REPUBLIC OF MAURITIUS

Obesity Action

Acceleration Roadmap

2025-2030

Ministry of Health and Wellness

World Health Organization

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Executive Summary

In Mauritius, one in every three adults aged 25 – 74 years is living with obesity according to the Non-Communicable Diseases survey 2021. Obesity is one of the leading risk factors for Non-Communicable Diseases in Mauritius such as cardiovascular diseases, type 2 diabetes and hypertension, among others. The NCDs contribute to nearly 80% of the disease burden in Mauritius and take up over two thirds of the national health expenditure for NCD related costs.

Like many countries globally, Mauritius has made significant strides towards achieving the global Nutrition and NCD targets but is still "off course" on achieving the targets in halting the upward trend of obesity and diabetes among both men and women, reducing sodium intake, and decreasing the prevalence of raised blood pressure. Concerted efforts are required to address the prevention and management of obesity.

The obesity action acceleration roadmap details a multisectoral approach to address the burden of obesity among the Mauritian population. The goal is to reduce the prevalence of obesity among the Mauritian population by 5% by 2030. Specifically, reduce the prevalence of obesity from 36.2% to 31.2% among adults 25 -74 years; from 9% to 4% among adolescents 12- 19 years and from 13.8% to 8.5% among children 5-11 years.

The acceleration roadmap will focus on implementation the following five priority actions to achieve this goal:

- Priority 1: Enhance Obesity prevention and management across the life course in Primary Health care settings and community-based programs
- Priority 2: Promote and create enabling environments to facilitate physical activity appropriate for all ages in different settings.
- Priority 3: Restrict the marketing of unhealthy, ultra-processed foods and sugar-sweetened beverages.
- Priority 4: Behavior change communication campaigns related to healthy diets, physical activity, and demand for health services; and
- Priority 5: Increase local agricultural production and accessibility to healthy foods to ensure availability and affordability of safe and quality food products.

Implementation of these five priority actions will contribute to reducing the prevalence of insufficient physical activity by 8% from 57.6% to 49.6% in children and adolescents (74.8% to 66.8%) from 2021 to 2030, decrease consumption of unhealthy, ultra- processed foods and sugar sweetened beverages and increase coverage of obesity clinics to 50% in primary health centres and community outreach services to provide obesity prevention and management services.

Effective leadership remains central to the achievement of the goal. A national task force committee on obesity will be established to coordinate the implementation of the selected priority actions. Regular stocktake meetings with different departments, line ministries, and stakeholders will be held to monitor progress and collectively address any encountered challenges.

"Obesity, there is a solution"

Acknowledgement

The Obesity Action Acceleration Roadmap (2025 - 2030) for Mauritius could not have been completed without the contribution of several individuals who each made unique contributions to its realization.

First and foremost, we wish to express our sincere thanks to Honourable Anil Kumar Bachoo G.O.S.K, Minister of Health and Wellness, for his unflinching support and guidance for the development of this document.

We remain thankful to the Acting Senior Chief Executive, Acting Director General Health Services, administrative cadres and technical cadres of the Ministry of Health and Wellness for their invaluable support and collaboration since the beginning.

Additionally, we would like to express our indebtedness and heartfelt thanks to Dr A. M. Ancia, World Health Organization Representative in Mauritius and Mrs V. Vythelingam, Non-communicable Diseases and Health Promotion focal point and the entire team from World Health Organization, Mauritius for organising and facilitating the development and preparation of the document.

We extend our heartfelt thanks and gratitude to all those who assisted and participated in the development of this roadmap, namely, Prime Minister's Office, Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries, Ministry of Education and Human Resource, Ministry of Youth and Sports, Mauritius Sports Council, Ministry of Social Integration, Social Security and National Solidarity, Ministry of Environment, Solid Waste Management and Climate Change, Ministry of National Infrastructure, Ministry of Gender Equality and Family Welfare, Food and Agriculture Organization (FAO), Food and Agricultural Research and Extension Institute (FAREI), Private Secondary Education Association, Special Education Needs Authority, Non-Governmental Organisations and Civil Societies, Mauritius Research and Innovation Council, Private Clinics, Academia, Development Partners and Embassies.

Introduction

The challenge of overweight and obesity

1. Introduction: The challenge

Obesity and overweight are the leading risk factors for Non-Communicable Diseases (NCDs) in the Republic of Mauritius. Non-Communicable diseases such as type 2 diabetes, cardiovascular disease, some cancers, and numerous health issues in the pulmonary, digestive, renal, endocrine, musculoskeletal, neurological, and mental health domains are associated with the rise in obesity.

Despite steady progress towards the targets for the Healthier Populations Billion, the world is not on track to achieve the global nutrition and NCD targets to halt the rise in obesity and overweight by 2025. To reach this target, over 200 million children and adults need to have a healthy weight by the end of 2025. Instead, obesity is worsening worldwide, with over 167 million children and adults projected to be overweight or obese by 2025.

a. The health issues

Mauritius, comprising a multi-ethnic population (Asian Indian Hindus, Asian Indian Muslims, Chinese and Creoles), has undergone rapid industrialization and economic growth, leading to notable enhancements in living conditions. As a result, the disease profile of the nation underwent a discernible shift. The Non-Communicable diseases are the leading contributors to morbidity and mortality in Mauritius. NCDs contribute to nearly 80% of the total disease burden in Mauritius.

According to the National Health statistics report 2022[1], cardiovascular diseases and diabetes mellitus were the first two principal underlying causes of mortality in 2022 with 34.8% and 21.8% deaths respectively while cancer and other neoplasms contributed to 11.6% deaths. Since 1987, Mauritius has conducted NCDs surveys and nutrition surveys to monitor the prevalence and trends of NCDs and their associated risk factors, including overweight and obesity.

In Mauritius, one in every three adults aged 25 – 74 years is living with obesity. According to the NCDs survey conducted in 2021[2], the prevalence of obesity was 36.2% (29.9% in men, 41.6% in women) (Figure 1).

"Mauritius has made significant strides towards achieving the global Nutrition and NCD targets but is still "off course" on achieving the targets in halting the upward trend of obesity and diabetes among both men and women, reducing sodium intake, and decreasing the prevalence of raised blood pressure"

[1] https://health.govmu.org/health/wp-content/uploads/2023/08/Appendix-Health-Statistics-Report-2022-final.pdf
[2] Mauritius-Non-Communicable-Diseases-Survey-2021.pdf (who.int)

Women were found to be more often obese compared to men in all age groups. Obesity was more common than overweight in women whereas overweight was more common than obesity in men. Additionally, obesity was more common among the 35-44 years at 43.0% and less frequent among the 65-74 years at 27.3%. Similarly, among children and adolescents, obesity remains a growing concern.

According to the National Nutrition survey 2022, the prevalence of obesity was 13.8% among children 5-11 years and 9.0% among adolescents 12-19 years (Figure 2).

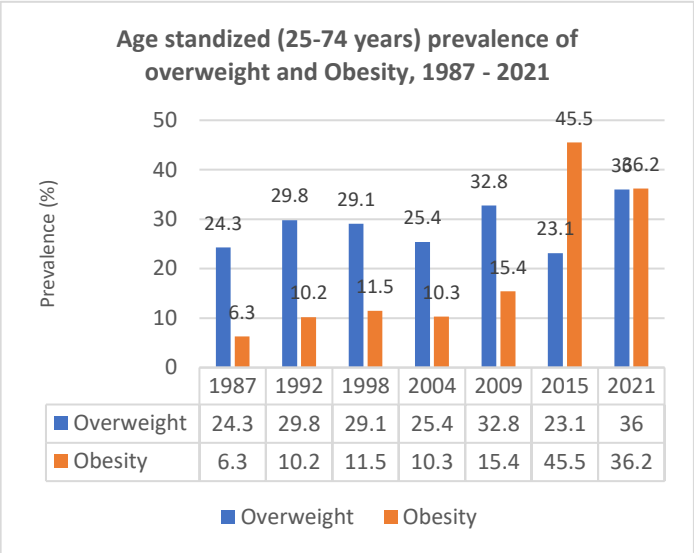


***Figure 1**: Prevalence of obesity and overweight in Mauritius. Source: NCD survey Mauritius*

Overweight carries as much a risk for development of non-communicable diseases as Obesity. The prevalence of overweight was 36.0%, (38.7% in men, 33.8% in women) from the NCD survey 2021 (Figure 1). Overweight was 40.6% among the 55-64 years at 40.6% and 33.0% among 25-34 years old. In children 5 -11 years, overweight was at 14.6% and in adolescents 14.2% (figure 2) (National Nutrition survey 2022). The prevalence of overweight shows an increase from 23.1% in 2015 to 36% in 2021.

