and resources.

2. Regular Updating of the National electronic-Project Management Information System (e-PMIS)

- Regularly updated the ePMIS platform to reflect the progress of around 40 capital projects and 20 non-infrastructural measures, ensuring transparency and accountability in project implementation and resource utilisation.

B. Addressing Audit Findings

The PFIC Unit has diligently responded to the Management Letters and Reference Sheets issued by the National Audit Office on the following areas:

1. **Medical Hub at Cote D'Or**: The projects have not yet been materialised as at date. The feasibility, affordability and bankability of the three projects have not yet finalised.
2. **Overtime Payments**: Provide clarifications of excessive payments of overtime and whether overtime payments were in line with Pay Research Bureau Recommendations and other legislations.
3. **Procurement of Drugs**: Implemented measures to set annual requirements of drugs and procurement of drugs to carry out in accordance with Public Procurement Act and appropriate Directives.
4. **Mauritius Health Resilience to Face a Resurgence of Infectious Disease**: Implementation of measures for a clean and conductive hospital environment to reduce Hospital Acquired Infections (HAIs) and prevent spread of infectious disease and plan to strengthen public health surveillance and response.

5. **Effectiveness of the National Cancer Centre**: Detailed the progress and plans for the cancer healthcare services.
6. **Effectiveness and Efficiency of Angiography/Angioplasty Services in Public Hospitals**: Addressed concerns related to the delivery of Angiography services, including measures to improve service quality and reduce waiting times.
7. **Digitalisation of Health Services through an Effective E-Health System**: Provided updates on the implementation of the project.
8. **Governance Issues**: Addressed governance issues raised, including steps taken to ensure compliance with relevant legislations and improve overall governance within the health sector.
9. **Follow-Up of Recommendations raised in the Audit Report 2022-2023**: Provided comprehensive updates on the follow-up actions taken in response to matters raised in previous audit reports, demonstrating a commitment to continuous improvement and accountability.

C. Upscaling Bilateral-Regional-Multilateral Corporation

Donor Agency	Details on Assistance	Value of Donation
Government of Japan	**Implementation of the 2nd Grant under the Economic and Social Development Programme** Under the 2nd Grant of the Economic and Social Development Programme, the PFIC Unit has successfully provided the following medical equipment for the Ministry and the Trust Fund for Specialised Medical Care: ***(i) Trust Fund for Specialised Medical Care:*** 1. **Two Operating Tables**: Acquired to enhance surgical capabilities and improve patient care during operations. 2. **Two Anaesthesia Machines**: Procured to ensure safe and effective anaesthesia administration for various surgical procedures. 3. **One Ultra Sound Scanner for Echocardiology**: Provided to improve diagnostic capabilities in cardiology, allowing for detailed heart imaging. 4. **Eight Bedside Monitors**: Installed to continuously monitor patients' vital signs, ensuring timely interventions and improved patient outcomes.	JPY 550 million

	5. **Twenty Electric Syringe Pumps**: Acquired to administer precise and controlled medication dosages, enhancing patient safety and treatment efficacy. 6. **Two Electric Surgical Knives**: Procured to assist in precise and efficient surgical procedures, reducing operating times and improving surgical outcomes. 7. **Five Ventilators**: Installed to support patients with respiratory difficulties, ensuring adequate ventilation and improved respiratory care. ***(ii) Dr A.G. Jeetoo Hospital:*** 8. **One Endoscope for Gastroenterology:** Provided to improve diagnostic and therapeutic capabilities in gastroenterology, enabling minimally invasive procedures.	
	(iii) Victoria Hospital: 9. **One Operating Table**: Acquired to enhance surgical capabilities and improve patient care during operations. 10. **Four Anaesthesia Machines with Gas Analyser:** Procured to ensure safe and effective anaesthesia administration for various surgical procedures. These equipment will significantly enhance the medical capabilities of the Ministry and the Trust Fund for Specialised Medical Care, contributing to improved health care delivery and patient outcomes.	

United Nations Development Programme	The ISLANDS (Implementing Sustainable Low and Non-Chemical Development in SIDS) project is a GEF-funded project to address challenges arising from chemicals and wastes that are common to all SIDS while also promoting inter-regional collaboration on these challenges under the GEF-7 cycle. The Ministry of Environment, Solid Waste Management and Climate Change is the Lead Implementing Partner, while the Ministry of Health and Wellness is one of the project partners for implementing the following projects: • Improve the Mauritius Network Services (MNS) system of the Dangerous Chemical Control Board: This project will allow for the retrieval of information and the generation of reports on imported chemicals by types, purposes, classes, quantities, importers, date and year of importation.	GEF Grant: USD 1,389,450 Co-financing by MOHW: USD 925,000
	• Establishment of a Central Treatment Facility (CTF) for healthcare waste. This project consists of a detailed feasibility study on the potential of setting-up and operation of a healthcare waste treatment facility in Mauritius and prepare the supporting documents for project implementation.	Bid was launched on 15 April 2025 with the closing date 02 July 2025 for provision of Consultancy services for a Feasibility Study for a Healthcare Waste Treatment Facility in Mauritius and preparation of supporting documents for project implementation under GEF Island. Letter of Award issued on 14 October 2025 to the successful bidder.

	• The project activities for the Ministry of Health and Wellness will enter into the implementation phase as from the beginning of Financial Year 2025/2026 and these will ensure the retrieval of information on dangerous chemicals imported in Mauritius while also allowing for the environmentally sound management of healthcare hazardous wastes generated from the public healthcare facilities in Mauritius.	Several meetings were held with the Mauritius Network Services (MNS) and MRA Customs Department. MNS is already designing the necessary software upgrade to retrieve the necessary information

Source: Planning, Finance and International Cooperation Unit, MOHW

D. Upholding and Advancing Human Rights within the health sector

The PFIC Unit has been actively involved in the compilation and consolidation of inputs relating to:

(i) Human Rights Division:

Collected and consolidated inputs from various sections of the MOHW for submission to the Human Rights Division of the Ministry of Foreign Affairs, Regional Integration, and International Trade.

(ii) International Commitments:

Collected and consolidated inputs from various sections of the MOHW to address international commitments undertaken by Mauritius, particularly in relation to the following bodies and treaties:

- African Commission on Human and People's Rights
- Office of the United Nations High Commissioner for Human Rights (OHCHR)
- United Nations Human Rights Treaties
- Convention on the Rights of Persons with Disabilities (CRPD)
- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)

2.5.7 HEALTH RECORDS DEPARTMENT

The Health Records Department, the primary point of contact for patients at health facilities, operates under the leadership of an Acting Chief Health Records Officer at headquarters, a Senior Health Records Officer at hospitals and a workforce of around 352 officers providing 24-hoursupport.

This department plays a key role in patient registration and acts as the custodian of medical records, ensuring compliance with data protection laws and information governance. Additionally, it oversees health information management from data collection to converting it into sound information.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **A major focus for Financial Year 24/25 has been on e-Health Software Requirements Specification (SRS) and collaboration with suppliers to implement the core Patient Administration System module, a key module within this department**.

  Some 25 officers of the Health Records cadre from different hospitals were assigned Champions for the e-Health project.

  The officers were trained by members of the Consortium UNDP-Trio Tree (India) Informatics International (Mauritius) Ltd and Netcom Partners Ltd (Mauritius) on the different modules of the Patient Administration System during several workshops in 2024 and 2025.

  Several User Acceptance Testing (UAT) sessions were organised prior to the testing phased, planned for August 2025 at the headquarters and SAJH in collaboration with the UNDP-Trio Tree (India) Informatics International (Mauritius) Ltd and Netcom Partners Ltd (Mauritius) to ensure effective hands-on practice. These UAT sessions were organised to help the users test the software in real-world scenarios, while ensuring that it meets business requirements and is ready for deployment.

  Some 71 Health Records staff were involved in the Pre-UAT and UAT sessions, including 40 officers from SAJH and the remaining from the other regional, district and specialised hospitals.

- **Government Health Services Statistics Report:** The fiftieth volume of the report detailing activities of major health service departments of public health institutions for 2025 is being finalised. This yearly publication is a useful tool for decision-making and policy formulation to administration while also supporting research projects.

- **Metadata Dictionary**: In collaboration with the Health Statistics Department, a Metadata Dictionary is being developed to simplify medical statistics jargon for the public and to standardise data collection and reporting. This initiative aligns one of the actions recommended by the present HSSP.

2.5.8 HEALTH STATISTICS UNIT

The Health Statistics Unit, under the leadership of the Acting Chief Health Statistician, provides evidence-based data on health care delivery systems in both the public and private sectors of Mauritius and Rodrigues. Its mandate covers population and vital statistics, mortality and morbidity patterns, health services, and health system performance. These data are essential for policy formulation, strategic planning, monitoring, evaluation, and are also widely used for local, regional, as well as international reporting.

The Unit's health indicators are key instruments for tracking national progress, including targets established in the HSSP 2020–2024 and Sustainable Development Goal 3 (Good Health and Well-being). Its flagship publication, the Annual Health Statistics Report, remains a key scientific reference for the study of population health trends since independence.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- During the Financial Year 2024–2025, the Unit's data were disseminated via the Annual Health Statistics Report, 2024, as well as via the Statistics Mauritius (SM) website and incorporated into SM's annual thematic reports on Environment, Gender, and Demography. Contributions were also made to the national SDG dataset as well as to the WHO Triple Billion Targets, in collaboration with the Health Economics Unit.

- The Unit's outputs were further utilised to:

  - Provide responses to Parliamentary Questions.
  - Report Key Performance Indicators (KPIs) in the Budget 2024–2025.
  - Support situational analyses for the MOHW.
  - Contribute to the development of KPIs for the Budget 2025–2026.

- In addition, the Unit contributed to the conduct of the Contraceptive Prevalence Survey and was responsible for the management, analysis, and preparation of the report for the Out-of-Pocket Expenditure on Health Survey.

- The Health Statistics Unit continues to compile and publish data on the activities and services of both MOHW departments and private-sector providers in the Annual Health Statistics Report. For Financial Year 2024–2025, compilation of 2024 data is underway for inclusion in the forthcoming report.

