MINISTRY OF HEALTH AND WELLNESS

ANNUAL REPORT ON PERFORMANCE FOR FINANCIAL YEAR 2025-2026

OCTOBER 2026

TABLE OF CONTENTS

LIST OF FIGURES i
LIST OF TABLES i
ACRONYMS iii
FOREWORD iv
MESSAGE FROM THE SENIOR CHIEF EXECUTIVE v
HIGHLIGHTS FINANCIAL YEAR 2025-2026 vii
PART I 1
ABOUT THE MINISTRY 1
1.1 VISION AND MISSION 2
1.2 ROLE AND FUNCTIONS 3
1.3 GENDER STATEMENT 4
1.4 OUR PEOPLE 5
1.5 ORGANISATIONAL CHART 9
1.6 KEY LEGISLATIONS 9
1.7 PACKAGE OF HEALTHCARE SERVICES 10
1.8 MAJOR ACHIEVEMENTS 12
1.9 MAJOR CHALLENGES 18
1.10 DEVELOPMENT OF NEW HEALTH SECTOR STRATEGIC PLAN (HSSP) 25
1.11 DRIVING DIGITAL TRANSFORMATION: E- HEALTH 27
1.12 CLIMATE CHANGE 28
PART II 29
SECTION A 30
2.1 HOSPITAL AND SPECIALISED SERVICES 28
2.1.1 CARDIAC SERVICES 31
2.1.2 GENERAL SURGERY 33
2.1.3 VASCULAR SURGERY 34
2.1.4 GENERAL AND INTERNAL MEDICINE 35
2.1.5 RENAL DIALYSIS SERVICES AND RENAL TRANSPLANT 36
2.1.6 ENDOCRINOLOGY/DIABETOLOGY UNIT 38
2.1.7 CHEST UNIT 39
2.1.8 ONCOLOGY SERVICES 39
2.1.9 ONCOSURGERY UNIT 41
2.1.10 NEURO SCIENCES 42
2.1.11 GASTROENTEROLOGY INCLUDING HEPATOLOGY SERVICES 45

2.1.12 SAMU SERVICES 47
2.1.13 OBSTETRICS AND GYNAECOLOGY 48
2.1.14 FERTILITY CLINIC 49
2.1.15 DERMATOLOGY SERVICES 49
2.1.16 OPHTHALMOLOGY SERVICES 50
2.1.17 EAR, NOSE AND THROAT (ENT) SERVICES 51
2.1.18 SPEECH THERAPY AND AUDIOLOGY DEPARTMENT 52
2.1.19 MENTAL HEALTH INCLUDING ELECTROENCEPHALOGRAPHY (E.E.G) UNIT 53
2.1.20 DENTAL SERVICES 55
2.1.21 RHEUMATOLOGY 59
2.1.22 PHYSIOTHERAPY SERVICES 60
2.1.23 ORTHOPAEDIC SERVICES 61
2.1.24 SPINE UNIT 62
2.1.25 OCCUPATIONAL HEALTH UNIT 62
2.1.26 OCCUPATIONAL THERAPY 64
2.1.27 ANAESTHESIOLOGY UNIT 64
2.1.28 OVERSEAS TREATMENT AND VISITING FOREIGN TEAMS 65
2.1.29 PHARMACY SERVICES 70
2.1.30 CENTRAL HEALTH LABORATORY 71
2.1.31 RADIOLOGY SERVICES INCLUDING NUCLEAR MEDICINE 72
2.1.32 INFECTION PREVENTION CONTROL AND ANTIMICROBIAL RESISTANCE 76
2.1.33 NATIONAL AIDS SECRETARIAT 77
2.1.34 AIDS UNIT 79
2.1.35 HARM REDUCTION UNIT (HRU) 81
2.1.36 GERIATRIC MEDICINE UNIT 83
2.1.37 NURSING SERVICES 84
2.1.38 ORTHOPAEDIC APPLIANCES WORKSHOP 85
2.1.39 DEPARTMENT OF OPERATIONS SUPPORT SERVICES 86
SECTION B 88
PRIMARY HEALTH CARE SERVICES 88
2.2 PRIMARY HEALTH CARE SERVICES 89
2.2.1 NON-COMMUNICABLE DISEASE (NCD) CLINICS 92
2.2.2 PAEDIATRIC SERVICES AND NEONATAL CARE 94
2.2.3 COMMUNITY BASED REHABILITATION UNIT 95
2.2.4 MATERNAL, NEONATAL AND CHILD HEALTH SERVICES 96
2.2.5 SEXUAL AND REPRODUCTIVE HEALTH SERVICES 98
2.2.6 NUTRITION UNIT 100

2.2.7 AYURVEDIC MEDICINE 101
2.2.7.1 TRADITIONAL MEDICINE BOARD 102
2.2.8 ALCOHOL AND TOBACCO CONTROL UNIT 103
SECTION C 105
PUBLIC HEALTH SERVICES 105
2.3 PUBLIC HEALTH SERVICES 101
2.3.1 PUBLIC HEALTH AND FOOD SAFETY INSPECTORATE 102
2.3.2 ENVIRONMENTAL HEALTH ENGINEERING UNIT 109
2.3.3 COMMUNICABLE DISEASES CONTROL UNIT (CDCU) 113
2.3.4 MAURITIUS NATIONAL IMMUNISATION TECHNICAL ADVISORY GROUP (MAUNITAG) 123
2.3.5 INTERNATIONAL HEALTH REGULATIONS (IHR) 124
2.3.6 GOVERNMENT ANALYST DIVISION (GAD) 126
2.3.7 VECTOR BIOLOGY AND CONTROL DIVISION (VBCD) 127
SECTION D 130
HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES 130
2.4 HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES 131
2.4.1 NCDS, HEALTH PROMOTION AND RESEARCH UNIT 131
2.4.2 HEALTH INFORMATION EDUCATION AND COMMUNICATION (HIEC) UNIT 136
SECTION E 139
TRAINING, INFRASTRUCTURE, PROCUREMENT AND SUPPORT SERVICES 139
2.5 TRAINING, INFRASTRUCTURE, PROCUREMENT ANDSUPPORT SERVICES 140
2.5.1 TRAINING, RESEARCH AND CAPACITY BUILDING UNIT(TRCBU) 140
2.5.2 THE MAURITIUS INSTITUTE OF HEALTH (MIH) 143
2.5.3 CENTRAL SCHOOL OF NURSING 147
2.5.4 MEDICAL PROCUREMENT AND SUPPLY 147
2.5.5 PUBLIC HEALTH INFRASTRUCTURE 149
2.5.6 PLANNING, FINANCE AND INTERNATIONAL COOPERTATION (PFIC) UNIT 153
2.5.7 HEALTH RECORDS DEPARTMENT 156
2.5.8 HEALTH STATISTICS UNIT 156
2.5.9 HEALTH ECONOMICS UNIT 157
2.5.10 DEMOGRAPHIC/EVALUATION UNIT 159
2.5.11 HOSPITAL ADMINISTRATION UNIT 160
2.5.12 BIOMEDICAL ENGINEERING UNIT 161
2.5.13 ACCOMMODATION UNIT 162
2.5.14 PHARMACY COUNCIL 163
2.5.15 OPTICAL COUNCIL 165
2.5.16 ALLIED HEALTH PROFESSIONAL COUNCIL 165

2.5.17 NURSING COUNCIL 167
2.5.18 MEDICAL COUNCIL 168
2.5.19 DENTAL COUNCIL 170
PART III 172
RISK MANAGEMENT, IMPLEMENTATION AND MONITORING OF KEY ACTIONS AND BUDGET MEASURES ON HEALTH SECTOR 172
3.1 RISK MANAGEMENT, CITIZEN ORIENTED INITIATIVES AND GOOD GOVERNANCE 173
3.1.1 INTERNAL AUDIT RECOMMENDATIONS AND IMPLEMENTATION STATUS (Extract) 176
3.1.2 IMPLEMENTATION PLAN TO ADDRESS SHORTCOMINGS IDENTIFIED IN AUDIT REPORTAND STATUS OF REMEDIAL ACTIONS (Extract) 189
3.1.3 IMPLEMENTATION OF MEASURES IN THE GOVERNMENT PROGRAMME 2025-2029 201
3.2 MANAGEMENT OF GOVERNMENT ASSETS 203
3.3 STATUS ON THE IMPLEMENTATION OF KEY ACTIONS 2025-2026 204
3.4 STATUS ON THE IMPLEMENTATION OF BUDGET MEASURES 2025-2026 (Extract) 209
PART IV 211
FINANCIAL PERFORMANCE 211
4.1 FINANCIAL HIGHLIGHTS 212
4.1.1 STATEMENT OF EXPENDITURE 212
4.1.2 STATEMENT OF REVENUE 214
PART V 215
WAY FORWARD 215
5.1 CHALLENGES, PRIORITIES AND THE WAY FORWARD 216
5.2 STRATEGIC DIRECTIONS 220

LIST OF FIGURES

Figure I: Health Personnel by Population for Medical/Paramedical Grade in the Public Sector 6
Figure II: Attendances at PHC Institutions July 2025 to June 2026 89
Figure III: HBP & DM cases at Ayurvedic Clinics 102

LIST OF TABLES

Table I: Visiting Foreign Teams 66
Table II: Summary on Primary School Health Activity 2025 89
Table III: Maternal and Child Health Activities in Public Sector 96
Table IV: Status of Implementation of Major Infrastructural Projects 149
Table V: Implementation Plan to address shortcomings identified in Audit Reports and Status of Remedial Actions 176
Table VI: Implementation Plan to address shortcomings identified in Audit Reports and Status of Remedial Actions 189
Table VII: Implementation of measures in the Government Programme 2025-2029 201
Table VIII: Status on the Implementation of Key Actions 2025-2026 204
Table IX: Status on the Implementation of Budget Measures 2025-2026 209
Table X: Statement of Expenditure 212
Table XI: Statement of Revenue 214

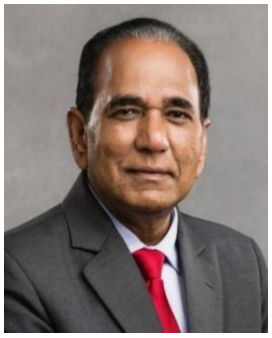
DISCLAIMER

The Annual Report on Performance for Financial Year 2025-2026 has been compiled based on information and statistics received from various units across the Ministry of Health and Wellness (MOHW) and from Councils regulating the health sector. The Health Records Department and the Health Statistics Unit have complemented this Report with the relevant statistics where necessary. The Report was vettedby 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

ACE	Acute Care of the Elderly
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
GP	General Practitioner
ICOPE	Integrated Care for Older People
JNH	Jawaharlal Nehru Hospital
HEU	Health Economics Unit
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
MIH	Mauritius Institute of Health
MOHW	Ministry of Health and Wellness
NAS	National AIDS Secretariat
NBTS	National Blood Transfusion Service
NCD	Non-Communicable Diseases
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



I am honoured to present the Annual Report on Performance of the Ministry of Health and Wellness for the Financial Year (FY) 2025-2026. This report highlights the significant strides accomplished in safeguarding the health and well-being of the citizens of the Republic of Mauritius. 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.

In line with Government priorities, Diabetes and Vascular Health Centres were inaugurated at Dr A.G Jeetoo and SAJ Hospitals, Triolet and Floreal Mediclinics during this FY. This reflects Government commitment towards continued expansion and strengthening of specialised diabetes services, enhancing the capacity of the health system to provide dedicated and coordinated care for patients with diabetes.

Moreover, a new Renal Transplant Unit became operational at Jawaharlal Nehru Hospital, featuring three dedicated operating theatres, ICU, wards, and OPD suite for transplant patients, catering for Urology, Vascular Surgery, and Haemodialysis for up to 300 patients.

For many years, Mauritius had only one Stroke Unit for the whole country, located at Victoria Hospital, despite the fact that our country records around 3,000 to 4,000 strokes every year. In a view to strengthen the Life Saving Strategies and improve accessibility for stroke patients, a new Stroke Unit has been opened at SSRN Hospital. The plan is to establish a Stroke Unit in every regional hospital so that patients, wherever they live, can have timely access to stroke care.

A major milestone during the FY was the successful operationalisation of the new Eye Hospital at Moka to enhance the delivery of ophthalmic healthcare through the integration of state-of-the-art medical technology within a patient-centred environment.

In a bid to strengthen specialised care for the ageing population, the Ministry has also launched one male and one female Acute Care of Elderly (ACE) wards at SSRN Hospital with 70 beds and at SAJ Hospital with 80 beds during the reporting period.

Screening programmes and health promotion campaigns are ongoing so as to identify risks at an early stage, empower communities to make informed choices, and guide policy measures to reduce disease burden. A first public clinical trial unit has also been set up to advance research.

In a view to address emerging health threats, the Ministry has continued to focus on the adoption of a prevention-oriented approach structured around three pillars: early detection, public engagement, and policy-driven interventions.

Government is also actively laying the foundations for an integrated national health information ecosystem through its eHealth programme and Unique Health ID. As far as shortage of health workers is concerned, the Ministry is doing its best to expedite local recruitment and in cases of scarcity, foreign expertise is being tapped.

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, local stakeholders, development partners, particularly the World Health Organization. Their continued support has been and will remain critical 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 THE SENIOR CHIEF EXECUTIVE

It is my privilege to present the Annual Report on Performance of the Ministry of Health and Wellness (MOHW) for the Financial Year (FY) 2025-2026, showcasing both financial and non-financial performance of the Ministry over this time period. Government is committed to leave no one behind concerning access to quality healthcare. Several challenges were faced during the FY but at the same time, consistent efforts were being made with a view to transforming the healthcare system for improved accessibility and quality of care for all citizens.

For the period under review, Government's allocation to health care was Rs 18.5 billion amounting to a per capita Government expenditure on health of around Rs Rs14,866. In spite of globally rising health costs, Government has been sustaining its investments to shore up public health systems so that it can continuously provide free and quality healthcare to the population.

In this line, 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.

During the FY, Diabetic and Vascular Health Centres (DVHCs) were inaugurated at Dr A.G Jeetoo and SAJ Hospitals, Triolet and Floreal Mediclinics as part of the Budget 2025–2026 initiatives to strengthen specialised diabetes and vascular care and enhance the management of NCDs.

Likewise, Trauma and Emergency Units at Dr A.G. Jeetoo, SSRN and SAJ Hospitals were introduced to strengthen emergency care delivery. Emergency situations such as heart attacks and strokes require rapid decision-making, coordinated teamwork and immediate life-saving interventions. It is thus essential to ensure adequate infrastructure and well-trained medical personnel to enhance patient safety as well as improve the efficiency and responsiveness of emergency medical services in Mauritius.

Government is also addressing the outbreaks of chikungunya, dengue, leptospirosis and Mpox in a serious, structured and evidence-based manner, with intensified surveillance, public sensitisation and vector control measures being implemented nationwide. There has been commitment at the highest level to respond to Leptospirosis with a Monitoring and Coordination Committee chaired by the Hon Minister of Health and Wellness, in person, to ensure adequate rodent control measures with the participation of relevant Ministries and stakeholders.

In a bid to deliver a continuum of health promotion, preventative, curative, rehabilitative and palliative services appropriate to the needs of our population, investment in the infrastructure and the upgrading of existing health centres have continued. A New Eye Hospital at Moka, a New Area Health Centre at Bambous and a Renal Transplant Unit at Rose Belle were completed and became operational in the FY 2025-2026.

The Digital Health Agency has also started its operations 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.

A repeated challenge across multiple units is the shortage of human resources, which hinders service delivery and restricts 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 to remedy the situation.

I seize this opportunity to thank the Honourable Minister for his unwavering leadership, resolve and zeal to fruition the goals and objectives of the Ministry. I am equally grateful towards 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 avail myself of the opportunity to extend my appreciation and gratitude to the World Health Organization and to all donor agencies, NGOs, partners and other entities, for their unwavering support and dedication throughout this year. The MOHW has made significant progress, and we will continue to strengthen our health-care system and strive towards Universal Health Coverage. I remain confident that the Ministry will continue to build on the health gains already achieved and to work towards protecting what matters most, that is, healthcare and well-being of all our citizens.

Mr P. Mawah

Senior Chief Executive
Ministry of Health and Wellness

HIGHLIGHTS FINANCIAL YEAR 2025-2026

GOVERNMENT HEALTH ALLOCATION

Increase in the health envelope to
Rs 18.5 billion
reaffirming Government's commitment to free universal access to quality healthcare.

LIFE EXPECTANCY AT BIRTH 2025*

74.2 years
reflecting continued progress in population health and longevity.

**Provisional*

PER CAPITA GOVERNMENT EXPENDITURE ON HEALTH

Per capita Government expenditure increased to
Rs 14,866.

HEALTH SERVICE UTILIZATION

Around 9.6 million contacts with public health institutions
6.3 million cases seen by doctors &
179,334 admissions

HEALTH SERVICE NETWORKS

5 Regional Hospitals
2 District Hospitals
2 Community Hospitals
6 Specialised Hospitals
12 Mediclinics
19 Area Health Centres
109 Community Health Centres

ADVANCED RENAL CARE

A new Renal Transplant Unit was inaugurated at Jawaharlal Nehru Hospital, expanding advanced renal care in the public sector.

AGEING POPULATION

Acute Care of the Elderly (ACE) wards were established at SSRNH and SAJH, strengthening specialised, interdisciplinary and geriatric-focused care.

STRENGTHENING NCD CARE

Diabetic and Vascular Health Centres were introduced to strengthen specialised diabetes and vascular care and enhance NCD management.

ADVANCED ENDOSCOPY

Endoscopic Ultrasound services were introduced in the public healthcare sector, advancing specialised gastrointestinal care.

SUPPORT FOR CHILDREN WITH CANCER

Following the transfer of the Child Cancer Scheme to the MOHW, in collaboration with the NGO "Enn Rev Enn Sourir",
100 new beneficiaries were registered under the Scheme.

NUTRITION & PREVENTION

Fortification of wheat flour with Vitamin D was introduced to help address Vitamin D deficiency among the population

PART I

ABOUT THE MINISTRY

1.1 VISION AND MISSION

OUR VISION	*A healthy nation with a constantly improving quality of life and well-being.*

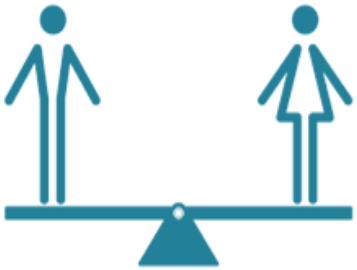
OUR MISSION	*Reinforce our health services into a modern high performing quality health system, that is patient-centred, accessible, equitable, efficient and innovative.*
	Improve quality of life and well-being of the population through the prevention of communicable and non-communicable diseases, promote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

1.2 ROLE AND FUNCTIONS

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

01 **HEALTH PROMOTION & PREVENTION**	▪ *Plan and carry out measures for the promotion of health.* ▪ *Institute and maintain measures for the prevention of diseases including Non-Communicable Diseases and the epidemiological surveillance of important communicable diseases.* ▪ *Implement a Family Planning, Maternal and Child Health Programme.*
02 **HEALTHCARE SERVICE DELIVERY**	▪ *Develop a comprehensive health service in order to meet the health needs of the population.* ▪ *Provide facilities for the treatment of diseases, including mental disease by maintenance of hospital and dispensary services.* ▪ *Make provisions for the rehabilitation of the disabled.*
03 **REGULATIONS & PROFESSIONAL DEVELOPMENT**	▪ *Control the practice of medicine, dentistry, pharmacy and allied health professionals.* ▪ *Advise local government authorities regarding their health services and to inspect those services.* ▪ *Provide facilities for the training of Nursing Officers, Midwives, ancillary hospital and laboratory staff and Health Inspectors.*
04 **HEALTH INFORMATION & RESEARCH**	▪ *Investigate the influence of physical environment and psycho-social domestic factors on the incidence of human diseases and disability.* ▪ *Prepare and publish reports and statistical data and other information relating to health.* ▪ *Initiate 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 to 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

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. 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.

The portfolio of the **Honourable Anil Kumar BACHOO, G.O.S.K. Minister of Health and Wellness** 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**, is also bringing new perspectives and strengthening 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.

Presently, the **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 Senior Chief Executive is assisted in his functions and duties by **three Permanent Secretaries: Mrs A.D. Seenundun, Mrs. N. B. V Payneeandy and Mrs C. Ah-Sue,** 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. The Ministry is also supported by a few Advisors/Senior Advisors who work on a contractual basis.

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.

As far as shortage of health workers is concerned, the Ministry is doing its best to expedite local recruitment and in cases of scarcity, foreign expertise is being tapped. 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 14,700 officers (medical and non-medical) in approximately 330 different grades are employed by the Ministry of Health and Wellness. The number of medical and paramedical grades are provided below:

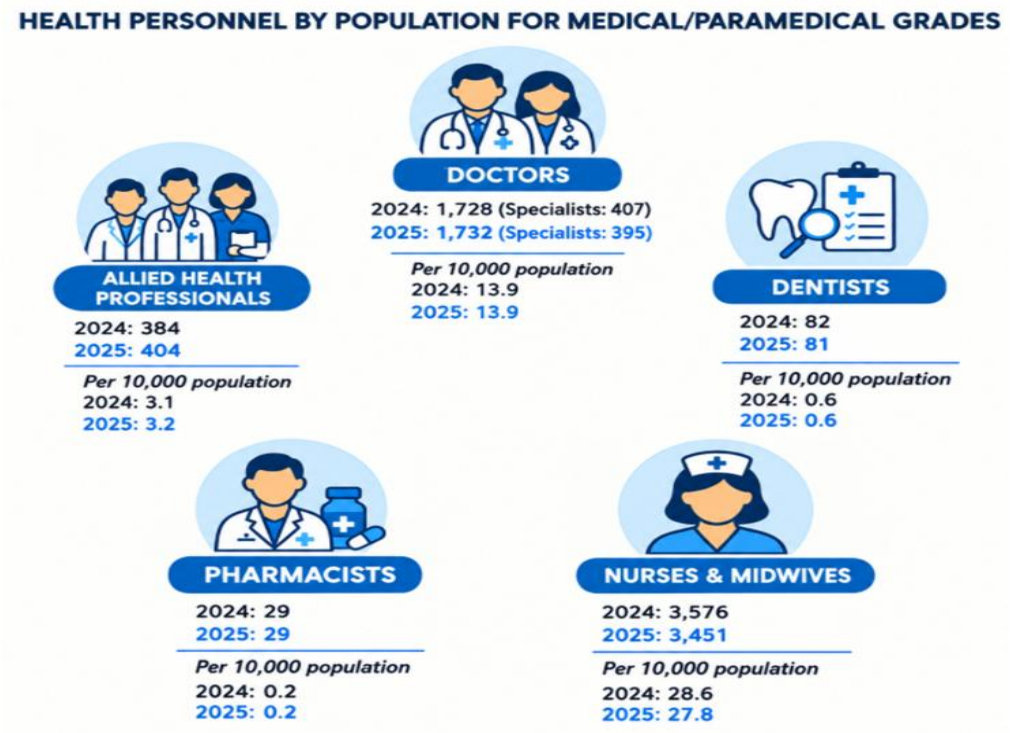


Figure I: Health Personnel by Population for Medical/Paramedical Grade in the Public Sector

Source: Health Statistics Unit, MOHW

During the Financial Year 2025-2026, recruitment/promotion of some 780 officers from different cadres was carried out, including 1 Director Health Services, 1 Medical Superintendent, 7 Consultants in Charge, 26 Specialists/Senior Specialists, 104 General Practitioners, 16 Dental Assistants, 7 Pathological Laboratory Technician, 337 officers from Nursing cadre, 19 officers from Midwifery cadre, 6 officers from Medical Imaging Technologists cadre, 5 officers from Medical Imaging Assistant cadre, 13 officers from Health Records cadre, 5 Insecticide Sprayer Operators, 11 Health Surveillance Officers, 4 Field Supervisors, 9 Stores Attendant amongst others.

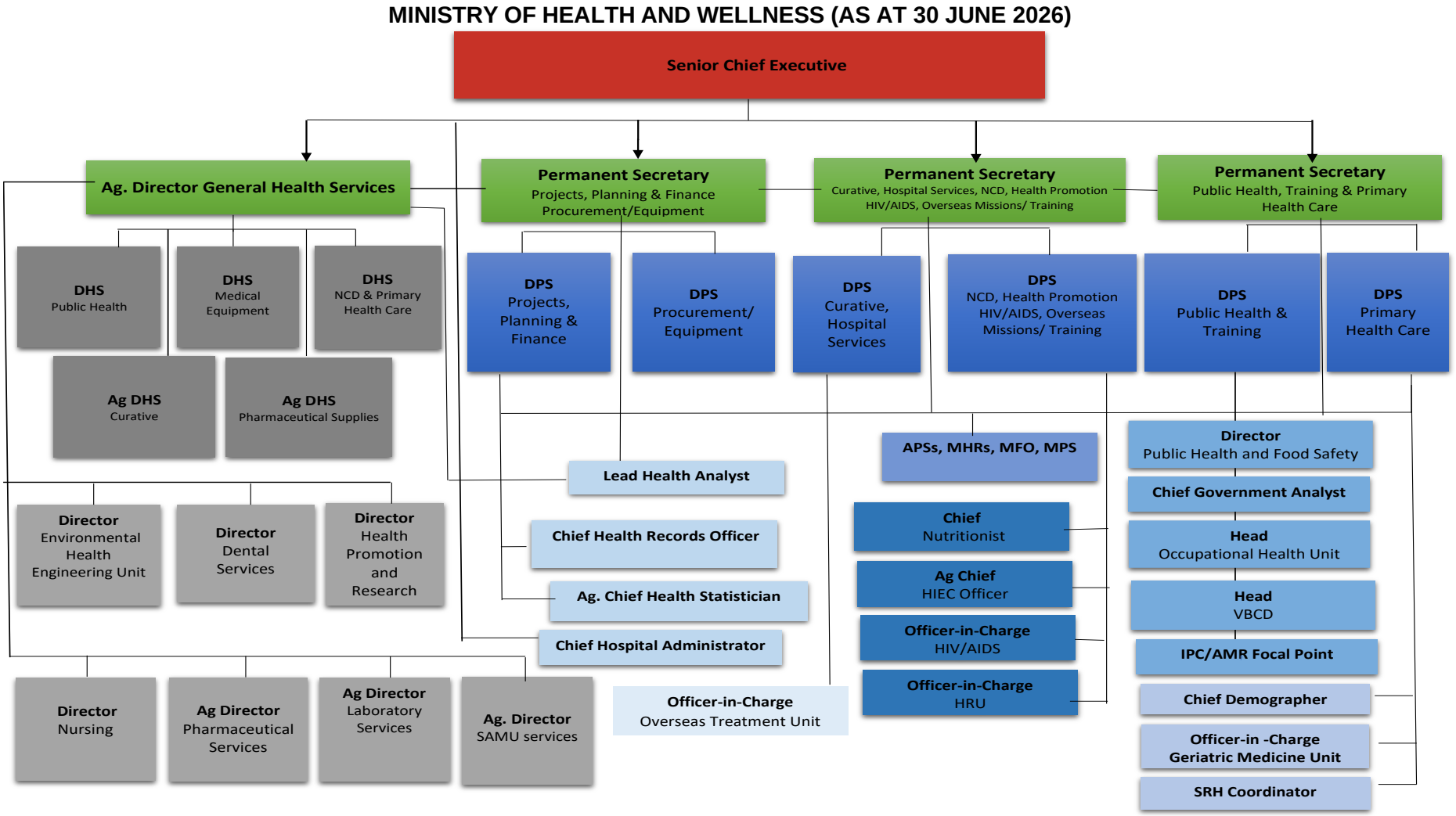
In that particular period, some 168 officers have retired from different cadres including, 1 Director Health Services, 1 Regional Health Director, 1 Director Laboratory Services, 10 Consultants in Charge, 5 Specialist/Senior Specialists, 9 General Practitioners, 45 officers from the Nursing cadre, 2 officers from Medical Imaging Technologist cadre, 8 officers from Health Records cadre, 6 Health Sterile Services Assistant, 33 Senior Attendants (hospital level) amongst others.