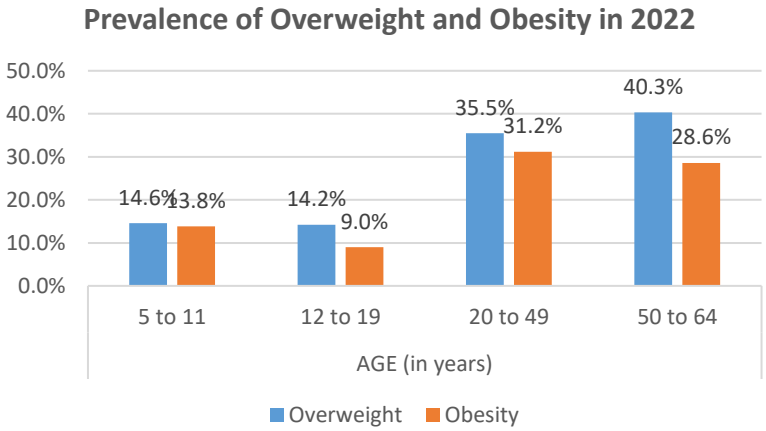


Figure 2: The prevalence of overweight and obesity across different age groups, source: Mauritius Nutrition Survey 2022.

The NCD survey 2021 report indicated an overall slight decrease in the prevalence of obesity in 2021 compared to the 2015 NCD survey. However, this prevalence remains higher than the worldwide prevalence of obesity of 16% in adults aged 18 years and above and 8% in children and adolescents aged 5–19 years[3].

Beyond health and medical conditions, obesity poses a significant social and economic cost, affecting various facets of the society. The healthcare burden associated with obesity is considerable, as individuals with obesity are more susceptible to chronic diseases, necessitating increased medical services, hospitalizations, and medication. This leads to a strain on healthcare resources, requiring additional allocation to manage the demand. According to the Mauritius national health accounts 2020[4], 66.3% of the estimated current health expenditure was spent on non-communicable diseases, representing an estimated amount of Rs 19.3 billion. Furthermore, nearly 71% of out-of-pocket expenditure at the household level was spent on NCD related costs.

[3] Obesity and overweight (who.int)
[4] National-Health-Accounts-2020.pdf (govmu.org)

Comparing to the rest of the African region (Sub-Saharan Africa), projections indicate a rapid escalation in obesity rates among children and adolescents from 2020 to 2035 particularly among girls, with rates soaring from 5% to 14% (World Obesity Atlas of 2023). Similarly, women are anticipated to experience a substantial increase, with global obesity prevalence climbing from 18% to 31% by 2035, encompassing nearly a third of all women. The annual economic repercussions are forecasted to surpass USD 50 billion by 2035, constituting approximately 1.6% of the region's GDP, measured at constant 2019-dollar values. Addressing obesity demands financial resources, however the expenses of neglecting it far outweigh the investment in prevention. Projections indicate that by 2035, obesity could incur a loss exceeding US$4 trillion in potential income globally, equivalent to nearly 3% of the current global GDP.

According to Global Obesity Observatory 2019, the economic costs of overweight and obesity in Mauritius was USD 390.69 million (direct costs on medical care and indirect costs due to productivity losses), constituting 2.8% of GDP. By 2030, projections indicate a rise to USD 840 million, making up 4.6% of GDP and by 2060, a significant rise to USD 6,460 million is estimated, equating to 8.9% of GDP

Obesity results in reduced workforce productivity, with individuals experiencing fatigue, decreased concentration, and higher rates of absenteeism. Stigmatization and discrimination against those with obesity further compound the issue, impacting mental health and self-esteem. This societal prejudice often leads to depression, anxiety, and social isolation, exacerbating the already challenging aspects of managing obesity-related health concerns and body image issues.

Mauritius has witnessed a dietary shift from traditional, nutrient-rich foods to energy- rich foods like refined carbohydrates, sugars, and ultra-processed foods, propelled by urbanization, globalization, and heightened availability of fast food and sugar sweetened beverages. Rapid urban development has encouraged sedentary lifestyles, characterized by decreased physical activity due to desk-bound jobs, dependence on motorized transport, and decreased participation in recreational physical activities. Economic prosperity has broadened access to a diverse array of foods, including calorie-dense options. These intertwined factors underscore the challenge of over-nutrition in Mauritius, necessitating concerted efforts to promote healthier dietary choices and active lifestyles.

This acceleration roadmap on prevention and management of obesity highlights the multisectoral priority actions the Republic of Mauritius will undertake to reduce the prevalence of overweight and obesity among the Mauritian population hence contributing to the reduction of risks of cardiovascular diseases, diabetes, and other non-communicable diseases. It underwrites efforts towards achieving Sustainable Development Goal (SDG) objective 3.4—which aims to reduce premature mortality from non-communicable diseases by one-third by 2030—it is imperative we reach the target of zero increase in obesity and diabetes.

b. Drivers of Obesity in Mauritius

Obesity results from an imbalance of energy intake (diet) and energy expenditure (physical activity)[5]. Genetic factors, psycho- social factors and obesogenic environments contribute to exacerbating this imbalance. For example, limited availability of healthy sustainable and affordable foods, limited physical activity and supporting environments to promote physical activity, and absence of adequate legal and regulatory environments for safe and healthy foods.

According to the Mauritius NCD survey 2021, insufficient physical activity remains a contributing factor to obesity. The prevalence of physical activity among people aged 25 -74 years was 40.2% (equal or more than 30 minutes per day). The percentage of participants who met the recommendations of physical activity for health was found to be: 42.4% of children 5-11 years, 25.2% of adolescents 12-19 years, 35.8% of young adults 20-49 years, 42.3% older adults 50 years and above. Along with low levels of physical activity is the sedentary leisure activity. According to the Mauritius National Nutrition survey 2022, an average of 1.8 - 2 hours daily in their

[5] Obesity and overweight (who.int)

leisure time was spent watching TV/video/VCD/DVD, on the computer, playing electronic games, sending SMS, reading and other sedentary activities.

The National Nutrition survey 2022 also showed high energy consumptions in all the age groups with the average intake values above the WHO recommendations. For example, among the adolescents, the average daily dietary energy per capita for children aged 12-19 years was 3393.5 kcals, compared to the recommended 2550 - 2800 kilocalories. Similarly, among the 20–49 years-old, the average energy intake per capita was found to be 3321.7 kcals, higher than the recommended 2750 -2800 Kcals.

Daily soft drink or sugar sweetened beverages consumption was observed among 1.6% children aged 5-11 years and 7.1% of individuals aged 12 -74 years. These include soda, fruit drinks with less than 100% juice, sweetened water, sports and energy drinks, and coffees and teas with added sugars.

c. Current initiatives

Mauritius has dedicated vast efforts towards addressing obesity and overweight across different sectors over the years. Table 1 highlights the major initiatives the government has engaged towards reducing obesity including policies enacted, and their translation into implementation. Annex 1 provides a detailed overview of the tangible effects or success of the initiatives on the reduction of obesity and other related non-communicable diseases in Mauritius.