2.5.9 HEALTH ECONOMICS UNIT

The Health Economics Unit (HEU) is involved in a wide range of projects and strategies that are being implemented by the MOHW including, development of Health Financing Indicators, Annual Reports on Performance, costing of activities under different action plans and determination of hospital services' estimated unit costs and the development of the Health Sector Strategic Plan (HSSP).

Nevertheless, the main function of HEU remains the conduct of health economic analysis for the formulation of health projects. During the reporting period, the Unit was manned by a Lead Health Analyst, two Analysts/Senior Health Analysts and two Support Officers.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Health Sector Strategic Plan

The Health Sector Strategic Plan (HSSP) 2020-2024 officially ended on 31st December 2024. In this regard, it was deemed necessary to assess its achievements, identify performance gaps, and lessons learnt to inform the development of a new HSSP 2026-2030. Accordingly, the Unit has completed the reporting on the previous HSSP and started the development of the new HSSP 2026-2030 in close collaboration with WHO and the Thematic Working Groups from the MOHW.

(i) Reporting on the HSSP 2020-2024

- Preparation of the fourth and last progress report of HSSP 2020-2024 through collection of information from the different implementing Units and determining the status of implementation of the 26 operational plans consisting around 643 activities.

- Moreover, a review on the implementation of the HSSP 2020-2024 was undertaken in collaboration with the WHO to establish the basis for the development of the next strategic plan for further improving health systems. In this regard, the Unit organised an implementation review workshop on 19th December 2024.

(ii) Development of the new HSSP 2025-2030

Organisation of the official launching of activities for the preparation of the new HSSP 2026-2030 held on 30th January 2025. The event was graced by the presence of the Honourable Minister of Health and Wellness, Mr. Anil Kumar Bachoo, and other notable dignitaries including the UN Resident Coordinator for Mauritius and Seychelles, Ms. Lisa Simrique Singh and the WHO Country Representative in Mauritius, Dr (Mrs) Anne Marie Ancia.

- Mapping of stakeholders and setting up of Steering Committee and 17 Thematic Working Groups.

- Preparation of Gannt chart, roadmap, guidance note, situational analysis, costing templates, and list of strategic goals with responsibilities attached jointly with the WHO.

- Conducted meetings with all respective Thematic Working Groups and collected required information for the situational analysis given that the Unit represented the HSSP Secretariat.

- Drafting of the situational analysis write up in collaboration with the WHO.

- Conducted a consultation workshop to share the draft situational analysis write up with all relevant stakeholders for further views/comments and missing areas.

Formulation of the Annual Report on Performance for the Ministry

Annually, the HEU has the responsibility to liaise with all the different Units of the MOHW and to take stock of the achievements, challenges, trends and way forward for the Ministry. Based on the information received from the different Units, the Annual Performance Report for the Financial Year 2023-2024, was formulated and submitted to the Ministry of Finance, Economic Planning and Development during the period under review.

Development of Health Financing Information Indicators

In view of obtaining updated and more recent estimates on Household Out of Pocket (OOP) Expenditure on Health, a new data collection exercise was planned and undertaken for the Island of Mauritius in collaboration with the Health Statistics Unit and the NHPRU. The main objective of the study was to capture all expenditure incurred on treatment of diseases, including seasonal diseases, by the households over a period of one year.

During the Financial Year 2024-2025, a report was prepared and submitted to the WHO on the findings from the OOP Survey and hence, the estimates obtained to update the WHO Global Health Expenditure Database.

Follow up on the Sustainable Health Financing Engagement

The HEU was designated technical focal point for the National Health Financing Dialogue (NHFD) engagement under the African Leadership Meeting Declaration on investing in Health held in Mauritius in 2023. In this regard, the HEU has been involved in a follow up exercise during a three-day visit of the SADC/AUDA NEPAD/GF experts from 5th to 7th March 2025.

This discussion led to the following:

- Technical support being provided by SADC/ AUDA NEPAD/GF for the new HSSP, including advice to the Health Financing Thematic Working Group.
- Priorities from Position Statement of NHFD are being embedded in the new HSSP.
- Need for capacity building to produce evidence-based-data to enable optimisation of resources and smoother mobilisation of funds.
- Need to improve multisectoral engagement to implement priorities that do not fall directly under MOHW, through more advocacy.

Collection of information for the WHO Price and Tax Survey on Alcohol and Sugar Sweetened Beverages

The WHO embarked on a price and tax survey on alcohol and sugar sweetened beverages in the African Region to help countries better implement health taxes. According to the WHO studies, a 20% increase on tax and prices of sugar-sweetened beverages can lead to a 20% decrease in consumption thereby reducing the risk of obesity and diabetes. Similarly, a 25% increase in tax and prices of alcoholic beverages can result in a 9.2% reduction in alcohol consumption, including 11.4% reduction in heavy drinking. Reduction in consumption lead to less diseases and hence, healthcare cost savings.

Accordingly, the HEU organised meetings with relevant officers (MRA Customs Department, Alcohol Control Focal Point and the Nutritionist) to fill-in the online questionnaire. Visits were also carried out in hypermarkets and general retail shops to fill-in the required information in the online questionnaire.

Implementation of Hospital Services Costing Project: The HEU had recurrent working sessions with relevant personnel at Hospital level for data collection with respect to a sample of hospital services.

In addition, the HEU has provided estimate costings regarding Hyperbaric Medicine, a Dialysis session for both normal and catheter patients, Radiotherapy services inclusive of CT Simulation and Linear Accelerator at the NCC.The costing of laboratory fees are in progress. These estimated costings provide a basis for decision-making by the MOHW Management.

Estimated Costing of different Action Plans: A number of Action Plans and Policies have been developed by MOHW including the National Plan of Actions for Nutrition 2025-2029, Mental Health Action Plan 2025-2030 and Obesity Action Acceleration Roadmap 2024-2030. Based on the requirements of the user departments, the estimated indicative costing exercises were undertaken for the activities identified under these action plans.

Participation in the Health Financing Workshop for SADC Region: The HEU was designated to showcase the health financing strategies of the Republic of Mauritius and to act as panellist at an International Conference in Johannesburg, South Africa, in March 2025.

Other Activities

- Acting as focal points for commitments undertaken by MOHW with local, regional and international stakeholders and provision of information when required. (For e.g., SDG 3, Trade Agreements, SADC-AU Health Financing Task Force, Africa Leadership Declaration on Health Financing, COMESA -Health, MIH Audit Committee)
- Support to PFIC Unit for Budget Preparation including formulation of Strategic Overview.
- Preparations of inputs for different Ministries, international bodies and attending webinars (e.g., WHO, AU Agenda 2063, WTO, SADC, WB, Trade-in -Services).
- Preparation of inputs on Human Rights and submission to the PFIC Unit.
- Filling of survey questionnaires from different institutions.
- Monitoring of SDG 3 targets and implementation of related policies jointly with the Health Statistics Unit.
- Preparations of inputs for internal stakeholders on areas such as Universal Health Coverage, procurement and WHO Biennium.
- Preparation of inputs for the World Health Assembly and other important meetings.

2.5.10 DEMOGRAPHIC/EVALUATION UNIT

The Demographic/Evaluation Unit oversees the monitoring and evaluation of the national family planning program in Mauritius. It gathers family planning statistics from all Government health service points and two Non-Governmental Organisations, “Action Familiale” and the Mauritius Family Planning and Welfare Association. Moreover, the Unit has played a crucial role in assisting the Government in formulating and establishing goals for its population policy.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

Yearbooks, monthly bulletins, and other reports are published, providing data for program managers, policymakers, and researchers. The **Family Planning & Demographic Yearbook** presents data both on population trends and family planning use, accessibility, among others, for Islands of Mauritius and Rodrigues.

Family planning data collection was successfully expanded from the initial two youth-friendly service points to include **five additional youth-friendly clinics**. These newly integrated sites are located at the University of Mauritius, University of Technology, Mauritius, Middlesex University Mauritius, ’Université des Mascareignes’, and the Charles Telfair Institute.

The population size of each Government health service point's catchment area is updated annually and published in the yearbook for service planning.

The population sizes of the catchment areas have been updated using the revised 2022 Population Census data as the baseline.

The Unit is also working on producing an updated map that will depict all Government health service points across the Islands of Mauritius and Rodrigues.

UNFPA activities for Financial Year 24/25 included:

- Several consultative workshops were held for the formulation of age-appropriate and evidence-based curricula on Comprehensive Sexuality Education (CSE) for out of school youth.
- A 4-day workshop with 40 stakeholders was undertaken for the formulation guidelines, policy proposals, and SOPs for comprehensive abortion care services.

Additionally, the Unit shared the 2024 World Population Day theme; “Embracing the power of inclusive data towards a resilient and equitable future for all” with stakeholders to raise awareness on the importance of inclusive data in driving progress.

Standardisation of family planning record-keeping

The training materials for Community Health Care Officers (CHCOs) in Rodrigues have been updated and a face-to-face session with the Principal CHCO from Mauritius was conducted to standardise family planning record-keeping across both Islands.

2.5.11 HOSPITAL ADMINISTRATION UNIT

The Hospital Administration Unit is responsible for the overall management of hospital services, playing a vital role in the efficient operation of public healthcare facilities. This Unit ensures the delivery of quality patient care and handles the complex administrative tasks necessary for the smooth running of all public health institutions.

The Chief Hospital Administrator (CHA) is the foremost position in the hospital administration cadre, 75 grades of staff and around 4,850 staff fall under the latter's purview. The Unit is also supported by:

- 2 Deputy Chief Hospital Administrators
- 5 Regional Health Services Administrators
- 11 Hospital Administrators, and 11 Hospital Administrative Assistants

Together, these administrators ensure the seamless operation of hospital services, including oversight of cleaning, security, laundry services, as well as the management and supply of equipment, food supplies, stores, clothing, bedding, utilities, and other logistical support.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- In accordance with IPC recommendations, yellow, black, and red waste bins in various sizes have been provided at all public health institutions.
- The Unit successfully implemented infrastructure upgrades across hospitals, including installation of equipment, enhancement of safety systems, and renovation works to improve facilities and patient care environments.