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

Staff in Post (June 2026)	Percentage		Number
	Male	Female	Total
Top Management (Salary ≥ Rs110,000)	**69%**	**31%**	**248**
Middle Management (Rs55,000 ≤ Salary ≥ Rs100,000)	**49%**	**51%**	**2,324**
Support (Salary < Rs55,000)	**42%**	**58%**	**10,730**
Overall	**44%**	**56%**	**13,302**

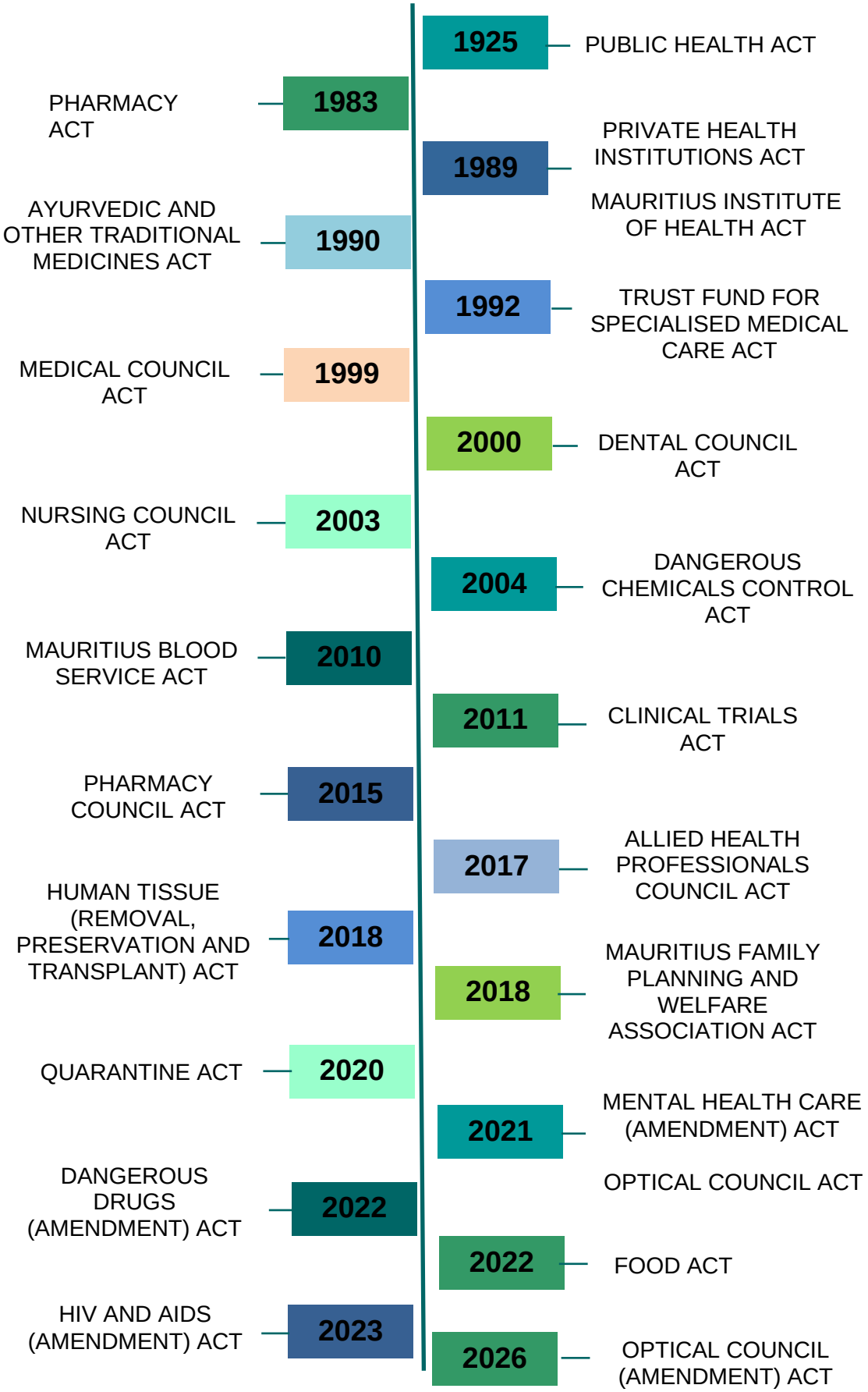
Source: Central Information Systems Division (CISD)

1.5 ORGANISATIONAL CHART



Source: MOHW Website (Accessed June 2026) & Inputs from HR

1.6 KEY LEGISLATIONS



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 rehabilitationservices ▪ 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 includingwound 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 ▪ Tobacco Cessation Clinics*	▪ 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 careclinic 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 ▪ Cardiology* ▪ ENT* ▪ General Surgery* ▪ Occupational Health* ▪ 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

(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
- 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

Source: Health Records Department, MOHW

1.8 MAJOR ACHIEVEMENTS

The Ministry of Health and Wellness (MOHW) receives the third largest financial envelope from the Government Annual Budget. During the Financial Year 2025-2026, 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, and religion.

In this regard, the Ministry aims to be both accountable and 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.

Key achievements under the following areas during the FY 2025-2026 include:

Improving Access to Specialised Health Care

Advancing renal transplantation services

- **Inauguration of new Renal Transplant Unit at Jawaharlal Nehru Hospital**, featuring three dedicated operating theatres, ICU, wards, and OPD suite for transplant patients, catering for Urology, Vascular Surgery, and Haemodialysis for up to 300 patients.
- Over the period 1 July 2025 to 30 June 2026, the kidney transplantation programme recorded 12 cases, whereby six were performed by Dr Manikandan and Dr Senthil from MIOT, Chennai, and six by Dr Sobnach, Dr Astana and colleagues. **All procedures were uncomplicated, marking a 100% success rate for the year.**
- **Major breakthrough in terms of the successful use of repeated plasma exchange sessions** to treat the recurrence of focal segmental glomerulosclerosis in a newly transplanted patient, resulting in full recovery of transplant function. This was the first successful treatment of this condition in Mauritius.
- Aiming at self-sufficiency in renal transplantation services and thus reducing the need for patients to seek treatment abroad.

Expansion of specialised ophthalmic services

- Coming into operation of a new seven-storey purpose-built specialised eye hospital at Moka.
- The new hospital blends advanced medical technology with a design focused on patient comfort, dignity and well-being. The enhanced infrastructure has improved clinical workflow, operational efficiency and patient accessibility while providing greater capacity for future expansion of specialised ophthalmic services.
- The relocation also provided an opportunity to optimise equipment management, improve environmental health standards and support the implementation of the Ministry's eHealth Programme.

Enhancing Health Service Delivery and Patients Outcomes

Expansion of Dialysis Facilities

- Installation of five additional dialysis machines at Quartier-Militaire Mediclinic **doubled its capacity to 10 units, enabling the facility to serve approximately 60 dialysis patients from the region across three daily shifts.** This expansion alleviated pressure on SAJH by eliminating the need for a fourth dialysis shift, allowing patients to complete treatment earlier, improving overall comfort, safety, and quality of life.

Expansion of Advanced Therapeutic Endoscopy

- Increased number of Endoscopic Retrograde Cholangiopancreatography (ERCP) procedures as compared to the previous financial year, together with expanded use of single-operator cholangioscopy and Electrohydraulic Lithotripsy (EHL) for the management of complex biliary stone disease. **These advances have enabled successful endoscopic treatment of patients who would previously have required surgical intervention.**
- **Major advancement in minimally invasive hepatobiliary care and improved patient outcomes** as no patient required referral for open Common Bile Duct (CBD) exploration**.**

Introduction of Endoscopic Ultrasound (EUS)

- **Introduction of Endoscopic Ultrasound (EUS) services** represents a landmark achievement for the country. It has enabled high-resolution imaging of the gastrointestinal tract, pancreas and biliary system, together with EUS-guided fine-needle aspiration and biopsy, allowing minimally invasive tissue diagnosis of pancreatic masses, subepithelial lesions and enlarged lymph nodes. **This has improved diagnostic accuracy, expedited patient management and reduced the need for more invasive surgical diagnostic procedures.**
- Introduction of therapeutic EUS has also enabled the performance of advanced interventional procedures, including the placement of a Lumen-Apposing Metal Stent (LAMS) to perform an EUS-guided cholecystoduodenostomy for gallbladder drainage in patients unsuitable for surgery.
- This procedure, performed for the first time in Mauritius, represents a major milestone in the advancement of therapeutic endoscopy and demonstrates the Centre's commitment to introducing internationally recognised, state-of-the-art minimally invasive techniques within the public healthcare sector.

Establishment of Trauma and Emergency Unit at SAJ and SSRN Hospitals to strengthen emergency medical services

- Specialists in Emergency Medicine assumed leadership of the newly designated Trauma and Emergency Units (formerly known as Accident and Emergency Departments) at SAJH, SSRNH, and Dr A.G. Jeetoo Hospital, **strengthening emergency care delivery through dedicated clinical governance and specialist-led decision-making.**
- Incorporation of a modern triage system based on internationally recognised colour codes (Red, Yellow, and Green). **This system enables immediate patient assessment and prioritisation according to the severity of their condition rather**

than order of arrival. Similar Trauma and Emergency Units will be progressively established in other regional hospitals across the island.

Advancing Nuclear Medicine

- Consolidation of PET-CT Services: The establishment of Mauritius' first PET-CT service at National Cancer Centre has **enhanced the country's capacity for precise cancer staging, treatment monitoring, and follow-up.** This advancement has reduced dependency on overseas referrals and improved multidisciplinary cancer care coordination.
- Expansion of Hybrid Imaging: Full utilization of Siemens Symbia Pro.Specta X7 at NCC and continued operation of Siemens Symbia Pro.Specta X3 at JNH have significantly improved diagnostic accuracy for a wide range of oncological and non-oncological conditions.

Management and Prevention of Non-Communicable Diseases

Strengthening Diabetes Care

- **Inauguration of Diabetic and Vascular Health Centres (DVHCs)** at Dr A.G Jeetoo Hospital, SAJH, Triolet and Floreal Mediclinics as part of the Government's Budget 2025–2026 initiatives to strengthen specialised diabetes and vascular care and enhance the management of NCDs. The Centres adopt a holistic, patient-centred approach, focusing not only on glycaemic control but also on lifestyle modification, mental well-being, early detection of complications, and multidisciplinary care.
- **Innovative programmes, including the Path to Remission Programme** for newly diagnosed type 2 diabetes patients through intensive lifestyle intervention.
- Introduction of new antidiabetic medicines, namely **Dapagliflozin (SGLT2 inhibitor)** and **Vildagliptin (DPP-4 inhibitor)**, to improve diabetes management.
- Expansion of the Diabetic Footcare Service at Grand Bois Mediclinic **from three times weekly to all weekdays and Saturday.**
- **Establishment of an International Advisory Committee on diabetes and cardiovascular diseases** which brought important recommendations to 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.

National Colorectal Cancer Screening Programme

- **Increase in screening capacity from approximately 10 to over 100 participants per week** during the FY, reflecting improved organisation, public participation, and accessibility to colorectal cancer screening services.
- Achievement of **a polyp detection rate of approximately 45%** among participants with a positive Faecal Immunochemical Test (FIT). This is consistent with internationally reported benchmarks, demonstrating the effectiveness of the screening pathway in identifying premalignant colorectal lesions at an early stage.

Strengthening Life Saving Strategies for Stroke Patients

- Setting up of a Stroke Unit at SSRN Hospital to improve accessibility and for timely stroke treatment as there was only one such unit at VH for the whole country. Most strokes are caused by a blood clot blocking the circulation to the brain. When the patient reaches hospital in time, this clot can be dissolved through thrombolysis, within a narrow treatment window of around 4 hours and 30 minutes. **This treatment can save lives. It can also prevent severe disability, including paralysis.** The plan is to establish a Stroke Unit in every regional hospital so that patients, wherever they live, can have timely access to modern stroke care.

Advancing Geriatric Care

- Design and launching of Standard Operating Procedures (SOPs) in collaboration with WHO to align the management of geriatric conditions with international standards of care.
- Strengthening specialised care for the ageing population with the launching of one male and one female Acute Care of Elderly (ACE) wards at SSRN Hospital with 70 beds and at SAJ Hospital with 80 beds. These wards are designed with specialised infrastructure and supported by holistic, multidisciplinary care approaches aligned with international standards. This **initiative represents a major shift towards more coordinated, person-centred geriatric healthcare**, with continuous staff training and improved treatment protocols to ensure better health outcomes for the elderly.
- Expansion and consolidation of Early Dementia Diagnosis Clinics from Victoria Hospital and SSRN Hospital to SAJH, Dr A.G. Jeetoo Hospital and JNH, improving access to early dementia assessment and management.

Management and Control of Communicable Diseases

- High reporting rate of Integrated Disease Surveillance and Response - IDSR data reaching 99.4% during the reporting period.
- Routine use of the Epidemic Intelligence from Open Sources (EIOS) platform. The dedicated monitoring activities were undertaken to detect and assess signals of potential public health threats using publicly available information from media reports, official websites, and other open sources. Out of the 38 public health signals evaluated, **exactly 50% (19 signals) were classified as Low Risk, while 3 signals escalated to High or Very High-risk thresholds** requiring remedial actions.
- Successfully maintained the country's polio-free status during the reporting period through sustained implementation of routine immunisation, Acute Flaccid Paralysis (AFP) surveillance, environmental surveillance, and laboratory containment activities.
- Responding to the 2026 Chikungunya upsurge through integrated advanced vector control strategies, notably deploying the Sterile Insect Technique (SIT) to suppress mosquito populations. These **measures managed to bring a sharp reduction in the number of cases within 1 month**, i.e., from 2,647 in May 2026 to 1,595 in June 2026.

- High Level Commitment to respond to Leptospirosis through **a Monitoring and Coordination Committee chaired by the Hon Minister of Health and Wellness** to ensure adequate rodent control measures with the participation of relevant Ministries and stakeholders.
- Revision and updating of the national Protocol for the management of Mpox in February 2026. Enhanced surveillance measures were implemented at Points of Entry, including 21-day public health follow-up of travellers arriving from affected countries.
- The Central Health Laboratory has developed its sequencing capacity to include Mpox.
- Development of standard operating procedures, admission and discharge protocols, surveillance and monitoring procedures, referral pathways, and inter-agency coordination mechanisms to ensure the safe management of high-risk travellers concerning Ebola disease.
- Conduct of the 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.

Adoption of New Technologies and Digitalisation

- **Operationalisation of the 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 MOHW.
- Development of the Ministry's Sexual and Reproductive Health ***website-familywellness.mu*** also commenced to provide reliable, evidence-based information and improve access to digital health education resources.
- Pamphlets featuring QR codes were developed to provide easy access to reliable information and available HIV services.
- Laboratory Information Management System is now in use in Virology and Molecular Biology Departments, with significant progress in Biochemistry and Haematology departments through equipment interfacing.
- The Pharmacy Board has been upgraded through the introduction of the online Trade Link MNS system, enabling the electronic processing of import authorisations and clearances for pharmaceutical products, precursors, and Dangerous Drugs.

Favourable Health-Related Indicators/Outcomes and Recognitions

- Gold Award for Public Service Excellence 2025 awarded to SAJH Dialysis Unit in May 2026, recognising its commitment to patient-centred care, operational efficiency, infection prevention and control, teamwork, and service innovation.
- The Centre for Gastroenterology and Hepatology at Dr A.G. Jeetoo Hospital received the Public Service Excellence Award 2023 during the reporting period, recognising its contribution to patient care, service innovation, and excellence in public healthcare delivery.

- The Sir Edgar Laurent TB laboratory was accredited to ISO 15189-22 standards by MAURITAS in October 2025.
- The Government Analyst Department of the MOHW maintained its 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.
- National Blood Transfusion Service has been ISO 9001 certified since 2010 and has maintained the certification status during the reporting period.
- WHO Infection Prevention Control Assessment Tool 2 (IPCAT-2) score improved from 61% in 2024 to 75% in 2025.
- WHO SPAR (States Parties Self-Assessment Annual Reporting) IPC score improved from 47% in 2024 to 53% in 2025.
- Strengthening of national AMR monitoring with the country's Tracking AMR Country Self-Assessment Survey (TrACSS) score improved from 48% to 59%, reflecting enhanced implementation of AMR-related capacities and governance.

1.9 MAJOR CHALLENGES

Despite the noteworthy health achievements accomplished, Mauritius still faces existing and emerging challenges in the health sector. These include high incidence of NCDs such as diabetes, cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases and emerging infectious diseases. There are also the complex health needs of the ageing population, rising healthcare costs, need for adoption of advanced health technology and expand digitalization, healthcare staffing shortages, and rising expectations of patients for more patient-centred and improved quality of care amongst others.

The health sector in Mauritius continues to evolve in response to changing national and global dynamics. The Ministry remains committed to addressing the challenges 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:

- **Prevention and Management of NCDs**

  NCD prevention and screening activities - Population ageing has resulted in a higher prevalence of diabetes and other chronic conditions, reducing the pool of individuals eligible for routine screening while increasing the burden of comorbidities requiring follow-up. Community screening activities are further constrained by the limited availability of the working-age population during daytime sessions, as most are at work.

  In addition, workplace screening is currently conducted mainly in public and parastatal institutions, limiting access to employees in the private sector. School-based screening activities continue to be affected by declining student enrolment and low parental consent rates. 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.

  Management of NCDs: Clinical outcomes varied between health facilities, with a significant proportion of patients not achieving recommended glycaemic and blood pressure targets. Human resource constraints remain a major challenge, with only two diabetologists supporting 20 specialised diabetes clinics, limited nutritionist availability, and uneven distribution of Diabetes Specialist Nurses.

  Monitoring and follow-up are affected by high default rates for retinal screening and inconsistent routine assessment of key clinical indicators. Documentation and audit practices require further standardisation to improve data quality and reliability. Preventive services, including smoking cessation and community-based health promotion activities, need strengthening, while the continued occurrence of diabetic foot complications and advanced

chronic kidney disease highlights the need for earlier detection and improved multidisciplinary care.

In addition, patient education and self-management support should be enhanced to improve adherence to treatment, promote healthy lifestyles, and reduce the risk of long-term complications.

Moreover, an ageing population, together with the increasing prevalence of disabilities and stroke-related conditions, have significantly increased the demand for community-based rehabilitation services, placing additional pressure on MOHW's already limited human resources.

- **Health Security Concerns**

Mauritius continues to face gaps in the implementation of the International Health Regulations[1] (2005), as reflected by an IHR Core Capacity Index of 45 (worst 0, best 100) under State Party Self-Assessment Annual Report (SPAR).

In order to systematically address health security gaps for the country, a Joint External Evaluation (JEE) was conducted in November 2025. It was noted that the National Action Plan for Health Security (NAPHS) 2027–2032 has not yet been developed, resulting in the absence of a comprehensive, costed roadmap to guide the implementation of JEE recommendations and to strengthen national health security capacities. The other observations were as follows:

– Limited financial resources continue to constrain the implementation of priority activities under the International Health Regulations (2005), including preparedness, simulation exercises, workforce development, and procurement of essential emergency preparedness equipment.

– Human resource constraints at both national and regional levels limit surge capacity for surveillance, epidemiological investigations, risk assessment, contact tracing, points of entry, and emergency response during public health events.

– The absence of a legally established National IHR Authority and the ongoing revision of the Public Health Act delay the full operationalisation of the revised International Health Regulations (2024) amendments.

– Competing public health priorities, including responses to chikungunya and Mpox outbreaks, have affected the timely implementation of planned IHR strengthening activities.

- **Setbacks in addressing Communicable Diseases**

During the reporting period, the Communicable Diseases Control Unit (CDCU) encountered several operational and institutional challenges that affected the pace of implementation of strategic activities. Notable operational pressures arising from the diversion of technical officers to time-consuming assignments outside the core mandate of the CDCU (eg, Climate Changes, IHR M&E, One Health, among others) were frequent. While these responsibilities supported broader institutional needs, they reduced the availability of specialised personnel for essential functions such as surveillance, outbreak preparedness, data analysis, programme

[1] The International Health Regulations (IHR) are a legally binding global law that forms the foundation of international health security by requiring countries to prevent, detect, and respond to cross-border disease outbreaks

development, and implementation of strategic public health initiatives.

Furthermore, progress in strengthening the Unit was constrained by administrative processes and differing interpretations of operational priorities, which limited the timely implementation of planned improvements. In addition, resource limitations, including the reported unavailability of dedicated funding for certain priority initiatives, delayed the establishment and enhancement of critical systems and capacities required to further strengthen communicable disease surveillance, preparedness, and response.

There is the absence of a modern, interoperable digital surveillance and information management system. The Unit remains largely reliant on manual data collection, validation, compilation, and analysis processes, which are labour-intensive, increase the risk of delays and data quality issues, and limit the timely generation of epidemiological intelligence required to support evidence-based decision-making and rapid public health response.

Despite these constraints, the CDCU strived to maintain continuity of essential surveillance and response activities, fulfilled its national and international reporting obligations, and continued to advance key health security priorities through effective coordination, technical capacity, and the commitment of its staff.

- **Human Resources Gaps**

Maintaining high-performing units in a health system presents challenges such as staffing shortages, limited resources, and managing complex patient cases. High patient volumes and acuity levels, along with regulatory compliance and quality standards, require efficient communication and coordination among multidisciplinary teams.

Several services face staffing gaps due to absenteeism, retirements, resignations, redeployments, limited training opportunities, staff scarcity (for specific areas) on the market and cumbersome recruitment exercises. Recurring shortage of human resources hampers service delivery and limits expansion of care. This major challenge has been reported by multiple services/units as described below:

(i) *Immunization:* Shortage of Public Health Nursing Officers.

(ii) *School of Nursing:* Difficulty in maintaining optimal student-to-educator ratios.

(iii) *Health Information and Communication Unit:* Shortage of staff to adequately cover all health regions, which limits the Unit's capacity to ensure consistent and comprehensive outreach across the country.

(iv) *Centre for Gastroenterology and Hepatology:* Recruitment and retention of appropriately trained personnel remain challenging, particularly for specialist endoscopy nurses.

(v) *SAMU*: Lack of trained personnel to match demand for emergency services.

(vi) *Dental Services:* A number of funded posts, particularly in the grade of Dental Assistant, have remained vacant for an extended period. The shortage of Dental Assistants has adversely affected service delivery. Consequently, some full-time dental clinics had to be converted to part-time operations, thereby reducing service capacity. The persistent staff shortage has also placed increased demands on existing personnel, resulting in heavier workloads and an increased risk of staff burnout.

(vii) *Laboratory Services*: Health Services have expanded with more demand for laboratory tests. However, there is a shortage of human resources in all cadres of laboratory services (medical, technical and other support staffs). The number of Medical Laboratory Technologist/Senior Medical Laboratory Technologist has however steadily decreased from 230 in year 2021 to 183 in 2026. There is also a shortage of Pathologist and Health Laboratory Auxiliary.

(viii) *National Antimicrobial Resistance (AMR) Programme:* GLASS-AMR reporting could not be completed because of insufficient human resources.

(ix) *Ophthalmology:* Increasing demand for specialised ophthalmic services is coupled with ongoing human resource constraints.

(x) *AIDS Unit:* Human resource shortages, particularly among clinical staff, psychologists, monitoring and evaluation personnel, and community outreach workers, place additional pressure on existing services and limit the expansion, efficiency, and sustainability of HIV prevention, treatment, and care programmes.

(xi) *Community Based Rehabilitation Programme*: The shortage of personnel places considerable pressure on the Unit's capacity to deliver timely, comprehensive, and community-based rehabilitation services. It affects the frequency of home visits, the timely follow-up of beneficiaries, and the overall reach and quality of care provided to persons with disabilities.

(xii) *Cardiology Service*s: The Cardiology Unit faces significant challenges in maintaining the continuity of existing cardiac services due to limited staffing.

(xiii) *Department of Neurosurgery:* There is a lack of Neurosurgical Scrub Nurses in the service as 4 dedicated Neurosurgical Scrub Nurses have left the Unit (2 have been promoted as Charge Nurses and 2 have moved to the Private Sector). At present, there are only 5 Neurosurgeons working (2 at Victoria Hospital and 3 at the Dr. A.G. Jeetoo Hospital) which is a challenge, covering emergencies 24/7 but also giving neurosurgical services including operations and outpatient sessions in a total of 5 Regional Hospitals during normal working hours. There is also a delay in the appointment of 2 Neurosurgeons, who passed the Medical Council Examination. Additional Neurosurgeons would be required, to effectively run the service.

(xiv) *Mental Health:* Due to decentralization, provision of additional services and also an increase in the number of patients, more human resources are required at all levels for proper delivery of the service.

(xv) *Sexual and Reproductive Health:* Additional investment in workforce development will be essential to sustain programme expansion across sexual and reproductive health, maternal and child health and breastfeeding programmes.

(xvi) *Dialysis services:* Although all dialysis units are adequately staffed in accordance with the recommended nurse-to-patient ratio of 1:4, the frequent absenteeism of dialysis personnel continues to disrupt the smooth operation of services. Unplanned staff absences place additional pressure on available personnel, affect duty rosters, increase workload, and may compromise service efficiency and continuity of patient care.

Together, these HR challenges across different units highlight the need for systematic human resource planning, succession strategies, and forecasting to ensure the continuity of

specialised care and equitable distribution of services. The MOHW is also looking into the possibility to obtain foreign expertise through the introduction of a Visiting Doctor Scheme.

In parallel, there is a need to strengthen attendance monitoring, reinforce staff accountability, maintain a pool of trained relief personnel for timely redeployment, and promote staff well-being through supportive workplace initiatives.

- **Management of health Infrastructure, Equipment and Logistics**

Several departments have highlighted the disruption in the workflow due to malfunctioning equipment, insufficient and/or defective vehicles, lack of space and inappropriate infrastructure which may also affect health and safety norms across the health facilities.

Infrastructure

- Inadequate infrastructure continues to remain a challenge which can compromise the various processes within the laboratory including inventory management and health and safety of the staff and visitors to the laboratory. In this regard, the Ministry is envisaging to construct a new state-of-the art laboratory at Cote Dór.
- Infection Prevention Control programme is also affected by limited maintenance of infrastructure and ventilation systems in health facilities.

Medical Equipment

- Some dental units and equipment required replacement or major maintenance due to ageing and frequent use. The absence of a comprehensive and timely preventive maintenance programme has resulted in frequent equipment breakdowns, leading to service interruptions, increased repair costs, and reduced operational efficiency.
- The Cardiology unit is also facing impediments due a non-functional C-arm, and the absence of a dedicated Cardiac Intensive Care Unit (CICU). These constraints limit the provision and expansion of interventional and critical cardiac care, while placing increased pressure on the department to sustain safe and efficient service delivery.
- The Neurosurgery department at Victoria as well as at SAJ Hospitals do not have Operating Microscope for Specialized Neurosurgical Interventions. There is only one Operating Microscope at Dr. A.G. Jeetoo Hospital installed in 2012 but it is working erratic, as the life span has lapsed.
- The continuous introduction of new technologies requires Biomedical Engineering personnel to regularly update their technical knowledge and competencies to effectively manage and maintain increasingly sophisticated equipment. Delays in procurement processes and the underperformance of external service providers also affect repair and maintenance schedules and project implementation.

Logistics and Transport

- Growing demand for emergency services-SAMU has not been matched by a corresponding increase in transport capacity. As a result, the service is increasingly unable to cope with the volume of emergency requests.
- There are logistical constraints, including transport deficiencies, lack of IT equipment, and a shortage of standardized vaccine refrigerators for the immunization unit.

- The limited availability of dedicated transport for mobile screening teams remains a major operational challenge.
- The rollout of the eHealth System at public health institutions is contingent upon resolving several challenges, including: Delays in site readiness (e.g., electrical works, connectivity), Dependencies on the Government Internet and Network Services (GINS) and Cybersecurity audit and retesting requirements.
- The ageing vehicle fleet posed a major challenge, with frequent mechanical failures resulting in prolonged periods during which vehicles were unavailable for service.
- The lack of staff to operate the Government Asset Register (GAR) and clear the accumulated backlogs is also a recurrent issue. The National Audit Office has raised this issue in its several report.
- There is underutilisation of the NAVEO fleet management system.

Accordingly, there is the continuous need to ensure the maintenance of health infrastructure and improve implementation rate of new infrastructure projects in order to meet the new demand of the public health sector. Addressing the challenges remains essential to maintaining equipment reliability, minimising downtime, and ensuring continuity of patient care. There is need to also strengthen governance, improve accountability, and enhance the efficiency of fleet management operation.

- **Procurement and Supply Chain Management**

Delays in procurement and inefficiencies in supply chain management continue to affect the continuity and quality of care in multiple areas. According to Dental Unit, delays in the procurement of specialised equipment, spare parts, and consumables affected service delivery and required careful resource management to minimise disruptions. Furthermore, the AIDS Unit reported that occasional stock-outs of laboratory reagents and related supplies continue to affect testing capacity and service continuity.

Reports issued by the National Audit Office (NAO) and the Office of Public Sector Governance (OPSG) identified several operational weaknesses, including inadequate transparency in the procurement of spare parts and weaknesses in arrangements for vehicle repairs with private garages.

Procurement of medical supplies and equipment 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. In addition, due to the small size of our market, many big companies do not participate in our bidding exercise, and high cost of drugs and medical supplies are one of the major challenges.

- **Social and Environmental Risks and Healthcare**

The economic and social developments in Mauritius have brought about rapid changes in lifestyles which have an impact on the health of the population. Mental health issues particularly among adolescents and our elderly still need our attention. Adolescence also brings concerns related to substance abuse, sexually transmitted diseases, and reproductive health.

Stigma and taboo surrounding mental illness continue to delay early intervention and rehabilitation. A declining perception of HIV risk, particularly among adolescents and young adults, has contributed to reduced uptake of testing and prevention services, including inconsistent condom use. Stigma and discrimination remain significant barriers to accessing HIV services, especially among key populations, discouraging timely testing, treatment initiation, and retention in care.

These evolving health concerns call for integrated strategies that combine prevention, awareness, and service expansion to safeguard population health. The AIDS Unit is continuously tracking patients not attending Day Care Centres for Immuno-suppressed (DCCIs) so that they can be re-engaged for treatment and care. During the FY, the Sexual and Reproductive Health Unit has provided training to 38 healthcare providers and administrators from both facility and community-based settings on HIV-related stigma and discrimination. The training strengthened participants' knowledge and capacity on key principles, including non-discrimination, duty to treat, informed consent, confidentiality, and the rights of people living with HIV. Moreover, the Harm Reduction Unit is upscaling its programmes and adopting new strategies for the prevention of substance abuse and rehabilitation of victims of all ages.

Moreover, the economic and social developments have also brought changes in urbanization, production and energy consumption in Mauritius over the last decades. To deal with the root causes affecting environmental health risks, it is essential that health be at the centre of inter-sectoral actions. It is thus important to monitor and assess environmental health risks associated with existing and future environmental polluting activities. The Environmental Health and Engineering Unit which has already extended its field of activities to Environmental Surveillance pertaining to Legionella as well as Poliomyelitis intends in the medium term to:

- Intensify drinking water quality monitoring programmes which improved technologies such as in situ Testing equipment for measuring pH, turbidity and total dissolved solids;

- Use new noise meters equipped with outdoor kit have recently been purchased which will allow noise measurements on stand-alone basis up to 12 hours;

- Participate actively towards the Ministry's commitment to address the health impacts of climate change in the Mauritian Context through the development of the Health National Adaption Plan (HNAP), and the sustainable management of healthcare waste through the feasibility study of a Centralized Healthcare Waste Facility (CTF).

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 academia. The process was officially launched by the Hon. Minister of Health, Mr A K Bachoo, G.O.S.K, in the last FY.

2. Progress of activities for the reporting period

I. Thematic Working Groups (TWGs), comprising stakeholders from the MOHW as well as State and Non-State institutions, have validated their situational analyses, and identified priority areas and strategic actions.

II. A consultation workshop was held with the MOHW Leadership on 20th and 21st August 2025 to discuss and validate the draft situational analysis, which served as the foundation for setting goals, objectives, strategic interventions, and targets in the next stages of the HSSP.

III. TWGSs, supported by the Health Economics Unit of the MOHW have developed the operation plans for the HSSP 2026-2030 and also costed the activities therein.

IV. Presentation of draft HSSP to a High-Level meeting during the visit of Dr Janabi, Director WHO AFRO.

V. A last consultation and validation workshop with the members of the TWGs that provided inputs for Mauritius was held on 15th and 16th April 2026.