Sector	Summary of current initiatives to prevention and management of obesity in Mauritius
Health sector	• Enhanced diagnosis of obesity at Primary Health Care and community level • Management of obesity at Primary Health Care level • Prevention of Obesity initiatives at Community Level • Prevention of Obesity initiative at Worksite • Wheat fortification programme
Social Mobilization and education	• Introduction of Physical activity in school and Physical education (PE) as examinable subjects • Strengthening of School Health Programme (Adolescents) • Strengthening of the regulations on sale of food on premises of educational institutions under the Food act. • Health Awareness campaign on healthy eating and physical activity for the community
Agriculture, Food Security and Commerce	• Financial initiatives to encourage local production of fruits and vegetables (loans/lands) for Small Planters and Households • Technical assistance and capacity building to entrepreneurs on adoption of best practices regarding food production (FAREI) • A nature-based solution project with better agricultural production using less pesticides and enabling a variety of foods to be locally produced • National Roadmap for Research and Innovation – projects under Green Economy for innovation with commercialization prospects (Mauritius Research and Innovation Council) • Set-up of fish farming across different sites • Price control mechanism of products to encourage the consumption of healthier foods such as wheat bread • Analytical support for safety and quality monitoring
Legislations, taxes, advertisement, and marketing	• New food legislative framework (Food Act 2022 and Food Regulations; Food Standards Agency Act) • Reformulation of foods products including beverage for healthier diets • Front and back-of-pack Nutrition labelling • Enforcement of the food laws • Ministry of Commerce - Price list of most used items (100) - to be able to identify what Mauritians use most

Table 1: current initiatives on prevention and management of obesity from different sectors

d. Challenges

During the implementation of the current initiatives, some challenges were experienced. For example, in the health sector, a decline in nutrition surveillance in schools and referral compliance for those identified with obesity and other medical complications for further evaluation of the school health programmes. This can be attributed to low parent consent to participate in the nutrition assessment activities, a low motivation to attend the follow up obesity clinics and stigmatization of those attending the obesity clinics thus impacting on the timely identification of those at risk. Additionally, the current model of care is not adequately adapted to treat and manage obesity as a disease but rather as a risk factor. Body Mass index (BMI) and waist circumference parameters used to assess for overweight and obesity are not consistently recorded in Primary Health Care facilities. Furthermore, an inadequate number of nutritionists and dieticians to provide for the diet counselling clinics is negatively affecting the provision of obesity-related services at the health facilities.

It is observed that there is marketing of unhealthy foods within 100 meters of the schools thus increasing the access of these to students and parents. Additionally, sensitization and health education sessions provided for in the community are not adequately reaching the working population groups and senior citizens because these sessions are majorly available during the working hours.

Unavailability of land to promote agriculture for healthy foods, inadequate infrastructure facilities, unwillingness to engage in agricultural activities, limited competencies for analysis and monitoring of all the pesticides used in Mauritius and climate change are some of challenges faced with enhancing the food systems and food environment. Fish farming set up in different sites have resulted in the fishes beaten by sharks in the surrounding waters. There is limited capacity and funds for analytical support for the safety and quality monitoring of agricultural products.

e. Possible solutions and Opportunities

Several possible solutions and opportunities were identified to enhance the multisectoral actions for the prevention and management of obesity in Mauritius. These included:

- Strengthening capacities of the health system for the obesity management including utilization of risk assessments at preconception to design structured health promotion and interventions, re-engineer the previous obesity clinic into Health and Lifestyle Clinic as a one-stop shop with a multi-disciplinary approach, digitalization of health records with specific identification numbers to facilitate follow-up, scheduling, and referral.

- Strengthening of diet counselling services: Diet screening at all contact points including pre-conception clinic as part of the essential services and existing diet counselling clinics could be extended to Saturdays. In addition, new casualty card which is being developed should include more screening parameters on obesity and NCDs screening as well as mandatory attendance for nutrition/obesity assessment activities. Awareness creation amongst parents through Parent Teacher Associations for better compliance and follow up on diet counselling and encourage after working hours programmes to reach the working groups.

- Increase physical activity schemes: consider extending the exercise referral scheme to children and adolescents, introduction of standardized time for physical activity in health promotion clubs, integrate messages on personal responsibility for health and increase physical activity daily in the curriculum.

- Enhance human resource: including recruitment of nutritionists/dieticians, psychologists and building their capacities in the prevention and management interventions on obesity.

- Enhance social mobilization and awareness creation activities on obesity: 'Know your number' campaign expansion to the community level, design, and distribute of new adapted pamphlets on obesity for different age group, sensitize hawkers to sell healthy food at an affordable price, worksites sensitization should be reinforced, use of media, conduct sensitization campaigns and encourage consumers to opt for whole wheat breads using different communication channels.

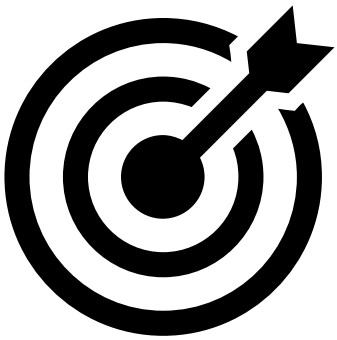
- Enhanced multisectoral coordination: strengthen coordination between private and public sectors on obesity and within sectors and facilitate coordinated development of regulatory measures.

- Improved agriculture for increased supply of healthy foods: Increase the demand for local fruits both locally and for exportation, explore avenues for smart and innovative agricultural system, support improvement in competencies and infrastructure for analysis and monitoring of all the pesticides that are used in Mauritius, additional funding to be availed to encourage investment in agriculture and laboratory harmonization for the accredited laboratories to conduct analysis for safety and quality monitoring.

- Trade and commerce and marketing: imported products should be compliant with the policy of the Ministry, to change the list of 100 Mauritian items to include healthy foods and increases taxes on sugar sweetened beverages.

2. Vision and strategy for change

2. Vision and Strategy for Change



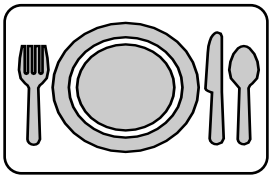
The goal is to reduce the prevalence of obesity among the Mauritian population by 5% by 2030.

Reduce the prevalence of obesity among adults aged 25 -74 years from 36.2% to 31.2%; among adolescents 12- 19 years from 9% to 4% and from 13.8% to 8.5% among children 5-11 years.

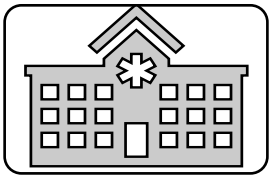
a. Main Objectives

The goal will be achieved through priority actions targeting three major objectives: These include:

To reduce the prevalence of insufficient physical activity by 8% from 57.6% to 49.6% in children and adolescents (74.8% to 66.8%) from 2021 to 2030.



To decrease consumption of unhealthy and ultra-processed foods and sugar sweetened beverages.



To increase coverage of obesity clinics to 50% through primary health centres and community based program to provide obesity prevention and management services.

How will we achieve our goal?
Priority actions

3. How will we achieve our goal?

A set of priority actions have been identified to facilitate acceleration of efforts towards reducing obesity. The prioritized actions are the most feasible and impactful actions to contribute to the prevention and management of obesity and overweight in Mauritius taking a multisectoral, holistic and people-centred approach.

The collaborative effort and strong partnership with various sectors and stakeholders are essential to achieving the set targets.

a. Stakeholders

Various stakeholders indicated in table 2 will be involved in the implementation of the acceleration plan.

Table 2: List of stakeholders

Category	Stakeholders	
Line Ministries and Government institutions	Prime Minister's Office	Ministry of Information Technology, Communication and Innovation
	Ministry of Health and Wellness	Ministry of Social Integration, Social Security and National Solidarity
	Ministry of Education and Human Resource	Ministry of Gender Equality and Family Welfare
	Ministry of Youth and Sports	Ministry of Commerce and Consumer Protection
	Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries	Ministry of Finance
	Ministry of Industry, SME and Cooperatives	
	Attorney General's Office	Mauritius Revenue Authority
	Government Information service	Independent Broadcasting Authority
	University of Mauritius	Mauritius Chamber of Commerce and Industry
	Food & Agricultural Research & Extension Institute (FAREI)	Teaching Institutions
	Mauritius Cane Industry Authority	
UN agencies	World Health organization	
	Food and Agricultural Organization	
Non-governmental organizations, foundations, commercial entities	Mauritius Diabetes foundation	Cooperatives
	Faith based organizations	Private school owners
	Funding institutions (DBM, banks)	School canteen owners
	Private sector/business	Marketing bodies (AMB, canteens)
	Media	Small and Midsize Enterprise
Community	Women groups	Senior citizens
	Farmers	Religious groups
	Private sector/business	Parents
	Sports clubs	Youth clubs
	Area health centres	the public/consumer
	Community health centres	Extension/inspection officers
	Local health communities	
	School administrators	

b. Priority actions

Using a prioritization matrix, a set of priority actions and interventions were assessed to implement towards the prevention and management of obesity in Mauritius. Based on the prioritization matrix, five (5) priority actions are selected for the reduction of the prevalence of obesity in Mauritius for the acceleration roadmap on obesity action as summarized figure 3.