Day to day Management of Hospital Services:

- From July 2024 to June 2025, hospitals had prepared and served around **3,129,145** meals (breakfast, lunch and dinner) to patients and **844,975** meals to all eligible staff.
- The Unit managed the collection and disposal of **around 925 tons** of healthcare wastes generated by the public health institutions.
- The Unit also supervised capital projects undertaken in our health regions.
- Approximately **2,624,861 units** of linen items were sent for Dry Cleaning Services from public health institutions.

2.5.12 BIOMEDICAL ENGINEERING UNIT

The Biomedical Engineering Unit (BMEU), under the MOHW, is established in each of the 5 regional hospitals. The Unit oversees a wide range of medical equipment that support critical services including radiology, cardiology, general and specialised surgery, neonatal and paediatric care, haemodialysis, and dental services. Responsibilities include installation, calibration, commissioning, safety compliance, maintenance, and repair of medical equipment, as well as managing equipment-related projects.

Biomedical Engineers oversee technicians, prepare technical specifications, evaluate bids, monitor maintenance contracts, and maintain detailed equipment records. They also coordinate with suppliers and hospital departments, advise the Ministry on equipment purchases and replacement policies, and represent the Ministry in audits, panels, and technical meetings. Overall, the BMEU ensures the safe, reliable, and efficient operation of biomedical technologies essential to healthcare delivery.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- Procurement of advanced diagnostic and therapeutic equipment at SAJH such as: digital X-ray machines, MRI machine, high-end central monitoring systems, 3D ultrasound machines, C-arms, surgical equipment and a water treatment plant for dialysis.
- The BMEU services expanded at SAJH to cater for around 500 beds, 10 operating theatres and a radiology department with high-tech medical equipment.
- At the SSRNH, a central monitoring system with 16 bedside monitors has been installed in the cardiac ward, enabling continuous monitoring of vital parameters, supporting the early detection of complications, and significantly improving patient safety and the quality of care in critical settings.
- The SSRNH's radiology department has also been modernised through the installation of digital X-ray machines, eliminating the use of dark rooms, accelerating diagnostic processes, and enhancing image clarity for accurate diagnosis, while also reducing reliance on chemical processing and contributing to environmental sustainability.
- Acquisition of a mammography machine and a high-end echography machine at the SSRNH Breast Clinic.

2.5.13 ACCOMMODATION UNIT

The Accommodation Unit is responsible for the allocation of office space, relocation of staff, coordination of official transport, and allocation of parking spaces. The Unit also supervises attendants and drivers, ensures the regular cleaning and upkeep of toilets and sanitation facilities, and processes maintenance requests for office furniture.

It further manages requests for IT equipment and telephone lines, oversees fleet management, and handles lease agreements for CHCs, AHCs, Health Offices, and warehouses rented by the Ministry. Additionally, the Unit ensures compliance with health and safety standards, maintains asset inventories, and updates the Government Asset Register (GAR).

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The Office Accommodation Unit successfully coordinated the relocation of officers from Emmanuel Anquetil Building, Atchia Building, Bacha Building to the NexSky Building, facilitating the move of over 250 staff members and ensuring continuity of operations with minimal disruption. The relocation involved detailed planning, office space allocation and logistical support for furniture and equipment, resulting in improved working conditions and operational efficiency.

- In support of healthcare service delivery, the Unit oversaw the procurement of five new ambulances, strengthening the department's emergency response capacity and four 16-seater vans to improve patient transport services across the Island. This acquisition supports the broader goal of enhancing access to timely healthcare, particularly in remote and underserved areas.

2.5.14 PHARMACY COUNCIL

The Pharmacy Council is responsible for regulating the pharmacy profession in accordance with the Pharmacy Council Act 2015.

Its main functions include:

- Overseeing pharmacist registration,
- Ensuring compliance with national and international standards, and
- Promoting awareness of legislative requirements among pharmacists.

The Council collaborates with regulatory bodies such as the police, Mauritius Revenue Authority (MRA), Economic Development Board (EDB), Information and Communication Technologies Authority (ICTA), MOHW, Office of Commissioner of Police, Judiciary, Financial Crimes Commission (FCC), Tertiary Education Commission (TEC), Ministry of Finance (MOF), Mauritius Examinations Syndicate (MES), Electoral Commissioner Office and others to provide accurate information on pharmacist registration and implements policies to enhance professional standards and public safety.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

During the reporting period, the Pharmacy Council made significant strides in enhancing regulatory compliance and professional standards.

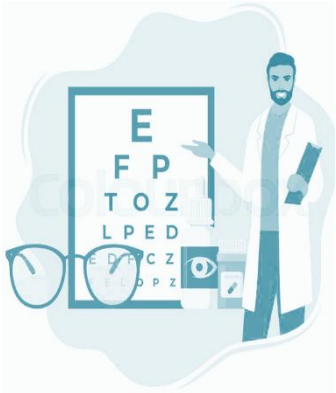
- The Council achieved an 80% response rate to information requests from regulatory bodies (police, MRA, EDB, and ICTA) regarding pharmacist registration by 31 December 2025.
- The Council **introduced a new certificate of registration aligned with international standards**, effective from May 2025, with approximately 30% of new certificates issued to registered pharmacists by June 2025.
- The Council implemented a new awareness policy in December 2024, providing pre-registered pharmacists with a comprehensive pack of all relevant legislation on pharmacy practice, accessible via the Council's website.
- The Council's website has been updated with current information concerning CPD events and points allocation for those attending selected events.
- Examination has been carried out for newly registered pharmacists in collaboration with MES.

These initiatives represent an extension of services aimed at aligning the pharmacy profession with international standards and improving access to critical regulatory information.

2.5.15 OPTICAL COUNCIL

The Optical Council of Mauritius (OCM) is a statutory regulatory authority established under the Optical Council Act No. 11 of 2021.

The key functions of the council are as follows:



- **Registration and Regulation**: The OCM oversees the registration of optometrists, ophthalmic opticians, dispensing opticians, and "opticien lunetiers," ensuring that only qualified individuals enter the profession.
- **Professional Conduct**: It sets and enforces standards of professional conduct, investigates complaints, and disciplines practitioners to protect public safety.
- **Advisory Role**: It advises the MOHW on policy matters, legislation, and regulations impacting optical services in the country.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The Optical Council successfully published the Annual List of Registered Opticians for 2024 and 2025 on time, fulfilling the Council's statutory obligations.
- The Council drafted CPD regulations and a Code of Practice, which were submitted to the State Law Office (SLO) for review.
- The Council secured and now operates from new premises at Nouvelle Usine, Floreal, providing a stable and professional environment for administrative functions, registration processes, as well as stakeholder engagement.
- The Council has increased accessibility for both public and registered practitioners in the current year.
- The Council has successfully compiled a list of where registered practitioners work.

2.5.16 ALLIED HEALTH PROFESSIONAL COUNCIL

The purpose of the Allied Health Professional Council (AHPC) Act is to regulate the professional conduct of allied health professionals and to promote the advancement of allied health professions**.** The AHPC office has moved to Nexsky Building, Ebene, in December 2024. The functions of the Council are to:

- Register allied health professionals,
- Exercise and maintain discipline in allied health professions,
- Prescribe a code of practice for each allied health profession and monitor compliance therewith,
- Approve, conduct or cause to be conducted examinations, courses, seminars and continuing development programmes as well as approve institutions that will conduct examinations and courses, and
- Advises the Minister on matters pertaining to the Act.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- As at 30 June 2025, **1,292 applications** have been received from professionals practising in 18 professions regulated by the Council.
- For the reporting period, **947 Professionals have been fully registered** and **229 registrations were carried out.**
- The Council's website is operational and the list of the 947 registered professionals have been uploaded.
- The Council has reviewed several University programmes' structures namely: MSc Applied Psychology from Curtin University, BSc courses in Biomedical Sciences and Nutritional Sciences from the University of Mauritius, MA Counselling from University of Technology, MSc Psychological Therapies and Intervention with extended Professional Practice, University of Middlesex, MSc Psychology from the University of Mauritius.
- The new Council reconstituted in March 2025.
- Amendment of Schedule Regulations 2024 was published in August 2024 with regards to requirements for updated qualifications, necessary for registration.
- The Ethics and Disciplinary Committee has been set up and attend to complaints cases.
- The Council participated in the Salon de Sante at SVICC and carried out an awareness campaign on the importance of allied health professionals in the health sector.

2.5.17 NURSING COUNCIL

Nursing Council of Mauritius is a Regulatory Body which has as task to maintain a good standard of the Nursing profession all around the island including Rodrigues and Agalega. Its main function is to give Nurses, Midwives and Psychiatric Nurses license to practice prior to good conduct. Also, the Disciplinary/Investigating Committee look into Medical Negligence and act as advisor to the MOHW regarding warnings to be administered.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Monitoring of CPD:** Nurses, Midwives and Mental Health Nurses have been registered and the registration certificates have been distributed to them.
- **337 New Registered Nurses** have been added on the annual list.
- **Approval of study programme for higher studies in nursing:**

  - 3 undergraduate programme of study leading to a BSc in Nursing as well as 2 postgraduates leading to MSC in health service Management were vetted and recommended to the Higher Education Commission.

  - 1 programme of study leading to a Diploma in cardiac nursing was also approved for accreditation by the MQA.

- **Development of SOPs for Clinical Practice:** 150 SOPs have already been drafted and finalised.
- **4 education programmes were reviewed and approved** for launching from MITD, MIH, Whitefield and Open University.
- Recognition and registration of Specialised Operation Theatre Nurse.
- CPD Workshops on Specialised fields available to all Nurses and Midwives in order to enrich their knowledge in all fields and encourage further studies.