VI. During the forthcoming FY, the launching and implementation of the Plan are being envisaged.

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;

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; and

IV. Visibility on the sector's commitment for more donors' involvement in the sector.

High Level Meeting on HSSP

1.11 DRIVING DIGITAL TRANSFORMATION: E- HEALTH

The national e-Health Project is being implemented by the Ministry of Health and Wellness in collaboration with the United Nations Development Programme (UNDP), with the objective of modernising healthcare delivery, improving the management and availability of patient information and strengthening efficiency across public health institutions. The project has progressed from design and development into an advanced stage of implementation and progressive national rollout. The principal modules include the Patient Administration System (PAS), e-Health Portal and Blood Bank System. Key development milestones, including the Solution Blueprint, Software Requirement Specifications and system customisation, have been completed.

National Rollout and System Utilisation

The testing phase commenced at Sir Anerood Jugnauth Hospital in August 2025 and the rollout has since expanded progressively. As at 30 June 2026, the e-Health application had been implemented in different healthcare facilities: 28 facilities in Region 3 (fully onboarded); 3 facilities in Region 4 and 2 facilities in Region 5. In Region 1 and 2, preparatory and infrastructural works were still ongoing for the roll out of the e-Health project.

System utilisation has increased steadily. As at 30 June 2026, the system had recorded some 150,600 patient registrations; 281,400 patient visits; 31,400 file mappings; 42,000 appointments; 7,900 admissions; 7,300 discharges; and 268,400 doctor transactions. The increase in transaction volumes is particularly encouraging and reflects recovery in operational use and user confidence.

Infrastructure, Stabilisation and Operational Acceptance

The principal immediate constraint to accelerating the national rollout is now site readiness, particularly electrical infrastructure, data points, network and GINS connectivity and final equipment installation. Priority actions include accelerating outstanding electrical and network works in Regions 1, 2, 4 and 5; completing installation and configuration of servers at the primary and Disaster Recovery data centres; maintaining intensive user support and handholding; completing remaining cybersecurity assurance activities; and ensuring knowledge transfer and source-code handover to Government technical teams. Formal Operational Acceptance is targeted for December 2026, subject to satisfactory completion of the remaining technical and operational requirements.

Digital Health Co. Ltd / Digital Health Agency

The Digital Health Co. Ltd (DHCL) has been established as the institutional mechanism for the long-term governance, management and sustainability of the national e-Health system and other digital health initiatives. During FY 2025–2026, the company progressed with its operationalisation, including the constitution of its Board, appointment of an Officer-in-Charge and recruitment of Digital Health Systems Officers to support implementation of the e-Health Project. Recruitment exercises were also initiated for other key technical, managerial and administrative positions, including the Chief Technical Officer, Team Leads, Human Resource Officer, Accounting and Finance Officer and other support posts. These recruitment exercises were ongoing as at 30 June 2026, with appointments and onboarding expected in FY 26/27.

1.12 CLIMATE CHANGE

Climate Change Initiatives

As a nation highly vulnerable to rising sea levels and extreme weather, Mauritius is a signatory and active party to all major international treaties and legal frameworks concerning climate change and health, starting from the United Nations Framework Convention on Climate Change (UNFCCC) in 1992 to the latest COP30 Belém Health Action Plan in 2025.

The Ministry of Health and Wellness is responsible for protecting population health from the adverse impacts of climate change by integrating climate adaptation into health policies, programmes, service delivery, surveillance, emergency preparedness, and health system planning.

During the reporting period, the MOHW continued to advance the implementation of the **"Building Climate Resilient Health Systems in Mauritius"** project under the **Green Climate Fund (GCF) Readiness and Preparatory Support Programme**, with technical support from the WHO.

Building on the achievements of Phase I, which resulted in the completion of a Current State Assessment, a national Climate and Health Vulnerability and Adaptation (V&A) Assessment, a roadmap for the establishment of an Early Warning, Alert and Response System (EWARS), the programme progressed towards translating scientific evidence into institutional action.

The national V&A Assessment, completed in 2025 using WHO and IPCC AR5/AR6 methodologies, identified significant geographical variations in vulnerability to climate-sensitive vector-borne diseases, with Health Regions 1 (West) and 5 (Central) identified as the most vulnerable due to higher exposure to climate hazards, increased population vulnerability, and lower adaptive capacity. These findings are guiding evidence-based planning and prioritisation of adaptation interventions within the health sector.

During Phase II, significant progress was achieved in strengthening governance and institutional capacity for climate-resilient health systems. An institutional framework was developed to support implementation of the assessment recommendations, including the proposed establishment of a **Climate Change Technical Committee** to coordinate climate and health activities within the Ministry.

Capacity-building initiatives included the organisation of a Training of Trainers on Climate Change and Mental Health in September 2025, aimed at strengthening awareness of the mental health impacts of climate change and enhancing national capacity in this emerging area. In March 2026, the Ministry convened a multisectoral consultative workshop to support **the development of the Health National Adaptation Plan (H-NAP)**, bringing together representatives from the MOHW, other ministries, and partner institutions to identify priority climate-sensitive health risks and adaptation measures. A draft H-NAP has subsequently been developed and is currently under review, providing the foundation for integrating climate resilience into national health policies, programmes, and service delivery.

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 34 specialties.

In Financial Year 2025-2026, Accident and Emergency Departments of hospitals have catered for some 3,170 patients per day amounting to 1,156,972 visits as compared to 1,137,912 visits in the preceding Financial Year. Sorted outpatients on appointment totalled 976,593 visits whilst there were 596,464 unsorted visits without appointment.

Cases handled by individual hospitals during Financial Year 2025-2026 are as follows:

Regional Hospitals	Accident and Emergency Department	Sorted OPD	Unsorted OPD	Flu Clinics	Admissions	Surgeries
Dr A.G. Jeetoo	178,874	169,833	147,319	-	33,236	7,855
SSRN	141,398	142,959	108,147	1,406	25,672	5,286
Dr B. Cheong/ SAJH	119,622	130,700	86,089		32,451	8,077
J. Nehru	135,806	101,828	55,379	2,041	24,936	4,817
Victoria	134,698	210,232	168,476		32,457	8,308
TOTAL	710,398	755,552	565,410	3,447	148,752	34,343

27,607 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	45,230	16,888	2,047	-
Souillac	82,712	27,571	5,091	2,305
Brown Sequard	13,900	14,007	3,243	-
S. Bharati Eye	107,270	62,391	8,018	7,586
ENT Centre	105,473	12,811	3,971	8,630
Poudre D'Or- Chest	-	6,982	521	
Cardiac Centre*	-	23,820	4,157	1,059
Long Mountain	50,834	10,854	-	-
Yves Cantin	41,155	4,056	-	-
National Cancer Centre	-	42,538	3,466	544
TOTAL	446,574	221,918	30,514	20,124

*Source: Health Records Department, MOHW, * provided by Cardiac Centre*

A wide range of support services provided professional back-up to doctors which included Audiology and Speech Therapy, Clinical Psychology, Hydrotherapy, Hyperbaric Medicine, Medical Social Service, 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 417,650 cases and the main ones are highlighted hereunder.

Services	Number of Cases FY 24-25	Number of Cases FY 25-26
Audiology	**11,934**	**13,465**
Speech Therapy	**9,810**	**8,571**
Clinical Psychology	**16,465**	**16,625**
Medical Social Service	**24,838**	**31,301**
Nutrition service	**33,323**	**31,566**
Occupational Health OPD	**8,671**	**6,111**
Occupational Therapy	**48,747**	**50,319**
Orthopaedic Workshop	**25,496**	**22,965**
Physiotherapy	**133,564**	**145,932**
Hyperbaric Chamber	**108**	**152**
Podiatry	**1,658**	**1,987**
Foot care	**42,895**	**42,736**
Retinal Screening	**44,234**	**43,934**
Tobacco Cessation Clinics	**2,329**	**1,986**

Source: Health Records Department, MOHW

	As at June 2025	As at June 2026
No. of wards in public hospitals	**176**	**177**
Available beds	**3,831**	**3,832**
Including: **Intensive care beds for adults**	**129**	**108**
Intensive care beds for neonatal	**31**	**37**

	FY 2024-2025	FY 2025-2026
No. of admissions	**174,225**	**179,334**
Overall bed occupancy	**64.8%**	**66.3%**
Bed occupancy at: **Brown Sequard Mental Health Care Centre**	**67.9%**	**82.7%**
Dr A.G. Jeetoo Hospital	**76.9%**	**75.1%**
Victoria Hospital	**68.7%**	**70.0%**

Source: Health Records Department, MOHW

	FY 2024-2025	FY 2025-2026
Surgeries carried out by Regional Hospitals, Souillac Hospital, S. Bharati Eye Hospital, ENT Centre and Cardiac Centre	**52,547**	**54,480**
Including **Open heart surgeries***	**976**	**985**
Cataract surgeries	**6,917**	**8,890**
Lithotripsy	**1,131**	**950**
Arterio-venous fistula cases	**507**	**405**
Cardiac angiographies/angioplasties	**6,743**	**6,925**

Source: Health Records Department, MOHW

Tests conducted	FY 2024-2025	FY 2025-2026
Laboratory Service	**17.8 million**	**16.5 million***
Radiology Department	**FY 2023-2024**	**FY 2025-2026**
X-ray examinations	**727,183**	**872,602**
Excluding **CT-Scans**	**32,459**	**41,838**
MRIs	**5,084**	**6,105**

**computed by CHL*
*Source: Health Records Department, MOHW, * provided by Cardiac Centre*

Some other examinations and tests conducted are as follows:

Type of Tests	FY 2024-2025 Number of Tests	FY 2025-2026 Number of Tests
Chemotherapy	**16,408**	**17,135**
Electroconvulsive Therapy	**276**	**342**
Electroencephalography	**1,577**	**1,481**
Endoscopy	**13,460**	**13,648**
Laser (Ophthalmology)	**5,525**	**5,247**
Nuclear Medicine	**1,177**	**1,748**
Pacemaker implant	**239**	**309**
Stress Test	**4,473**	**4,443**

Source: Health Records Department, MOHW

The achievements of the different units of care for the Financial Year 2025 - 2026 falling under the Curative Section – Hospital and Specialised Services have been elaborated in this part of the report.

2.1.1 CARDIAC SERVICES

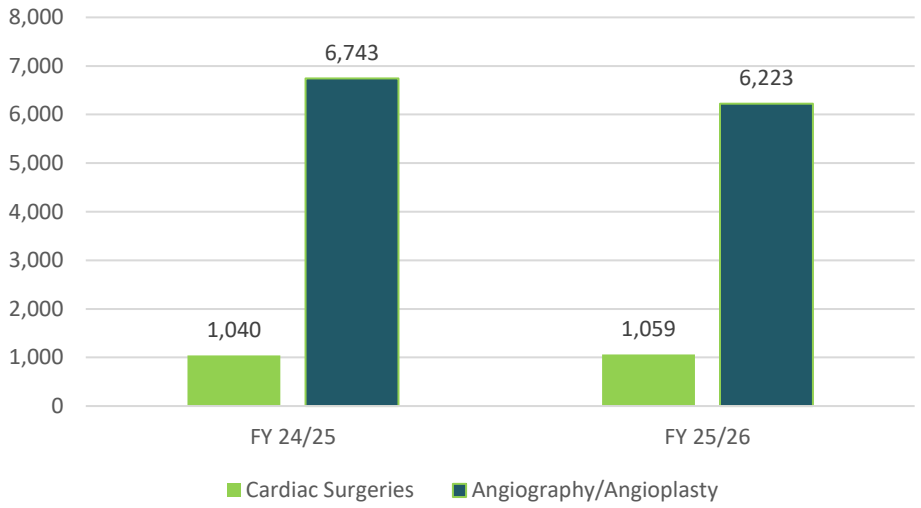
Cardiovascular diseases (CVDs), the leading cause of death worldwide, are a significant health concern in Mauritius as well. The public health institutions are focused in tackling these conditions through early detection, management of risk factors, and promoting healthier lifestyles.

CARDIOLOGY UNITS

The Cardiology Unit provides comprehensive inpatient and outpatient cardiac services for patients with a wide spectrum of cardiovascular diseases. The unit offers specialist outpatient consultations, inpatient management, transthoracic echocardiography, treadmill stress testing, 24-hour Holter ECG monitoring, permanent pacemaker implantation and follow-up, as well as emergency cardiac assessment. The department is committed to delivering timely, evidence-based cardiac care while supporting other hospital departments in the management of patients with cardiovascular conditions.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Cardiology interventions for this financial year are as follows:



*Source: Health Records Department, MOHW (*inclusive of TFSMC statistics)*
*Cardiac Surgeries figures provided by Cardiac Centre

- **Despite resource limitations, the Cardiology Unit maintained uninterrupted specialist cardiac services throughout the reporting period,** ensuring the continued provision of inpatient and outpatient care as well as access to essential diagnostic and therapeutic cardiac procedures.

- **A new cardiac catheterisation laboratory (Cath Lab) procedure table was installed at SSRNH to support cardiac interventions**, including permanent pacemaker implantation. Equipped with adjustable height and tilt functions and integrated controls, the table has improved patient positioning, procedural workflow, patient safety, and operator efficiency.

- **The Cardiology department at SSRNH was equipped with a new echocardiography machine, enhancing the quality and efficiency of cardiac imaging services.**
- **Government reaffirmed its commitment to strengthening specialised cardiac care with the inauguration of a catheterization laboratory equipped with a new angiography machine at Jawaharlal Nehru Hospital.** The introduction of angiography services marks a new chapter in cardiac care for the South region by enhancing diagnostic and interventional cardiac services, improving timely access to life-saving procedures, reducing waiting times, and enabling more patients to receive treatment closer to home.

The Ministry launched a New Cardiac Registry Report at Dr A. G. Jeetoo Hospital to mark World Heart Day, observed annually on 29 September**.** The report aims to provide reliable data for preventive measures on heart related disease. This year's theme ***"Don't Miss a Beat"*** urges stakeholders to renew the shared goal to reduce preventable and premature deaths from cardiovascular diseases.

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
- Metabolic Disease, Advanced Cardiac Imaging and Research Activities

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The Trust Fund has introduced an advanced metabolic testing and non-invasive cardiac imaging technologies to ensure early detection of metabolic and cardiac diseases as well as research activities.

Activities	No of cases performed		Waiting List		Waiting Time (weeks)	
Financial Years	FY 24-25	**FY 25-26**	FY 24-25	**FY 25-26**	FY 24-25	**FY 25-26**
Cardiac Surgery	1,040	**1,059**	131	**89**	6.1	**5.3**
Angiography	3,473	**3,282**	256	**62**	3.9	**3.1**
Angioplasty	1,021	**943**	0	**0**	0	**0**

Source: Trust Fund for Specialised Medical Care

- **194 Primary Percutaneous Coronary Intervention** have been performed for this FY compared to 183 in the previous reporting period.

- **10 Cases of Transcatheter Aortic Valve Implantation (TAVI) have been performed** during the reporting period.

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:

- All general surgery cases including electives, coverage of emergencies 24/7, daily operation theatres, daily out-patient clinic
- 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 25/26

- **34,301 surgeries** were performed at the 5 Regional Hospitals. This reflects the capacity of the department to handle a growing volume of complex cases, including **405 Arteriovenous Fistula (AVF) procedures and 950 Lithotripsy cases.**

- **674 amputation cases** at Regional Hospitals were recorded. First time amputees have dropped by 8.1% for the same period.

- **A new Urology Unit has been introduced at SSRNH,** expanding the department's scope of services to include the management of complex urological cases and enhancing access to specialised care.

- **The department at SSRNH broadened its surgical services by introducing arteriovenous fistula creation and permanent haemodialysis catheter insertion** for patients requiring long-term haemodialysis, thereby improving access to essential vascular access procedures.

- **Significant efforts were made to improve the Laparoscopic Unit at SSRNH**, introducing new and advanced techniques for gastrointestinal surgeries as well as urology surgeries.

- **Established a dedicated thoracic surgery team at SAJH** to manage intermediate-complexity thoracic conditions referred from across Mauritius, expanding access to specialised surgical care locally.
- **Introduced Extracorporeal Shock Wave Lithotripsy (ESWL) at SAJH**, enabling the treatment of patients with renal stones through a non-invasive stone fragmentation technique and reducing the need for more invasive procedures in suitable cases.
- **Encouraged the introduction and adoption of advanced urological techniques at SAJH**, including Retrograde Intrarenal Surgery (RIRS) and Laser lithotripsy, expanding the range of minimally invasive treatment options available for patients.
- **Welcomed visiting international surgical teams to SAJH and facilitated specialised surgical workshops**, providing opportunities for knowledge exchange, skills development and exposure to advanced surgical techniques for local surgeons.

2.1.3 VASCULAR SURGERY

Vascular surgery is a discipline which deals with disorders of arteries and veins. Currently, there is an acute shortage of vascular surgery specialist in the public health sector. Thus, the work is mainly being supported by normal surgeons and foreign visiting doctors.

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 25/26

- **Introduced a specialised vascular surgery team** under the supervision of a visiting vascular surgeon from England, who conducts regular visits to SAJH every two months. Complex vascular cases referred from across Mauritius are assessed, managed and operated on in collaboration with the local vascular surgeon.
- **Introduction of the Arteriovenous Fistula (AVF) Clinic has streamlined the assessment and management of patients requiring vascular access.** Simple cases are managed by local surgeons, while complex cases are managed collaboratively with visiting vascular surgeons.

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 25/26

- For the reporting period, a total of 77,759 patients were seen in OPD General Medicine at the regional hospitals.
- The following statistics are available for the Endoscopic Unit:

Endoscopic Unit	Number performed
Gastroscopy	**8,558**
Colonoscopy	**4,393**
Other Gastroenterology	**333**

Source: Health Records Department, MOHW

The following progress was noted at the SAJH:

- **Introduced Multi-Drug-Resistant Organism (MDRO) identification tags** on patient folders to facilitate early recognition of patients requiring transmission-based precautions.
- Developed and displayed educational posters on the Healthcare-Associated Prevention of Multi-Drug-Resistant Organisms (HPMDRO) Bundle of Care to strengthen measures aimed at preventing MDRO transmission.
- **Developed an in-house hand hygiene monitoring toolbox, alongside digital HPMDRO and restricted antibiotic surveillance systems**.
- Designated Infection Prevention and Control (IPC) Liaison Officers across wards and primary healthcare settings to support implementation and monitoring of IPC practices.

2.1.5 RENAL DIALYSIS SERVICES AND RENAL TRANSPLANT

RENAL DIALYSIS SERVICES

The Renal Dialysis Services Unit is responsible for the coordination, management 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 high-quality renal replacement therapy through an integrated network of public and private healthcare providers.

Dialysis services are delivered through nine Government-operated dialysis centres, 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 dialysis clinics under a Public Private Partnership (PPP) programme**. This partnership provides dialysis services and treatment to eligible 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 treatment-related expenses.

Dialysis care is delivered by a dedicated multidisciplinary team led by nephrologists, who are responsible for clinical management and long-term patient care, supported by registered nurses who manage dialysis administration, vascular access, patient monitoring, and equipment preparation. The National Dialysis Coordinator, on the other hand, oversees and coordinates all dialysis operations at the national level.

The Unit maintain a 4:1 patient-to-nurse ratio, offering thrice-weekly dialysis sessions for all eligible patients.

In addition to service delivery, the Unit remains committed to continuous professional development of healthcare personnel, chronic kidney disease (CKD) prevention and early detection initiatives, renal transplantation planning for eligible patients, and ongoing quality improvement programmes in collaboration with nephrology specialists.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- During the reporting period, 01 July 2025 to 30 June 2026, **236,658 dialysis sessions** have been performed, inclusive of Government hospitals and private clinics' interventions as compared to 229,461 dialysis sessions in FY 24-25.
- Through expanded capacity, improved clinical standards, and strengthened public–private collaboration, the Renal Dialysis Services Unit has met rising national demand while ensuring accessible, safe, and high-quality care.

	FY 24-25	FY 25-26	FY 24-25	FY 25-26
Dialysis Centers	**No of Patients**		**No of Sessions**	
Government Hospitals	1,275	**1,312**	194,955	**199,232**
Private Clinics	234	**247**	34,506	**37,426**
Total	1,509	**1,559**	229,461	**236,658**

Source: Renal Dialysis Unit, MOHW

- In July 2025, **the installation of five additional dialysis machines** at Quartier Militaire Medi-Clinic doubled its capacity to 10 units, enabling the facility to serve approximately 60 dialysis patients from the region across three daily shifts. This expansion alleviated pressure on SAJH by **eliminating the need for a fourth dialysis shift**, allowing patients to complete treatment earlier, improving overall comfort, safety, and quality of life.
- Approval was obtained to introduce bicarbonate cartridges as part of the modernisation of Renal Dialysis Services, replacing conventional dry bicarbonate powder which requires manual preparation with 10 litres of RO water. The transition is expected to improve operational efficiency, patient safety, and align the national dialysis programme with modern international standards of haemodialysis care.
- The SAJH Dialysis Unit was awarded the Gold Award for Public Service Excellence 2025 in May 2026, recognising its commitment to patient-centred care, operational efficiency, infection prevention and control, teamwork, and service innovation.

RENAL TRANSPLANT IN MAURITIUS

A kidney transplant is often the treatment of choice for kidney failure, compared with a lifetime dialysis treatment.

The Government has continued to sustain renal transplant in Mauritius through the expansion of the Renal Transplant Unit from Victoria Hospital to a newly built dedicated facility at Jawaharlal Nehru Hospital.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **A new Renal Transplant Unit was inaugurated on 10 April 2026 at Jawaharlal Nehru Hospital**, featuring three dedicated operating theatres, ICU, wards, and OPD suite for transplant patients, catering for Urology, Vascular Surgery, and Haemodialysis for up to 300 patients.
- The renal transplant programme became fully operational, with two successful renal transplant surgeries performed on 14 May 2026, marking a major milestone in specialised renal services in Mauritius.
- The existing dialysis unit was successfully relocated to the new premises, improving the environment and facilities for both patients and staff.
- Over the period 1 July 2025 to 30 June 2026, the kidney transplantation programme recorded 12 cases, whereby six were performed by Dr Manikandan and Dr Senthil from MIOT, Chennai, and six by Dr Sobnach, Dr Astana and colleagues.
- All procedures were uncomplicated, **marking a 100% success rate for the year**. In FY 2025/2026, **12 cases were performed, representing the highest number of annual cases since 2013.**
- **A major breakthrough was the successful use of repeated plasma exchange sessions** to treat the recurrence of focal segmental glomerulosclerosis in a newly transplanted patient, resulting in full recovery of transplant function. This was the first successful treatment of this condition in Mauritius.

- Led by CICs of Nephrology, Dialysis and Transplant, the multidisciplinary team of Nephrologists, General Practitioners, and Transplant Nurses continue to support donor-recipient workup and follow-up while adhering to global best practices through streamlined pathways and updated guidelines. **As of 30 June 2026, 65 potential recipients were being worked up with their potential donors**.
- These achievements highlight the **progress made by Mauritius towards self-sufficiency in renal transplantation services, reducing the need for patients to seek treatment abroad.**

2.1.6 ENDOCRINOLOGY/DIABETOLOGY UNIT

The Endocrinology and Diabetology Unit looks after patients with Hormonal Disorders in the Endocrine Clinics and Diabetes in the Diabetes Clinics as well as its complications. The service has been decentralised from Regional Hospitals to Medi-Clinics, 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. The Unit comprises of 1 Consultant in Charge, 11 Specialists and 4 General Practitioners.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Inauguration of Diabetes Centres**:
  - Region 1: Dr A.G. Jeetoo Hospital
  - Region 3: SAJ Hospital

This reflects Government commitment towards continued expansion and strengthening of specialised diabetes services, enhancing the capacity of the health system to provide dedicated and coordinated care for patients with diabetes.

Inauguration Ceremony – Region 1 Dr. A.G. Jeetoo Hospital

- **17 Nurses** (Batch 3) **completed their Diabetes Foot Care diploma** in August 2025 and all of them are posted in the Foot Care Screening Units.

- **56 Specialised Diabetes Nurses** are involved in patient education and conduct foot screening for low-risk diabetic patients across Regional Hospitals, Medi-Clinics, AHCs, and CHCs.
- A training programme on Foot Care in Mauritius from 15 to 19 June 2026 was dispensed by UK Foot Team, Dr Ms. M. K.Y.Fah, Consultant Physician and Diabetologist, Mr R.Jogia, Podiatric Surgeon and Ms Berrington, Diabetes Specialist Nurse Foot Lead.

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 25/26

- **The Ministry reiterated Government's commitment to modernising hospital services, strengthening specialised medicine, and ensuring access to higher quality and more advanced medical care.**

  In this context, a MoU was signed between the Ministry and the Société de Pneumologie de l'Océan Indien Foundation under the Fondation de l'Académie de Médecine, marking **an important step towards the introduction of interventional pulmonology** and the strengthening of specialised respiratory care services in Mauritius.

- Statistics for the reporting period FY 25/26:

Services	FY 24/25	FY 25/26
Bronchoscopies	304	**325**
Spirometry	283	**445**
Admissions at P. D'Or Hospital	431	**521**

Source: Health Records Department, MOHW

2.1.8 ONCOLOGY SERVICES

The National Cancer Centre (NCC) is the main tertiary oncology facility providing comprehensive cancer care in Mauritius. It delivers multidisciplinary services including medical oncology, radiation oncology, nuclear medicine, diagnostic imaging, brachytherapy, and onco-surgical support. The Centre plays a key role in cancer diagnosis, staging, treatment planning, and follow-up through integrated multidisciplinary care.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The Centre strengthened multidisciplinary oncology services with improved staging and

treatment planning, supported by enhanced nuclear medicine and increased PET/CT utilisation, including PET-CT fusion for better radiotherapy precision.

- Radiotherapy services were improved through ongoing commissioning and calibration of two LINACs, enabling transition from 3DCRT to advanced techniques including Intensity-Modulated Radiation Therapy (IMRT) and Volumetric Modulated Arc Therapy (VMAT).
- An international expert mission was organised under the International Atomic Energy Agency (IAEA) Technical Cooperation Project MAR6018 to enhance precision brachytherapy treatment delivery, strengthen clinical practice, and support continued capacity building.
- Capacity building was sustained through international training, expert missions, and professional development activities, including the ongoing European Society for Radiotherapy and Oncology (ESTRO)-endorsed Mauritius Breast Cancer Radiotherapy Course (BrachyTerra/RayTerra).
- Clinical governance, workflow optimisation, and quality assurance systems were reinforced to improve safety and efficiency.
- The multidisciplinary team (MDT) approach was strengthened through the inclusion of nuclear medicine physicians and regular multidisciplinary case discussions to enhance diagnostic accuracy and treatment planning.
- IAEA fellowship training under IAEA projects is ongoing.

MAURITIUS NATIONAL CANCER REGISTRY

The Mauritius National Cancer Registry (MNCR), based at the NCC, is the national population-based cancer registry responsible for cancer surveillance in the Republic of Mauritius.

Cancer Registry Team

Its mandate is to collect, validate, analyse and disseminate high-quality cancer incidence and mortality data to support policy development, cancer control planning, service delivery, research and international reporting.

The Registry receives information from multiple reporting sources including public hospitals, pathology laboratories, oncology services and mortality records and applies internationally recognised coding systems and quality assurance procedures in accordance with standards recommended by the International Agency for Research on Cancer (IARC).

The MNCR currently comprises one National Cancer Registry Coordinator, one General Practitioner (GP) and two Health Care Assistants.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The MNCR relocated from the MOHW Headquarters to the NCC in February 2026, facilitating closer integration with oncology services and improved access to clinical information required for cancer registration activities.
- The MNCR continued the production of the Annual National Cancer Report in the Republic of Mauritius, which provides the evidence-based for cancer prevention, screening, treatment and supportive care planning in Mauritius.
- The operational capacity of the MNCR was strengthened through the addition of one GP, resulting in improved processing of notifications, data validation activities and analytical outputs.
- During the reporting period, approximately 18,000 records were processed and validated from multiple data sources.
- The Registry maintained a high level of diagnostic validity, with 85.8% of registered cancers being microscopically verified according to the latest available quality indicators.
- National cancer incidence statistics were produced within one year of completion of the reference incidence period.
- The Registry participated in the Public Service Excellence Award held on 22 May 2026.
- The MNCR updated the public information booklet "*Mieux Comprendre Le Cancer*" to improve public awareness and health literacy regarding cancer prevention and early detection.
- The National Cancer Registry Coordinator also contributed as faculty member to the Multidisciplinary Management of Breast Cancer course endorsed by the European Society for Radiotherapy and Oncology (ESTRO).
- The MNCR maintains active collaboration with the African Cancer Registry Network (AFCRN) and the International Agency for Research on Cancer (IARC) for training, technical support and data quality assurance activities.
- The Registry also supports approved clinical and epidemiological research projects through the provision of anonymised registry data.

2.1.9 ONCOSURGERY UNIT

The Oncosurgical Unit at National Cancer Centre has been operational since February 2025. The unit is manned by 1 Consultant-in-Charge, 2 General Surgeons and 5 General Practitioners. The aim of the Unit is to offer surgical management to all cancer cases in the island, confirmed and suspected. Services include outpatient assessment, diagnosis, staging, elective and emergency oncological surgery, post operative care and follow-up.

The Department works closely with Oncology, Radiology, Pathology, Anaesthesia and other specialities through multidisciplinary management. Regularly, there are visits from foreign teams from India to perform major complex surgeries. Nine different foreign teams have visited Mauritius since February 2025.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- During FY 2025/26, the department continued to provide elective and emergency oncological surgery service, total number of patients managed was around 1,100. Total number of surgeries performed was 728, out of which 278 reflect minor interventions and 450 major procedures including breast, colorectal, gastrointestinal, hepatobiliary and other oncological surgeries.

- 33 complex oncosurgical cases have been performed by foreign visiting oncosurgical team locally during the reporting period.

The department also strengthened MDT- based management, perioperative care, postoperative follow-up, clinical teaching and audit activities with emphasis on patient safety and timely cancer management.

Oncosurgical Unit at NCC

2.1.10 NEURO SCIENCES

NEUROLOGY

The Neurology Department provides comprehensive neurological services, covering a wide range of conditions such as seizure disorder including epilepsy, syncope among others, stroke management and rehabilitation, movement disorders, headaches, demyelinating disorders, paraneoplastic neurological disorders, and neuropathies such as Guillain-Barré Syndrome and Chronic Inflammatory Demyelinating Polyneuropathy.