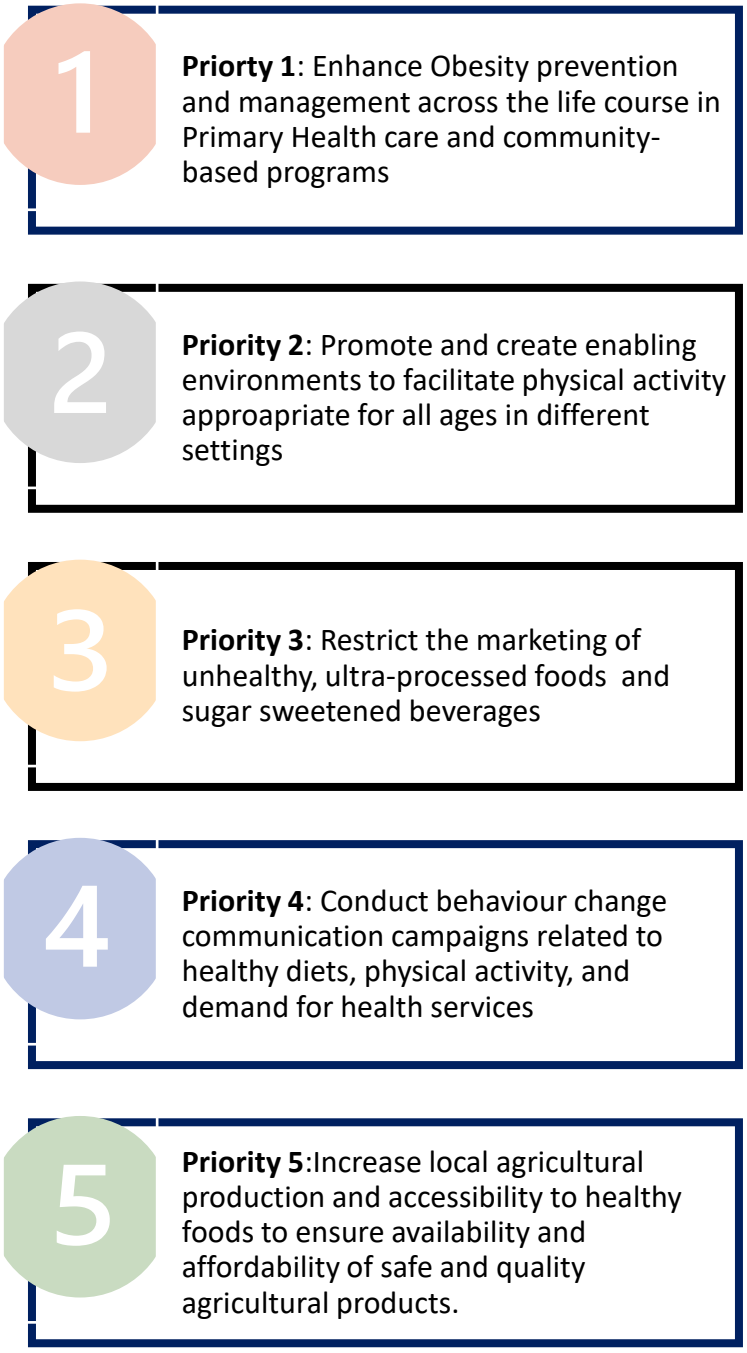


Figure 3: Priority Actions to reduce the prevalence of Obesity by 2030

Priority 1: Enhance Obesity prevention and management across the life course in Primary Health care and community-based programs

Strengthening the capacity of the health system to prevent, treat and manage obesity is central to address obesity. This priority action will focus on enhancing obesity prevention and management interventions within the existing care pathways in the health system and community levels. Service delivery points at the primary health centres and through community-based program will be enhanced to support early diagnosis, treatment, and management of related complications of obesity. Table below describes the interventions that will be implemented to enhance the integration of obesity prevention and management in PHC and community-based programs.

Priority 1: Enhance Obesity prevention and management across the life course in Primary Health care and community-based programs				
Inputs	**Interventions**	**Outputs**	**Short/Medium Term outcomes**	**Long Term Outcomes**
Training guide, health workers, funds	Train health professionals on the prevention and management of obesity	Health professionals trained on obesity	Primary health care facilities, and community-based programs have obesity assessment and management Health care facility and community-based programs registers updated with sections for obesity assessment and new growth charts Increased attendance to obesity clinics/ nutritionist following referral from mobile clinic services in the community (including worksites and schools)	Increased coverage of obesity services in the community
Training guide, finances, growth chart tools	Conduct refresher training on the use of the new child growth charts	Health care workers who have received re-fresher training		
Anthropometry equipment, updated registers, funds	Integrate obesity assessment, diet counselling and management into preconception care, Family planning clinics, antenatal clinics	Primary health care delivery service points that have integrated obesity assessment and management		
Technical expertise, finances	Development of guidelines on metformin for treatment of gestational diabetes	Guidelines developed on obesity management		
Updated growth charts, anthropometry equipment	Conduct growth monitoring/ nutrition assessment for children 0-5 years, 5-11 Years, adolescents 12-19 years using the revised growth charts	Children and adolescents' nutrition assessment conducted with the revised growth charts		
Health staff, anthropometry equipment	Regularly conduct Nutrition assessment for obesity at community outreaches and worksites	Nutrition assessment conducted and documented in updated registers at community outreach sites and work sites		
Health staff, anthropometry equipment	Reengineer obesity screening in the community (including schools and worksites) and establish feedback mechanism for obesity referral	Documented feedback in updated registers		
Health staff, anthropometry equipment	Rename and integrate comprehensive services for a one-stop shop for obesity management at health facilities named as "Health and lifestyle Clinic"	Service delivery points targeted for integration of obesity service		

Priority 2: Promote and create enabling environments to facilitate physical activity appropriate for all ages in different settings

Enhancing physical activity confers significant health benefits such as improved all-cause mortality, cardiovascular diseases mortality, incident hypertension, incident site-specific cancers, incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression), cognitive health, sleep and obesity. This priority action aligns with the 10-year national sports and physical activity policy of Mauritius that aims to foster a culture of community sport and physical activity.

Priority 2: Promote and create enabling environments to facilitate physical activity appropriate for all ages in different settings				
Inputs	Interventions	Outputs	Short/Medium Term outcomes	Long Term Outcomes
School health policy, playgrounds, sports equipment	Enforce mandatory physical activity in schools.	Participation in physical activity	Increased physical and sports activities in educational institutions	Increased physical activity for all ages
Trained physical education teachers, revised school curriculum	Rework the school curriculum to include practical physical education as a core subject	Updated school curriculum to include practical physical education	Improved capacity and skills for physical education and activity	
	Increase the physical activity sessions provided in the community			
Technical expertise, parent/teacher association	Establish a program for all students to reach a physical activity target	Physical activity targets established for students		
Technical expertise	Set up an effective monitoring and evaluation mechanism for physical activity in the educational settings	Mechanisms established for monitoring adherence to physical activity interventions		
Technical expertise, coaches/trainers, physical activity infrastructure	Increase physical activity in the community settings through different initiatives for different age groups such as Be active Children and Youth, Vulnerable youth programs, Ageing well population initiative, Elderly fitness program through: After school fitness program Winter holiday sports camp Summer school Holiday Camp Summer school Holiday Sports Camp Nager C'est Vital Natation Scolaire Afterschool Learn to swim World Walking Day Move It	Participation in physical activity by all age groups enhanced	Increased participation in physical activities by all age groups	
Technical expertise, finances, town planning policy	Reviewing +/- update existing planning guidelines - allowing for walk and cycling infrastructure and networks, walking, and cycling connections to public transport hubs.	City plan updated to include walking and cycling lanes	Improved city/town infrastructure with walking and cycling lanes that	

Finances	Acquire electric bicycles as part of the public transport system at stations	Electric bicycles procured for public transportation	facilitates more physical activity	
Legislation on taxation	Taxation of vehicles entering the city/town areas designated as vehicle free zones	Designation of vehicle free zones in the city/towns		
Physical Activity equipment space at workout	Create additional physical activity sessions in the community across the island	Physical activity for groups of individuals organised regularly at community level	Increased physical activity in the community	

Priority 3: Restrict the marketing of unhealthy, ultra-processed foods and sugar sweetened beverages

Creation of a food environment that encourages the consumption of healthy foods while restricting the marketing of the unhealthy foods will contribute to reducing obesity. This includes development of legislations to restrict marketing of unhealthy foods to children and front-of-pack system labeling system, and development of the Mauritius nutrient profile model. The interventions listed below will facilitate the achievement of this priority action.