2.5.18 MEDICAL COUNCIL

The Medical Council is the designated Medical Regulatory Body of the medical profession. Its functions are established under section 12 of the Medical Council Act 1999 as amended. All functions and activities are carried out within the ambit of the Medical Council Act. The Medical Council of Mauritius is composed of 23 members of whom 14 are either General Practitioners or Specialists practicing in the public sector or the private sector.

Any issue at hand is allocated to a specific Subcommittee which is composed of members of the Council. There are 9 subcommittees including 4 Investigating Committees.

The Council is involved in:

- **Processing applications for registration as:**
  - Pre-Registration Trainees
  - General Practitioners or Specialists
  - Non-Citizen Medical Practitioners
- **Determining all applications for registration as specialist** with the assistance of the Postgraduate Medical Education Board.
- **Oversee the Medical Registration Examination for General Practitioner Registration**, in collaboration with the National Board of Examinations, New Delhi (India) and the MES.

- **Conduct preliminary investigations** into complaints of professional misconduct or negligence against medical practitioners, including public officers.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- **Election of the Medical Council**
  The election of 14 members of the Medical Council of Mauritius was held on 22 April 2024.

  The Council had its first meeting on 11 June 2025 and elected **a Chairperson of the Medical Council of Mauritius**.

- During the period, the Council received **58 applications for provisional registration as Pre-Registration Trainees**. Of these, **53** medical graduates were granted registration, **2** applications were rejected, and **3** applications remained pending.

- For the Medical Registration Examinations, a total of **169 applications were processed**, of which **117 applicants were successful**, while **52 applicants were unsuccessful.**

- **Registration as General Practitioner**

Items	Number
Number of applications processed	**166**
Number of Medical Practitioner Registered as General Practitioner	**163**
Pending Applications	**3**

- **Postgraduate Medical Education Board (PGMEB)**

Items	Number
Number of applications for registration as Specialist processed	**105**
Number of candidates who were assessed by the PGMEB	**60**
Application being studied by Sub Committee of Council	**15**
Candidates on waiting list for an assessment by the PGMEB	**30**
Number of candidates recommended for registration as Specialist	**39**
Number of candidates not recommended for registration as Specialist	**21**

- **Continuing Professional Development**

  CPD Committee recommendations and Council's approval during the period 01 July 2024 to 30 June 2025 are as per table below:

Items	Number
CPD Committees held	**34**
CPD events approved	**585**

2.5.19 DENTAL COUNCIL

The Dental Council of Mauritius is a statutory body established by the Dental Council Act 31 of 1999 amended subsequently, governing the dental profession in Mauritius and Rodrigues. The Council is manned by a Registrar, supported by 1 OMA, 1 MSO and 1 Messenger.

The main functions of the Dental Council are:

- Exercise and maintain discipline in the practice of dentistry,
- Advise the Minister on any matter governed by the provisions of this Act or any matter connected therewith,
- Establish a code of practice for the dental profession on standards of professional conduct and dental ethics, as well as monitor compliance with such a code,
- Organise such examination, including clinical or practical examination or assessment in dental surgery, prior to registration as the Council may deem fit, and
- Promote education and training of dental surgeon and dental specialists generally.

The services provided by the Dental Council are mainly to publish their annual list, keep a register of dental surgeons and specialists as well as temporary dental surgeons and specialists, investigate any complaint of professional misconduct or negligence against a registered person, including a registered person in respect of whom it holds delegated power.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

- The table below shows an approximate increase of 5% in the number of dental professionals from the reporting periods, with a rise in female practitioners compared to their male counterparts.

	2023-2024	2024-2025
Dental Surgeon Male	192	**197**
Dental Surgeon Female	90	**103**
Dental Specialist Male	22	**25**
Dental Specialist Female	12	**13**
Temporary Dental Surgeon Male	16	**11**
Temporary Dental Surgeon Female	3	**2**
TOTAL	335	**351**

Source: Dental Council

- On 7th December 2024, an election was held at the Dental Council by the electoral commission, and seven members were elected.
- On 4th August 2024, the Council organised a one-day CPD event for 100 participants with themes comprising of teeth movements with micro implants, leadership in uncertain times, approach to maxillofacial cystic lesions, medicolegal issues in dentistry, among others.
- On 18th May 2025, a CPD lecture was organised with 100 participants. The themes treated were the business of smiles, respiratory distress in dental clinic, fear of cholesterol and “la teinte de la dent”.
- A new website has been established and the services of an IT provider have been retained monthly to help in the implementation of Customer Relations Management Software.

PART III

RISK MANAGEMENT, IMPLEMENTATION AND MONITORING OF KEY ACTIONS AND BUDGET MEASURES ON HEALTH SECTOR

3.1 RISK MANAGEMENT, CITIZEN ORIENTED INITIATIVES AND GOOD GOVERNANCE

Risk Management

Management of risks lies at the heart of good governance debates together with financial reporting, auditing, effective communication and decision-making process.

Risk management is the identification, evaluation, and prioritisation of risks followed by coordinated and economical application of resources to minimise, monitor, and control the probability or impact of the risks or to maximise the realisation of opportunities.

The achievement of risk Management objectives, such as: compliance with laws, regulations, and acceptable ethical behaviour, internal control, information and technology security, sustainability, and quality assurance is crucial for the Ministry.

Risk Management Framework

The Risk Management Committee (RMC) of the MOHW was established in July 2023, co-chaired by two Permanent Secretaries and comprising seven members and one Secretary. The members represent various departments, including hospital administration, human resources, and procurement.

The Risk Management Framework (RMF) serves as the foundation for developing, implementing, monitoring, reviewing, and continuously enhancing risk management across the Ministry and Public Health Institutions. This framework is applicable to the MOHW, encompassing all its divisions, Units, sections, and functions. The RMF is presently being designed and formulated. A presentation was also held on the RMF at four Regional Hospitals namely J.Nehru Hospital, Victoria Hospital, SSRN Hospital and Jeetoo Hospital for the Head of Sections at the respective hospitals to take cognisance of the importance of the RMF.

The proposed list of Risk Owners which comprises Head of Sections at the Head Office and Regional Health Directors at the five Regional Hospitals, the RMF and Risk Management Policy were also discussed at the RMC. The Risk Management Policy document which is signed by the Accounting Officer of the Ministry policy directs that the MOHW integrates risk management into its culture, decision-making processes, programmes, practices, business planning and performance reporting activities.

In view of the large scope of works of the Ministry, and the complexities of the different activities, the Ministry requested the assistance of the Accountant General on 26 November 2024 for the preparation of the RMF.

Moreover, with regards to the numerous transfers of staff, the committee is being reconstituted and the RMF will be prepared.

Internal Control Unit

The Internal Control provides independent and objective assurance and advice on the adequacy and effectiveness of governance, risk management and control processes in order to enhance and protect organisational value. It thus, helps the Ministry in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of these vital processes.

After consultation with the Accounting Officer, Audit Committee and other stakeholders, a risk based internal audit plan was prepared in line with the Ministry's strategies, objectives and associated risks for the Financial Year 2024/25.

ACHIEVEMENTS FOR FINANCIAL YEAR 24/25

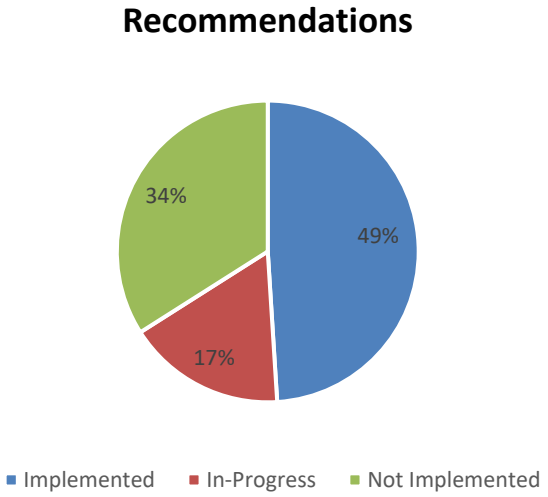
During the Financial Year 2024/25, 24 audit assignments were planned. 20 audit assignments which represent around 83 % of the Annual Internal Audit Plan 2024/25 were completed.

Follow Up Audit

At the end of each quarter, follow up is conducted on engagement findings and agreed recommendations to ascertain corrective actions initiated. All recommendations not implemented are referred to the Audit Committee.

Follow up audit was carried out on recommendations issued for the Financial Year 2022/23, 2023/24 to determine the status of recommendations implemented.

At least 49% of the recommendations has been implemented with 17% still in progress. Results of the follow up audit are illustrated in the Pie Chart:



Anti-Corruption Committee

The Anti-Corruption Framework Committee of the MOHW has been reconstituted in July 2020 and has come up with a new Anti-Corruption Policy.

The main objective of this anti-corruption policy is to strengthen and sustain an integrity culture within the Ministry. This is achieved through:

a) The setting up of effective processes characterised by broad participation and transparency,
b) Regular evaluation of corruption risks, systems and procedures,
c) Ensuring that projects have clearly formulated goals, expected results as well as monitoring and follow-ups, and
d) Learning from experiences and continually improving organisational performance and the corporate image.

In the same vein, Anti-Corruption Sub-Committees have been set up at the level of Regional Hospitals, the MIH and the Trust Fund for Specialised Medical Care (Cardiac Centre).

Moreover, the Ministry is working in close collaboration with the relevant authorities for the conduct of Corruption Risk Assessments (CRAs) and Corruption Prevention Reviews.

Medical Negligence Standing Committee

The Medical Negligence Committee (MNC) has been set up following a decision from this Government, to conduct preliminary investigation in cases of alleged medical negligence at public health institutions.

The aim of the Medical Negligence Standing Committee is to expedite matters and to ascertain as whether there has been any act of medical negligence during the medical treatment and hospitalisation of a patient.

With regard to cases where medical negligence has been established by the MNC, the MOHW has already initiated the necessary procedures to refer the cases to the Medical Council and the Nursing Council respectively, for further investigation and appropriate actions as deemed necessary. The reports on these cases also make recommendations for improvement in the delivery of service. In this respect, the MOHW has embarked on a series of measures for the well-being of patients.