The Department also provides dementia management through the Early Dementia Diagnosis Clinic and delivers acute stroke management, including thrombolysis, through Stroke Units in Mauritius operating on a 24/7 basis for the entire population.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Around 2,255 new cases and 11,716 follow-up cases were seen across all outpatient consultations during the 2025/2026 period.
- Maintained service delivery despite reduced human resources, ensuring continuity of neurological care.

STROKE UNIT

Stroke Units are operational at VH and SSRN Hospital since December 2023 and May 2026 respectively which cater mainly for acute ischemic stroke patients from across the island.
The following services are offered:

- Acute Stroke management, including thrombolysis for acute stroke, service dispensed to the whole population of Mauritius through these two functional Stroke units on a 24/7 basis.

  The Stroke Units aim at improving stroke outcomes and therefore decrease mortality and morbidity associated with stroke by giving timely and appropriate treatment.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

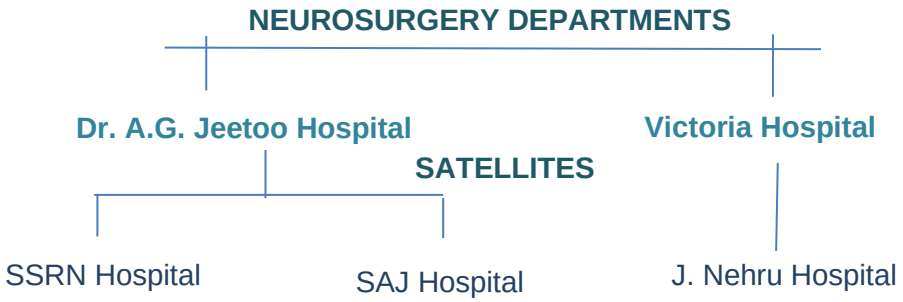
- Number of admissions at the Stroke Unit at Victoria hospital: 168
- Number of stroke patients who received Thrombolysis: 22
- Number of Stroke cases seen at Victoria hospital: more than 1,600

NEUROSURGERY

Neurosurgical services in Mauritius include surgical and non-surgical treatment of all the main neurosurgical pathologies affecting the brain and the spinal cord. Traumatic Brain Injury, Intracranial and Spinal Tumors, Infections, like brain abscess or subdural empyema, Congenital malformations as well as malformations of the cerebrovascular system. Trauma to the spine as well as degenerative diseases of the spine are now delt with at the Spinal Unit at Victoria Hospital.

The Neurosurgery Unit manages and performs nearly all neurosurgical procedures locally, with the exception of patients requiring interventions for vascular malformations such as cerebral aneurysms, dural arteriovenous fistulas, and arteriovenous malformations. Owing to the lack of Digital Subtraction Angiography (DSA) facilities and the absence of interventional neuroradiology services, patients requiring these specialised vascular interventions continue to be referred abroad for treatment.

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

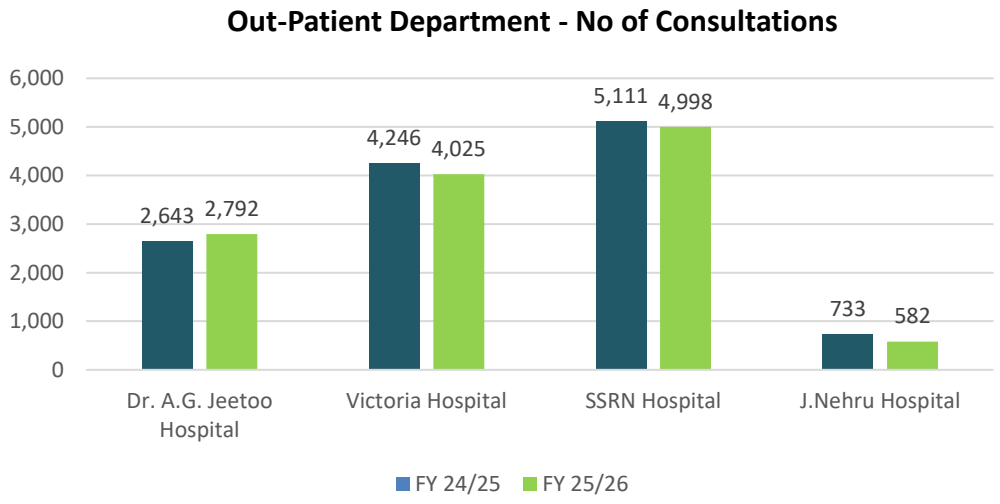
Source: Health Records Department, MOHW

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The successful conduct of operations via transsphenoidal approach (for instance pituitary macroadenoma, CSF Rhinorrhoea) on a regular basis in collaboration with the ENT Department.

- The number of **Neurosurgical operations** carried out in Mauritius during the reporting period was **1,132** compared to 1,227 in the previous FY.

- 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 patients with complex gastrointestinal, hepatobiliary and pancreatic disorders from across Mauritius.

The Centre provides comprehensive outpatient, inpatient and emergency gastroenterology and hepatology services, including diagnostic and therapeutic gastrointestinal endoscopy, colonoscopy, advanced polypectomy, capsule endoscopy, Endoscopic Retrograde Cholangiopancreatography (ERCP), Endoscopic Ultrasound (EUS), gastrointestinal stenting, the management of acute gastrointestinal bleeding, among others. It also provides specialist hepatology services for patients with acute and chronic liver diseases and coordinates the National Colorectal Cancer Screening Programme and the National Viral Hepatitis Programme.

The Centre also plays a key role in undergraduate and postgraduate medical education, training of nurses and allied health professionals, continuing professional development, clinical audit, quality improvement and research, ensuring that services continue to meet internationally recognised standards of gastrointestinal and hepatology practice.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

The Centre made significant progress through the expansion of national screening services, maintenance of a high-volume endoscopy service and the introduction of advanced diagnostic and therapeutic endoscopic techniques.

The Centre received the Public Service Excellence Award 2023 during the reporting period, recognising its contribution to patient care, service innovation, and excellence in public healthcare delivery.

National Colorectal Cancer Screening Programme

The screening capacity increased from approximately 10 to over 100 participants per week during the current financial year, reflecting improved organisation, public participation, and accessibility to colorectal cancer screening services.

Among participants with a positive Faecal Immunochemical Test (FIT), the Programme has achieved a polyp detection rate of approximately 45%, consistent with internationally reported benchmarks, demonstrating the effectiveness of the screening pathway in identifying premalignant colorectal lesions at an early stage.

National Hepatitis C Elimination Programme

The Centre further strengthened its outreach strategy by actively screening patients attending

methadone dispensing sites, with healthcare teams conducting early morning visits to improve access for a high-risk population.

Screening, phlebotomy and initiation of antiviral treatment are performed on-site, eliminating traditional barriers to care and significantly improving patient engagement and treatment uptake.

This innovative, patient-centred model of care, which is unprecedented in Mauritius, has enhanced case finding, reduced loss to follow-up and accelerated access to curative treatment.

Endoscopy Service

The Centre continued to maintain a high-volume tertiary gastroenterology service, performing over 6,000 endoscopic procedures annually while providing more than 15,000 outpatient consultations and reviewing over 12,000 inpatients each year.

Despite increasing service demands, timely access to both elective and emergency endoscopy services was maintained.

Expansion of Advanced Therapeutic Endoscopy

The number of Endoscopic Retrograde Cholangiopancreatography (ERCP) procedures increased compared with the previous financial year, together with expanded use of single-operator cholangioscopy and Electrohydraulic Lithotripsy (EHL) for the management of complex biliary stone disease. These advances have enabled successful endoscopic treatment of patients who would previously have required surgical intervention.

Consequently, no patient required referral for open Common Bile Duct (CBD) exploration during the reporting period, representing a major advancement in minimally invasive hepatobiliary care and improved patient outcomes.

Introduction of Endoscopic Ultrasound (EUS)

A landmark achievement during the FY 2025/2026 was the introduction of Endoscopic Ultrasound (EUS) services.

EUS has enabled high-resolution imaging of the gastrointestinal tract, pancreas and biliary system, together with EUS-guided fine-needle aspiration and biopsy, allowing minimally invasive tissue diagnosis of pancreatic masses, subepithelial lesions and enlarged lymph nodes. This has improved diagnostic accuracy, expedited patient management and reduced the need for more invasive surgical diagnostic procedures.

The introduction of therapeutic EUS has also enabled the performance of advanced interventional procedures, including the placement of a Lumen-Apposing Metal Stent (LAMS) to perform an EUS-guided cholecystoduodenostomy for gallbladder drainage in patients unsuitable for surgery.

This procedure, performed for the first time in Mauritius, represents a major milestone in the advancement of therapeutic endoscopy and demonstrates the Centre's commitment to introducing internationally recognised, state-of-the-art minimally invasive techniques within the public healthcare sector.

2.1.12 SAMU SERVICES

The Service d'Aide Médicale Urgente (SAMU) delivers on-site pre-hospital care, ensuring rapid stabilization and management of life-threatening emergencies during transport in line with the “golden hour” principle. 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 24/7 SAMU Control Room (114), based at Victoria Hospital, handles approximately 2,000 calls per day, supported by an efficient triage and dispatch system.

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

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Overall, the SAMU strengthened emergency medical transport capacity during the reporting period, with significant increases in secondary transfers, normal ambulance interventions, and aero transfers, reflecting enhanced patient transport capacity and improved access to emergency medical services.

Operations	FY 24/25	FY 25/26
Primary outings (For emergency purposes)	10,417	**9,792**
Secondary outings (Transfer from one health institution to another)	4,836	**6,543**
Normal ambulance interventions	13,054	**25,825**
Aero transfers	126	**184**

- From March 2026, Specialists in Emergency Medicine assumed leadership of the newly designated Trauma and Emergency Units (*formerly known as Accident and Emergency Departments)* at SAJH, SSRNH, and Dr A.G. Jeetoo Hospital, strengthening emergency care delivery through dedicated clinical governance and specialist-led decision-making.
- Four new Advanced Cardiac Life Support (ACLS) ambulances were replaced, strengthening emergency response capacity and ensuring improved ambulance service readiness.
- Under the supervision of Emergency Medicine Specialists, the Trauma and Emergency Units implemented a standardised colour-coded triage system to prioritise patients based on the severity of their condition, enabling timely identification of life-threatening cases, improving patient flow, efficient allocation of resources, and contributing to better outcomes.
- The postgraduate specialisation programme in Emergency Medicine for an additional 30 Emergency Physicians by Bordeaux University is currently ongoing, reaching their third year.

- 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. The unit delivers 24-hour emergency obstetric and gynaecological services, antenatal, intrapartum and postnatal care, high-risk pregnancy management, family planning, infertility services, and elective and emergency gynaecological surgery.

Supported by a multidisciplinary team of specialists, General Practitioners, midwives, nurses and allied health professionals, the department is committed to delivering safe, evidence-based care while contributing to postgraduate training, clinical governance, and continuous quality improvement to enhance maternal and neonatal outcomes.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- At the SSRNH, **enhanced high-risk obstetric services were introduced, supported by updated clinical protocols and strengthened multidisciplinary management of complex maternal and gynaecological cases**, contributing to improved quality and safety of care.
- **Regular obstetric emergency simulation training** was implemented to strengthen staff preparedness, teamwork, and the effective management of obstetric emergencies.
- **Continuous quality improvement initiatives** were sustained throughout the reporting period, reinforcing the unit's commitment to delivering safe, evidence-based, and patient-centred maternal and women's healthcare.

Number of Deliveries at Public Health Institutions		
Type of Deliveries	**FY 24/25**	**FY 25/26**
Normal	**3,390**	**2,826**
Caesarean	**4,762**	**4,315**
Forceps/breech	**94**	**113**

Source: Health Records Department, MOHW

2.1.14 FERTILITY CLINIC

The Fertility Clinic at Sir Seewoosagur Ramgoolam National Hospital continued to expand its services by providing comprehensive infertility assessment and management for couples.

A key milestone was the introduction and expansion of Intrauterine Insemination (IUI) in the public sector, alongside diagnostic procedures such as hysteroscopy, laparoscopy, and hysterosalpingography (HSG), enhanced fertility counselling, and structured referral pathways. These developments have improved access to evidence-based fertility care and reduced the need for patients to seek treatment abroad

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Statistics for Fertility Clinic at SSRNH	FY 25/26
Number of Attendances	**177**
Number of Hysterosalpingogram	**22**

Source: Health Records Department and Fertility Clinic, MOHW

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 25/26

- For the reporting period, dermatology services have managed **30,470** consultations conducted at hospitals and an additional **4,016** cases addressed at Primary Health Care (PHC) services.
- Implemented the Sexually Transmitted Infection (STI) Guidelines 2025 across all five Regional Hospitals, strengthening standardised management of STI cases.
- Revised the Mpox protocol and strengthened preparedness through training of medical and paramedical staff on Mpox sample collection, with a dermatologist available on a rotational on-call basis.
- Conducted Continuing Medical Education (CME) sessions across all five Regional Hospitals on common skin disorders and Mpox.
- Supported knowledge sharing and public awareness through talks on skin diseases organised with community organisations.
- **Enhanced management of complex skin diseases through the introduction of biologics for patients not responding to conventional treatment.**
- Strengthened paediatric management of congenital syphilis following implementation of the STI Guidelines 2025, with paediatricians now managing babies born to mothers with syphilis.

2.1.16 OPHTHALMOLOGY SERVICES

Subramania Bharati Eye Hospital (SBEH) is the national referral centre for ophthalmic services in Mauritius and the country's first dedicated public eye hospital. During the financial year, the Hospital was relocated to its new premises at Réduit Triangle, Moka, further strengthening the capacity and accessibility of specialised eye care services.

The hospital provides comprehensive specialised eye care services, including outpatient consultations, Accident and Emergency ophthalmology services, inpatient care, day-care surgery, cataract surgery, glaucoma management, vitreoretinal surgery, corneal services, paediatric ophthalmology, oculoplastic surgery, laser treatments and advanced diagnostic investigations.

In addition to delivering specialised clinical services, the hospital provides administrative and support services encompassing procurement, catering, housekeeping, laundry, transport, utilities, equipment maintenance, waste management and infrastructure management to ensure the efficient operation of the institution.

Over the past decades, 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 also available at Regional Hospitals, Yves Cantin, and Mahebourg Hospital, with bi-monthly visits to Rodrigues. Additionally, foreign teams usually visit SBEH, allowing patients to access advanced and complex surgeries.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Statistics for the reporting period, reflecting surgeries performed at:

Surgeries	SBEH only	All Hospitals* including SBEH
Cataract Operation	**4,466**	**8,890**
Vitrectomy	**553**	**589**
Corneal Transplant	**47**	**67**
Squint Correction	**65**	**65**
Minor Operation by SP	**2,182**	**2,515**
Laser: Argon	**3,860**	**4,197**
Yag	**842**	**1,047**

Source: Health Records Department, MOHW

**: Hospitals mentioned above*

- **Successful operationalisation of the new SBEH**, officially opened on 10 November 2025. The relocation from the former facility to the new purpose-built seven-storey hospital at Réduit Triangle, Moka, was completed with minimal disruption to patient care.

- **The new hospital has significantly enhanced the delivery of ophthalmic healthcare** through the integration of state-of-the-art medical technology within a patient-centred environment. The facility comprises modern outpatient consultation rooms, inpatient wards, nurse stations, operating theatres, diagnostic units, pharmacy services, spacious waiting areas, accessible sanitary facilities and administrative offices, all strategically designed to improve patient flow, staff efficiency and service delivery.
- Following the relocation of the SBEH to its new state-of-the-art facility at Réduit Triangle, Moka, some of the recorded progresses are as below:
  - **Inpatient Wards:** The number of inpatient and day care wards increased from **two in FY 2024/2025 to five in FY 2025/2026**, enabling improved patient segregation and enhanced quality of ophthalmic care.
  - **Bed Capacity:** Bed capacity increased from **67 beds to 90 beds (including day care facilities)**, allowing the Hospital to accommodate a greater number of patients requiring specialised ophthalmic treatment.
  - **Ophthalmic Operating Theatres:** The number of fully equipped ophthalmic operating theatres increased from **three to four**, strengthening surgical capacity, reducing waiting times and improving access to specialised eye surgery.
- The relocation also provided an opportunity to optimise equipment management and support the implementation of the Ministry's eHealth Programme.
- **Occupational safety measures and Infection Prevention and Control (IPC) interventions were reinforced** to ensure uninterrupted service delivery, minimise healthcare-associated risks, and promote a safe, clean and patient-centred healthcare environment.
- As part of the Ministry’s ongoing efforts to promote early detection and prevention of eye diseases, **a Glaucoma Screening Programme** was organised, on 13 December 2025, at the SAJ Hospital.

  In this context, two medical experts, namely Dr Patrick Yu Wai Man, Professor of Ophthalmology at the University of Cambridge and Consultant Ophthalmologist at Moorfields Eye Hospital NHS Foundation Trust, and Dr Cynthia Yu Wai Man, Assistant Professor and Consultant Ophthalmic Surgeon at King’s College London, collaborated with the Ministry for this screening campaign.

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 ENTand 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 25/26

- Dr Ravi Ramalingum visited Mauritius from 27 January to 2 February 2026 for complex surgeries, **performing 9 stapedectomies, 2 cochlear implants, 1 glomus tympanum surgery, and 1 modified radical mastoidectomy**.
- Dr Sri Prakash Duiraisamy, Head and Neck Surgeon, conducted a surgical oncology workshop from 23 to 27 February 2026 and **performed 8 head and neck oncology surgeries**.

Statistics for the period 01 July 2025 to 30 June 2026:

Paediatric Services at the ENT Hospital	FY 24/25 Number	FY 25/26 Number
Paediatric Surgeries	483	**338**
Paediatric Plastic Surgeries	224	**224**

Source: Health Records Department, MOHW

ENT Hospital Attendances	FY 24/25 Number	FY 25/26 Number
AED	97,194	**105,473**
Sorted OPD	11,197	**12,811**

Source: Health Records Department, MOHW

Activities	FY 24/25 Number	FY 25/26 Number
Admissions at the ENT Hospital	3,368	**3,971**
Surgeries performed at the ENT Hospital	7,875	**8,630**

Source: Health Records Department, MOHW

2.1.18 SPEECH THERAPY AND AUDIOLOGY DEPARTMENT

The Speech Therapy and Audiology Department caters for dual service provision of Speech Therapy cases and Audiology cases (for both paediatric and adult). This department is operational in each Regional Hospital with outreach to Autism Day Care Centers, Neuro Rehabilitation Unit and Cleft Lip/Palate Clinic. Twice monthly visits are also undertaken to cover the cases in Rodrigues Island.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Statistics for the period 01 July 2025 to 30 June 2026:
    - Number of new speech therapy cases: 1,756
    - Number of follow-up speech therapy cases: 6,815
    - Number of audiology cases seen: 13,465
- Contributed to the successful delivery of cochlear implant services through involvement in the intra-operative and post-operative monitoring of local cochlear implant surgeries performed at the ENT Hospital.
- Continued to provide regular speech therapy support to specialised units, including Autism Day Care Centres, despite limited resources and staffing.
- Maintained high standards of patient care through the provision of one-to-one therapist–patient interventions.

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

The Psychiatric Unit at Brown-Séquard Mental Health Care Centre (BSMHCC) is the main and largest mental health facility in Mauritius. It also serves as the central referral Centre for severe and complex cases in the country. Following decentralization, psychiatric services are available in all 5 regional hospitals and all mediclinics and certain AHCs. It provides liaison Psychiatry services whereby mild to moderate psychiatry cases are being looked after with their medical comorbidities. Psychiatry services are also available in Rodrigues whereby one Psychiatrist is posted on a full-time basis.

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 246-bed facility for acute cases and accommodates around 337 patients in long-stay wards. The different services proposed include inpatient and Outpatient consultation, Psychological Services, Electroencephalography (EEG), Electroconvulsive Therapy (ECT), Occupational Therapy and Medical Social Worker Services.

Additionally, Life Plus 24/7 Hotline service for suicide, Child Psychiatry, Autism Day Care Centre, De-Addiction and Rehabilitation Centre for Substance Users, Welfare Services Department, Community Psychiatry Services are also offered.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **14,007 patients** were seen at the OPD of BSMHCC.
- Life Plus Unit hotline service (188) received **841 calls** as compared to 655 calls in FY 24/25.
- **342 ECT sessions** conducted compared to 283 in FY 24/25.
- A total of **3,243 admissions** were recorded at BSMHCC as compared to 3,143 during the last FY.

- Statistics for the Financial Year 25/26 for the Welfare Services Department are as follows:

Departments	Male Welfare	Female Welfare	Occupational Therapy
No of patients attending	**14,411**	**10,841**	**4,929**

- **Expanded Community Psychiatry Nursing Services to all five Regional Hospitals**, improving access to mental healthcare at the community level.
- **Operationalised Early Dementia Diagnosis Clinics in all five Regional Hospitals** to facilitate early detection and management of dementia.
- **Extended Specialist Psychiatric Outpatient Clinics to new mediclinics and AHCs**, including Bois Chéri and Stanley, enhancing access to specialised psychiatric care.
- **Continued to conduct mental health sensitisation and awareness campaigns** throughout the year to promote mental well-being and reduce stigma associated with mental illness.
- **Strengthened autism services through the operation of Autism Day Care Centres at Beau Bassin, Bois Chéri and Triolet.**
- **Introduced repetitive Transcranial Magnetic Stimulation (rTMS) services** at Victoria Hospital, expanding treatment options for selected psychiatric conditions.
- **Expanded Child Psychiatry Outpatient Services to all five Regional Hospitals,** improving access to specialised mental healthcare for children and adolescents.
- At SAJH, the number of sessions of the Child Psychiatry Clinics increased form once monthly to twice monthly.
- **Introduced new medications**, including long-acting antipsychotic (depot) injections, second-generation antipsychotics, and long-acting methylphenidate, to enhance the management of psychiatric disorders.
- **Community mental health services remained well established,** providing regular home visits and follow-up care to improve treatment adherence and continuity of care.
- **Completion of the planning and submission of a comprehensive proposal for establishing a 16-bed Physchiatry Unit at SSRNH,** aligned with national mental health policy and WHO recommendations, representing a significant milestone in decentralising psychiatric care.

  The Ministry reaffirmed Government's commitment to promoting mental health and well-being during the commemoration of World Mental Health Day 2025 at the BSM HCC. The event highlighted the importance of mental health as a cornerstone of a healthy society and raised awareness on the 2025 theme, **"Mental Health in Humanitarian Emergencies,"** reinforcing the need for resilient and accessible mental health services.

Electroencephalography (E.E.G) Unit

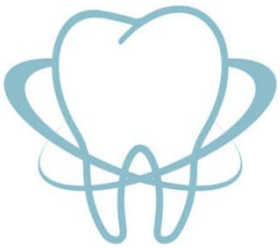
The Electroencephalography (EEG) test detects abnormalities in the electrical activity of the brain and helps in diagnosing various neurological disorders. EEG services are currently available at the BSMHCC, catering to both paediatric and adult populations in Mauritius and

Rodrigues. The team consists of 1 Neurologist, 1 senior EEG technician, 2 EEG technicians and 2 Health Care Assistants (HCAs).

Over the past 5-6 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 25/26 amounts to 1,481 *(Health Records Department, MOHW)*.

2.1.20 DENTAL SERVICES



The Dental Services continued to improve oral health and overall well-being across the population through comprehensive preventive, promotive and curative care, delivered via regional hospitals, mediclinics, AHCs, CHCs, and specialised dental units island-wide.

During the reporting period, efforts focused on ensuring equitable access to quality care while strengthening prevention and promoting lifelong oral health.

Particular attention was given to children, adolescents, elderlies, persons with disabilities and other vulnerable groups through targeted promotion and disease-prevention initiatives. Prevention remained a key priority through the continued implementation of school oral health programmes, community outreach initiatives and partnerships with residential care homes, NGOs, local authorities, other government and non-governmental organisations.

These collaborative efforts strengthened oral health promotion and public awareness of good oral hygiene practices, supporting the MOHW's objective of delivering accessible, patient-centred, and preventive healthcare services.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

A. GENERAL DENTAL SERVICES

- Dental Services maintained the delivery of comprehensive oral healthcare services, with dental attendances for Mauritius during the financial year reaching **224,791**.
- **A new state-of-the-art Dental Clinic was inaugurated on 10 December 2025 at the Le Florence Nightingale Medical Complex in Beau Bassin Prison.** The initiative, a joint effort by the Mauritius Prison Service (MPS) and the MOHW, is designed to **improve inmates' quality of life, reduce medical emergencies, and ensure equitable access to healthcare.**
- Oral health education and promotion sessions were conducted across **501 institutions** islandwide, **reaching a total of 148,314 students**. This outreach comprised:

Institutions	No of Students
256 Pre-Primary and Primary Schools	**59,568**
143 Secondary Schools	**80,614**
75 SEN and NGO Institutions	**2,802**
27 ZEP Primary Schools	**5,330**

Source: Dental Services Unit, MOHW

Secondary schools accounted for the highest number of students reached, reflecting continued commitment to preventive oral health promotion among young people.

- Dental Services conducted **205 community outreach activities**, including dental caravans, oral health awareness sessions, screenings, and check-ups across various community settings, **benefiting over 10,340 participants** and strengthening access to preventive oral healthcare services as compared to a total of 62 Oral Health Promotion activities with 5,196 participants during the previous reporting period.
- **Dental Services strengthened workplace oral health promotion through the Workplace Oral Health Programme** under the National Action Plan for Oral Health 2022–2027. The programme provided free oral health education, screening, counselling, and preventive advice in collaboration with public and private sector organisations, **benefiting approximately 200 workplaces and extending preventive oral healthcare beyond traditional healthcare settings**.
- **Mauritius was selected to participate in two high-level international events during WHA79 in Geneva**, recognising achievements in implementing national oral health activities under the National Oral Health Action Plan 2022–2027.

  The country contributed as a Panel Member at the Side Event on the Launch of the Global Coalition on Oral Health and shared insights at the Fédération Dentaire Internationale – FDI[2] World Dental Federation's High-Level Side Event on Workplace Oral Health, highlighting the integration of oral health into workplace health promotion and NCD prevention strategies.
- World Oral Health Day was celebrated at Shri Rajiv Gandhi Government School, Riche Mare. 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.

[2] FDI World Dental Federation notation (also called FDI notation or ISO 3950 notation) is the world's most commonly used dental notation (tooth numbering system).

On 06th August 2025, the Minister of Health and Wellness had a working session at VH with two medical experts from India, namely Dr. Prof. S. M. Balaji, a leading specialist in complex maxillofacial and reconstructive surgery, and Prof. Chandrasekharan Deepak, an expert in orthodontics.

The two experts were on an official mission in Mauritius to perform advanced surgical procedures including those for cleft lip and cleft palate patients. They also reviewed previous and new cases to support ongoing patient care. Their visit to Mauritius is also seen as an opportunity for local doctors and nursing officers to benefit from their experience and knowledge through training sessions.

The work performed during Financial Year 25/26 is as follows:

- Attendance at four oral surgery clinics: **5,871 patients**
- Surgery for impacted wisdom tooth: **682 patients**
- Draining of oral and maxillo-facial abscesses: **199 cases**
- Cysts enucleation: **241 cases**
- **237 cases** of jaw bone fractures were treated by reducing the bones back into place
- **95 cases** of biopsy for oral cavity were performed

(ii) Orthodontics Clinics specialised 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.

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

Details	FY 24/25	FY 25/26
Cases seen	5,133	4,912
Impressions done	742	560
New cases	457	379

Source: Health Records Department, MOHW

Orthodontic treatment was provided for patients with protruding, irregular, or maloccluded teeth, effectively addressing associated psychosocial concern. Assistance was also 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. The Endodontics clinics play a vital role in preserving natural teeth

through the provision of advanced endodontic care, thereby reducing the need for extractions and improving patients' oral health and quality of life.

A comprehensive range of specialised treatments, including conventional root canal therapy, endodontic retreatment, management of dental trauma, apexification, vital pulp therapy, and the treatment of complex referred cases are being provided. These services are delivered through a network of specialist clinics across the island, ensuring equitable access to high-quality endodontic care. The Unit works closely with other dental specialties to ensure a multidisciplinary approach to patient care.

- During the period of 01 July 2025 to 30 June 2026, the department has seen and performed:

Details	FY 24/25	FY 25/26
No of patients received specialist endodontic care	**10,050**	**9,627**
Root Canal Treatment performed	**2,695**	**2,955**

Source: Dental Services Unit, MOHW

- In addition to routine root canal treatment, **the Endodontic Clinics managed numerous complex cases** requiring retreatment, treatment of teeth with complicated canal morphology and management of traumatic dental injuries.

- **A patient-centred approach was maintained by prioritizing emergency cases, preserving strategically important teeth, and supporting restorative treatment plans** through close collaboration with Oral and Maxillofacial Surgery Clinics, Orthodontics clinics as well as regional Dental Clinics.

- **Continuous efforts were also made to standardize clinical protocols and promote evidence-based practice across all specialist clinics**, thereby ensuring consistent quality of care throughout the service.

- **The Endodontic Clinics continued to optimize available resources** by improving appointment scheduling, prioritizing urgent and complex referrals, and ensuring efficient utilization of specialist clinics. These measures enabled the service to maintain accessibility while continuing to deliver high-quality specialist care despite workforce limitations.

- The Endodontic Clinics also remained actively involved in the clinical supervision and mentoring of Dental Surgeons, **supporting continuous professional development and strengthening clinical competencies within the public dental service.**

- Ongoing emphasis was placed on adherence to evidence-based clinical practice, infection prevention, control measures, and continuous quality improvement initiatives aimed at enhancing patient safety and service delivery.