Priority 3: Restrict the marketing of unhealthy, ultra-processed foods and sugar sweetened beverages to children				
Inputs	**Interventions**	**Outputs**	**Short/Medium outcomes**	**Long Term Outcomes**
Technical expertise, communication materials	Develop legislation to restrict marketing of unhealthy food to children (no prime-time marketing of unhealthy food, no marketing of unhealthy food during allotted time for children programmes, change in the marketing policy to children and positioning of unhealthy Food on shelves)	Regulation on restriction of marketing of unhealthy food developed	Reduction in the marketing of unhealthy food	Reduced consumption of unhealthy, ultra-processed foods and sugar sweetened beverages
Technical expertise, finances, research	Development of the Nutrient Profile model and	Nutrient Profile Model for Mauritius developed		
Technical expertise, finances, research	Development of front-of-pack labelling for Mauritius	Front-of-pack labelling developed		
Taxation legislation,	Increase the existing excise tax on sugar sweetened beverages	Taxation of sugar sweetened beverages	Increased and improved tax on SSBs above inflation	

Priority 4: Conduct behavior change communication campaigns related to healthy diets, physical activity, and demand for health services

Behaviour change communication campaigns are important in stimulating dialogue around health issues, to de-normalise harmful behaviours and to encourage public policy changes. Public education and awareness campaigns are recommended as a WHO “Best Buy” cost-effective intervention for the prevention and control of non-communicable diseases and are also a policy recommendation in the Global Action Plan on Physical Activity. The interventions listed below will be implemented to ensure behaviour change communication campaigns contribute to reduction in the consumption of unhealthy, ultra-processed foods in Mauritius.

Priority 4: Behavior change communication campaigns related to healthy diets, physical activity, and demand for health services				
Inputs	Interventions	Outputs	Short/Medium outcomes	Long Term Outcomes
Communication strategy, media outlets, finances	Conduct behaviour change communication and health promotion campaigns on healthy eating, physical activity and agricultural production systems through mass campaigns, social media, TV scrolls and community awareness sessions, such as 'Salon du Sport', Healthy Eating, School Health Club activities	Effectively designed mass media communications messages developed and re-evaluated to improve the campaign	Improved community awareness on healthy eating and physical activity	Increased physical activity and consumption of healthy foods among different age groups
Training guide, trained school health educators	Training of educators to carry out sensitization sessions in school settings on healthy eating and physical activity	Trained school health educators providing awareness on healthy eating and physical activity		

Priority 5: Increase local agricultural production and accessibility to healthy foods to ensure availability and affordability of safe and quality products.

Availability and accessibility of healthy food choices facilitate the consumption of healthy foods. Increasing local agricultural production could contribute to healthier foods consumption in all population groups. The listed interventions below will increase access to agricultural land, improved and smart agricultural systems and affordability of healthy foods.

Priority 5: Increase local agricultural production and accessibility to healthy foods to ensure availability and affordability of safe and quality food products.				
Inputs	Interventions	Outputs	Short/medium term outcome	Long term outcome
	Greater access to agricultural land with necessary infrastructure (Examples: irrigation facilities, electricity supply, secured zones, road facilities, drainage system)	Enhanced capacity for better local production	Self-sufficiency in selected main food commodities	Increased consumption and access to healthy foods
	Provide incentives to link public food procurement with local food production			
	Extend the list of commodities under existing price control mechanism			
	Train additional expertise in the agricultural sector to attract young entrepreneurs			
	Enhance inspection and control of pesticides use for better traceability in food products	Improved access to improved agricultural production facilities		
	Subsidize targeted healthy food (non-fat milk & healthy oils, and fruits and vegetables)			
	Set up targeted training courses in training institutions for smart and innovative agricultural system	Improved capacity for smart and innovative	Resilience towards climate change	
	Set up vertical farming system			

	Enhanced use of Artificial intelligence in agricultural production and food processing	agricultural production	impacting on food security	
	Subsidize price of healthy foods by 10%	Mauritians are purchasing healthy food	Increased purchase of healthy food	
	Substitute at least 10 unhealthy items in the list of Mauritians 100 items basket with healthy foods			

How will we know if we are on track? Progress and Outcomes

4. How will we know if we are on track? Progress and Outcomes

Progress and outcomes will be monitored based on the output and outcome indicators.

a. Indicators and targets

In pursuing the goal of reducing the prevalence of obesity by 5% by 2030; from 36.2% to 31.2% among adults of 25 -74 years, from 9% to 4% among adolescents aged 12 to 19 and from 13.8% to 8.5% among children of 5-11 years, monitoring of performance of the indicators below is critical to achieve the desired targets.

1. Reduced the prevalence of insufficient physical activity by 8% - from 57% to 49% in children and among the adolescents from 74% to 66%) from 2021 to 2030
2. Reduce the consumption of unhealthy, ultra-processed foods and sugar sweetened beverages
3. Increased coverage of obesity clinics to 50% through Primary health care and community-based programs.

b. Progress Monitoring

For each priority action, a monitoring and data plan is required to ensure the continuous tracking of outputs and outcomes. The data plan captures: i) the output and outcome indicators to be tracked, ii) targets and baseline for output and outcome indicators (where available) and iii) the data collection tool/ source as illustrated below

Table 4: Monitoring Plan

Outcome / Output	Indicator	Baseline	Target	Data collection source
Priority 1: Integrate obesity prevention and management in primary healthcare services and community outreach services				
Outcome 1.1: Primary health care facilities have obesity screening and management interventions integrated in service delivery				
Output A: Health professionals trained on the obesity prevention and management	Proportion of health professionals trained on obesity prevention and management	70%	100%	Attendance registry
Output B: Health professionals trained on use of the new child growth charts	Proportion of health professionals trained on the new growth charts	0%	90%	Attendance Registry
Output C: Health facilities provided with revised child growth charts	Proportion of health care facilities using the revised growth charts for growth monitoring	0%	100%	Attendance Registry
Output D: Health facilities with integrated obesity management services	Proportion of health facilities with one-stop-shop for obesity management	0%	30%	Attendance Registry
Outcome1.2: Obesity screening reinforced in community-based programs.				
Output A: Individuals with obesity followed up to attend nutrition/ obesity clinics following referral from mobile clinics	Proportion of individuals followed up /recontacted to confirm attendance to nutrition/obesity clinics	0%	100%	Health Promotion Unit (Ministry of Health and Wellness)
Output B: Use of new growth chart in School Health Programs	Proportion of students screened with new Growth Chart	0%	100%	Health Promotion Unit (Ministry of Health and Wellness)
Priority 2: Promote and create enabling environments to facilitate physical activity appropriate for all ages in different settings				
Outcome 2.1 Increased physical and sports activities in educational institutions				
Outcome 2.2: Improved capacity and skills for physical education and activity				