Parliamentary Questions and Private Notice Questions

During the period July 2024 to June 2025, the Hon. Minister of Health and Wellness has responded to some **71 Parliamentary Questions** requiring oral answers and **2 Private Notice Questions**, especially on the Ministry's policies and actions related to Chikungunya, Dengue fever and e-Health.

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

Audit Committee

The Audit Committee is an essential element of public accountability and governance. It plays a key role in ensuring compliance by Ministries/Departments with their legal and fiduciary responsibilities, especially with respect to the integrity of a Ministry/Department financial information and the adequacy as well as effectiveness of internal control system.

The Committee supervises the entire audit, reporting processes and ensures that weaknesses in the system raised by both the Internal Control Unit and the National Audit Office (NAO) are looked into and that their recommendations are complied with.

The Audit Committee for the Financial Year 2024-2025 has assessed whether the recommendations of the NAO are being implemented by the relevant sections. All Units concerned were requested to submit their course of actions and provide updates on the implementation of the recommendations of the NAO.

As at 30 June 2025, 3 meetings were held. It is to be noted that, due to the various transfers/ change in postings in the Ministry, the Audit Committee had to be reconstituted several times, hampering the scheduling of meetings.

3.1.1 IMPLEMENTATION PLAN TO ADDRESS SHORTCOMINGS IDENTIFIED IN AUDIT REPORT AND STATUS OF REMEDIAL ACTIONS

Table VI: Implementation Plan to address shortcomings identified in Audit Reports and Status of Remedial Actions

Issues	DOA Comments	State of Action Taken	% Completion
Inefficiencies in Capital Management **Medical Equipment not efficiently used** *Digital fluoroscopy X Ray Apparatus and Panoramic X-Ray Apparatus*	Both apparatuses were out of order as at date of audit in August 2023. The Digital Fluoroscopy X- Ray Apparatus costing Rs 10.7m (including Rs 50,000 for five years maintenance charges after a two-year warranty period) was commissioned on 13 August 2020. No evidence was seen as to whether maintenance was done. As for the Panoramic X Ray Apparatus, no information was available regarding the date of installation, commissioning and the warranty period.	An updated list of equipment presently at the ENT Hospital and list of equipment received during Covid 19 is available. The Panaramic X-Ray Apparatus was in full use during COVID and still functioning. It was maintained and repaired as and when required basis by the Company.	100%
Project Delays Negatively Impacting on Service Delivery/Phase II Project Objectives	Several health services such as MRI, CT scan, Vascular Surgery, Cardiac and Cancer services were unavailable at BCH and patients had to be referred to other regional hospitals. Hence, patients of Flacq region having to travel long distances to attend hospitals far from their residences, resulting in long waiting times for both patients of Flacq Region and other regional hospitals. Also, the hospital buildings were in deplorable state such Building Block B was characterised by leakages and accumulation of water at several places.	Health Services mentioned were already unavailable at BCH even before the conceptualisation of the project and this is one of the main reasons for the project to be proposed and implemented to palliate to the lack of those services and offer a fully comprehensive quality health care service to the population of Health Region 3. The issue of leakages and accumulation of water is not a recurrent one but rather an exceptional one during heavy rainfall, which is beyond control. Remedial measures are taken to drain away any	100%

	-Dental services were provided in container-type designed clinics.	accumulated water. Dental Services were provided in mobile dental Caravan comprising all general dental services. The main reason that the project of New Flacq Hospital has been proposed is the lack of space at the BCH. A Steering Committee would be set up at the level of the Ministry to coordinate all issues pertaining to the setting up of the New Flacq Hospital. All Clinical services have moved to the New Flacq Hospital except for Dental services and Addictology which will remain at BCH due to a lack of space.	
Poor Procurement Planning leading to Items Out-of-Stock or Expired Items	*Expired Items:* During the period July 2022 to August 2023, 197 pharmaceutical items totaling some Rs 54 million had expired at the CSD. Information regarding expired items at Hospitals, Mediclinics, AHC and CHC were not available. The expired items arose as there were significant differences between the Annual Requirements and the actual usage of pharmaceutical products at hospital levels. MoHW did not investigate cases of over-estimation of annual requirements, which may result in expired items in future years.	Drug estimation is not an exact science. We cannot altogether avoid drug being expired even if we have the best monitoring mechanism in place. Trends of consumption of pharmaceutical items are always taken into account during preparation of annual requirements by hospitals. The Pharmacists in charge of hospitals do calculate an average monthly consumption of each drug based on data (records as per ledgers and e-IMS) available at respective hospitals. These figures are worked out again together with consultants of each specialities and final figures are generated for the annual requirement and submitted to the Principal	100%

		Pharmacist of CSD. The stock monitoring of Pharmaceuticals has been strengthened to involve (A) A Monthly Meeting with all Hospital Pharmacists to review the list of drugs not available and low stock items in order to manage more effectively the available stock of drugs at user points. (B)Actions are taken well in advance to replenish stock of medications. (Low stock items 1-6 months are worked out and replenishment of stocks effected through bridging purchases.)	
Expenditure in Relation to Scattered Warehouses	The non-construction of a central warehouse resulted in some Rs 83.3 million being paid for rental of buildings and security/cleaning services over the last three financial years. Moreover, lease agreements were not available for two stores of MoHW.	• Pending the start of construction projects for the warehouse, the Ministry had to go for the renting of buildings to store drugs and medical disposables. Currently, the Ministry is renting only the NIC building and La Rosa warehouse. • Delivery of containers is not effected promptly upon shipping. Containers are stacked in shipping hubs mainly at Colombo and rerouted to Mauritius when transshipment vessels are available. Demurrage fees are incurred due to several containers being delivered concurrently instead of receiving same in a staggered manner. • The lessors are being requested to carry out remedial works so that clearances can be obtained from various authorities for signature of lease agreements.	50%

Laboratory Information Management Systems Project	A Project Agreement was signed between MoHW and UNDP, for US$ 1.8 million, amongst which the Laboratory Information Management Systems Project (LIMS) amounted to someUS$ 1.1 million. The Government of Mauritius initially contributed some US$ 900,000 and funding from the Government of Japan amounted to someUS$ 905,143. In July 2021, MoHW disbursed an additional amount of US$ 290,000 to UNDP to implement enhancements to the LIMS project. The objectives of the National Laboratory Information Management Systems (NLIMS) project were to: • Return laboratory results with a quicker turnaround time; • Improve data flow and linkage of records when orders and results move between sites; and • Increase accessibility of data for decision-making. *Project Implementation:* In August 2021, UNDP signed a one-year contract, effective from 25 October 2021, with a local Consultant to provide consulting services for Managed Services for the LIMS projectfor a sum of US$ 168,000. The contract was extended to August 2023 and hence involvedadditional payments of US$ 84,000.	• Various reasons cropped up for the delays in implementation namely, no proper documentation of workflow processes at the Central Health Laboratory and Interfacing issues with Third Party suppliers of Laboratory Equipment (analyzers). • Due to lack of staff, reagents and laboratory equipment, the decentralisation was not initiated. • Although the development of Version 3.0 of the OpenELIS, has been completed, the solution has not yet been deployed for all laboratory tests and across all Regional Hospitals and the CHL. • For deployment of servers, the Ministry would require ICT infrastructure readiness at all sites. Local Area Network (LAN) is being implemented region-wise in all Public Health Facilities for the National E-Health Project and other digitalisation initiatives at this Ministry, including for the LIMS project. • Dependency on third party suppliers of analyzers to provide the right configuration documentation for interfacing with OpenELIS which necessitated the development of the lightweight version of OpenELIS for quicker changes.	90%

	In September 2023, MoHW then appointed another Consultant for a contract sum of Rs 11.6 million for a duration of one year. *Payments effected to UNDP:* Between August 2020 and June 2022, MoHW disbursed US$ 1,190,000 to UNDP,excluding payment to a local Consultant, for implementation of the Project.	• Payments to the Supplier were deliverable-based. Funds were disbursed by the UNDP only when progress was made on delivering the solution.	

Source: Audit Committee & Internal Control Unit, MOHW

3.1.2 IMPLEMENTATION OF MEASURES IN THE GOVERNMENT PROGRAMME 2025-2029

In line with the Government's decision to establish an Implementation Committee in each Ministry to serve as a Delivery Unit and monitor the execution of key measures under the Government Programme, the MOHW held a meeting on 17 March 2025, chaired by the Ag. SCE. Following this meeting, designated responsible officers were requested to submit progress updates on their respective measures relating to the health sector.

The composition of the Ministry's Implementation Committee has since been established, with the Ag. SCE as Chairperson and members comprising the administrative cadres, the Ag. Director General Health Services, the Directors, Health Services, officers-in-charge, amongst others.

The first meeting of the Monitoring Implementation Committee is planned to be convened in October 2025.