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
- Juvenile idiopathic Arthritis

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 25/26

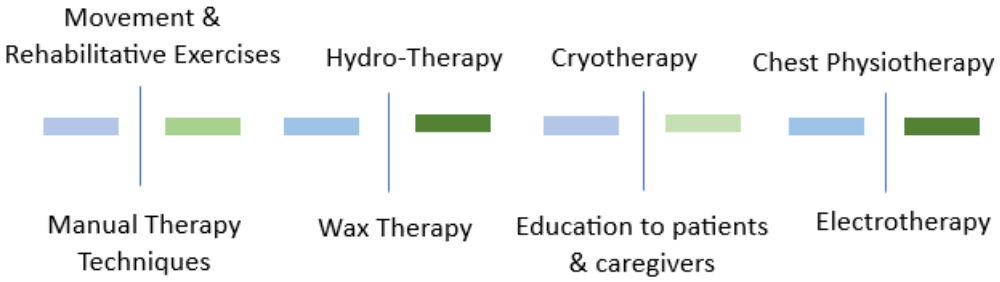
- During the reporting period, the department continued its outreach through daily OPD clinics across five Regional Hospitals and affiliated PHC centres, maintaining equitable access to specialist care. A total of approximately **36,518** outpatient consultations were held.
- Identification of patients requiring biological Disease-Modifying Anti-Rheumatic Drugs (bDMARDs), enabling access to necessary treatment options.
- Initiation and sustained management of bDMARD therapy to achieve disease remission and improve patient outcomes.
- Strengthened diagnostic capacity for rheumatological conditions through the availability of specialised laboratory investigations, including rheumatoid factor, ANA, dsDNA, and ENA testing, supporting timely diagnosis and improved patient management.
- There is an ongoing effort to encourage the publication of case reports and plan the starting up of registries for Rheumatoid Arthritis.

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 25/26

- **Patient Care: 145,932 patients** were served during the FY 2025-2026 compared to 137,116 patients in FY 2024-2025, across the island, including inpatients, outpatients, and outstation facilities.
- **Procurement of new physiotherapy equipment,** a traction unit and traction table, to enhance service quality and improve patient care at Dr A.G Jeetoo Hospital.
- **New treatment modalities now available at SAJH, including:**
  - Compression therapy
  - Vestibular apparatus
  - Balance training tools
  - Wax therapy
  - Advanced exercise equipment
- Launched group rehabilitation classes and patient education programmes at SAJH to promote recovery and self-management.
- Strengthened collaboration with other departments and external partners to enhance patient-oriented care.

- **At SSRNH, the following have strengthened physiotherapy service delivery and patient care:**
  - **Upgraded physiotherapy equipment** (e.g. SWD, ES, traction machine, wax bath) improving treatment outcomes and reducing patient waiting time.
  - **Reintroduction of wax bath therapy** enhancing management of upper limb fractures and post-orthopaedic stiffness.
  - **Installation of new traction machine** yielding improved outcomes for cervical and lumbar nerve compression cases.
  - **Expansion of therapeutic exercise tools in gymnasium halls** supporting more effective rehabilitation sessions.
  - **Installation of aluminium partitions in treatment rooms** ensuring improved patient privacy.
  - **Provision of extractors in gymnasium halls** improving ventilation and patient comfort.

2.1.23 ORTHOPAEDIC SERVICES

Each Regional Hospital has an Orthopaedic Unit which is run by a Consultant-in-Charge, Specialists, General Practitioners 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-ray\s are concerned. Moreover, patients are referred for orthopaedic appliances to the Orthopaedic Appliances Workshop by medical practitioners, if needed.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Total Orthopaedic surgeries increased from 7,766 to reach **9,787.**
- **6 complex paediatric ortho surgeries** were performed by foreign visiting teams.
- **Introduction of a new trauma pathway within the Orthopaedic Unit at SSRNH**, improving patient care through the rapid delivery of trauma services and ensuring timely management of patients presenting with orthopaedic trauma cases.

2.1.24 SPINE UNIT

The Spine Unit in Mauritius is located at VH and provides comprehensive management of a wide range of spinal pathologies including traumatic, degenerative, infectious and neoplastic conditions. 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.

Spine surgeons have regular weekly OPD where newly referred cases are assessed and existing patients are followed up. There is also the long-term management of chronic spinal disorders. This integrated service ensures continuity of care while maintaining high standards of specialised spine management across the health care systems.

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 25/26

Statistics for the reporting period 01 July 2025 to 30 June 2026	
Total No of Patients with Spine Problems Seen as Outpatient	**4,159**
Total No of Spine Surgeries	**176**
Total No of Spine surgeries carried out by Prof Martin and Team	**14**

Source: Spine Unit

2.1.25 OCCUPATIONAL HEALTH UNIT

Occupational Health aims to protect and promote workers' health by preventing occupational and work-related diseases and injuries and promoting safe and healthy workplaces. Its ultimate goal is to maintain a healthy and productive workforce.

In 2025, Mauritius had an estimated economically active population of 587,200 (47.3% of the total population), highlighting the importance of Occupational Health in safeguarding the workforce.

The Occupational Health Unit (OHU) oversees:

- Occupational Health Services;
- Migrant Worker Section;
- Dangerous Chemicals Control Board (DCCB); and
- Personnel Examination Records Section.

.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

9,585 workers medically assessed under occupational health surveillance.

3,262 medical examinations were performed for civil servants and staff of the parastatal organisations.

356 public and parastatal sector workers appeared before the Medical Board for assessment of their fitness for continued service.

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

1,283 cases of excess sick leave and sick leave abroad approved.

100 injuries committee cases.

Dangerous Chemicals Control Board issued:

- **390** licenses to trade in Dangerous Chemicals
- **802** import permits for Extremely Dangerous Chemicals
- **5,025** import clearances for dangerous chemicals
- **644** export clearances for dangerous chemicals

Number of Medical Clearances issued for expatriate workers: **31,358**

Digitalisation of medical clearance services: Issuance of medical clearances for foreign students for entry and residence permits through the National Electronic Licensing (NEL) platform of the Economic Development Board (EDB), improving efficiency and accessibility of services.

2.1.26 OCCUPATIONAL THERAPY

Occupational Therapy is a healthcare profession that helps people of all ages who have physical, sensory, or cognitive problems to 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 25/26

Statistics for the period 01 July 2025 to 30 June 2026:

No of Sessions	New Cases	Follow-up Cases
2,031	**4,410**	**46,006**

Source: Health Records Department, 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 GP
- 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 GPs and preregistered officers
- Training of Anna Medical College students

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Statistics for the Financial Year 25//26: **35,323 anaesthesia.**
- The Anaesthesia department continued to provide safe, efficient and high-quality perioperative care despite increasing workload and resource constraints.
- **The department at SSRNH maintained uninterrupted emergency theatre services on a 24-hour basis while supporting all scheduled elective operating lists.**
- **The department remained actively involved in continuous professional development** through regular clinical teaching, multidisciplinary discussions, morbidity and mortality reviews and training of junior medical officers, anaesthesia nurses and other healthcare professionals.
- **Continuous emphasis was placed on patient safety, adherence to international anaesthesia standards and optimisation of perioperative care**.
- **First renal transplant surgeries successfully performed** at the newly established Renal Transplant Unit at JNH.
- Foreign medical teams successfully conducted ophthalmological procedures at New Souillac Hospital and complex carcinoma-related surgical interventions at JNH under general anaesthesia, with ICU support provided as required.

2.1.28 OVERSEAS TREATMENT AND VISITING FOREIGN TEAMS

Overseas Treatment Unit

The Government's Overseas Treatment Scheme (OTS) provides financial assistance to eligible patients who require specialised treatment unavailable in public hospitals. Patients recommended by a Medical Board and meeting the household income ceiling below Rs 200,000 can receive treatment in partner hospitals in India or, since 2022, in local private clinics where appropriate.

Patients may also choose treatment in other countries, with Government support based on the lowest approved treatment cost and airfare equivalent to travel to India. In severe cases, medical escorts and stretcher services are provided.

The Government previously expanded the scheme by increasing the eligibility age for fully funded paediatric cancer treatment from 18 to 25 years and removing the Rs 1 million funding cap for non-oncological paediatric patients up to 18 years, ensuring full coverage of overseas treatment costs.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Following the transfer of the Child Cancer Scheme from the Ministry of Finance, in collaboration with *“Enn Rev Enn Sourir”,* to the MOHW in August 2025, **100 new beneficiaries have been successfully registered under the Scheme.**

- From 1 July 2025 to 30 June 2026, **around 606 patients** (inclusive of 100 cases under Child Cancer scheme) **have benefitted assistance under the Overseas Treatment scheme** as compared to 409 patients in the previous FY.
- An amount of approximately **Rs 420,699,196.78 million has been disbursed for overseas treatment** compared to Rs 161,698,194.26 million in the FY 24/25, reflecting **enhanced financial support for patients requiring treatment abroad**.

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 2025-2026 and the number of cases operated are as follows:

Table I: Visiting Foreign Teams

Name of Visiting Doctors	Period	From Hospital/ Organisation/ Country	Speciality -Purpose of Visit
Dr. Rajarajen Venkatesan	21st to 28th July 2025	Apollo Hospital, India	**Vascular and Endovascular Surgery** **Patients seen: 14** **Patients operated: 9**
Dr Velayudhan Nair Sanjeev, **Dr Ramanitharan Manikhandan,** **Dr Subbannan Senthil Kumaran**	04th to 13th August 2025	MIOT Hospital Chennai, India	**Renal surgeries** **Patients seen: 0** **Patients operated: 14** **6 Renal Transplant** **8 Nephrology**
Dr Stephan Marc Vanderbeckan	03rd to 05th September 2025	Reunion Island	**Heamophilia** **To conduct clinical evaluations**

Name of Visiting Doctors	Period	From Hospital/ Organisation/ Country	Speciality -Purpose of Visit
Dr. Dynesh Rittoo	12th to 27th September 2025	Bournemouth, UK	**Vascular Surgery** **Patients seen: 42** **Patients operated: 19**
Dr. Arun Mitra **Consultant - Head & Neck Onco Surgery** **Dr. Balaji Krishnan** **Medical Oncologist** **Dr. Subramaniam Carthikeyan** **Consultant - Medical Oncology**	07th to 17th October 2025	MIOT Hospital Chennai, India	**Onco Surgery** **Patients seen: 0** **Patients operated: 7**
Dr. Sanju Sobnach **Dr. Sonal Asthana** **Dr. Zafar Khan**	21th to 26th October 2025	South Africa	**Multi-Organ Transplant** **Patients seen: 0** **Patients operated: 2** **1 Renal Transplant** **1 Nephrology**
Dr. Vinay Kumar	19th to 25th November 2025	Yashoda Hospital, India	**Vascular Surgery** **Patients seen: 16** **Patients operated: 8**
Dr. Martin **Dr. Lars** **Dr. Jasper** **Dr. Henrick**	22nd to 28th November 2025	Denmark	**Scoliosis** **(spine has an irregular curve)** **Patients seen: 48** **Patients operated: 14**
Dr Anil Heroor **Dr Saneya Pandrowala** **Dr Abhijeet** **Mr. Pradip (OT Technician)**	23rd to 29th November 2025	KIMS Hospital	**Onco surgery and Neuro & Spine Surgery** **Patients seen: 0** **Patients operated: 5**
Dr. Sobnach **Dr. Asthana** **Dr. Rambarran**	13th to 20th December 2025	South Africa	**Multi-Organ Transplant** **Patients seen: 0** **Patients operated: 6** **3 Renal Transplant** **3 Nephrology**
Dr. J. C. Ritter	13th to 20th December 2025	Australia	**Vascular Surgery** **Patients seen: 14** **Patients operated: 10**

Name of Visiting Doctors	Period	From Hospital/ Organisation/ Country	Speciality -Purpose of Visit
Dr. Cynthia Yu Wai Man **Dr. Patrick Yu Wai Man**	29th June to 06th July 2025	London	**Eye Care Delivery** **Patients seen: 15** **Patients operated: 0**
Dr. Dynesh Rittoo	28th December 2025 to 17th January 2026	Bournemouth, UK	**Vascular Surgery** **Patients seen: 29** **Patients operated: 3**
Dr. Cynthia Yu Wai Man **Dr. Patrick Yu Wai Man**	12th to 19th December 2025	London	**Eye Care Delivery** **Patients seen: 70** **Patients operated: 0**
Prof. Ashley D'Cruz **Dr. Vinay Chandrashekhar** **Dr. Sunil Bhat** **Dr. Sahana Shankar** **Dr. Sapna Raina**	03rd to 08th January 2026	Narayana, India through Rotary Club of Floreal	**Peadiatric Surgery & Others** **Patients seen: 23** **Patients operated: 7**
Prof. Kian Fan Chung	20th February to 06 March 2026	From London through SPOI Project	**Respiratory Medecine Professor** **For Talk**
Dr. Sriprakash Duraisamy	22nd to 27th February 2026	Appollo Chennai India	**Neck and Head Oncology** **Patients seen: 9** **Patients operated: 8**
Dr. Bruno Zipoli	22nd February to 02nd March 2026	France	**Arthroscopic Surgery** **Patients seen: 21** **Patients operated: 12**
Dr. J. C. Ritter	13th to 20th December 2025	Australia	**Vascular Surgery** **Patients seen: 14** **Patients operated: 10**
Dr. Elsa Toumi	04th to 11th April 2026	Swiss Medical Services (France)	**Vitrectomy** **Patients seen: 42** **Patients operated: 19**
Dr. Dynesh Rittoo	10th to 25th April 2026	University Hospital Dorset, Bournemouth, UK	**Vascular Surgery** **Patients seen: 73** **Patients operated: 25**

Name of Visiting Doctors	Period	From Hospital/ Organisation/ Country	Speciality -Purpose of Visit
Dr. Amit Sahu	11th to 17th April 2026	Mumbai, India across multiple hospitals including Apollo Hospital, Gleneagles Hospital, Medicover Hospital, LH Hiranandani Hospital to name a few	**Neuro, Body & Peripheral Vascular Interventional Radiologist** **Patients seen: 20** **Patients operated: 15** **Cath lab: 4** **Radiology: 10** **Operating Theatre:1**
Dr. Millind Killedar **Dr. (Mrs) Patil Dilip** **Dr. (Mrs) Dileep Asgaonkar**	17th to18th April 2026 @ Rodrigues 20th to 24th April 2026	Through Rotary Bagatelle	**Squint Surgery** **Patients seen: 163** **Patients operated: 60**
Dr. R. Shinde	26th April to 01st May 2026	India	**Onco Surgery** **Patients seen: 0** **Patients operated: 3**
Dr. Tirumala Rajashekhar	29th April to 02nd May 2026	India	**Vascular Surgery** **Patients seen: 0** **Patients operated: 3**
Prof. Gruson	30th April to 17th May 2026	Morocco	**Manage Hospital Services** **Visit Regional Hospitals**
Dr. K. Saravana Rajamanickam Surgical Oncologost (Thorax, HPB and GI) **Dr. Dipti Mishra Surgical Oncologist (Colorectal, Gynec and Breast Oncology)**	04th May to 11th May 2026	India	**Onco Surgery** **Patients seen: 0** **Patients operated: 6**
Dr. Sanju Sobnach **Dr. Sonal Asthana** **Dr. Strobele**	13th May to 20th May 2026	South Africa	**Multi-Organ Transplant Programme** **Patients seen: 9** **Patients operated: 6**

Name of Visiting Doctors	Period	From Hospital/ Organisation/ Country	Speciality -Purpose of Visit
Dr. Lawson Diagnostic and Interventional Radiologist	18th May to 23th May 2026	South Africa	**Uterine Fibroid, Prostate Artery and Geniculate Artery Embolization** **Patients seen: 0** **Patients operated: 9**
Prof Charles Yu	25th to 29th May 2026	Swiss Medical Services (USA)	**Keratoplasty** **Patients seen: 19** **Patients operated: 11**
Dr. Vinay Gaikwad **Mr. M. Naved**	31st May to 05th June 2026	Fortis Hospitals, India	**Onco Surgery**

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 25/26

- A new warehouse has been rented to facilitate the relocation of Section A of CSD, Plaine Lauzun, as well as all scattered stocks of medicines currently stored at various locations, including Tobacco Board and La Rosa. **This consolidation will enable all stocks to be stored under one roof, thereby improving storage and management efficiency.** During Financial Year 2025–2026, the new warehouse accommodated approximately 550 dosage forms currently held at Section A.

- The Pharmacy Board has been upgraded through the introduction of the online Trade Link MNS system, enabling the electronic processing of import authorisations and clearances for pharmaceutical products, precursors, and Dangerous Drugs. In addition, all backlogs relating to the registration of pharmaceutical and nutraceutical products have been cleared.

- Approximately 25 new drug molecules have been introduced into the hospital drug formulary, including last-resort antibiotics, targeted oncology therapies, and other medicines addressing critical therapeutic needs.

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 Dengue, Leptospirosis and Chikungunya while also conducting routine surveillance for other diseases.

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. NBTS is fully computerised as from 2007 and is also ISO 9001-2015 certified.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- A total of **16.5 million tests** has been performed during the reporting period.
- The Human Leukocyte Antigen (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, **over 3,000 HLA typing** were conducted compared to 2,395 HLA typing in FY 2024-2025, with antibody screenings rising from 684 to **more than 1,000** and flow crossmatches increasing from 582 to **more than 600**, contributing to improved transplant outcomes.
- In FY 2025-2026, over 50,000 units of blood have been collected and **a record of 217 platelet apheresis procedures were performed.**

Introduction of New Tests/Services

- **MPOX 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 Mpox.

- New test to detect inherited platelet disorder (platelet aggregometry) and coagulation disorder.

Staff Training

- Several laboratory staff have attended local and international training/workshops in key areas such as biosafety, waste management, maintenance of biological safety cabinets, laboratory quality management system, among others.

Quality Management System

- National Blood Transfusion Service has been ISO 9001 certified since 2010 and has **maintained the certification status**.

- **The Sir Edgar Laurent TB laboratory was accredited to ISO 15189-22 standards** by MAURITAS in October 2025.

Relocation and infrastructure planning for laboratory services

- Plans for refurbishment of Old Moka Eye Hospital progressed to support relocation of Virology, Molecular Biology, Parasitology Departments and Blood Donation services.

Laboratory Information Management System (LIMS)

- LIMS is now in use in Virology and Molecular Biology Departments, with significant progress in Biochemistry and Haematology departments through equipment interfacing.

Advancement of National Blood Transfusion Service (NBTS) e-Health module

- Much progress has been made on the eventual use of e-Health by the NBTS and most major problems identified during testing have been solved.

2.1.31 RADIOLOGY SERVICES INCLUDING NUCLEAR MEDICINE

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 of 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 and Medical Imaging Technologists, 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 for 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 25/26

- **Improved access to high-technology equipment across regional hospitals:** Advanced imaging equipment are now available in all five regional hospitals, reducing the need for patient transfers, minimising travel burden, and contributing to faster diagnosis and treatment initiation.

- **Expanded radiology services through the provision of CT-guided and ultrasound-guided biopsies** performed by Radiologists, enhancing diagnostic capabilities.

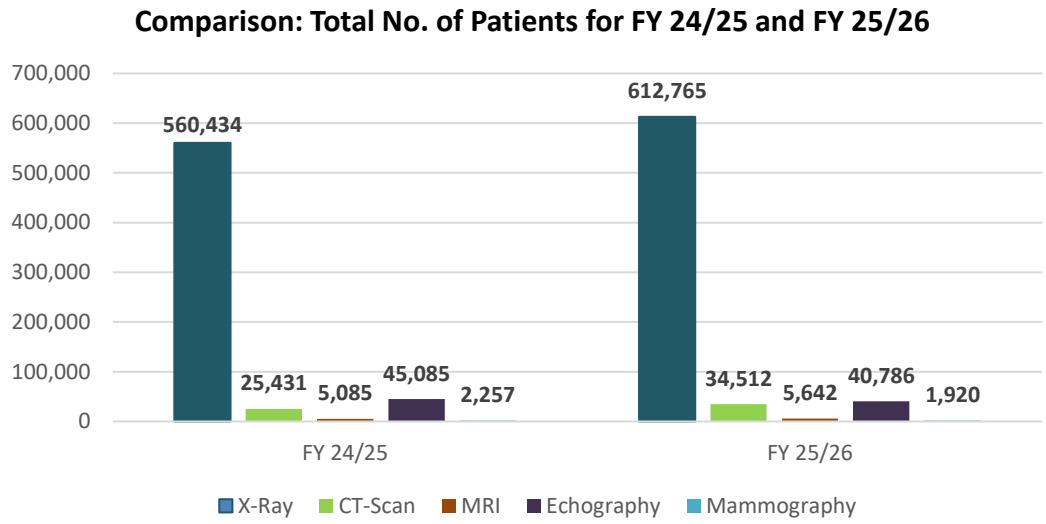
- **Strengthened MRI service delivery by performing MRI examinations under general anaesthesia at SSRNH,** including for patients referred from other hospitals, thereby improving access to diagnostic imaging services.

- **Enhanced access to diagnostic imaging services through the installation of a digital X-ray machine at Poudre d'Or Hospital,** eliminating the need for patients to be transported to Goodlands Mediclinic for X-ray examinations.

- **Increased utilization of radiology services despite operational constraints:** The Radiology Department sustained the delivery of essential imaging services across the five regional hospitals and the National Cancer Centre (NCC) despite limited resources.

- **During the period July 2025 to June 2026, an overall increase in the number of patients receiving radiological investigations was recorded**, reflecting the Department’s continued efforts to enhance access to diagnostic imaging and respond to increasing healthcare demands.

Total number of patients for the period July 2025 to June 2026 **for all five regional hospitals as well as the National Cancer Centre (NCC)** are as follows:



Source: Office of Chief Medical Imaging Technologist, Radiology Department

NUCLEAR MEDICINE

The National Nuclear Medicine Service provides specialised molecular imaging and functional diagnostic services for patients across Mauritius through two complementary sites, namely; the Nuclear Medicine Department at JNH and NCC.

The service supports Oncology, Nephrology, Urology, Cardiology, endocrinology, Orthopaedics, Infectious Diseases, Paediatrics and General Surgery.

It provides PET/CT, SPECT/CT, conventional nuclear medicine imaging, bone densitometry (DEXA), renal function studies, cardiac nuclear medicine, thyroid imaging and other specialised radionuclide investigations.

The department also serves as the national referral centre for molecular imaging and is spearheading the development of theragnostic services in Mauritius.

The Department continues to maintain service continuity and strengthen its contribution towards the delivery of high-quality, patient-centred healthcare in line with the Ministry's commitment to accessible and effective health services.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Consolidation of PET-CT Services:** The establishment of Mauritius' first PET-CT service at NCC has enhanced the country's capacity for precise cancer staging, treatment monitoring, and follow-up. This advancement has reduced dependency on overseas referrals and improved multidisciplinary cancer care coordination.
- **Expansion of Hybrid Imaging:** Full utilization of Siemens Symbia Pro.Specta X7 at NCC and continued operation of Siemens Symbia Pro.Specta X3 at JNH have significantly improved diagnostic accuracy for a wide range of oncological and non-oncological conditions.

- Internationally recognised reporting standards based on European Association of Nuclear Medicine (EANM) and the Society of Nuclear Medicine and Molecular Imaging (SNMMI) practice guidelines were implemented across Nuclear Medicine and PET/CT services.

- **Advanced radiopharmacy equipment procured through the International Atomic Energy Agency (IAEA) was** installed to support future radionuclide therapy services.

- **Operationalisation of a National Dual-Site Model:** The coordinated service model between NCC and JNH optimizes resource use and expands access to specialized Nuclear Medicine services, with NCC as the national hub for oncological care and JNH serving non-oncological needs.

- **Human Resource Capacity Building:** Through IAEA-supported fellowships and regional training, departmental staff have enhanced their expertise in hybrid imaging, radiopharmacy, and advanced Nuclear Medicine practices, strengthening the local workforce.

- Continuous optimisation of departmental protocols, quality assurance procedures and radiation safety practices ensured delivery of high-quality patient care.

- **Progress Towards National Cyclotron Capability:** Hosting an IAEA expert mission to assess the feasibility of a medical cyclotron and radiopharmaceutical production facility lays the groundwork for future sustainability and autonomy in PET imaging services.

- **Enhancement of Radiopharmacy Services:** Preparatory steps to modernize radiopharmacy equipment and expand production capacity support the future growth of therapeutic Nuclear Medicine services.

- **Quality Assurance and Regulatory Compliance**: The Department consistently met national radiation safety standards and regulatory requirements, ensuring the safe delivery of Nuclear Medicine services.

- **International Cooperation:** Active engagement in IAEA Technical Cooperation projects and hosting international experts have reinforced Mauritius's partnerships, supporting ongoing service development and capacity building.

- **Contribution to National Cancer Control:** Nuclear Medicine has played an increasingly vital role in the national cancer control program by providing timely, high-quality molecular imaging to support diagnosis, staging, treatment planning, and therapeutic assessment.

2.1.32 INFECTION PREVENTION CONTROL AND ANTIMICROBIAL RESISTANCE

Infection Prevention and Control (IPC)

The National Infection Prevention and Control (IPC) Programme of the MOHW provides national leadership for the prevention of Healthcare-Associated Infections (HAI) and antimicrobial resistance through policy development, surveillance, monitoring, training, outbreak preparedness and response, development of guidelines and standard operating procedures, facility assessments, and coordination of IPC activities across public healthcare institutions. The programme also supports implementation of WHO IPC standards, monitors national indicators, and collaborates with national and international partners to strengthen patient and healthcare worker safety.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The second version of the National IPC Guideline was finalized, approved and disseminated.
- More than 1,000 IPC monitoring visits were conducted across hospitals and primary healthcare facilities.
- More than 50 face-to-face training sessions and almost 1,000 knowledge assessments were carried out.
- A national HAI point prevalence survey and a national surveillance plan for HAI were completed.
- Several standard operating procedures (SOPs) were written.
- National dashboards continued to be produced every trimester and six months to support decision-making.
- Preparedness activities included PPE simulation exercises, assessment of isolation facilities, ventilation monitoring using CO_2 meters, and investigation of outbreaks of multidrug-resistant organisms.
- Celebration of World Hand Hygiene Day to promote awareness and reinforce the importance of effective hand hygiene practices.
- Dissemination of IPC educational videos through the MoBienet application to enhance access to IPC training materials and support continuous awareness and capacity building.
- Integration of IPC and antimicrobial resistance (AMR) components into nursing curricula to strengthen foundational knowledge and competencies.
- Development of adenosine triphosphate (ATP) biometer guidance to support the monitoring and assessment of cleanliness.
- Functionality of IPC teams improved from 63% in 2024 to 74% in 2025.

The impact of measures can be summarised as follows:

1. WHO IPC Assessment Framework (IPCAF) **score improved from 55% in 2024 to 64% in 2025.**
2. WHO IPC Assessment Tool 2 (IPCAT-2) **score improved from 61% in 2024 to 75% in 2025.**
3. WHO SPAR (States Parties Self-Assessment Annual Reporting) IPC **score improved from 47% in 2024 to 53% in 2025.**

Antimicrobial Resistance (AMR)

The National Antimicrobial Resistance (AMR) Programme provides national leadership for surveillance, antimicrobial stewardship (AMS), policy development, implementation of the National Action Plan on AMR, monitoring of multidrug-resistant organisms, antimicrobial consumption and use surveillance, and coordination of One Health activities to reduce the emergence and spread of antimicrobial resistance in Mauritius.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Strengthening of national AMR monitoring, with the country's Tracking AMR Country Self-Assessment Survey (TrACSS) score improving from 48% to 59%,** reflecting enhanced implementation of AMR-related capacities and governance.
- **Reduction in the prevalence of high-priority multidrug-resistant organisms in public Intensive Care Units (ICUs) from 38% to 36%,** indicating progress in infection prevention and antimicrobial stewardship efforts.
- **Strengthening of national AMR governance** through the establishment and regular meetings of the Antimicrobial Stewardship (AMS) Technical Working Group.
- Development of a national surveillance plan for antimicrobial use (AMU) and AMS, alongside the completion of the first national point prevalence survey (PPS) on AMU and AMS across all five regional hospitals.
- Successful enrolment in the WHO Global Antimicrobial Resistance and Use
- Surveillance System – Antimicrobial Consumption (GLASS-AMC) and **submission of the first national antimicrobial consumption dataset.**
- **Delivery of approximately 35 Continuous Medical Education (CME) sessions on AMS**, along with the development of 5 standardized AMS training presentations and 12 awareness videos to strengthen capacity building and awareness.
- National celebration of World Antibiotic Awareness Week to promote rational use of antimicrobials and increase public and professional awareness.
- Assessment of AMR capacities through a Joint External Evaluation (JEE) by WHO and regular production of dashboards on multidrug-resistant organisms to support monitoring and decision-making.
- **Improved availability of key antibiotics**, including tigecycline, aztreonam and cefazolin, strengthening the national antimicrobial arsenal.

2.1.33 NATIONAL AIDS SECRETARIAT

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 leads and coordinates the national HIV response, ensuring alignment with the National HIV Action Plan. It oversees implementation through a joint monitoring and

accountability framework, promotes multisectoral engagement, ensures equitable access to services for all populations including hard-to-reach groups, and develops policies, strategies, guidelines, and protocols to address the evolving HIV epidemic.

In addition, NAS monitors and evaluates national HIV programmes, mobilises financial and technical resources from development partners, and supports achievement of national and global HIV targets.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- A workshop was conducted for 30 hotline counsellors on HIV self-testing Frequently Asked Questions (FAQs) to strengthen their capacity to provide accurate and evidence-based information.
- **The MOHW developed a comprehensive FAQ booklet on HIV self-testing**, which was launched on World AIDS Day 2025. The booklet provides clear, user-friendly guidance on the correct use of self-test kits, interpretation of results, confidentiality, confirmatory testing, and linkage to care, thereby promoting informed decision-making and increasing public confidence in HIV self-testing.
- **Pamphlets featuring QR codes were also developed to provide easy access to reliable information and available services**, while a poster on the availability of HIV self-testing was produced to raise public awareness, improve access, and encourage greater uptake of HIV self-testing.
- **A total of 38 healthcare providers and administrators from both facility-based and community-based settings were successfully trained on HIV-related stigma and discrimination**. The training strengthened participants' knowledge and capacity on key principles, including non-discrimination, duty to treat, informed consent, confidentiality, and the rights of people living with HIV.
- A workshop on the implementation of Data Quality Review (DQR) was conducted with key stakeholders, strengthening participants' capacity to assess, improve, and ensure the quality, accuracy, completeness, and reliability of HIV programme data for effective monitoring, reporting, and decision-making.
- **A comprehensive Monitoring and Evaluation (M&E) framework and a Data Quality Assurance (DQA) plan have been developed** to strengthen data governance, improve reporting standards, and ensure the accuracy, completeness, and reliability of HIV programme data.
- An innovative youth awareness initiative was implemented through an intercollege skit competition on sexual violence in July 2025, providing students with a creative platform for education, dialogue, and engagement.
- Building on its success, a second edition was organised in June 2026 under the theme "Stigmatization parmi zeness ki viv ar sida". The competition aimed to raise awareness on HIV, address stigma and discrimination towards people living with HIV, promote the uptake of HIV prevention, testing, and treatment services among young people, and foster greater empathy, inclusion, and supportive attitudes within school communities.