Output A: school curriculum revised to include practical physical education as a core subject	Availability of the revised school curriculum to include PE as a core subject	0	1	Ministry of Education and Human Resource
Outcome 2.3: Increased physical activity in the community				
Output A: Engagement of individuals in the community in more physical activities	Number of physical activity sessions delivered per week in community centres	109	160	Health Promotion Unit and Public Health Unit (Ministry of Health and Wellness)
Output B: Increased participation of children in the After-school Program (ASSFP) implemented under the "*Be active- Children and Youth initiative"*	Number/proportion of children participating in physical activity in the ASSFP	Number of children reached: 160,871		Mauritius Sports Council and Ministry of Youth and Sports
Output C: Increased participation of youth in physical activity in the Vulnerable Youth program as a national program under the "*Be Active- Children and Youth Initiative*"	Number/proportion of youth participating in physical activity through the Vulnerable Youth program	Number of youths covered: 10,812		Mauritius Sports Council and Ministry of Youth and Sports
Output D: Increased participation of working population in physical activity through the *"Ageing well initiative"*	Number/Proportion of individuals participating in physical activity through the Ageing well initiative	Number of persons reached/ Ageing Well: 30,982		Mauritius Sports Council and Ministry of Youth and Sports
Output E: Increased participation of elderly in physical activity through the "*Elderly fitness initiative"*	Number/proportion of elderly individuals participating in physical activity through the "*Elderly fitness Initiative*"	Number of Elderly Reached: 5,010		Mauritius Sports Council and Ministry of Youth and Sports
Outcome 2.4. Improved public transport systems that facilitates more physical activity				
Output A: Revised city planning policy guidelines designed to promote physical activity for vehicle free zones	Availability of revised city planning policy guidelines			
	Proportion of public transport stations with electric bicycles for public use on the cycling lanes	0		
Priority 3: Restrict the marketing of unhealthy, ultra-processed foods and sugar sweetened beverages				
Outcome 3.1: Policies to protect children from the harmful impact of food marketing				
Output A: Legislation on restriction of marketing of unhealthy food developed	Availability of revised and new legislations (e.g., Food act) to protect children from the harmful impact of food marketing	0	1	Public Health and Food Safety Unit (Ministry of Health and Wellness)
Output B: Nutrient Profile Model for Mauritius developed	Availability of Mauritius Nutrient Profile model	0	1	
Output C: Front-of-pack labelling guidance and standards developed	Availability of the Front-of-pack labelling guidance and legislation	0	1	
Outcome 3.2: Tax rate on Sugar sweetened beverages (SSBs) increased above inflation				
Output A: Steering committee/ mechanism on SSB tax established	Steering committee/Governance mechanism established and functional	1	2	
Output B:	Availability of an amended legislation on SSB tax recommendations	0	1	

Legislation on SSB tax drafted according to the recommendations				
Output C: SSB tax legislation implemented	Registration – Yes/No	0	1	
	Declaration – Percent of registered	0	100%	
	Collection – Percent collected among registered	0	100%	
	Enforcement (warning and penalties) – Percent of compliance among registered	0	100%	
Priority 4: Behavior change communication campaigns related to healthy diets, physical activity, and demand for health services				
Outcome 4.1: Increased physical activity in all population groups and purchase of healthy foods				
Output A: Effectively designed mass media communications messages developed and re-evaluated to improve the campaign	Number of effectively designed mass media communication messages developed and re-evaluated on physical activity and health diets on quarterly basis	0	3 per year	
Output B: Mass media campaigns conducted through different platforms	Number of mass media campaign conducted on different media platforms on a quarterly basis	0	3 per year	
	Number of people reached with the mass media communication campaigns	96000	113000	# Of Youths participating in youth health programmes (Ministry of Youth and Sports)
Output C: Awareness creation on physical activity and healthy eating provided by trained school health educators	Number of awareness sessions on healthy eating and physical activity conducted per semester/yearly			
Priority 5: Increase local agricultural production and accessibility to healthy foods to ensure availability and affordability of safe and quality food products.				
Outcome 5.1: Self-sufficiency in selected main food commodities				
Output A: Enhanced capacity for better local production	Proportion of trained professional in the agricultural sector	70%	90%	FAREI/MCIA/MAIFS
	Availability of technical cooperation for capacity building			National and International
	Proportion of land availed for agricultural production	2000ha	750 ha	FAREI/MCIA/MAIFS
Outcome 5.2: Improved agricultural production methods				
Output A: Improved access to improved agricultural production facilities	Number of designated agricultural land with appropriate infrastructure developed (irrigation, electricity supply etc)	40	60	FAREI/MCIA/MAIFS/IA
	Number of monthly samples tested during pesticide inspection and control mechanism	100 samples monthly	125 samples monthly	FAREI/MAIFS
Outcome 5.3 Resilience towards climate change impacting on food security				
Output A: Improved capacity for smart and innovative agricultural production	Availability of targeted training courses on smart agriculture	4	6	UOM/FAREI/RTC/Velo Vert
	Number of vertical farming initiatives set up	10	50	FAREI
	Availability of technical cooperations for capacity building	0	1	UOM/FAREI/RTC/ International
Outcome 5.4: Increased purchase of healthy food				
Output A: Improved healthy purchasing behavior / Increase in healthy food purchase	10 unhealthy food items substituted in the list of Mauritians 100 items basket	0	10	MOH/MAIFS/Consumer organisations/NGO

How will we know if we are on track?

Action plan, routines, and governance

5. How will we know if we are on track? Action plan, routines, and governance

a. Action Plan

The action plan outlined in table 5, highlights the interventions under each priority action.

Table 5: Multisectoral Action Plan to address the prevention and obesity in Mauritius 2025 – 2030

Priority 1: Integrate obesity prevention and management in primary healthcare services and community outreach centres					
Actions	**Institution/Organization responsible**	**Due Date**	**Details of activities**	**Estimated Cost (Rs)**	**Remarks**
1.1 Train health professionals on the prevention and management of obesity and capacity building top up course for qualified nutritionists/dieticians on obesity prevention and management	Ministry of Health and Wellness	2025	Four one-day workshops will be conducted in Hospital conferences by WHO Consultant for four batches comprising of 30 participants (including Nutritionists, Community Physicians, Public Health Nursing Officers, Mid-wives, Gynachologists, NCD Nurses from different Health Regions)	**60000**	
1.2 Conduct refresher training on the use of the new child growth charts	Ministry of Health and Wellness	2025	TOT has already been carried out by WHO and cascading has been done in different health regions by the trainers	**nil**	On the job training
1.3 Incorporate obesity screening and management into Preconception care, Family planning clinics, antenatal clinics	Ministry of Health and Wellness	2025 -2025		**nil**	On-going

Priority 1: Integrate obesity prevention and management in primary healthcare services and community outreach centres					
Actions	**Institution/Organization responsible**	**Due Date**	**Details of activities**	**Estimated Cost (Rs)**	**Remarks**
1.4 Development of guidelines on metformin for treatment of gestational diabetes.	Ministry of Health and Wellness	2025 - 2025		**nil**	No cost implications
1.5 Conduct growth monitoring/ nutrition screening for children 0-5 years, 5-11 Years, adolescents 12-19 years using the revised growth charts	Ministry of Health and Wellness	2025		**nil**	No cost implications
1.6 Regularly conduct Nutrition screening for obesity at community and worksite	Ministry of Health and Wellness	2025		**nil**	On-going
1.7 Rename and integrate comprehensive services for a one-stop shop for obesity management at health facilities named as "Health and lifestyle Clinic"	Ministry of Health and Wellness	2025		**nil**	Policy decision. No cost implications
SUB-TOTAL for PRIORITY 1				**60,000**	

Priority 2: Promote and create enabling environments to facilitate physical activity appropriate for all ages in different settings					
Actions	Institution/Organization responsible	Due Date	Details of activities	Estimated Cost (Rs)	Remarks
2.1 Establish/ improve the infrastructure in educational institutions to facilitate any physical/sports activities both within and around the schools	MOE/MQA/HEC/ ECCEA/PSEA/SENA	2025 -2026	Construction and completion of two (2) Learning Pools at: (i) P. Soobrayen Government School; and (ii) Cascavelle Government School. Construction of Gymnasium & Playfield at: (i) S. Bappoo State Secondary School; and (ii) Ebene State Secondary School (Girls) Construction of playfield at: (i) Mahatma Gandhi Secondary School Solferino; and (ii) Mahatma Gandhi Secondary School Nouvelle France	Rs 16M Rs 250M Rs 200M	To be considered under the budget of Ministry of Education and Human Resource

2.2 Rework the school curriculum to include practical physical education as a core subject	Mauritius Institute of Education/MOHW/MOE/Ministry of Sports/Ministry of Youth	2025	Natation Scolaire for Grade 4 pupils has been included in the school curriculum for a 12 - 16 (1-hr) weekly session from Feb-May and Aug-Sep (Number of Grade 4 pupils: around 10,000) Foundational Programme in Literacy, Numeracy and Skills (FPLNS) where students will be learning basic Literacy and Numeracy through physical activtiy-based medium Every primary school has a dedicated 50 minutes PE classes on a weekly basis for Grade 1 to Grade 6 with an adapted curriculum prepared by the Mauritius Institute of Education for pupils aged 6-10 years. Holistic Education	A budget of Rs6M is allocated to the MOE and Rs10M to the MYS (MSC)	To be considered under the budget of Ministry of Education and Human Resource