Table VII: Progress on the Implementation of Measures in the Government Programme 2025-2029 for the Public Health Sector

Para	Measures	Status as at June 2025
49 (ii)	Government will take immediate measures to remedy the lack of investment in critical aspects of healthcare including: *a) the poor state of medical facilities*	The Ministry is envisaging to rent or acquire a large fit for purpose warehouse for the storage of pharmaceutical and non-pharmaceutical products.
	b) chronic understaffing	– Filling of funded vacancies – Recruitment on contract (MHO)
50 (ii)	Government strategy for the health sector will be in line with United Nations Sustainable Development Goal 3 to ensure healthy lives and promote wellbeing for all and at all ages, including ending AIDS by 2030. The strategy will focus on:	**Activity 1: Reallocation and upgrading of all Day Care Centres for the Immunosuppressed (DCCIs) in 5 Regional Hospitals.** *VP NDCCI:* Scheduled to relocate to Dr A.G Jeetoo Hospital *VH DCCI:* Site visit conducted *SAJH DCCI:* Plans are in place to relocate to the old Gynaecology OPD of BCH *JNH DCCI:* Plans are in place to expand the unit *SSRNH DCCI:* Upgrading has already been completed **Activity 2: Training program for 24 doctors island wise through a Post Graduate Diploma HIV/AIDS.** *24 Doctors have completed the HIV AIDS Management Post- Graduate Diploma*

		Training of Nursing staff through a similar course is required. *Awaiting Funding* **Activity 3: Expand coverage of PEP and PrEP services in primary health care and private healthcare facilities.** *Training of health care providers on PrEP and PEP protocol is due prior to expanding access to the ARVs in PHC.* *Discussions are ongoing with Principal Pharmacists regarding the potential expansion of ARV availability at the PHC level.* **Activity 4: Promote public-private partnerships to ensure affordability and accessibility of healthcare services.** *Antiretroviral therapy is currently being provided to patients admitted in private clinics to ensure timely access to free medications to those in need.*
	b) Expansion of dedicated healthcare services for the elderly	– Continued implementation of current ICOPE screening programme for dementia, depression, loss of mobility, loss of vision and loss of hearing, and malnutrition. – The current ICOPE screening programme is ongoing, as per WHO ICOPE Guidelines. – Setting up of geriatric services in PHC is being looked into.
	c) Modernisation of eye care services and ensuring accessibility to advanced ophthalmic treatments	– Opening of the New Eye Hospital at Reduit – Eye care services have been decentralised to SAJ Hospital and expanded at Souillac Hospital.
	e) Substance Abuse Rehabilitation	– Site visit already carried out at Addiction Treatment Unit of Dr B. C. Flacq Medical Health Care Centre and requirements are being sent to procurement department.

51 (ii)	The structure and operations of the: *(c) other institutions under the responsibility of the Ministry will be reviewed to make them more responsive to the needs of a modern, effective and efficient health system.*	– 2 Meetings on Merger of MIH/Central School of Nursing held in June/July 2025.
51 (iii)	A Digital Health Transformation Programme will be implemented in the healthcare sector. Digital health cards will be introduced for use by patients in both public hospitals and private clinics. The Programme will include telemedicine as well as the provision of e-medical prescription facilities, and online booking system to reduce waiting time in hospitals. An online training platform will also be provided for healthcare workers.	– 1st Meeting of Digital Health Agency held on 06 June 2025 – The Phase I of the Project is expected to go live in August 2025 at the SAJH.
51 (vii)	Government will establish a diabetes centre in all regional hospitals.	- A 2-day conference on Diabetes is planned to be held in October 2025. Thereafter, a roadmap will be developed.
51 (viii)	A full-fledged and functional Renal Transplant Unit will be set up to provide a sustainable and life-saving alternative to dialysis.	– 94% completed
51 (x)	Cancer care will be strengthened with the setting up of dedicated operating theatres for cancer surgeries and the integration of palliative care services.	– The Oncosurgery Unit is already operational since February 2025 at the New Cancer Centre.

Source: Planning, Finance & International Cooperation, MOHW

Note: For the remaining measures outlined in the Government Programme 2025-2029, relevant activities have been identified and are being planned for implementation.

3.2 MANAGEMENT OF GOVERNMENT ASSETS

Government Asset Register

The Government Asset Register (GAR) of the MOHW includes assets owned or in use by the Head Office and five Regional Hospitals. This encompasses vehicles, furniture, medical equipment, IT equipment, land, and buildings. Each Regional Hospital has appointed an officer as the GAR user, while the Deputy Permanent Secretary at the Head Office servesas the GAR Coordinator.

The GAR system does not operate without the GINS System. Further to the relocation of the Ministry from Emmauel Anquetil Building to NexSky Building, Ebene, GINS had to be installed and it is expected to be completed by end of July 2025. Action will be taken to operate the GAR as from August 2025.

Additionally, the Ministry is planning to arrange GAR system training and access to staff at the headquarters and hospital in collaboration with the Accountant General's Office.

3.3 STATUS ON THE IMPLEMENTATION OF KEY ACTIONS 2024-2025

Table VIII: Status on the Implementation of Key Actions 2024-2025

Outcome Indicators	Target 2024/25	Achievements as at 30 June 2025	Remarks
Mortality rate due to NCDs per 100,000 population	<575	**664**	The total number of deaths increased from 11,980 in 2023/2024 to 12,206 in 2024/2025, with deaths due to non-communicable diseases (NCDs) rising from 7,798 to 7,970 during the same period. The share of deaths caused by NCDs increased slightly from 65.1% to 65.3%, while the NCD mortality rate went up from 648 to 664 per 100,000 population, remaining above the target of 575. This upward trend is occurring mainly due to a declining overall population and a growing ageing population (60+), with more than 75% of deaths due to NCDs occurring among those aged 60 and above. The percentage of NCD deaths among this age group rose from 78.6% in 2023/2024 to 80.4%, in 2024/2025.
Infant Mortality Rate per 1,000 live births	12.5	**12.7**	In 2024/2025, a total of 12,799 live births were recorded compared to 11,822 in 2023/2024. Although the number of infant deaths increased slightly from 159 to 162**,** the infant mortality rate declined from 13.4 to 12.7 per 1,000 live births**,** reflecting an overall improvement from the previous year. The rate remains only marginally above the target of 12.5, indicating that while further efforts are needed to fully meet the target, notable progress has been achieved in reducing infant mortality.

Source: Health Statistics Unit, MOHW

Delivery Unit	Main Service	Key Performance Indicator	Target 2024/25	Achievements as at 30 June 2025	Remarks
Hospital and Specialised Services	Reduce prevalence of NCDs	Implementation of National NCD Action Plan 2023 -2028	45%	**30%**	1. Tobacco Control as at June 2025 •Smoking reduction target: From 18.1% to 16% by 2028. •Cessation support: 17 clinics now operational island-wide. •Youth smoking: More focused awareness campaigns planned. •Tax increase: Tobacco taxes raised by 10% in the 2025–2026 Budget. 2. Reporting on Cardiovascular registry being finalised. 3. The WHO-PEN for PHC adapted. 4. Number of HPV Vaccine done - 19890 in 2024 and 1699 in 2025. 5. National Action Plan to reduce harmful use of Alcohol 2020-2024 completed. Activities on Alcohol abuse ongoing.
	Improve neonatal services	Number of neonatal ICU ventilators	60	**32**	

Public Health Resilience and Emerging Threats	Upscaling the production of sterile male mosquitoes to combat Dengue and other Mosquito borne diseases	Number of sterile male mosquitos released	100,000	2 buildings under SSRNH have been allocated for Sterile Insect Technique (SIT) and additional equipment will be procured under a new IAEA project (2026-2029). Moreover, the electrical and structural upgrade of the existing SIT building in Curepipe will be initiated to meet target production.	
Primary Health Care	Enhance primary healthcare services to provide more people-centered services	Number of new Mediclinics/ AHCs / CHCs constructed	4	**4**	The status of projects completed is as hereunder: (i) Extension of Area Health Centre at Bramsthan (Competed on 08 July 2024) (ii) Construction of Area Health Centre at New Grove (Completed on 03 October 2024) (iii) Construction of Area Health Centre at Cap Malheureux (Completed on 28 October 2024) (iv) Construction of Area Health Centre at Bambous. (completed on 09 April 2025)
	Strengthen laboratory services	Percentage of common laboratory results available within 24 hours	92%	**90%**	Facing Human Resource Constraints

Management and Administration	Digitalize health services through an effective eHealth system	Percentage of public health facilities covered with eHealth	80%	All the components of the e-health project have been **re-prioritised** for a soft launch of Phase 1 at the SAJ Hospital by end of August 2025. It will consist of the deployment of foundational modules such as Patient Administration System, e-Health portal, mobile application, report and analytics, amongst others. Training of end users is ongoing.

Source: Respective Administrative Officers

3.4 STATUS ON THE IMPLEMENTATION OF BUDGET MEASURES 2024-2025

Table IX: Status on the Implementation of Budget Measures 2024-2025

Budget Para	Measures	Status as at June 2025
159	To strengthen innovation and growth in the sector, a Mauritius Biopharmaceutical Regulatory Authority will be set up	The following are ongoing: * Stem Cell Therapy at NCC (Bone Marrow Transplantation). * Car-T Cell Therapy in collaboration with the Mauritius Institute of Biotechnology Ltd (MIBL). * Autologous NK-Cell Immunno Therapy - MOU with a Public Private Partnership (PPP) with JNC (Japan).
160	In order to attract international fertility centres to set up in Mauritius, an Assisted Reproductive Technology Act will be introduced to regulate and supervise reproductive technology clinics and assisted technology banks.	Already implemented on a pilot basis in SSRNH.
386	Increase of the eligibility age of the cancer scheme from 18 years to 25 years.	Completed
388/389/390	For other severe medical conditions, removal of the maximum amount of Rs 1 million under the Overseas Treatment Scheme for paediatric patients up to the age of 25 years.	Scheme has been amended accordingly.
391 (a)	Increasing of the monthly household income eligibility from Rs 150,000 to Rs 200,000 for all medical treatments for patients aged 26 years and above.	Already implemented.
391 (b)	Increase of the grant limit from Rs 1 million to Rs 1.3 million for all medical treatments.	Already implemented.
395	Grant of Rs 3,000 to expecting mothers when they complete the 6 mandatory medical checkups to encourage them to systematically follow the required medical checkups during their pregnancy.	Massive sensitisation sessions on the importance of preconception care done in the community and family planning clinics by Community Health Care Officers. Prescription of folic acid, iron and calcium done in pregnancy done.

397	Maternity Allowance of Rs 2,000 monthly for nine months for the mother, as from the third trimester of pregnancy.	Information and counselling done in Youth Clinics Sessions on the importance of planning a pregnancy conducted. Some statistics for July 2024 to June 2025: 1. Total canvassing and counselling done in family planning clinics: 35,056 2. Number of women targeted for preconception care and premarital: 7,761 3. Number of deaths due to Slow foetal growth, foetal malnutrition and disorders related to short gestation and low birth weight has decreased from 27% in 2023 to 22% in 2024. This budget measure was successfully implemented by MRA. A pregnancy allowance of Rs 2500 was provided to women completing 6 visits and who registered with the MRA. A monthly allowance of Rs 2,000 was given to pregnancy women as from 7th month of pregnancy for 9 months.