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. 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.
- Community and island-wide caravan testing services.
- Rapid HIV testing in the Accident & Emergency Departments of all regional hospitals.
- Condom promotion and distribution.
- Post Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP) for HIV prevention.
- Prevention of mother-to-child transmission (PMTCT) services.
- Management of HIV and Hepatitis C co-infection.

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

Name of AIDS Unit - Day Care Centres	Contact Number	Hotline
The National Day Care Centre for the Immunosuppressed, Dr A.G Jeetoo Hospital	**213 8166 213 4994**	**5257 7890**
Day Care Centre (DCCI), Victoria Hospital	**427 7946**	**5257 7891**
Day Care Centre (DCCI), Dr Bruno Cheong Hospital	**413 5363**	**5257 7874**
Day Care Centre (DCCI), SSRN Hospital	**243 9930**	**5257 7892**
Day Care Centre (DCCI), Jawaharlal Nehru Hospital	**627 2792**	**5257 7902**
Yves Cantin Community Hospital (DCCI)	**483 6684**	**5257 7891**
New Souillac Hospital (DCCI)	**603 7100 Ext 272**	**5257 7902**
Mahebourg District Hospital (DCCI)	**604 2000 Ext 223**	**5257 7902**
One Stop Shop Dr Bouloux AHC	**212 0811**	
One Stop Shop Dr Hyderkhan Mediclinic	**216 0065**	
Centre Banian (PILS) Port Louis	**210 7044**	

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- During the reporting period, substantial progress was achieved in expanding HIV testing services and strengthening linkage to care. A total of 101,405 ELISA tests were conducted between July 2025 and June 2026. Particular emphasis was placed on

ward-based HIV testing in hospitals, where 4,452 individuals voluntarily underwent HIV testing. Compared with the 2,641 tests conducted during the same period last year, this represents a 68.5% increase in uptake of voluntary HIV testing services.

- Access to treatment and continuity of care also improved during the period. The number of people registered on antiretroviral therapy (ART) increased from 4,817 to 4,965. In parallel, the treatment adherence rate improved from 71% to 76% compared with the same period last year, reflecting strengthened patient follow-up and support mechanisms.

- Prevention efforts were further intensified through the distribution of 684,750 male condoms, 11,506 female condoms, and 147,361 lubricant gels between July 2025 and June 2026. In addition, a total of 16,313 adolescents were reached through 398 school intervention sessions, while HIV awareness and testing initiatives introduced in universities enabled 702 students to voluntarily access HIV counselling and testing services.

- **The HIV treatment adherence rate increased from 71% to 76%,** reflecting strengthened patient support and follow-up, and contributing to improved treatment outcomes and viral suppression.

- **Beach HIV testing initiatives were significantly expanded to reach larger and more diverse populations** by bringing HIV services directly to communities in high-traffic coastal areas, thereby increasing access to voluntary HIV testing, strengthening HIV prevention awareness, promoting early diagnosis, and facilitating timely linkage to treatment and care.

- **The fixed-dose combination antiretroviral regimen TLD (Tenofovir, Lamivudine and Dolutegravir) was successfully introduced into the national HIV treatment programme**. This optimized treatment regimen simplifies HIV care by reducing pill burden, improving treatment adherence, enhancing viral suppression, and supporting better long-term clinical outcomes for people living with HIV.

- **The National Day Care Centre for Immunosuppressed (NDCCI) was successfully relocated to Dr A.G. Jeetoo Hospital** and officially launched by the Hon Minister of Health and Wellness.

The relocation has significantly improved the quality, accessibility, and integration of HIV care services by providing a more conducive environment for patient-centred care, facilitating multidisciplinary service delivery, enhancing access for vulnerable populations, and contributing to the reduction of stigma associated with accessing HIV treatment and support services.

- A World AIDS Day march was organized in December 2025 with the participation of young people to raise awareness on HIV prevention, the risks associated with drug use, stigma reduction, and healthy lifestyles, while encouraging greater community involvement in the national HIV response.

- Several radio and television awareness sessions were conducted on HIV, focusing on modes of transmission, prevention, testing, and treatment.

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 programmes such as:

- 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. The Hotline of the HRU is **8001022.**

In order to offer a comprehensive package of services to methadone beneficiaries, the MOHW operates 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 (Male)	**455 3187**
Centre Orchidée - Beau Bassin (Female)	**455 9066**
Dr Bruno Cheong One Stop Shop	**413 0250**
Yves Cantin One Stop Shop	**484 2100**
Hyderkhan One Stop Shop	**217 6072**
Nenuphar Centre (Minors)	**209 2030**

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.**

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Expansion of the Methadone Substitution Therapy (MST) programme** to approximately 8,182 beneficiaries as at June 2026, with daily methadone dispensing across 70 sites, enhancing access to treatment.
- **Implementation of the Methadone Take-Home Dose initiative**, enabling selected stabilised patients to receive methadone doses, thus improving treatment adherence and accessibility.
- Operation of the Needle Exchange Programme (NEP) during FY 2025/2026 through two mobile caravans across 21 sites reached around 1,800 clients, strengthening harm reduction coverage.
- **Referral of 563 patients to the Harm Reduction Unit through the Drug Users Administrative Panel (DUAP)** by June 2026, promoting rehabilitation as an alternative to prosecution.
- Throughout the period, the HRU conducted Drug Prevention Programme activities as follows:

Drug Prevention Programme Activities	No of Participants
Educational Institutions	**5,313**
Community	**265**
Workplace	**424**

Source: Harm Reduction Unit

- **Operationalisation of a One-Stop Shop at Dr. B. Cheong Hospital, Flacq,** in May 2026, providing integrated services including drug treatment and management of HIV and Hepatitis C.
- Organisation of capacity-building workshops for healthcare officials and NGOs in December 2025, strengthening collaboration and competencies in harm reduction interventions.
- Progress in compiling data for the Annual Reports Questionnaire for submission to the United Nations Office on Drugs and Crime (UNODC), supporting international reporting obligations.

2.1.36 GERIATRIC MEDICINE UNIT

The Geriatric Medicine Unit ensures the delivery of healthcare services adapted to the needs of the elderly, in alignment with the WHO Integrated Care for Older People (ICOPE) Guidelines 2019.

With the steady increase in the ageing population, strengthening geriatric healthcare services has become a priority to address emerging health and social care needs.

The Government places the well-being and protection of the elderly at the forefront of its priorities, with the Government Programme 2025–2029 emphasising the enhancement of social protection mechanisms and the modernisation of geriatric healthcare services.

The establishment of Acute Care of Elderly (ACE) Wards marks the beginning of a structured national transformation of geriatric health services, with the aim of expanding specialised, equitable and person-centred healthcare for older citizens across regional hospitals. These services are designed to ensure that ageing is accompanied by dignity, safety and quality care.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The Ministry has launched one male and one female Acute Care of Elderly (ACE) wards at SSRN Hospital with 70 beds and at SAJ Hospital with 80 beds, strengthening specialised care for the ageing population.
- The establishment of ACE wards are aligned with the WHO ICOPE Guidelines 2019, supporting the delivery of comprehensive and specialised care for older persons.
- Adaptation of ACE Ward infrastructure and equipment to elderly care needs, including the provision of medical Fowler beds, air-pressure mattresses, bathroom and corridor safety rails, and anti-slip flooring to improve patient safety and comfort.
- Multidisciplinary specialist care within ACE Wards, involving physicians, geriatricians, cardiologists, psychiatrists and other relevant specialists to support comprehensive elderly care.
- Provision of technical support to the Medical Unit of the Ministry of Social Security, enabling its 370 doctors to screen approximately 30,000 elderly persons annually at home and in nursing homes.
- Designed and launched Standard Operating Procedures (SOPs) in collaboration with WHO to align the management of geriatric conditions with international standards of care.
- Extension of ICOPE screening across the primary care system since July 2025, with approximately 9,000 elderly persons screened nationwide for dementia, depression, vision impairment, hearing loss, mobility impairment and malnutrition in accordance with WHO ICOPE Guidelines 2019.
- Strengthening multidisciplinary allied health care services through the involvement of physiotherapists, dietitians, social workers and other allied health professionals.

- Expansion and consolidation of Early Dementia Diagnosis Clinics from Victoria Hospital and SSRN Hospital to SAJH, Dr A.G. Jeetoo Hospital and JNH, improving access to early dementia assessment and management.

2.1.37 NURSING SERVICES

The Director Nursing posted 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 complaints received from the public against nursing personnel and submit report to the Ministry.
- Attending workshops, seminars and meetings.
- Conducting surprise visits in hospitals and certain health care institutions and submit report to Ministry.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Supported the operationalisation of the new Moka Eye Hospital**, providing nursing support for a wide range of specialised ophthalmic services.
- **Contributed to the inauguration and operational readiness of the new Renal Transplant Unit at Jawaharlal Nehru Hospital**, strengthening specialised renal care services.
- **Supported the systemic implementation of the e-Health programme across hospitals and healthcare institutions,** enhancing digitalisation and efficiency in healthcare delivery.
- **Participated in training workshops organised by the WHO in collaboration with the MOHW**, contributing to continuous professional development and capacity building.
- **Strengthened nursing capacity through specialised training programmes** in areas such as SAMU, Oncology, and Operation Theatre services to enhance specialised patient care.

- **Supported the conversion of CHCs into AHCs and AHCs into Mediclinics,** improving the accessibility and delivery of primary healthcare services.
- **Contributed to the opening and functioning of new geriatric wards**, enhancing care services for the elderly population.
- **Strengthened healthcare workforce capacity** through the recruitment of 300 nurses, 500 trainee nurses and 98 Health Care Assistants to improve service delivery across health institutions.
- **Participated in regular management meetings at the Ministry** to review progress achieved, address challenges, and develop action plans for the implementation of future healthcare projects.

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 25/26

- **11,439 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 2025 to 30 June 2026, around **11,756 patients** were attended to as compared to 11,460 patients during the previous FY.
- **21,421 orthopaedic appliances** were delivered to patients.

2.1.39 DEPARTMENT OF OPERATIONS SUPPORT SERVICES

The Department of Operations Support Services (DOSS) is a key support department of the Ministry providing essential transport, logistics, and maintenance services that enable the effective functioning and continuity of public health services. Through the provision of reliable operational support, the Department contributes to the efficient delivery of healthcare services across public health institutions and other facilities under the Ministry.

A major component of the Department's mandate is the management and support of ambulance and emergency transport services. DOSS facilitates the provision and maintenance of an adequate ambulance fleet to support the timely transportation of patients and emergency cases between healthcare facilities, as well as other transport requirements associated with the delivery of healthcare services. The Department works to ensure that ambulances and other health service vehicles remain operational, safe and fit for purpose through appropriate maintenance and logistical arrangements.

Fleet Management and Vehicle Maintenance

DOSS is responsible for the management and maintenance of the Ministry's vehicle fleet. Its functions include the coordination of preventive and corrective maintenance, repairs, servicing and other technical interventions required to keep Ministry vehicles in good operating condition.

The Department monitors the condition and operational requirements of vehicles and coordinates necessary repairs and maintenance to minimise vehicle downtime and ensures the availability of transport resources. Through proper fleet management, DOSS seeks to optimise the use of available vehicles, improve fleet reliability and support the safe and efficient movement of staff, patients, equipment and supplies.

The Department also contributes to the effective management of the Ministry's transport assets by supporting the identification of replacement and renewal requirements, monitoring vehicle utilisation and facilitating the appropriate allocation of vehicles in accordance with operational needs.

Maintenance and Infrastructure Works

Moreover, DOSS is entrusted with the implementation and coordination of maintenance and infrastructure-related works within public health institutions in order to maintain safe, functional and suitable condition of healthcare facilities through repairs, routine and preventive maintenance, refurbishment, extensions, renovations and other improvement works required. Such interventions may cover buildings, functional spaces and associated infrastructure, with the objective of ensuring that healthcare facilities remain fit for service and capable of meeting the evolving needs of patients, healthcare professionals and support personnel.

DOSS assesses and coordinates maintenance requirements, prioritises works according to operational needs and available resources, and facilitates the execution of approved projects.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- DOSS undertook repair and refurbishment works of the staircase at the Central Health Laboratory, Victoria Hospital. The intervention was carried out to improve the structural condition of the staircase, and ensure a safe and functional access route for staff, patients, visitors and other users of the facility.

- DOSS carried out renovation and clean-up work at the doctors' quarters of SSRN Hospital. The intervention was undertaken to improve the overall condition, cleanliness and habitability of the accommodation facilities provided to medical personnel.

- Renovation works at Vector Biology Control Division, SSRN Hospital.

- Acquisition of new double cab 4x4 for Health Offices and ambulances for Hospitals across the island.

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, 19 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 2025-2026, a total of around 5.3 million attendances were recorded at the 140 PHC institutions for the treatment of common diseases and minor injuries. FIGURE II gives an indication of the total number of attendances recorded in all the PHC institutions at the level of the five Health Regions.

Figure II: Attendances at PHC Institutions July 2025 to June 2026

Source: Health Records Department, MOHW

In 2025, a total of 498 pre-primary schools were visited and 14,232 children were screened for common illnesses and dental carries. 975 children were referred to PHCs for vaccination. **TABLE II** highlights the activities undertaken at the level of primary schools in 2025.

Table II: Summary on Primary School Health Activity 2025

ACTIVITY AND RESULT	ISLAND OF MAURITIUS
SCREENING BY NURSING STAFF	
No. of schools visited	**359**
No. of children screened	**38,288**
Nits and lice	**874**
Dental problems	**4,059**
No. of children referred to dentist	**2,986**

VISION SURVEY (Std III, V &VI)	
No. of children screened	**20,981**
No. with defective vision	**1,816**
No. referred to specialists	**1,196**
IMMUNIZATIONS PERFORMED	
TDaP/IPV (New entrants)	**8,640**
TDaP (School leavers)	**8,177**

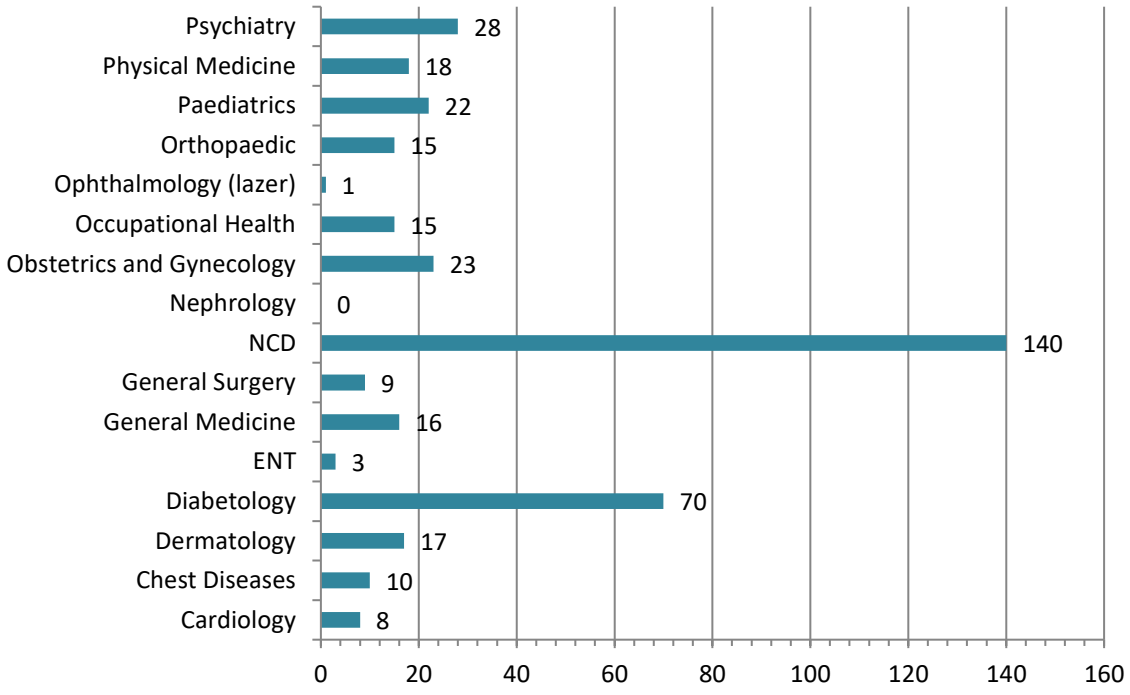
Source: Health Statistics Unit & EPI, MOHW

On top of hospitals, PHC centres have recorded 2,014,022 consultations by doctors. 1,365,439 cases pertain to general consultation during normal working hours, while 445,888 cases were attended after normal working hours sessions, on Sundays and public holidays. Specialist clinics catered for 93,609 cases, while other services such as, Family Planning, Cash Gift, Screening programmes, Nutrition and Foot Care clinics have attended to 109,086 cases. PHC centres have thus, catered for some 5,517 cases on average daily.

DECENTRALISATION OF SPECIALIST SERVICES

Decentralisation of around 14 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 25/26



Source: Health Records Department, MOHW

Number of outpatient clinic initiated at PHCs per year:

REGIONS	2022	2023	2024	2025	Up to June 2026	TOTAL
I	18	34	1	0	0	**53**
II	20	29	0	0	0	**49**
III	34	14	14	4	0	**66**
IV	37	9	8	3	2	**59**
V	38	10	13	1	0	**62**
TOTAL	147	96	36	8	2	**289**

Source: Health Records Department, MOHW

The achievements for the Financial Year 2025-2026 of different units falling under the Primary Healthcare Services have been elaborated in this part of the Report.

REGIONAL PUBLIC HEALTH UNIT

The Regional Public Health Unit as headed by the Regional Public Health Superintendent (RPHS) is responsible for the planning, coordination, implementation and monitoring of preventive, promotive and public health programmes across the health region.

It oversees communicable and non-communicable disease prevention and control, disease surveillance, outbreak preparedness and response, immunisation, infection prevention and control, environmental health, and Primary Health Care services.

The Unit also promotes health education, ensures compliance with national public health policies and legislation, collaborates with stakeholders to strengthen integrated, people-centred public health services and improve population health outcomes.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Coordinated and monitored the implementation of national public health programmes** through supportive supervision of Primary Health Care facilities, ensuring compliance with Ministry policies and quality standards.
- **Strengthened delivery of priority interventions** including maternal and child health, school health, immunisation, non-communicable disease prevention and control, mental health, nutrition and tobacco cessation programmes.
- **Strengthened specialist outreach services through Mediclinics and AHCs**, ensuring continuity of care closer to patients' homes.
- **Regular outreach clinics were provided by specialists** in areas such as Rheumatology, General Medicine (Physician) and Psychiatry.
- **Enhanced disease surveillance, outbreak preparedness and response, infection prevention and control, and vector surveillance** to support timely public health interventions.
- **Improved environmental health activities and conducted inspections of private healthcare institutions** to support the issuance and renewal of operating licences.

- **Implemented health promotion, community engagement and capacity-building initiatives** to strengthen disease prevention, public health service delivery and integrated, people-centred care.
- **Provided necessary support for the rolling out of the E-Health System across several Primary Health Care facilities**, strengthening electronic patient record management, improving the efficiency and continuity of healthcare delivery.

Key Performance Indicators	TOTAL
Number of outbreak investigations	94
Number of private healthcare institutions inspected for the issue and renewal of operating licences	168
Number of food handlers medically examined and certified (including renewal)	25,649
Number of health education sessions conducted	131
Number of healthcare workers trained	1,171
Number of public complaints investigated and resolved	101

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 25/26

- **Diabetic and Vascular Health Centres (DVHCs) were inaugurated at Dr A.G Jeetoo Hospital, SAJH, Triolet and Floreal Mediclinics** as part of the Government's Budget 2025–2026 initiative to strengthen specialised diabetes and vascular care and enhance the management of NCDs. The Centre adopts a holistic, patient-centred approach, focusing not only on glycaemic control but also on lifestyle modification, mental well-being, early detection of complications, and multidisciplinary care.
- **The Diabetic Footcare Service at Grand Bois MC has been extended** from three times weekly to all weekdays and Saturday.
- **The Centre also leads innovative programmes, including the Path to Remission Programme** for newly diagnosed type 2 diabetes patients through intensive lifestyle intervention.
- **Expanded NCD screening programmes** to enhance early detection and management of NCDs.
- **Strengthened multidisciplinary diabetes care** through enhanced collaboration among diabetologists, diabetes specialist nurses, nutritionists and retinal screening services.
- **In Region 3, Tobacco Cessation clinic sessions were introduced at Quartier Militaire Medi-Clinic on Saturdays, to improve accessibility for individuals seeking support to quit tobacco use.** The service provides behavioural counselling, clinical assessment, follow-up, and smoking cessation interventions, contributing to the prevention and control of non-communicable diseases.
- **Continued monitoring of clinical outcomes** through regular NCD audits to support quality improvement and evidence-based care.
- Enhanced integrated, patient-centred NCD services to improve diabetes control, prevent complications and support progress towards the WHO Universal Health Coverage (UHC) Service Coverage Index targets**.**
- As part of the commemoration of World No Tobacco Day 2026, the NCD Secretariat organized a series of health education and awareness activities aimed at promoting tobacco cessation and preventing tobacco as well as vaping use, particularly among children, adolescents, and the general public.
- **Conducted regular health talks for older persons** to promote healthy ageing and the prevention and management of non-communicable diseases.
- Maintained uninterrupted availability of essential Diabetic drugs at primary health care level.
- Introduced new antidiabetic medicines, namely **Dapagliflozin (SGLT2 inhibitor)** and **Vildagliptin (DPP-4 inhibitor)**, to improve diabetes management.
- Facilitated regular visits by international experts to conduct workshops, Continuing Medical Education (CME) sessions and support the updating of clinical guidelines.

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 Paediatric Intensive Care Unit (PICU) 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 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 25/26

Expansion of Paediatrics and Neonatal Care Services at SAJH:

- **Opening of a 4-Bed Special Baby Care Unit (SBCU).** Established as an intermediate care facility to support the transition of babies from the NICU to the nursery, reducing NICU length of stay and improving bed availability within the NICU.
- **Opening of an Isolation Room in the NICU** for the management of babies with MDROs and other contagious infections.
- **Establishment of a Thalassemia Day Care Ward** for children with chronic anemia requiring regular blood transfusions.

Strengthening of Infection Prevention and Control (IPC) Practices at SAJH:

- Enhanced infection prevention and control measures through the **acquisition of a laminar flow device for safe drug preparation.**
- Continuous quality improvement initiatives have also been undertaken in collaboration with the local IPC team, with mentorship and guidance from neonatologists from the University of Connecticut, USA.

Sharing of Experience:

- There was a sharing of experience on Neonatal Resuscitation Program (NRP) between local staff involved in newborn care, including Pediatricians, Nursing staff, Midwives among others and one neonatologist and two NICU nurses from the University of Connecticut, USA.

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.

This approach is founded on education and awareness, the promotion of positive attitudes towards disability, the empowerment of persons with disabilities, and the provision of basic fundamental therapeutic interventions, among other measures.

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 25/26

- During the FY 2025/2026, **190 individuals demonstrated significant improvement in their ability to perform activities of daily living (ADLs) following rehabilitation interventions.**
- In addition, **112 individuals were successfully reintegrated into their communities and, where applicable, into the workforce**, reflecting the positive impact of the Community-Based Rehabilitation Programme on functional independence and social inclusion.
- **Strengthened the service delivery capacity of the CBR Unit through the recruitment of seven new staff members** following the departure of eight officers.
- Additionally, **the fourteen officers previously recruited have successfully completed their training and are now fully operational**, further enhancing the Unit's workforce and service provision.

As a result of these recruitment and capacity-building efforts, the CBR Unit has demonstrated a positive recovery in service delivery. This is reflected below in the increase in the number of visits to persons with disabilities.

ACTIVITIES	FY 24/25	FY 25/26
New cases registered	**493**	**565**
Number of visits to disabled persons	**12,269**	**15,475**
Referrals of disabled persons	**1,941**	**2,080**
Number of appliances delivered	**512**	**548**
Number of institutions' visits	**576**	**440**

Source: Senior Community Health Rehabilitation Officer, Region 5

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 25/26

- 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 24/25	FY 25/26
POSTNATAL EXAMINATION BY MIDWIFE		
Postnatal	**1,679**	**384**
CASES REFERRED TO HEALTH CENTRES & HOSPITALS		
By doctor for specialised treatment	**8,892**	**7,808**
EXAMINATIONS CARRIED OUT AT CLINIC		
ANTENATAL EXAMINATIONS BY MIDWIFE/NURSE		
First attendances	**8,439**	**7,565**
Subsequent attendances	**33,375**	**29,738**
ANTENATAL EXAMINATIONS BY DOCTOR*		
First attendances	**8,552**	**7,829**

Subsequent attendances	**32,548**	**28,191**
POSTNATAL EXAMINATIONS BY DOCTOR		
First attendances	**3,595**	**3.585**
Subsequent attendances	**1,547**	**1,425**
CHILDREN SEEN FOR GROWTH MONITORING		
Number of attendances	**139,311**	**117,958**
EXAMINATIONs OF CHILDREN UNDER 5 YEARS BY DOCTOR		
First attendances	**5,444**	**5,565**
Subsequent attendances	**10,951**	**11,194**
TOTAL ATTENDANCES AT CLINIC	**243,762**	**213,050**
***Include cases examined by specialists at first and subsequent attendances.**		

Source: Health Statistics Unit, MOHW

Maternal and Child Health

The Unit continued to strengthen maternal and child health services through the development of policies, health education resources and preventive interventions.

- **A comprehensive review and updating of the Maternal and Child Health Handbook were undertaken to reflect current national policies and evidence-based recommendations.**
- As part of this review, the existing handbook was redesigned into two separate publications; a Maternal Health Handbook and a Child Health Handbook, thereby providing more focused information for pregnant women, parents, caregivers and healthcare professionals while improving continuity of care from pregnancy through early childhood.
- **Preparatory work also commenced for the implementation of a Preconception Care Programme in Rodrigues**, aimed at integrating preconception care within primary healthcare services to optimise maternal and neonatal outcomes through early risk identification, counselling and preventive interventions.
- **The Ministry also marked the International Day of Action for Women's Health 2026** through a national women's health event offering integrated screening services, health education and counselling. This initiative was complemented by a series of four Coffee Talks, providing an interactive platform to address priority women's health issues including pelvic health, mental health, sexual and reproductive health, menopause and healthy ageing, while promoting greater public engagement and health literacy.

Breastfeeding Promotion, Protection and Support

- **Development of the Maternal, Infant and Young Child Feeding (MIYCF) Policy** was initiated during the commemoration of World Prematurity Day 2025, providing the foundation for strengthening national infant and young child feeding practices.
- **The Ministry successfully celebrated World Breastfeeding Week 2025** through a comprehensive programme of activities. These included an orientation session for media professionals on the International Code of Marketing of Breast-milk Substitutes,

nine awareness sessions conducted in Women Empowerment Centres and Women Wellness Centres, establishment of Regional Breastfeeding Committees in all five regional hospitals and nomination of Regional Breastfeeding Ambassadors to coordinate breastfeeding activities at regional level.

- **Community engagement was further strengthened through breastfeeding awareness campaigns** organised at Triolet Mediclinic, Flacq Coeur de Ville Mall and Plaisance Mall, together with the launch of the National Breastfeeding Newsletter, a new communication platform designed to disseminate evidence-based information and promote breastfeeding best practices among healthcare professionals and the public.
- **Routine breastfeeding counselling also continued to expand.** During the reporting period, **16,903 breastfeeding counselling sessions** were conducted nationally.
- In collaboration with “Action Familiale”, additional breastfeeding promotion activities, including community awareness sessions, support groups, outreach campaigns and educator capacity-building initiatives were implemented across Mauritius, significantly extending the reach of breastfeeding support services.
- **The Unit continued to strengthen collaboration with national and international partners**, including WHO, UNFPA, Action Familiale, the Office of the Ombudsperson for Children, the Mauritius Institute of Health, and other stakeholders.

2.2.5 SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The Sexual and Reproductive Health (SRH) Unit provides strategic leadership for the planning, coordination, implementation and monitoring of national programmes relating to sexual and reproductive health, maternal and child health, breastfeeding promotion, protection and support, adolescent health and family planning.

The Unit is responsible for the development of policies, clinical guidelines, health promotion strategies and capacity-building programmes, while ensuring equitable access to quality, evidence-based and people-centred services throughout the life course.

In collaboration with regional health services, government agencies, development partners, academic institutions and civil society organisations, the Unit also promotes research, digital innovation and multisectoral partnerships to improve health outcomes and strengthen preventive healthcare.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Development of the first National Comprehensive Sexuality Education (CSE) Curriculum for Out-of-School Adolescents, specifically designed to address the learning needs of vulnerable adolescents outside the formal education system.**

  In order to support national implementation, a Training of Trainers programme was conducted, followed by the successful pilot implementation of the curriculum through a 10-day residential programme combining classroom learning, practical activities, life-skills development and outdoor experiential learning.

  Building on the success of the pilot, six additional rollout training sessions were organised for healthcare professionals and multisectoral stakeholders.

The Unit also initiated the digitalisation of the curriculum to facilitate wider access through online learning platforms.

- **Development of the Comprehensive Abortion Care Policy** was initiated through the establishment of Technical Working Groups and consultative stakeholder workshops, with preparations underway for a national validation workshop.
- **Development of the Ministry's Sexual and Reproductive Health website-** ***familywellness.mu*** also commenced to provide reliable, evidence-based information and improve access to digital health education resources.
- Routine sexual and reproductive health services remained an important component of programme implementation with the statistics reflecting the reporting below as below:

Counselling/Activity	Number of Sessions/ Participants
Family Planning Counselling	**33,437**
Preconception Counselling	**4,335**
Premarital Counselling	**1,079**
Family Planning Follow-up Consultations	**9,719**
Antenatal Counselling *(within Regional Hospitals)*	**2,848**
Postnatal Counselling *(within Regional Hospitals)*	**1,420**
Gynaecology Outpatient Counselling *(within Regional Hospitals)*	**2,790**
Community Outreach – Educational Institutions (Students)	**1,785**
Community Outreach – Community & Social Welfare Centres	**926**

- **The Unit also continued to strengthen cervical cancer prevention through community mobilisation and screening**. During the reporting period, **20,478 women** received counselling on breast and cervical cancer prevention, with **5,553 follow-up** consultations conducted.
- During the reporting period, **a total of 2,153 women underwent breast and/or cervical cancer screening,** supporting the Ministry's strategy to promote the early detection and timely management of women's cancers.
- **Research and evidence generation also progressed substantially**. With technical support from UNFPA, a national survey on older women was completed, providing important evidence to inform the National Sexual and Reproductive Health Needs Assessment.
- The Ministry also participated in regional and international meetings, including the SADC Parliamentary Forum, facilitating knowledge exchange and regional collaboration in sexual and reproductive health.