			Teachers are responsible in the teaching of PE in the primary. (Number of pupils: around 60,000) "Every secondary school has a dedicated 70 minutes PE classes on a weekly basis for Grade 7 to Grade 13. (Number of students: around 75,000 in Private and State schools) As from Grade 10, interested students may choose Physical Education as an optional subject to be examined in the Cambridge Assessment International Education at ""O"" and ""AS"" level. Students have five (5) additional PE periods. (An average of 400 students taking PE as an option annually)"		
2.3 Set up of an effective monitoring and evaluation mechanism for physical activity in the educational settings	MOE-QAA/ECCEA/PSEA/SENA/MOH	2025 -2025	School visits carried out by the Principal PE Organiser, the Senior PE	n.a	To be considered under the budget of Ministry of

			Organiser with four PE Organiser responsible for Zone 1 to Zone 4 respectively so as to monitor and evaluate on the teaching and learning of Educators (PE) in the state secondary schools		Education and Human Resource
2.4 Reviewing +/- update existing planning guidelines - allowing for walk and cycling infrastructure and networks, Walking, and cycling connections to public transport hubs	Planning department of the Ministry of Housing and Land Use	2025 - 2026		n.a	The Ministry of Housing and Lands will use the recommendations of the Roadmap as reference document while reviewing their existing planning documents.
SUB-TOTAL for PRIORITY 2				0	

Priority 3: Regulations to restrict marketing of unhealthy, ultra-processed foods and sugar sweetened beverages					
Actions	**Institution/Organization responsible**	**Due Date**	**Details of activities**	**Estimated Cost (Rs)**	**Remarks**
3.1. Develop legislation to restrict marketing of unhealthy food to children (No Prime-Time Marketing of Unhealthy Food, no marketing of Unhealthy Food during allotted time for children programmes, Change in the marketing Policy to Children and positioning of Unhealthy Food on Shelves)	MOHW	2025 - 2026		nil	No cost implications
3.2. Development of the Nutrient Profile model for Mauritius	MOHW	2025 - 2026	Awareness campaign at regional levels. 1-day dissemination workshop for 100 participants at a business hotel. Printing of 100 Nutrient Profile Model booklets of about 25 A3 coloured pages	257500	WHO biennium Budget
3.3. Increase the existing excise tax on sugar sweetened beverages	Ministry of Finance	2026 -2030		n.a	To be considered under the budget of Ministry of Finance
SUB-TOTAL for PRIORITY 3				257500	

Priority 4: Conduct behaviour change communication campaigns related to healthy diets, physical activity and demand for health services					
Actions	**Institution/Organization responsible**	**Due Date**	**Details of activities**	**Estimated Cost (Rs)**	**Remarks**
4.1 Strengthen behaviour change communication and health promotion campaign on Healthy Eating, Physical Activity and agricultural production systems through mass campaigns, social media, TV scrolls, community awareness sessions	MOHW	2025 - 2026	Boosting of social media platform	100,000 (Additional costs will be funded by Food and Agriculture Organization (FAO) under the Technical Cooperation Programme	Health Information Education and Communication Office, MOHW
4.2 Training of educators to carry out sensitization sessions in school settings on healthy eating and physical activity	MOHW, MOE, Ministry of Youth and Sports	2025 - 2026		nil	To be catered under existing budgets
SUB-TOTAL for PRIORITY 4				100,000	

Priority 5: Increase local agricultural production and accessibility to healthy foods to ensure availability and affordability of safe and quality agricultural food products.					
5.1 Greater access to agricultural land with necessary infrastructure (EX; irrigation facilities, electricity supply, secured zones, road facilities, drainage system)	Private Sector, Ministries and Parastatal Bodies	2025 - 2030		n.a	To be considered under the budgets of Ministries and Parastatal Bodies and Private sector
5.2 Train additional expertise in the agricultural sector to attract young entrepreneurs	Ministry of Agro-Industry and Food Security	2025 -2030	These are currently being addressed through existing training programmes conducted by the FAREI	n.a	To be considered under the budget of Ministry of Agro-Industry and FS

5.3 Enhance inspection and control of pesticides use for better traceability	Ministry of Agro-Industry and Food Security	2025 -2030	The Food Technology Laboratory (Agricultural Services) conducts regular pesticide testing on fruits and vegetables sample as part of its annual testing programme	n.a	To be considered under the budget of Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries
5.4 Set up targeted training courses in training institutions for smart and innovative agricultural system	Ministry of Agro-Industry and Food Security	2025 - 2030	These are currently being addressed through existing training programmes conducted by the FAREI	n.a	To be considered under the budget of Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries
5.5 Set up vertical farming system	Ministry of Agro-Industry and Food Security	2025 – 2027	A French company has expressed its intention to donate two (2) vertical farm units to the FAREI for evaluation and demonstration purposes. The Agricultural Services has informed that while working on the State House project, "Smart Garden Project", a company (Sun Farming) presented an automated system.	n.a	To be considered under the budget of Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries

5.6 Enhanced use of Artificial intelligence in agricultural production and food processing	Ministry of Agro-Industry and Food Security, MRIC	2025 - 2026	These are currently being addressed through existing training programmes conducted by the FAREI	n.a	To be considered under the budget of Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries
5.7 **SUB-TOTAL for PRIORITY 5**				0	
TOTAL ESTIMATED COST FOR ALL PRIORITIES 1 to 5 (excluding cost pertaining to other Ministries) (Rs)				**417,500**	

b. Establish effective routines

Establishing effective routines will provide consistent opportunities to assess progress and influence the course of action. Two specific routines that help driving effective implementation are stock take meetings, written routines (scorecards, notes, or reports), or dynamic workshops around a specific purpose.

The following routines will be used to follow up on implementation and monitor performance, diagnose problems, address problems, enable a culture change and collective learning.

1. Routine 1: Annual progress review workshop
2. Routine 2: Quarterly Progress reports from each sector
3. Routine 3: Quarterly meetings of intersectoral technical working groups

c. Establish Strong Governance mechanisms

Effective leadership is needed to provide oversight for the implementation of the acceleration roadmap on obesity. Strong governance mechanism will be established to include a task force committee on obesity that meets regularly to monitor progress, and to collectively solve problems when blockages/challenges are encountered.

A coordination focal point for each priority action will be selected working with a task force committee and existing teams from different departments and entities responsible for delivery. The lead of the task force committee will convene the working group meetings to track the implementation of the roadmap.

Stock takes meetings involve senior leadership, the task force committee and accountable leads aimed at taking a critical look at progress against the acceleration plan towards the target will be regularly conducted. Stock takes facilitate active problem-solving and help to remove barriers to implementation efforts. In the process of implementing the acceleration plan, the team takes stock on whether they are on track, if not, what can be done about it, and what is needed to accelerate progress. By regularly convening leadership, stock takes can be particularly helpful to track progress against established targets or milestones, and to address any issues that need decisive actions to correct their course.

Annexure A: Situation assessment of current initiatives to reduce obesity in Mauritius

Situation assessment on ongoing initiatives and existing opportunities in Mauritius			
Initiative/Policy	Success/enablers	Challenges	Opportunities
Health sector			
Enhanced diagnosis of obesity at Primary Health Care and community level (Pre-conception)	Family planning and antenatal (ANC) services are available.	Excess weight during pre-conception and unhealthy weight gain during pregnancy is not recognized as a medical concern by the women	Utilize risk assessment at preconception to design structured health promotion and interventions Counselling can be provided at pre-conception clinic as part of the essential services
Enhanced diagnosis of obesity at Primary Health Care and community level (Children below 18 years)	Screening services for obesity during Well Baby Clinic (0-3 years), School Health Programme, Children with obesity are referred to Nutritionist for weight management.	Parental consent for screening at student level is lower currently compared to pre-COVID period.	Mandatory attendance for nutrition/obesity screening activities. (Legislative clauses to be considered for minors)
Enhanced diagnosis of obesity at Primary Health Care and community level (Adult: 18 years and above)	NCD screening in community and worksites, those identified with obesity are referred to the Nutritionist	BMI and waist circumference parameters are not consistently recorded in Primary Health Care facilities. The current model of care is not adapted to obesity. It is not defined as a disease currently.	New casualty card which is being developed should include more screening parameters on obesity and NCDs screening
Management of obesity at Primary Health Care level (Minors below 18 years)	Diet clinics are available at Regional Hospitals, Medi-clinics, Area Health Centres and Community Health Centres.	Low motivation to attend nutrition screening clinics for obesity by some parents Nutritionist/dietician clinics available only during working hours when parents are not available	Existing Diet clinics could be extended to Saturdays/week day evening sessions. Extend the Exercise Referral Scheme to children and adolescents.