Source: Planning, Finance and International Cooperation Unit, MOHW

3.4.1 STATUS ON THE IMPLEMENTATION OF BUDGET MEASURES FROM BUDGET ANNEX FY 2024-2025

Table X: Status on the Implementation of Budget Measures from Budget Annex 2024-2025

Budget Para	Measures	Status as at June 2025
B.10(a)	**Strengthening Health Services** - The MOHW will be allowed to recruit foreign specialists to exercise in public hospitals.	No such instructions have been received till date for the course of action.
B.10(b)	A National Strategy for Adolescent Health focusing on enhancing psychosocial skills for children and adolescents, promoting healthy lifestyle, good hygienic practices, sexual,emotional and reproductive health, wellbeing of vulnerable adolescents and those with special needs and prevention of addictions and teenage pregnancies will be developed.	Cabinet has agreed on 16 August 2024 on the Implementation of the National Strategy for Adolescent Health 2024-2029.

B.13(b)	With a view to halting the proliferation of drug consumption, the rehabilitation program being offered by the MOHW as well as NGOs will be enhanced and a standard national rehabilitation framework will be designed	The Standard National Framework should be designed by the National Agency for Drug Control (NADC) as an apex body. The Harm Reduction Unit is an implementing agency alongside other stakeholders like NGOs and the Civil Society and possibly the Ministry of Social Integration, the Ministry of Labour amongst others.
C.1	**The Allied Health Professionals Council Act** will be amended to provide an additional period of 3 years for a person to practise as an allied health professional and upgrade his qualifications to meet the requirements set out in the Allied Health Professionals Council Act.	Implemented in "The Finance (Miscellaneous Provisions) Act 2024. Act no 11 of 2024.
C.3	**The Ayurvedic and Other Traditional Medicines Act** will be amended to facilitate the registration of specialists in the field of Ayurvedic and Other Traditional Medicines.	Completed.
C.16	**The Dental Council Act, Medical Council Act and Pharmacy Council Act** will be amended to review the requirement for a Higher School Certificate, or its equivalent, for the registration of dental surgeons, general practitioners and pharmacists respectively.	Amendments to the Acts were brought via the Finance Act 2024. This allowed for future qualifying doctors possessing equivalent qualifications to register with the Medical Council, Dental Council & Pharmacy Council.
C.47(a)	**The Private Health Institutions Act** will be amended to cater for Scientific Research and development laboratories.	90% complete as at June 2025 - The EDB has submitted the final draft of the Private Health Institutions Act and internal meetings/discussions are being held to finalise the Act. Amendments have been made to Section 2 of the Private Health Institutions Act through the Finance Bill 2024 to cater for medical investigation and research.
C.47(b)	The Private Health Institutions Act will be amended to allow for the conduct of activities related to scientific research and development.	

Source: Planning, Finance and International Cooperation Unit, MOHW

PART IV

FINANCIAL PERFORMANCE

4.1 FINANCIAL HIGHLIGHTS

In response to evolving healthcare needs, increasing demand for advanced medical services, rising healthcare costs amongst others, the Government through the Financial Year 2024-2025 Budget, has continued to prioritize strategic investments in the public health sector with a view to improve service delivery. The voted budget for 2024-2025 was Rs 17.2 billion out of which an amount of Rs 2.34 billion was allocated for the capital projects.

Over the past ten years, the net spending on health has increased by nearly 87% from Rs 9.2 billion in 2014 to Rs 17.2 billion in 2024-2025. Government Expenditure on Health as a % of GDP for the reporting period was nearly 3% and Per Capita Government Expenditure on Health for Financial Year 2024-2025 was Rs 13,810, reflecting the Government commitment to enhancing healthcare services, infrastructure upgrades, digital health solutions and preventive healthcare programs.

4.1.1 STATEMENT OF EXPENDITURE UNDER VOTE 18-1

Table XI: Statement of Expenditure Under Vote 18-1

		2023-2024	2024-2025	2024-2025
		Actual	**Revised Estimates**	**Actual**
18-1 HEALTH AND WELLNESS				
	18-101: GENERAL	**777,855,360**	**679,921,876**	**677,191,024**
20	Allowance to Minister	2,400,000	2,400,000	2,333,333
21	Comp of Employees	326,570,593	325,047,740	324,748,506
22	Goods & services	91,203,705	105,327,139	103,997,035
25	Subsidies	2,825,454	600,000	579,655
26	Grants	35,440,008	49,493,200	48,596,947
27	Social Benefits	107,612,903	69,742,997	69,742,997
28	Other Expenses	3,705,000	5,518,800	5,473,800
31	Acquisition of Non-Financial Assets	208,097,697	121,792,000	121,718,751
			679,921,876	**677,191,024**
	18-102: Hospital and Specialised Services	**14,357,281,148**	**16,228,440,534**	**16,122,595,160**
21	Comp of Employees	8,076,685,380	8,809,061,501	8,805,167,768
22	Goods & services	4,602,412,296	5,293,260,033	5,213,169,033
26	Grants	370,000,000	431,175,000	431,172,690
31	Acquisition of Non-Financial Assets	1,308,183,472	1,694,944,000	1,673,085,669
			16,228,440,534	**16,122,595,160**

	18-103: Primary Health Care & Public Health	**1,473,333,982**	**1,464,917,803**	**1,443,808,941**
21	Comp of Employees	892,342,245	828,587,395	825,079,109
22	Goods & services	195,409,250	210,599,526	201,959,560
31	Acquisition of Non-Financial Assets	385,582,487	425,730,882	416,770,272
			1,464,917,803	**1,443,808,941**
	18-104: Treatment and Prevention of Aids and HIV	**94,067,959**	**78,735,479**	**76,847,229**
21	Comp of Employees	25,616,106	21,890,430	20,082,795
22	Goods & services	68,451,853	56,845,049	56,764,434
			78,735,479	**76,847,229**
	18-105: Prevention of Non-Communicable Diseases and Promotion of Wellness	**109,815,165**	**98,460,852**	**97,576,284**
21	Comp of Employees	79,447,928	75,860,852	75,110,089
22	Goods & services	30,367,237	22,600,000	22,466,195
			98,460,852	**97,576,284**
	Total	**16,812,353,614**	**18,550,476,544**	**18,418,018,638**

Source: Finance Section, MOHW

Analysis of Changes

Mauritius has witnessed a comprehensive approach to transforming the public health sector in the financial year 2024-2025. Through strategic reforms, significant investments in infrastructure, and a focus on preventive care, the Government has laid a solid foundation for a resilient and sustainable healthcare system. Continued collaboration with international partners and a commitment to fiscal responsibility will be crucial in realizing the long-term goals of these initiatives.

The rising costs of healthcare for Financial Year 2024-2025 is mainly due to; high prevalence of NCDs, ageing population, dependence on imported medical supplies, medical inflation and resurgence of vector borne diseases.

In order to provide continued improved service, an Estimate of Supplementary Expenditure was approved, allocating an additional Rs 1.5 billion to cover:

- Payment of Overtime: settlement of arrears
- Medicines, drugs and vaccines: Procuring essential drugs and medicines to meet the increased demand.
- Medical Disposables, Minor Equipment and Laboratory Apparatus and Supplies: To purchase necessary equipment to support healthcare operations.

4.1.2 STATEMENT OF REVENUE

Table XII: Statement of Revenue

SN	Description	Actual 2024/2025
1	Pharmacy Licences	1,564,750
2	Central Health Laboratory Fees	13,447,299
3	HIV & Filarisis	1,594,842
4	Deratting Fees	2,978,650
5	Vaccination Fees	23,149,481
6	Fumigation and Disinfection Fee	2,261,200
7	Sale of Drugs, Serum and Sundry	1,465,174
8	Miscellaneous	6,388,926
9	Licence to run Private Hospitals	2,595,500
10	Entertainment Fees	22,500
11	Government Analysis Div	1,376,350
12	Forfeiture of performance Bond	6,399,775
13	Dangerous Chemical Control Board	2,104,000
14	Refund of Bond	838,513
15	Food Handler's Training Course	3,560,000
16	Medical Report	863,768
17	Sale of Drug Prescription Pads	449,780
18	Registration of Pharmaceutical Products	10,960,500
	TOTAL	**82,021,008**

Source: Finance Section, MOHW

PART V

WAY FORWARD

5.1 CHALLENGES, PRIORITIES AND THE WAY FORWARD

Government's philosophy remains anchored in the principle of providing free universal access to quality healthcare services for all citizens of the Republic of Mauritius. During Financial Year 2024-2025, Government has continued to place the health and well-being of the population at the forefront, ensuring that accessibility and affordability of care, from primary to specialised services, are guaranteed to every individual, irrespective of income, gender, race or religion.

The public health sector continues to evolve to respond to the increasing needs of the population, particularly in light of emerging and re-emerging health threats such as dengue and chikungunya, alongside the persisting burden of NCDs and the pressures of an ageing population. This calls for sustained investment in human resources, infrastructure, technology, and innovative service delivery.

The MOHW is therefore committed to consolidating progress achieved, addressing persistent challenges, and implementing forward-looking strategies and reforms that will strengthen resilience, improve efficiency, and secure a healthier future for the nation.

Areas of priorities as mainly identified in the Government Programme 2025-2029 and Health Budget 2025-2026, *inter-alia,* include the following:

- **Legislative Reforms and Governance**

A major challenge lies in the outdated legislative framework, which hinders efficient service delivery. In the remedial, the **health legislation dating back to 1925 is planned to be reviewed** with a view to aligning it with current health realities, international standards, and emerging health threats. In parallel, it is also envisaged to **amend the Food Act**, enabling onsite testing, thereby reducing delays in detecting contaminants in food, water, and the environment and safeguarding public health.

In order to enhance transparency and accountability, the **setting up of an Ombudsperson's office** is planned to investigate complaints and address abusive practices within the sector. **Government also focuses on addressing other weaknesses in healthcare governance**, including poor infrastructure, understaffing, limited investment in capacity building and quality control of pharmaceutical products. Collectively, these measures aim to strengthen governance, improve efficiency, and ensure that services are more responsive to the needs of the population.