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.

The nutritionists also contribute in training and development. Training is imparted to both Medical and Para-medical staff on nutrition related matters through Continuous Medical Education (CME) and Continuous Nurses Education (CNE) as well as through lectures to Nursing students.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Developed the National Plan of Action for Nutrition (NPAN) 2026-2030, which is at validation stage.
- **Review, Strengthen and Digitalize the National Nutritional Surveillance System (NSS) for Children Aged 0 to Less Than 5 Years:**
  Child Health Handbooks for boys and girls, incorporating growth charts, immunization schedules and feeding practices, have been finalized and submitted for publication at the Government Printing.
- **The MOHW has signed the Technical Cooperation Programme (TCP/MAR/4002)** with the Food and Agriculture Organization (FAO) to support the national awareness campaign on obesity in Mauritius.
- **The Nutrition Unit is developing a Food Systems Based Dietary Guidelines (FSBDGs)** that establish a national, evidence-based framework for defining and promoting healthy diets among the Mauritian population. **In this context, a Multi-Sector Technical Working Group (TWG) comprising of different stakeholders has been set up** during a workshop held by the Ministry at Le Voila Hotel, Bagatelle from 14 to 17 October 2025.
- **Strengthened national capacity in non-communicable disease (NCD) prevention through participation in the Global Regulatory and Fiscal Capacity Building Programme (RECAP),** aimed at enhancing regulatory and fiscal measures to promote healthy diets and physical activity.
- **The wheat flour fortification programme is currently being expanded to include Vitamin D** with a view to addressing the high prevalence of Vitamin D deficiency among the Mauritian population.

- The preparation of the nutrient profile model for Mauritius is underway with the help of WHO.
- **Support provided for a Path to Remission Programme is being set up for newly diagnosed Diabetics** with the help of a U.K team comprising of Doctors and a Clinical Expert Dietitian.

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 25/26

- In 2025, Ayurvedic clinics recorded **36,958 attendances** and **69,849 diseases treated.**
- **Strengthened the management of Ayurvedic medicine supplies** through the establishment of a dedicated inventory team to improve stock management and ensure the smooth delivery of services at the Central Supplies Division (CSD).
- A proposal has been made to review the existing legislation on Traditional Medicine and to develop a Traditional Medicine Council to strengthen governance of the sector.
- Initiated plans to develop a regulatory framework for Ayurvedic medicines to ensure the safety, quality and efficacy of products manufactured, traded and sold.

- **Progressed the AYUSH Centre of Excellence project** through the review of the conceptual framework, design and technical documentation, with the aim of establishing Mauritius as a regional hub for holistic healthcare through Ayurveda and traditional medicine systems.

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

  **Statistics compiled for all 7 Ayurvedic Clinics*

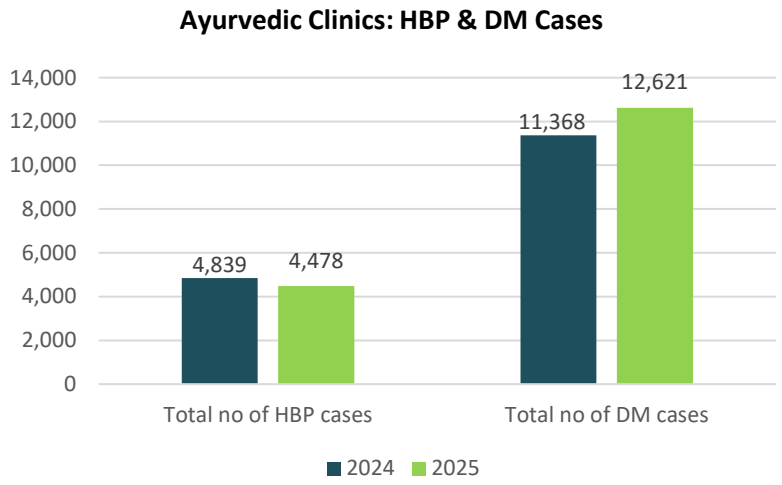


Figure III: HBP & DM cases at Ayurvedic Clinics

2.2.7.1 TRADITIONAL MEDICINE BOARD

The Traditional Medicine Board (TMB) is the statutory body responsible for regulating and maintaining professional standards in the practice of traditional medicine in Mauritius. It operates under the Ministry of Health and Wellness and is established under the Traditional Medicines Act. The main function of the TMB is to look into the matter of the legalised Traditional Medicines, specifically the registration of the following: (1) Ayurvedic physician; (2) Homeopathic physician and (3) Chinese physician. Registration of the Physicians are done according to well established criteria.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The Traditional Medicine Board (TMB) was reconstituted in June 2025 and the TMB has had three meetings. The TMB has given its approval to four applications for registration of general practitioners as Specialists.

2.2.8 ALCOHOL AND TOBACCO CONTROL UNIT

TOBACCO CONTROL UNIT

The Tobacco Control Unit (TCU) was set up in 2009 after the ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004. The TCU is mainly involved in drafting policies with respect to the public health implications and the subsequent impact of tobacco and nicotine consumption on the population. The TCU also ensures proper implementation of the recommendations of the Protocol to Eliminate Illicit Trade of Tobacco Products (Protocol) which the country acceded in 2018 while providing technical support for the enforcement of the Public Health (Restrictions on Tobacco Products) Regulations 2022.

Besides, the TCU also supports and coordinates a range of tobacco control initiatives, including:

- Implementation of the National Action Plan for Tobacco Control 2022-2026.
- Liaising with importers of tobacco products for issuance of clearances of package layouts for tobacco products.
- Management of the Quitline (800 2011) for cessation purposes.
- Management of Tobacco Cessation Clinics around the island.
- Drafting of materials and any relevant content to be used for sensitisation.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **The Ministry completed an evaluation of tobacco cessation services** provided across Mauritius, including at Melrose Prison and in Rodrigues. The evaluation was conducted by the WHO in collaboration with the University of Mauritius. The recommendations of the evaluation are being implemented to further strengthen and enhance the effectiveness of tobacco cessation services nationwide.
- **Successfully conducted two training sessions in August 2025, in collaboration with the Attorney General's Office, on the interpretation and enforcement of the Public Health (Restrictions on Tobacco Products) Regulations 2022**, in the presence of 30 additional Public Health and Food Safety Inspectors and 50 officers from the disciplinary forces (Police, MRA and National Coast Guard).
- A workshop was carried out with heads of schools from both the primary and secondary setups to raise awareness on the impact of tobacco and nicotine addiction.
- **Sensitisation campaign has been organized** during the months of May to June 2026 in Secondary schools around the island **on the harmful effects of vaping**.
- **Two pamphlets were launched focusing on vaping and cigarette smoking.**
- **Successful mass media campaign** has been carried out from May to June 2026 to highlight the negative impact of cigarette smoking and vaping through videos and audio spots.

ALCOHOL

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

The strategies listed in the National Action Plan to Reduce Harmful Use of Alcohol 2020-2024 are still under implementation phase. The implementation is under the supervision of the monitoring committee with 5 subcommittees – sensitisation, capacity-building, treatment, rehabilitation and legislation with multiple stakeholders. Due to restructuring of healthcare facilities oriented towards adapting health responses to COVID-19 pandemic, treatment facilities dedicated to chronic alcoholism has been delayed.

The main function of the National Action Plan to reduce harmful use of Alcohol 2020-2024 was 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 World Health Organisation.

The National Action Plan will be reviewed and evaluated through an international consultant to devise recommendations for the next action plan.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Sensitisation**
  - 4 radio and 2 TV programs in prime time on alcohol and health related issues sensitisation in school institutions as per Health Promotion Unit calendar.
  - Awareness sessions during NCD clinics in all mediclinics and AHCs in all 5 health regions.
  - 1 Continuing Medical Education per health region by NCD Coordinator in each health region.

- **Training and capacity building**
  - 1 training session for 5 NCD coordinators and 8 HIEC officers on alcohol and health.
  - Submission of inputs through 3 working sessions at the Ministry of Education and Human Resources on alcohol for youth and underage drinking through standing committee chaired by Director Health and Wellness for review of Education Act 1968 and school management manual.

- **Treatment & Rehabilitation**
  - Formulation of Treatment protocol for acute and chronic alcoholism by CIC psychiatry and psychiatrists/ addictologist for further approval by MIH to standard treatment protocols in psychiatric units.
  - Working session at BSHMCC under chair of CIC psychiatry with NGOs – Etoile D'Esperance, Centre Idrice Goomany and Alcoolique Anonymn to devise rehabilitation plans for chronic alcoholics in view of social reinsertion.

- **Legislation**
  - Review of taxation policies with Ministry of Finance MRA, Customs Unit and Mauritius Standards Bureau in collaboration with WHO to devise new taxation policies on alcoholic beverages.

SECTION C

PUBLIC HEALTH SERVICES

2.3 PUBLIC HEALTH SERVICES

As per 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 Public Health Services of the MOHW consist of units which 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 2025/2026, 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 2025/2026 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 2025/2026 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 Inspectorate is decentralised to 13 District Health Offices/Specialised Units such as the Airport Health Office, Port Health Office, Food Import Unit, Communicable Disease Control Unit and Dangerous Chemical Control Board. The Public Health and Food Safety Inspectorate of the Ministry of Health and Wellness is responsible for the following at national level:

- Environmental Health or Sanitation Control Services within all agricultural, commercial, industrial, recreational, and residential environments and related to the control of chemical, microbiological and physical risks liable to affect public health and wellness of the population.

- **Food Hygiene/ Safety/ Trade Control services within all types of food trade ranging from street food vendors to food industries including restaurants, hotels, victualler and fast-food outlets. The services include:**

  - Control of all imported foodstuffs at points of entry (i.e Airport and Port) which includes release or detention or seizures.
  - Training of Food Handlers
  - Conduct of food hygiene/ safety audits
  - Sampling of foodstuffs (Chemical, microbiological and physical risks)
  - Examination of foodstuffs (physical and organoleptic examination)

- Communicable Diseases Control related to break transmission routes, disinfection, disinsection, deratting, fumigation, ensuring health surveillance, conduct of fever surveys, collection of epidemiological data.

- Enforcement of laws namely the Public Health Act, the Food Act, Quarantine Act, Dangerous Chemical Control Act, related parts of the Environmental Protection Act and Occupational Health Safety Welfare Act and International Health Regulations.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

A. PUBLIC HEALTH:

(I) NATIONAL ENVIRONMENTAL HEALTH OR SANITATION CONTROL

Item	July 2024 – June 2025	July 2025 – June 2026
No. of premises inspected	**122,174**	**111,785**
No. of Sanitary notices served	**2,961**	**3,089**
No. of Notices served (water nuisances)	**5,397**	**5,594**
No. of Statement of Nuisances issued	**2,047**	**2,858**
No. of complaints attended	**3,862**	**4,213**
No. of contraventions established for environmental sanitation	**61**	**35**
No. of cases sentenced in District Courts	**19**	**34**
Revenue from Fines paid in District Courts (Rs)	**(As fine) Rs 32,002 + (As cost) Rs 5,000**	**(As fine) Rs 75,500 + (As cost) Rs 3,100**

Source: PHFS Inspectorate Unit

(II) HEALTH CLEARANCES (based on the number of applications received) ISSUED IN CONNECTION WITH ISSUE /RENEWAL OF LICENCES

Item	July 2024 – June 2025	July 2025 – June 2026
Beach Trader Licence	**2**	**8**
Occasional Licence	**116**	**149**
Private "B" Carrier's Licence	**173**	**224**
Private Health Institutions	**57**	**58**
Child Day Care Centres	**60**	**125**
Pre - Primary School	**447**	**72**
Private Primary Schools	**62**	**44**
Private Secondary Schools	**108**	**88**
Residential Care Homes	**38**	**109**
Tertiary Institutions	**1**	**11**
Tourist Enterprise Licence	**150**	**189**

Source: PHFS Inspectorate Unit

(III) LODGING ACCOMMODATION FOR EXPATRIATE WORKERS (Dormitories)

Item	July 2024 – June 2025	July 2025 – June 2026
No. of dormitories inspected	**1,749**	**1,928**
No. of dormitories in good sanitary condition during 1st visit	**442**	**27**
No. of dormitories issued with list of requirements for compliance	**974**	**973**
No. of Health Clearances issued in connection with new applications or renewal of permits	**831**	**1,000**

Source: PHFS Inspectorate Unit

(IV) CREMATION / EXHUMATION

Item	July 2024 – June 2025	July 2025 – June 2026
No. of cremation permits issued by Health Offices	**5,718**	**6,584**
No. of private cremation sites visited	**28**	**38**
No. of exhumations attended	**13**	**15**
No. of Unclaimed dead bodies for which needful done for interment by Health Offices after completion of formalities by Police	**12**	**30**

Source: PHFS Inspectorate Unit

B. NATIONAL FOOD SAFETY CONTROL ACHIEVEMENTS

(I) FOOD HYGIENE /SAFETY

Item	July 2024 – June 2025	July 2025 – June 2026
No. of Food premises inspected	11,331	13,665
No. of school canteens visited	628	645
No. of Improvement Notices served	279	1,300
No. of Prohibition Orders issued	6	29
No. of Notice prior to Emergency Closing Order issued	-	-
No. of food complaints attended	320	479
No. of Contraventions established	54	227
No. of cases sentenced in District Courts	91	113
Revenue from Fines paid in District Courts (Rs)	(as fine) Rs 204,500 + (as costs) Rs 9,600	(as fine) Rs 221,602 + (as costs) Rs 18,310

Source: PHFS Inspectorate Unit

(II) FOOD SEIZURES

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

Food seized[#]	July 2024 – June 2025	July 2025 – June 2026
Meat & meat products	55.1 Kg	23,731.42 Kg
Fish & fish products	20.6 Kg	49,966.5 Kg
Milk & milk products	0.23 Kg	-
Vegetables & Fruits	199.78 Kg	119,750 Kg
Canned foods, bottles & others (eggs)	53,080.9 Kg	27,055.90 Kg + 174.81 L

Source: PHFS Inspectorate Unit

[#] *The amount of seizure depends entirely on the volume of food found to be unsafe.*

(III) FOOD HANDLERS TRAINING

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

Item	July 2024 – June 2025	July 2025 – June 2026
No. of food handler's training sessions delivered at District Health Offices	392	471
No of Food handler's training sessions delivered in Private Instituitions	193	210
No. of food handlers trained and examined	33,855	38,895
Revenue collected for delivering Food Handler's Training upon request from private food establishments (Rs)	Rs 3,133,002	Rs 3,655,003

Source: PHFS Inspectorate Unit

(IV) FOOD SAMPLING

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

Item	July 2024– June 2025	July 2025 – June 2026[@]
No. of food samples taken for chemical analysis	**466**	**339**
No. of food samples taken for bacteriological analysis	**772**	**853**
No. of physical examination of food samples	**2,523**	**921**

Source: PHFS Inspectorate Unit

[@] The decrease in the number of food samples taken during the FY is due to the fact that most effort has been put on combatting the Chikungunya epidemy.

(V) 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	July 2025 – June 2026
Food Squads		
No. of squad operations carried out during office hours	**134**	**171**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**2**	**-**
No. of premises visited	**685**	**1,486[&]**
No. of contraventions established	**19**	**94**
Alcohol Squads		
No. of squad operations carried out during office hours	**11**	**60**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**-**	**-**
No. of premises visited	**70**	**500[&]**
No. of contraventions established	**-**	**-**

Source: PHFS Inspectorate Unit

[&] There is an increase in the number of premises visited during the FY due to improvement of the service.

(VI) FOOD CONTAINERS RELEASED

Item	July 2024 – June 2025	July 2025 – June 2026
No. of Containers of Foodstuff examined/released	**31,095**	**27,970**
Amount of foodstuffs released (tons)	**295,762.75 t**	**352,310.31 t**

Source: PHFS Inspectorate Unit

(VII) FOOD CONTAINERS FUMIGATED AND REVENUE COLLECTED

Item	July 2024 – June 2025	July 2025 – June 2026
No. of Containers Fumigated (Supervised by Food Import Unit)	**2,222**	**2,293**
Amount of Fumigation Fees collected (Rs)	**Rs 2,222,000**	**Rs 2,293,000**

Source: PHFS Inspectorate Unit

C (I) NATIONAL FIELD VECTOR CONTROL OPERATIONS ACHIEVEMENTS

Item	July 2024 – June 2025	July 2025 – June 2026
Larviciding		
No. of Larviciding operations carried out	**6,674**	**5,850**
No. of premises treated during larviciding activities	**585,851**	**327,507**
Mist Blowing		
No. of Mist Blowing operations carried out	**2,150**	**4,780***
No. of premises treated during mist blowing	**153,125**	**219,200***
Fogging		
No. of fogging operations carried out	**3,423**	**460***
No. of premises treated during fogging	**732,141**	**58,035***

Source: PHFS Inspectorate Unit

* The MOHW has instructed not to carry fogging activities which have directly impacted on the number of premises treated, instead emphasis has been laid on mist blowing for this FY..

C (II) NATIONAL RODENT CONTROL ACTIVITIES OUTCOMES

Item	July 2024 – June 2025	July 2025 – June 2026
No. of complaints attended	**45**	**46**
No. of visits carried out	**16,191**	**25,430**
No. of rats caught/ killed	**4,824**	**4,638**
No. of specimens forwarded to laboratory for detection of plague disease (N.B. All were negative for plague)	**84**	**58**
No. of sensitization programs effected	**16,191**	**25,430**
No. of rodent control operations carried in connection with Leptospirosis	**50**	**45**

Source: PHFS Inspectorate Unit

D(I). TOBACCO CONTROL

Item	July 2024 – June 2025	July 2025 – June 2026
No. of Visits effected	**6,317**	**7,994**
No. of Contraventions established	**22**	**49**
No. of cases sentenced in District Courts	**25**	**20**
Revenue from Fines paid in District Courts (Rs)	**(As fine) Rs 23,600 + (As cost) Rs 2,500**	**(As fine) Rs 28,400 + (As cost) Rs 2,000**

Source: PHFS Source: PHFS Inspectorate Unit

D(II). TOBACCO SQUAD

Item	July 2024 – June 2025	July 2025 – June 2026
No. of squad operations carried out during office hours	**35**	**97**
No. of squad operations carried out after normal working hours, Saturdays, Sundays and Public Holidays	**-**	**-**
No. of premises visited	**281**	**765**[&]
No. of contraventions established	**13**	**40**

Source: PHFS Inspectorate Unit

[&] There is an increase in the number of premises visited during the FY due to improvement of the service.

E. BORDER HEALTH CONTROL OUTCOMES

(I) GENERAL PORT HEALTH ACTIVITIES

Item	July 2024 – June 2025	July 2025 – June 2026
General		
No. of ships given pratique	**4,279**	**4,582**
No. of Inspection carried out at Port Area	**142**	**156**
Deratting of ships		
No. of deratting of ships performed	**18**	**11**
No. of ships fumigated	**13**	**9**
No. of holds of ships fumigated	**41**	**31**
Total no. of containers of food fumigated	**2,953**	**2,293**
Revenue Collected for deratting 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)	**Rs 2,768,400**	**Rs 2,767,600**

Source: PHFS Inspectorate Unit

(II) 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 2024 – June 2025	July 2025 – June 2026
No. of planes landed and health clearance granted	**12,920**	**11,919**
No. of planes disinsectised on arrival	**182**	**76**[^]
No. of disembarking passengers	**2,021,061**	**2,083,883**
No. of passengers under surveillance	**263,734**	**480,311**[^]
No. of Inspection carried out at Airport area	**15**	**13**

Source: PHFS Inspectorate Unit

[^] The decrease in the number of planes disinsected on arrival results in the effort made by the airport office with the airline operators to comply with the requirement before landing. Only passengers coming from countries where mosquito borne disease of public health importance are prevalent are put under surveillance.

(III) EBOLA SURVEILLANCE OF INCOMING PASSENGERS BEING SCREENED AT AIRPORT during one month from May 2026 to June 2026

Item	May 2026-June 2026
No. of passengers who arrived from Ebola risked countries (Congo DRC, Uganda and South Sudan)	**182**
No. of passengers placed under Surveillance at Regional Health level	**171**
No. of placed in Quarantine Centre	**25**
No. of passengers deported upon arrival	**11**

F. COMMUNICABLE DISEASES CONTROL/HEALTH SURVEILLANCE ACHIEVEMENTS

Item	July 2024 – June 2025	July 2025 – June 2026
Malaria		
No. of pax put under surveillance	**224,857**	**446,942**
No. of local cases	**-**	**-**
No. of imported cases	**41**	**32**
No. of blood slides taken	**60,818**	**55,057**
Dengue and Chikungunya		
No. of pax put under surveillance	**409,907**	**414,222**
No. of local cases (Dengue)	**182**	**1**
No. of imported cases (Dengue)	**22**	**16**
No. of local cases (Chikungunya)	**1,358**	**6,611**
No. of imported cases (Chikungunya)	**40**	**8**
No. of Fever Surveys carried out	**2,813**	**2,934**
No. of Blotting Paper used	**5,149**	**6,371**
No. of Dengue Rapid Diagnostic Test used	**2,897**	**2,324**
ZIKA		
No. of pax put under surveillance	**48,168**	**50,401**
No. of local cases	**-**	**-**
No. of imported cases	**-**	**-**
FILARIASIS		
No. of local cases	**-**	**-**
No. of imported cases	**411**	**308**
No. of patients treated	**586**	**678**

Source: PHFS Inspectorate Unit

G. DANGEROUS CHEMICALS CONTROL BOARD (DCCB) ACHIEVEMENTS

Item	July 2024 – June 2025	July 2025 – June 2026
No. of licenses issued (New and Renewal)	**317**	**328**
Import Permits to import an Extremely Dangerous Chemical		
No. of import permit issued for Agricultural Chemicals	**872**	**466**
No. of import permit issued for Industrial Chemicals	**258**	**145**
No of import permit issued for Consumer Chemicals	**389**	**191**
Import Clearances		
No. of import clearance issued for Agricultural Chemicals	**492**	**730**
No. of import clearance issued for Industrial Chemicals	**3,572**	**3,026**
No. of import clearance issued for Consumer Chemicals	**365**	**405**
Export Clearances		
No. of import clearance issued for Agricultural Chemicals	**1**	**14**
No. of import clearance issued for Industrial Chemicals	**535**	**618**
No. of import clearance issued for Consumer Chemicals	**10**	**12**
Inspections		
No. of site visit carried out	**541**	**980**

Source: PHFS Inspectorate Unit

2.3.2 ENVIRONMENTAL HEALTH ENGINEERING UNIT

The Environmental Health Engineering Unit (EHEU) of the Ministry of Health and Wellness is responsible for the monitoring and enforcement of Drinking Water Quality Control, Noise and Odor under the Environment Act 2024.

Access to safe water, sanitation, and hygiene (WASH) as well as noise control plays a critical part in the prevention and management of public health risks. The responsibility to manage these public health risks falls under the purview of the EHEU.

Main Functions of the EHEU include:

- Monitor Drinking Water Quality to ensure that drinking-water being distributed to the public is safe for drinking and consumption purposes in line with Drinking-Water Standards of the Environment Act 2024 and WHO Guidelines;

- Assist the Project Implementation Unit of the Ministry as regards to conceptions and implementation of civil (construction) related projects of the Ministry. In this respect, the Professional Cadre of the Unit also participates in evaluation, preparation of Terms of Reference for major projects and attending site visits/meetings with consultants and contractors;

- Monitor Environmental Noise to ensure that environmental noise emanation is within the permissible limits as prescribed under the Environment Act 2024;

- Investigation and monitoring in relation to environmental nuisance in relation to odour and wastewater.

- Environmental Surveillance aspects, more particularly in relation to sampling at major wastewater treatment plants for detection of Poliomyelitis viruses as well as sampling for Legionella bacteria in hotels.

- Processing of Strategic Environmental Assessment Report, Environmental Assessment Impact reports (EIA), Preliminary Environmental Reports (PER), Environmental Management Plan (EMP) and Industrial Waste Audit forms (IWA).

- Processing of morcellement applications and submission of recommendations to the Morcellement Board.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

1. Environmental Surveillance (ES)

Drinking Water Quality Monitoring

- Monitoring and enforcement of the drinking water quality are undertaken by EHEU officers. For the period 01 July 2024 to 30 June 2025, 4538 water samples were carried out whereas for the period 01 July 2025 to 30 June 2026, 4662 water samples were carried out. The rate of compliance of the samples taken is more than 99%.

Poliomyelitis Environmental Surveillance

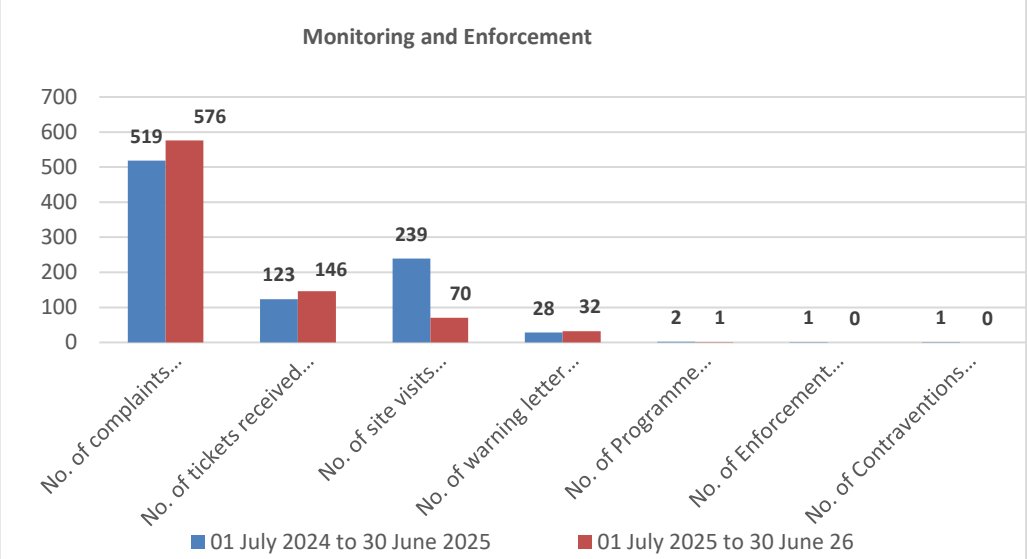
- For the period 01 July 2025 to 30 June 2026, nine samples were taken with no detection of Poliomyelitis virus and 220 monitoring visits were carried out at wastewater treatment plants. Compared to the previous period, where fifty samples were taken with no virus detected and 132 monitoring visits were carried out.

Surveillance for Legionella Bacteria in Hotels

- Sampling from Water Distribution Network of Hotels for Legionella: 10 samples were taken for monitoring purposes during the period 01 July 2025 – 30 June 2026 compared to 65 samples for the previous financial year.

2. Monitoring and Enforcement

The EHEU attends to environmental complaints related to noise and odor through established protocols. Complaints are received via letters, phone calls and call-in person. In addition, complaints are received through the Citizen Support Portal.

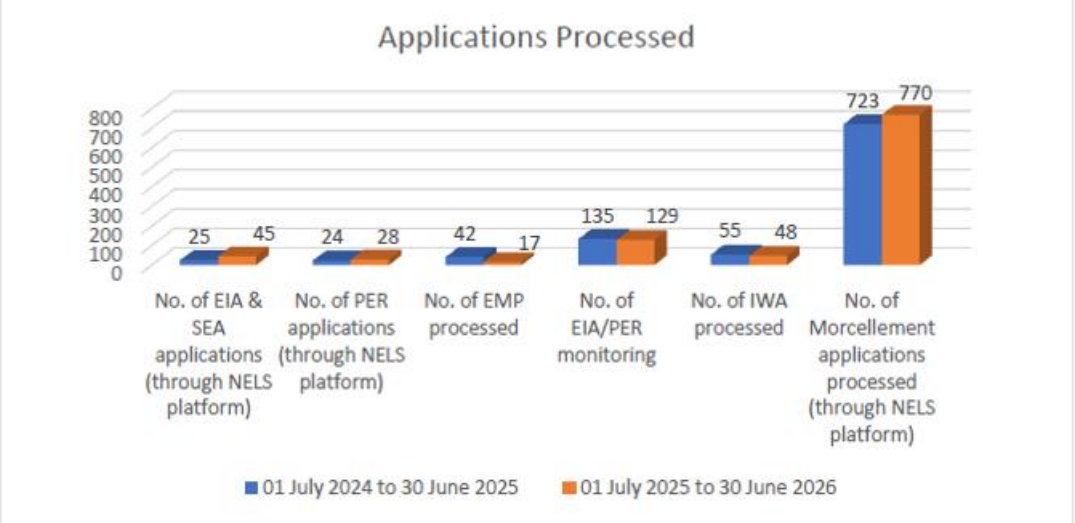


Source: EHEU

3. Processing SEA/EIA/PER/IWA/EMP and Morcellement Applications

The main duties of the EHEU with regards to SEA/EIA/PER processing and monitoring are listed hereunder:

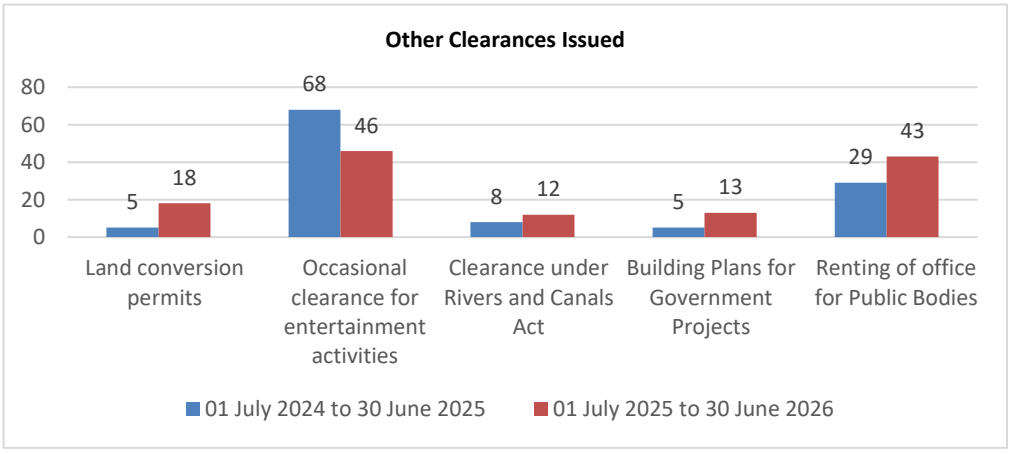
- Effecting site visits for development projects requiring EIA / PER Licence.
- Assessing potential environmental impacts (noise, odor, water pollution, wastewater disposal) for development project.
- Providing recommendations to Ministry of Environment, Solid Waste Management and Climate Change.
- Conducting EIA/PER monitoring exercises so as to determine compliance with conditions of Licenses issued.
- Recommending appropriate remedial and enforcement measures in case of non-compliance to consent conditions.
- Processing Environmental Monitoring Plan (EMP) after an EIA Licence has been issued.
- Assessing IWA forms submitted by scheduled industries and making recommendations to the IWA Committee for decisions.
- Processing of morcellement applications, effecting site visits in relation to proposed industrial and residential developments and providing recommendations to the Morcellement Unit of the Ministry of Housing and Land Use Planning.
- Representing the Ministry at Environmental Land Use Tribunal (ELAT).