Situation assessment on ongoing initiatives and existing opportunities in Mauritius			
Initiative/Policy	Success/enablers	Challenges	Opportunities
Management of obesity at Primary Health Care level (Adult: 18 years and above)	Diet clinics are available at Regional Hospitals, Medi clinics, Area Health Centres and Community Health Centres. Psychological clinics are available at Regional Hospitals and BSH.	Limited staff (5 Nutritionist and 9 Dietician) for Diet counselling clinics. Low attendance to Obesity Clinics due to stigmatization	Recruitment of Nutritionist / Dietician Referral for the exercise scheme should be reinforced and extended to additional health institutions. Re-engineer the previous Obesity Clinic into Health and Lifestyle Clinic as a one-stop shop with a multi-disciplinary approach Digitalization of health records with specific IDs to facilitate follow-up, scheduling, and referral Recruit psychologists for psychological support
Prevention of Obesity at Community Level	A pilot project consisting of a series of workshops for housewives to empower them on healthy diet	Evaluation of the programme was not conducted after implementation of the pilot project.	An evaluation of the project and consider national level scale up. 'Know your number' campaign expansion to the community level. Design and distribution of new adapted pamphlets on obesity for different age group
Prevention of Obesity initiative at Worksite	Health Promotion clubs set up at different Ministries and Departments.	No standard allocated time to use health promotion clubs.	Standardized time for physical activity in health promotion clubs. Extend the concept in private sector.
Social Mobilization and Education			
Introduction of Physical activity in school and Physical education (PE) as examinable subjects: Primary Schools: - Mandatory Weekly Teaching of Health (25 Mins) & PE (2 x 25 Mins); moreover, all pupils of Grade 4 are offered the opportunity to learn swimming and water safety awareness through the 'Natation Scolaire' Programme in collaboration with the Mauritius Sports Council.	Involvement of parent teacher association, PE teachers, school administration, commitment of policy makers in the inclusion of the PE in the school curriculum		Integrate messages on personal responsibility for health and increase physical activity daily in the curriculum Educators (Secondary) (PE) & Primary School Educators teaching Holistic Education Programme

Situation assessment on ongoing initiatives and existing opportunities in Mauritius			
Initiative/Policy	Success/enablers	Challenges	Opportunities
• Secondary Schools: - Mandatory weekly Teaching of PE & Sports (2 x 35 Mins); - Optional PE & Sports as an Examinable Subject at CAIE 'O' & 'AS' Levels (5 x 35 Mins). A national exam is carried out for Gr 9 students to evaluate basic performance in PE. • Physical & Sports Activities in collaboration with MSC/Active Mauritius: Primary & Secondary Schools - After School Sports & Fitness Programme (ASSFP)			
School Health Programme (Adolescents)	Involvement and collaborations with different sectors	Referral compliance for those identified for obesity and other medical problems	Awareness creation amongst parents through Parent Teacher Association for better compliance
School canteen food act	Commitment of Parent Teacher Association (PTA)	Availability and marketing of unhealthy food within 100 meters of the school	Sensitize hawkers to sell healthy food at an affordable price
Community Health Awareness campaign 6 MUGAs have been handed over to the MSC and interest & participation of the public to sessions. MUGAs at Ste Croix, Caroline, La Source, La Flora, Malherbes and La Tour Koenig have already been inaugurated. MSC Exercise Referral has been officially implemented in Quartier Militaire Mediclinic and will be extended to 9 other Mediclinics.	Involvement of community leaders/ religious bodies/youth centres, local authorities/women council/senior citizens/ NGOs	Reaching the same population (home working/ senior citizens)	Encourage after working hours programmes Worksites sensitization should be reinforced Further coordination between private and public sectors More sensitisation campaigns needed to raise awareness on the importance of physical activities as per WHO criteria: 150 mins per week at moderate intensity regularly.
Infrastructure for physical activity in schools: All Primary and Secondary have an appropriate outdoor space 20m x 20 m to practice PE. Moreover, some schools are equipped with football pitch/multi-	Involvement of parent teacher association, PE teachers, school administration		Better preventive maintenance at the swimming pools to reduce closure period. Sensitization campaigns to encourage the kids to get involved in Physical Activities on regular basis even during exams, for better stress management.

Situation assessment on ongoing initiatives and existing opportunities in Mauritius			
Initiative/Policy	Success/enablers	Challenges	Opportunities
purpose hall/outdoor sports infrastructure and a small swimming pool in a Primary school. As for those not having appropriate sports facilities they avail of nearby (Local Govt.,MOYESR/Private - MUGA) sports infrastructure.			No ASSFP secondary was done in Rodrigues as coaches did not attend capacity building"
Agriculture Food Security and Commerce			
Financial initiatives to encourage local production of fruits and vegetables (loans/lands) for Small Planters and Households	Ministry of Agro Industry and Food Security, FAREI (Food & Agricultural Research & Extension Institute), Development Bank of Mauritius	Unavailability of land, Inadequate Infrastructural facilities Climate Change Limited willingness to engage in agriculture	Increase the demand for local fruits both locally and for exportation. Avenues for smart and innovative agricultural system
Technical assistance and capacity building to entrepreneurs on adoption of best practices regarding food production (FAREI)	Ministry (various departments)	Challenges to engage new entrepreneurs	Use of media
A nature-based solution project with better agricultural production using less pesticides and enabling a variety of foods to be locally produced	Multi-institutional coordination	Limited competencies for analysis and monitoring of all the pesticides that are used in Mauritius	Competencies and infrastructure available.
National Roadmap for Research and Innovation – projects under Green Economy for innovative with commercialization prospects (Mauritius Research and Innovation Council)	Compliance by suppliers		Additional funding to be availed to encourage investment
The set-up of fish farming across different sites	Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries (Blue Economy Fisheries Division)	Public reluctancy. Fish farms attract sharks in the vicinity Proper feasibility study and implementation	Market
Price control mechanism of products to encourage the consumption of healthier foods such as bread.	Ministry of commerce and consumer protection,	Consumer preferences. Many people are used to white flour compared to wheat flour.	Sensitization campaigns: Encourage consumers to opt for whole wheat breads
Analytical support for safety and quality monitoring	Accredited laboratories	New food concerns Capacity building Limited Funding	Laboratory harmonization

Situation assessment on ongoing initiatives and existing opportunities in Mauritius			
Initiative/Policy	Success/enablers	Challenges	Opportunities
Legislations, taxes, advertisement, and marketing			
Legislation - Food Act 2022 and Food Regulations 2024			
Reformulation	Regulations are under vetting to remove vertical standards to allow the industry latitude to innovate in terms of formulations	Abuse from the Industry	Products which compliant with the policy of the Ministry
Nutrition Labelling	Front of Pack nutrition labelling - regulations currently being brought into the system Nutrient declaration - In the new regulation	Development Stage	Mauritius to set up their own standards
	Ministry of Health and Wellness		To facilitate coordinated development of regulatory measures
Marketing	Regulation on marketing		To facilitate coordinated development of regulatory measures
Enforcement	Mandatory public Health certificate Inspectorate for all food handlers		
	14 health and safety officers for inspections of food premises		
	Regular Inspection of food premises by Food Inspectorate Division		
	Enforcement units in at the airport and port		
	Enforcement of school canteen food regulations		
Ministry of Commerce and Consumer Protection - Price list of most used items (100) - to be able to identify what Mauritians use most	Balance between controlling the market and passing on the responsibility to the consumer - provide the consumer with information for decision making.		To change those items to healthy items


And safe