- **Non-Communicable Diseases (NCDs) and Preventive Care**

The rising burden of NCDs, particularly diabetes, cancer, and cardiovascular conditions, requires urgent and innovative strategies. Government plans to prioritise prevention through health promotion, healthy lifestyle campaigns, and robust NCD management. An innovative ***Path to Remission Programme*** for diabetic and prediabetic patients is to be rolled out, reaching some 450,000 citizens.

In addition, the **School Health Programme is planned to be revamped**, identifying children at high risk of obesity and pre-diabetes and enroll them early into the *Path to Remission Programme.* The setting up of specialised diabetes centres in regional hospitals on a phased basis, will improve access to specialised doctors, nurses, dietitians, and tailored lifestyle support.

Furthermore, the **establishment of an International Advisory Committee** on diabetes and cardiovascular diseases will promote evidence-based treatment tailored to Mauritius. A similar proactive approach is anticipated for cancer and cardiovascular diseases, with participation of foreign consultants who are leaders in their fields.

Complementing these initiatives, **excise duty on sugar-sweetened products will be extended to chocolates and ice creams**, discouraging unhealthy consumption patterns.

- **Improving Access to Specialised Health Care**

Expanding specialised services remains key to reducing waiting lists and improving outcomes. Plans include **setting up ophthalmology, cardiology, and neurosurgery services** at Flacq Hospital to reduce reliance on regional hospitals.

A range of advanced interventions is also outlined, including interventional radiology for minimally invasive procedures such as embolization, vascular stenting, and image-guided biopsies, as well as advanced metabolic testing and non-invasive cardiac imaging technologies for early detection of metabolic and cardiac diseases.

Expansion of specialised dental services are also expected, with orthodontic services at the Flacq Hospital, a child-friendly dental clinic at Yves Cantin Community Hospital, and upgraded orthodontic treatment facilities at Mont Lubin Hospital in Rodrigues.

With two neurosurgeons currently training in Interventional Radiology and Interventional Neuroradiology at Peking University in China, Mauritius anticipates being equipped in the future to manage complex conditions such as cerebral aneurysms, Arterio-venous fistulas, and Arterio-venous malformations locally.

Additionally, the **establishment of a full-fledged Renal Transplant Unit** is foreseen as a sustainable, life-saving alternative to dialysis. Cancer care is also planned to be strengthened with dedicated operating theatres for cancer surgeries and the integration of palliative care services. The **introduction of geriatric healthcare facilities in all five regional hospitals** in a phased manner, alongside new home-based care services such as physiotherapy and medical assistance for patients with mobility challenges, would strengthen response to demographic changes.

Also, frontline care is to be reinforced through the **recruitment of qualified emergency physicians in Accident and Emergency departments**, ensuring specialised care for critical cases. Furthermore, investments in infrastructure, equipment, and staffing are expected to shorten waiting times and enable faster access to essential services.

- **Strengthening Healthcare Delivery**

Several initiatives are planned to address specific national health priorities; a **Breast-Screen Imaging Programme** for high-risk women, **expanded colon cancer screening** to individuals aged 50 years and above. **Clinical trials for cardiac and cancer patients** are also foreseen, improving access to cutting-edge treatments and precision medicines.

Strengthening HIV prevention and treatment remains a priority. **A one-pill regimen** as first-line treatment is expected to simplify adherence and improve patient outcomes. **Routine HIV testing among pre-operative patients** is planned to increase awareness and encourage more individuals to know their status. **Training of healthcare professionals** is also essential to address stigma and discrimination within healthcare settings, fostering a more supportive environment for people living with HIV.

- **Quality of Care, Patient Satisfaction and Improved Hospital Management**

Improving quality of care and patient experience has been identified as a central priority. The establishment of a **National Health Quality Commission** is expected to monitor standards and drive improvements across hospitals. In addition, **two special monitoring teams will be set up** to conduct unannounced visits to hospitals nationwide, reinforcing discipline, accountability, and consistency in care delivery.

In view of enhancing patient's experience, several reforms have been outlined:

- **Patient Facilitation Desks** in all hospitals with trained 'patient navigators' to assist with registration, appointments, and follow-up.
- **A Grievance Redressal System** via hotline to manage complaints and feedbacks on hospital services transparently.
- **A Family Communication System** to provide designated relatives with structured health updates on in-patients.
- **Comprehensive discharge summaries** for all in-patients, covering diagnosis, treatments, prescribed medications, and follow-up care.

Moreover, improving service delivery remains a central priority. A **new culture of hospital management** will be introduced by recruiting professional managers, each guided by strict performance indicators, to ensure that hospitals operate at the highest standards.

Clinical audits of key hospital services are also planned to be conducted to ensure treatment and care adhere to established protocols. These reforms will improve patient trust, strengthen communication, and reinforce accountability across the health system.

- **Human Resources for Health**

Addressing staff shortages remains crucial to meeting growing service demands. In this context, the Ministry plans to recruit 1,000 Student Nurses over the next three years, along with 50 trainee midwives, 50 Medical and Health Officers, and 30 Specialists, amongst others. These measures are to be complemented by a doubling of the training and capacity-building budget, ensuring the development of a skilled and motivated health workforce. Such investments aim to reduce staff gaps, guarantee continuity of care, and enable succession planning in critical areas of service delivery.

- **Leveraging Digital Health and Innovation**

Fragmented information systems and reliance on paper records limit efficiency. With a view to modernise care delivery, the initial systems will be replaced by **digital health solutions**.

A soft-launch to implement part of the e-health system will be carried out at the SAJ Hospital, Belvedere Mediclinic and Bel Air Mediclinic, marking the first live use of the system under monitored condition. The implementation includes four core modules comprising of the Patient Administration System (PAS), Blood Bank module, Patient Portal, Patient Mobile App, and Blood Donor App as part of a national digital health transformation strategy. In parallel, Health Records Staff at SAJ Hospital will continuously receive training on the different modules by members of the Consortium. Eventually, the e-Health will be replicated to the other Health Regions in phased manner.

In the same line, the **Digital Health Transformation Programme** is intended to include the introduction of digital health cards for patients, electronic health records, e-prescriptions, and telemedicine. An online booking system is expected to reduce waiting times in hospitals, while an online training platform will support continuous learning for healthcare workers.

- **Public Health Security and Preparedness**

The growing threat of climate-sensitive diseases and pandemics underscores the need for stronger preparedness. In this regard, Mauritius plans to conduct its **second Joint External Evaluation (JEE)** under the International Health Regulations (IHR, 2005) to assess the country's core capacities across 19 technical areas, identify critical gaps, and prioritize actions for national health security investment through a multi-sectoral and peer-reviewed process. The findings will inform the **development of a new five-year National Action Plan for Health Security (NAPHS),** aligned with global and regional frameworks.

The **full institutionalisation of the Public Health Emergency Operations Centre (PHEOC)** remains essential, with completion of infrastructure, recruitment of staff, and deployment of integrated systems planned. A national simulation exercise would be required to test its functionality, readiness, validate its Standard Operating Procedures (SOPs), and assess multisectoral readiness in real-time emergency response.

Moreover, Mauritius is committed to aligning its legal, institutional, and operational frameworks with the revised IHR (2005) amendments adopted in 2024**.** This includes the establishment of a legally mandated IHR Implementation Authority, enhancement of core capacities at all levels of the health system, and integration of new components such as equitable access, digital notification systems, and emergency medical counter-measures. Technical working groups will be mobilized to operationalize these amendments with support from WHO.

- **Climate Change and One Health**

Recognising the health risks posed by climate change, the Ministry plans to advance the implementation of its **Vulnerability and Adaptation Plan**, integrating climate indicators into disease surveillance and developing early warning tools for climate-sensitive diseases such as dengue and chikungunya.

The **One Health approach is to be strengthened**, enhancing collaboration across human, animal, and environmental health. In addition, a novel strategy to combat mosquito-borne diseases will be introduced through the **establishment of a Sterile Insect Technique (SIT) Production Facility**, reducing the prevalence of dengue, chikungunya, and other vector-borne diseases.

- **Alignment with Health Sector Strategic Plan (HSSP) 2026–2030**

The forthcoming HSSP 2026–2030 is expected to serve as a guiding framework, aligning the Ministry's strategies with the Government programme, budget priorities, and the broader vision of the sector. The plan aims to streamline monitoring and evaluation, ensure continuity across initiatives, and provide a coherent roadmap for building a resilient health system.

5.2 STRATEGIC DIRECTIONS

OVERVIEW

The following presents the key challenges, strategies and expected programme outcomes as highlighted in the Heath Budget, 2025–2026:

Key Challenges	Strategies
High prevalence of Non-Communicable Diseases (NCDs) - diabetes, hypertension, cardiovascular diseases, and cancer	Strengthen preventive healthcare, early detection and treatment for NCDs
Rising threats of chikungunya, dengue and other vector-borne and infectious diseases	Reinforce disease surveillance, emergency response and vector control
Need to improve service delivery and patient outcomes	Digitalisation of health services
	Ensure patient-centred treatment and care in public hospitals
	Improve workforce capabilities
Rehabilitation of people who use illicit drugs	Enhance harm reduction and rehabilitation programmes for illicit drug users
Rising cost of public healthcare	Reduce wastages and improve efficiency and accountability
	Pooled procurement and G-to-G agreement for medical supplies
Ageing hospital buildings and medical equipment	Undertake modular upgrades of buildings and ensure regular maintenance of medical equipment

Source: Health Budget, 2025-2026

PROGRAMME OUTCOMES

Programmes	Outcomes
0801: Policy and Strategy for Health Sector	Improved health sector governance and services
0802: Community and Preventive Healthcare	A healthy population
0803: Public Hospital and Specialised Medical Care	Enhanced quality of medical care and patient outcomes
0804: Public Health and Disease Control	Increased resilience to emerging health threats
	Zero new cases of HIV/AIDS

Source: Health Budget, 2025-2026