Source: EHEU

4. Other clearances issued by EHEU

The other clearances issued by the EHEU are as follows:



Source: EHEU

5. Standing Committees and Statutory Boards

In addition, officers of the EHEU represent the Ministry on several Boards and Statutory Committees including Town and Country Planning Board, Morcellement Board, Environment Coordination Committee, Environment Impact Assessment (EIA) Committee, Preliminary Environmental Report (PER) Committee, EIA/PER Monitoring Committee, Environment Liaison Officers Committee and Industrial Waste Audit Committee.

2.3.3 COMMUNICABLE DISEASES CONTROL UNIT (CDCU)

The Communicable Diseases Control Unit (CDCU) is responsible for the prevention, surveillance, preparedness, and control of communicable diseases and related public health threats in Mauritius. The Unit provides strategic technical inputs in communicable disease surveillance, outbreak detection and response, implementation of the International Health Regulations (IHR 2005), public health emergency preparedness, and the monitoring of diseases targeted for elimination, including measles, rubella, malaria, lymphatic filariasis, and polio.

The CDCU coordinates disease surveillance activities across all health regions through the collection, validation, analysis, interpretation, and dissemination of epidemiological information to support informed decision-making and rapid response to outbreaks.

The Unit also oversees the National Immunisation Programme, supports the IHR National Focal Point in fulfilling international reporting obligations, coordinates preparedness planning and rapid response activities, and collaborates closely with national, regional, and international partners, including the World Health Organization (WHO), Africa CDC, the Indian Ocean Commission, and other stakeholders.

Technical support is also provided to the Rodrigues on a regular basis for matters involving public health security. In addition, the CDCU provides technical inputs for ministerial and parliamentary briefings, cabinet submissions, national policy development, public health legislation, risk communication, community engagement, and climate-sensitive disease surveillance.

The CDCU plays a strategic role in strengthening national resilience against infectious disease threats through integrated surveillance systems, evidence-based policymaking, multisectoral coordination, capacity building, and continuous improvement of emergency preparedness and response mechanisms. Its work contributes directly to safeguarding the health of the population while ensuring Mauritius meets its national, regional, and international public health obligations.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

A. INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

Mauritius actively upscaled its public health emergency preparedness by modernizing its IDSR system. The IDSR framework operates on a streamlined, comprehensive strategy that integrates multiple surveillance structures across the community, peripheral health facilities, regional hospitals, and national levels, as well as signals identified outside Mauritius through internet sources like social media. The framework currently integrates 3 core streams of surveillance:

1. Indicator-Based Surveillance (IBS)
2. Event-Based Surveillance (EBS)
3. Epidemic Intelligence through Open Sources (EIOS)

1) Indicator-Based Surveillance (IBS)

A structured routine collection and analysis of data and defined epidemiological thresholds for 11 priority diseases. DHIS2 Platform currently being used to support E-IDSR. The **reporting rate of IDSR data was 99.4%** during the reporting period FY 2025-2026.

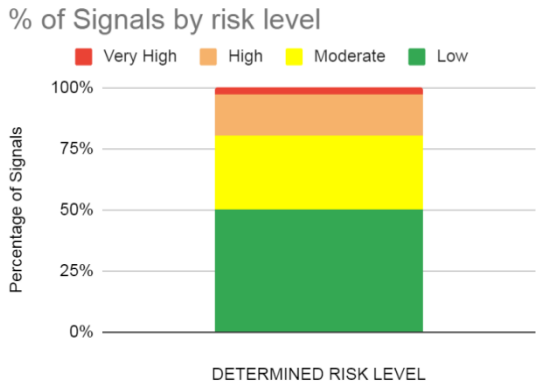
2) Event-Based Surveillance (EBS)

The CDCU in collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC), successfully conducted a five-day multisectoral workshop from 8 to 12 September 2025 to adapt the regional EBS Guidelines to the Mauritian context, taking into consideration existing national institutional arrangements, reporting pathways, and operational requirements. This activity built upon the Training of Trainers on EBS conducted in September 2024, which aimed to strengthen its implementation at the national, regional, health facility, and community levels in accordance with the Africa CDC EBS Framework.

As a key outcome, a draft national EBS Guidelines and Implementation Framework was developed to support the strengthening of early detection, verification, risk assessment, reporting, and timely response to public health events. The adapted framework aligns with the IDSR strategy, the International Health Regulations (IHR) (2005), and regional best practices, while ensuring operational feasibility and sustainability within the national health system. The implementation of these guidelines is expected to further strengthen Mauritius epidemic intelligence and public health emergency preparedness capacities.

3) Epidemic Intelligence through Open Sources (EIOS)

During the reporting period, the CDCU, in collaboration with the Health Emergency Operations Centre (Hotline 8924), continued to strengthen epidemic intelligence through the routine use of the Epidemic Intelligence from Open Sources (EIOS) platform. The dedicated monitoring activities were undertaken to detect and assess signals of potential public health threats using publicly available information from media reports, official websites, and other open sources.



Source: CDCU

Signals identified through the platform were systematically verified through collaboration with relevant national and local authorities to confirm their validity and public health significance.

The use of the EIOS platform enhanced the Unit's capacity for early detection of emerging health threats, facilitated timely risk assessments based on geographical spread, severity, and populations at risk, and supported evidence-informed decision-making.

The integration of open-source epidemic intelligence into routine surveillance activities complements indicator-based surveillance and further strengthens Mauritius's early warning and response capabilities in line with national health security priorities and the IHR (2005).

Out of the 38 public health signals evaluated, exactly 50% (19 signals) were classified as Low Risk, while 3 signals escalated to High or Very High-risk thresholds as depicted in the chart above. These critical escalations are tied directly to evolving global threats requiring evidence-based policy making: specifically, the multi-country mpox clade Ib surge impacting vulnerable populations like children, and the lethal Ebola (Bundibugyo strain) emergency. For the Ebola signal, evidence-based data serves as the foundation for strict risk assessments and the immediate deployment of targeted quarantine measures put in place for travellers coming to Mauritius from high-risk countries.

B. SYNDROMIC SURVEILLANCE – UPPER RESPIRATORY TRACT INFECTIONS, ACUTE GASTROENTERITIS AND CONJUNCTIVITIS

Syndromic surveillance data for upper respiratory tract infections (URTI), acute gastroenteritis (AGE), and conjunctivitis, collected routinely by the Records Unit, across all public health institutions, including Primary Health Care facilities and regional hospitals, are subject to epidemiological analysis by the CDCU to detect abnormal trends, seasonal patterns, and potential public health events.

The surveillance findings support evidence-based decision-making, including the implementation of risk communication and community engagement (RCCE) activities, reinforcement of infection prevention and control measures, early public health interventions, and other preventive actions aimed at reducing disease transmission and protecting public health.

C. RISK ASSESSMENT

During the FY 2025-2026, the CDCU undertook systematic public health risk assessments for emerging events of international concern, including Marburg Virus Disease in Ethiopia, the mpox outbreak in Madagascar and Ebola Virus Disease in the Democratic Republic of the Congo and Uganda. The assessments supported evidence-informed decision-making by senior authorities and guided the implementation of risk-based preparedness, surveillance and response interventions.

D. RAPID RESPONSE TEAM

During the reporting period 2025-2026, the CDCU maintained active oversight of Rapid Response Team operations in support of the Ministry’s communicable disease surveillance and outbreak response functions. This included the timely assessment of notifications, organization of field investigations, supervision of contact tracing and case follow-up activities, institution of immediate control measures, and coordination with relevant services and partners to ensure an effective and proportionate public health response.

The actions undertaken under this rapid response framework were instrumental in facilitating early detection, limiting transmission, and supporting national preparedness and response capacity in the management of communicable disease events. These activities reflect sustained leadership, technical coordination, and commitment to the protection of public health in accordance with the responsibilities of the MOHW.

E. MEASLES ELIMINATION

The CDCU played a fundamental role in Mauritius achieving and maintaining the elimination of measles and rubella, an achievement formally validated by the WHO. Since 2019, no confirmed indigenous cases have been recorded. All suspected signals identified via the national surveillance framework underwent immediate investigation and laboratory verification at the Central Health Laboratory, confirming non-measles and non-rubella status.

The CDCU further institutionalized timely notification, specimen management, and epidemiological data analysis, ensuring Mauritius consistently satisfied international performance indicators.

Additionally, the Unit provided support to the National Measles Verification Committee, facilitating the review of surveillance and immunization evidence required for regional verification of the country's elimination status. Furthermore, the CDCU strengthened the national immunization framework through continuous epidemiological monitoring and evidence-based risk assessments to identify and address immunity gaps. These integrated efforts supported the maintenance of high vaccination coverage, with measles-mumps- rubella (MMR) vaccine rates reaching 98% for the first dose and 96% for the second dose by 2024.

The Unit also prioritized healthcare worker sensitization and enhanced risk communication and community engagement (RCCE) to ensure rapid detection of imported cases and prevent the re-establishment of endemic transmission.

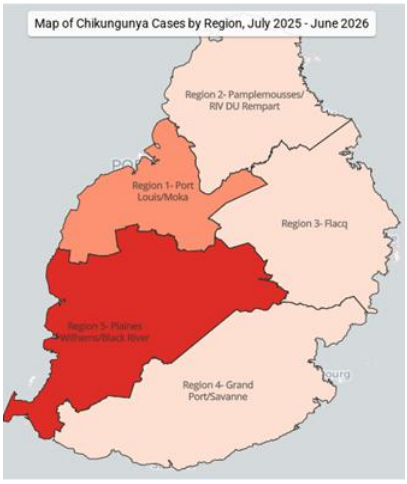
Through its technical capacity and coordination with global partners, the CDCU has been instrumental in ensuring Mauritius continue to meet the stringent WHO regional criteria for disease elimination, reinforcing national commitment to health security and vaccine-preventable disease control during the reporting period.

F. POLIOMYELITIS PROGRAMME

Mauritius successfully maintained its polio-free status during the reporting period through sustained implementation of routine immunisation, Acute Flaccid Paralysis (AFP) surveillance, environmental surveillance, and laboratory containment activities. A total of 10 AFP cases were reported, investigated, and reviewed by the National Polio Expert Committee, all of which were classified as non-polio AFP, with 100% adequate stool specimen collection. Environmental surveillance remained operational until December 2025, during which 19 environmental samples were tested, with no detection of wild poliovirus or vaccine-derived poliovirus. Coordination with the WHO-accredited reference laboratory was strengthened through improved electronic reporting and specimen tracking, while the National Preparedness and Response Plan for Poliomyelitis and laboratory containment activities were maintained.

G. COMMUNICABLE DISEASES, EMERGING AND RE-EMERGING DISEASES

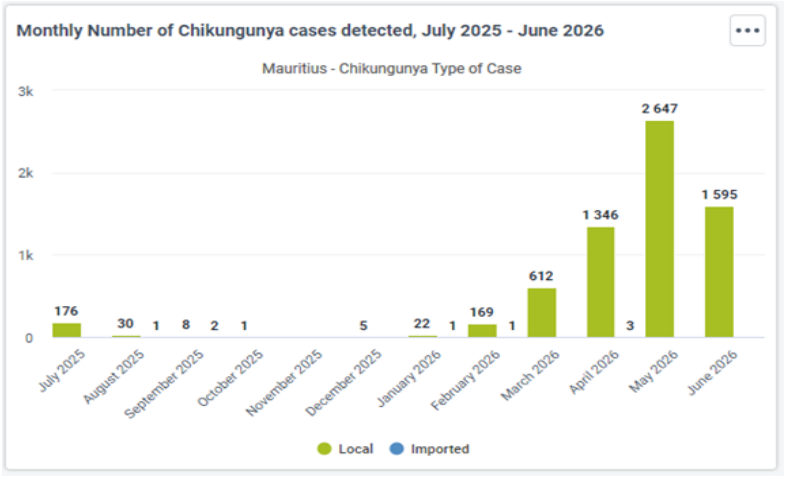
– Responding to the 2026 Chikungunya Upsurge: A Transformed Public Health Response



Mauritius recorded a significant increase in Chikungunya cases, rising from around **1,400 cases** reported in FY 2024–2025 **to 6,619** cases reported in FY 2025–2026. While these figures reflect an expanded transmission, the public health response highlighted the profound institutional resilience and rapid innovation. Rather than relying solely on conventional methods, the Ministry successfully pioneered and integrated advanced vector control strategies, notably deploying the Sterile Insect Technique (SIT) to suppress mosquito populations.

Source: CDCU

These measures managed to bring a sharp reduction in the number of cases within 1 month, i.e., from 2,647 in May 2026 to 1,595 in June 2026 as shown in the figure below:



Source: CDCU

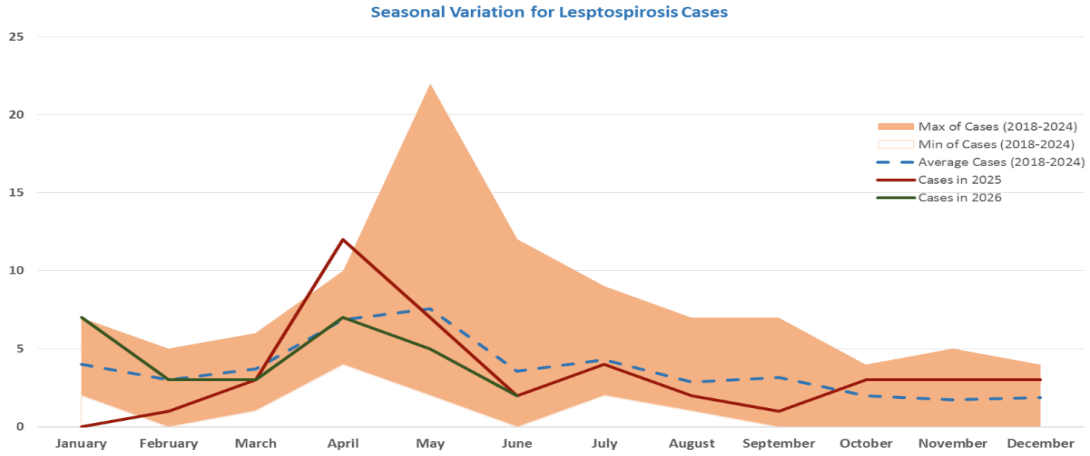
Central to this modernized response was the establishment of the Public Health Emergency Operations Centre (PHEOC), which streamlined real-time data analysis and centralized command. This was heavily supported by enhanced epidemiological surveillance and the full activation of Public Health Units at the regional level, ensuring tailored local interventions.

Consequently, although the virus's transmission footprint expanded, this multi-layered, localized intervention effectively mitigated disease severity, ensuring that the vast majority of cases remained mild, effectively preventing severe illness and protecting the healthcare system from critical strain.

– High Level Commitment to respond to Leptospirosis

Between July 2025 and June 2026, the CDCU maintained an active response to leptospirosis in Mauritius through surveillance, risk communication, intersectoral coordination, and environmental control support. In 2025, Mauritius reported 43 cases of leptospirosis with nine

related deaths, while in early 2026 the country recorded rising case numbers that prompted intensified national action, including a Monitoring and Coordination Committee chaired by the Minister of Health and Wellness to ensure adequate rodent control measures with the participation of Environment, Agro-Industry, Local Government, and local authorities.



Source: CDCU

– Management of Mpox

In response to the evolving epidemiology of Mpox, the national Protocol for the management of Mpox was revised and updated in February 2026. Enhanced surveillance measures were implemented at Points of Entry, including 21-day public health follow-up of travellers arriving from affected countries.

Following the detection of two imported cases in April 2026 and two locally acquired cases in June 2026, comprehensive case investigation, contact tracing, active surveillance and monitoring of contacts were promptly undertaken, resulting in the successful containment of transmission and preventing further spread within the community.

– Containment of Hepatitis A outbreak

The hepatitis A outbreak in Mauritius highlighted the CDCU's prompt and effective response following notification of the index case in May 2025. Within days, outbreak investigation and site assessment were initiated, with active surveillance, contact tracing, laboratory coordination, case management support, and preventive interventions rapidly put in place to limit further spread. The timely actions undertaken by the CDCU contributed significantly to containment of the outbreak to only 24 reported cases for the reporting period.

– Prevention of Influenza

During the reporting period July 2025 to June 2026, Mauritius maintained influenza surveillance and prevention activities through routine respiratory virus monitoring and the implementation of the national anti-influenza vaccination campaign. The country continued to participate in regional influenza surveillance reporting under the WHO African Region platform, thereby strengthening early warning and situational awareness for seasonal influenza activity. In addition, influenza vaccines were deployed for the 2025–2026 season to priority target groups in accordance with public health recommendations. As at 30 June 2026, 24,987 doses of Vaxigrip had been administered, demonstrating continued commitment to the prevention of influenza and the protection of at-risk populations.

- **Strengthening Ebola Preparedness and Quarantine Capacity**

Following the outbreaks of Ebola Virus Disease (EVD) in the Democratic Republic of the Congo and Uganda, and the declaration by the World Health Organization (WHO) of a Public Health Emergency of International Concern (PHEIC) on 17 May 2026, the CDCU assumed a strong technical role in strengthening national preparedness to prevent the importation and transmission of the disease. CDCU coordinated an intensive risk assessment and provided technical guidance for the establishment and operationalisation of a national quarantine facility for travellers arriving from affected countries. This included the development of standard operating procedures, admission and discharge protocols, surveillance and monitoring procedures, referral pathways, and interagency coordination mechanisms to ensure the safe management of high-risk travellers.

These efforts significantly contributed in the strengthening of Mauritius' readiness to respond to high-consequence infectious disease threats and demonstrated the country's commitment to fulfilling its obligations under the IHR (2005) while enhancing national health security.

- **Provision of Technical Support to Rodrigues on Public Health Emergency Preparedness and Response**

The CDCU provided technical support to Rodrigues to strengthen surveillance, preparedness and response capacities for priority public health threats, with a focus on Ebola Virus Disease preparedness, building on previous technical missions undertaken for COVID-19, dengue and Mpox.

F. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

During the 2026 chikungunya and leptospirosis outbreaks, the CDCU, in collaboration with the Health Promotion Unit (HPU) and the Health Information, Education and Communication (HIEC) Unit, implemented a series of school-based health education and awareness sessions across the Rose Hill, Beau Bassin, and Coromandel regions which aimed to enhance knowledge among students and school personnel on the prevention, early recognition, and control of chikungunya and leptospirosis, while promoting behaviours that reduce the risk of disease transmission. The initiative formed part of the Ministry's broader risk communication and community engagement strategy to strengthen public awareness and community participation in outbreak prevention and control.

In addition, the CDCU provided technical guidance to the Ministry of Education in the development and review of information, education, and communication materials for students and parents on priority communicable diseases, including chikungunya, dengue, leptospirosis, and chickenpox.

The Unit also participated in a sensitisation session for heads of schools on vector-borne diseases, providing technical updates on disease epidemiology, vector control measures, environmental management, and the role of educational institutions in supporting surveillance, prevention, and early reporting. These activities strengthened intersectoral collaboration between the health and education sectors and contributed to improving community preparedness and resilience against communicable disease outbreaks.

Moreover, during the reporting period, the CDCU actively participated in the national media and private radio sensitization activities aimed at informing and educating the population on communicable diseases and preventive health measures. Through these public communication engagements, CDCU supported national awareness efforts on dengue,

chikungunya, leptospirosis, influenza, Mpox, hepatitis A, and other communicable disease threats, thereby reinforcing prevention, early care seeking, vaccination awareness, and public confidence in the Ministry's response activities.

G. RESEARCH

The CDCU and the CHL, in collaboration with the International Vaccination Institute have been working on the conceptualization of the Arbovirus Seroprevalence Study and Diagnostic Capacity Strengthening in Mauritius, through bi weekly meetings with concerned stakeholders from December 2025 till date. The study protocol has been submitted to the National Ethics Committee for review and approval, whilst the concept note and the research agreement is currently under approval.

The MOHW in collaboration with Africa CDC conducted a 5 day National Research Prioritization and Mapping exercise workshop from the 1st to the 5th of December 2025 to assess the capacity and capability of basic, preclinical, and clinical research sites involving program leads of the ministry, researchers from research institutions, clinical research organisations ,academia and policy makers to identify and map research centers, assess their strengths and weaknesses, and foster collaboration and synergy among centers working in similar research areas whilst also defining across different disease/health conditions thematic areas, top priority diseases/health conditions that have knowledge gaps to be addressed through research in the short, medium and long term.

H. ONE HEALTH

A validation workshop conducted jointly by the Indian Ocean Commission and the MOHW in November 2025 enabled the review and validation of the proposed national One Health roadmap for 2025–2027, including priority actions for coordination, surveillance, preparedness and capacity-building. The process reinforced multisectoral engagement and supported a more coordinated national response to public health threats.

I. PUBLIC HEALTH EMERGENCY OPERATION CENTRE (PHEOC)

The Public Health Emergency Operations Centre (PHEOC) is a critical component of the national health security architecture, providing a structured platform for the coordinated management of public health emergencies through surveillance, risk assessment, information management, operational coordination and resource mobilisation.

Progress was made towards the operationalisation of the PHEOC through the establishment of a dedicated physical facility, with logistical support from the WHO. The facility comprises the PHEOC Manager's office, Operations Room, Meeting Room and Reception Area, providing the foundation for coordinated public health emergency management.

Concurrently, the National Health Emergency Response and Operations Plan (NHEROP) was initiated through the development of a first draft in July 2025, providing the basis for a coordinated national framework for public health emergency preparedness, response and recovery.

Between July 2025 and June 2026, the PHEOC Meeting Room was used for 102 multisectoral technical coordination meetings involving not only the CDCU, but also Public Health Services and other relevant technical units, reinforcing integrated governance, operational coordination

and collaborative decision-making for national public health emergency preparedness and response, among others.

J. EXPANDED PROGRAMME OF IMMUNISATION

As articulated by the WHO, immunization is a fundamental public health intervention that 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 maintains a well-defined immunization schedule through the Expanded Program on Immunization (EPI), which is dedicated to attaining and sustaining high levels of immunization coverage by ensuring that all children receive potent vaccines. A landmark achievement of this commitment was realized in November 2025, when Mauritius was officially validated by WHO for having eliminated Measles and Rubella, underscoring the programs' effectiveness and high population immunity.

Public Health Nursing Team

The Public Health Nursing Unit, operating under the MOHW, is responsible for health promotion and disease prevention. The core functions of Public Health Nursing Officers encompass:

- Immunization (EPI and other vaccination services)
- School health services
- Disease surveillance

The EPI is implemented by the Public Health Nursing Team for infants and toddlers at Medi-Clinics, Area Health Centres, Community Health Centres, and selected Social Welfare Centres, encompassing **158 service delivery points** across the island. **Primary activities include:**

- Vaccination
- Growth monitoring
- Health education
- Promotion of breastfeeding
- Vaccination campaigns (e.g., Immunization Week, television and radio programs)
- Acute Flaccid Paralysis (AFP) surveillance (54 sentinel sites)
- Tracing of immunization defaulters

School Health Services include:

- Vaccination (Grades 1, 5, and 6)
- Health screening (all grades) and vision testing (Grades 3 and 5)

- Medical inspection and referrals
    - Health education covering: personal hygiene, physical exercise, nutrition, family life and sexual reproductive health.

School Health Programme Summary for 01 July 2025 to 30 June 2026

Schools	Screened	Vision Test	Medical Inspection	Referrals	Vaccinated
Pre-Primary	13,612	NA	12,360	1,671	NA
Primary	31,623	16,677	21,375	4,796	Grade 1 (TDaP/IPV) 7,777 Grade 5 (HPV) 11,080 Grade 6 (Tdap) 10,118

Source: Vaccination (EPI) Unit, MOHW

Vaccines administered to babies, children and adults:

Details	FY 2024-2025 doses	FY 2025-2026 doses
Bacillus Calmette-Guerin (BCG) against Tuberculosis infection	10,489	10,113
Rotavirus against diarrhoea	20,211	19,400
Pneumococcal Conjugate vaccine against Pneumococcal infection	31,044	31,470
Hepatitis B vaccines (children)	2	5
Hepatitis B vaccines (Adult)	3,426	2,778
Measles, Mumps, Rubella (MMR)	20,854	21,533
Hexavalent vaccines against six diseases	40,713	40,290
Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine (DTaP-IPV) administered to school children (booster doses)	10,514	9,045
Human Papilloma virus vaccine administered to Primary school girls of Grade V and Grade VI	2,718	11,080
Diphtheria, Tetanus, acellular Pertussis (Tdap) administered to Grade V and VI school children	9,693	10,110

Source: Vaccination (EPI) Unit, MOHW

Additional Vaccination Services include:

- International travel and pilgrim vaccinations:
- Seasonal influenza vaccine:
- Hepatitis B vaccine (administered to dialysis and immunocompromised patients, healthcare workers, and manual workers):

July 2025 – June 2026	Number of Vaccines Administered
Anti-Influenza Vaccine	27,896
International Vaccination Centre	21,427

2.3.4 MAURITIUS NATIONAL IMMUNISATION TECHNICAL ADVISORY GROUP (MAUNITAG)

The Mauritius National Immunization Technical Advisory Group (MAUNITAG) was constituted by the Ministry of Health and Wellness in November 2018 to provide recommendations on vaccine policy in accordance with the Comprehensive Multi-year plan. It is a body of national experts empowering the MOHW and advising on all technical and scientific topics related to vaccines and immunization. The advisory group is technical and the decisions/recommendations made are evidence-based and independent of political and industry influence.

The group does not implement activities or supervise immunization programmes, but instead provides technical advice on policy analysis and strategy formulation for all vaccine-preventable diseases, and guides the MOHW on identifying and monitoring.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Several meetings were conducted during which the Evidence-to-Recommendation (EtR) framework was adopted.
- MAUNITAG led the assessment of the introduction of varicella vaccine into the national immunisation programme. The Committee reviewed the local and international burden of disease, vaccine effectiveness, safety, acceptability, costs and feasibility.
- MAUNITAG provided evidence-based advice on rotavirus vaccine procurement and policy.
- The three-dose rotavirus regimen was assessed against the existing two-dose regimen in terms of effectiveness, safety, parental preferences, cost, workload and feasibility.
- A second version of the MAUNITAG manual was developed and approved by MOHW.
- The WHO roadmap for strengthening NITAG functionality was actively reviewed and progress was documented.

- The conflict-of-interest and confidentiality forms were updated, and members were requested to sign same.
- Approval was obtained for use of the Ministry's website for dissemination of relevant MAUNITAG information.
- An annual roadmap for the activities of MAUNITAG was approved by the Committee.
- The Committee also agreed to use WHO's New Vaccines Introduction Prioritisation and Sequencing Tool (NVI-PST) to support systematic prioritisation of future vaccine introductions.
- MAUNITAG contributed to broader national immunisation policy development, including discussions on the forthcoming national immunization strategy.

2.3.5 INTERNATIONAL HEALTH REGULATIONS (IHR)

The International Health Regulations (IHR) 2005 are a legally binding international instrument adopted by the WHO to prevent, protect against, control, and provide a public health response to the international spread of diseases while avoiding unnecessary interference with international traffic and trade.

The Regulations require countries to develop, strengthen, and maintain core capacities for surveillance, preparedness, detection, assessment, notification, and response to public health events of international concern. Mauritius is a State Party to the IHR (2005) and is committed to fulfilling these obligations through the coordinated implementation of IHR core capacities.

The CDCU supports the IHR National Focal Point in coordinating national implementation of the IHR by facilitating multisectoral collaboration, public health surveillance, risk assessment, event notification and reporting to WHO, emergency preparedness and response, monitoring and evaluation of IHR core capacities, and supports health security initiatives such as the Joint External Evaluation (JEE), electronic State Party Self-Assessment Annual Reporting (e-SPAR), and the National Action Plan for Health Security (NAPHS). These functions contribute to strengthening national health security and enhancing the country's capacity to prevent, detect, and respond effectively to public health emergencies.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Strengthening the Implementation of the IHR (2005)

Recognising that IHR implementation is a continuous process requiring sustained collaboration across sectors, the CDCU built upon the foundations established through the IHR Onboarding Workshops conducted in September 2023 and 2024, which enhanced stakeholder understanding of IHR requirements and promoted a coordinated national approach to health security. These activities contributed to strengthening governance mechanisms and supporting the development of a comprehensive, multisectoral framework for the implementation of the IHR core capacities.

During the reporting period, a series of technical consultations representatives from relevant ministries, technical institutions, and partner agencies were made under the IHR Technical Working Group (IHR-TWG) to coordinate the national response to the regional chikungunya outbreak.

Strengthening the International Health Regulations National Focal Point

The designated IHR National Focal Point is supported by a dedicated 24-hour, seven-day communication mechanism through an official generic IHR email account, ensuring continuous availability for timely communication with the WHO and national stakeholders. In November 2025, the Standard Operating Procedures (SOPs) for the IHR National Focal Point were formally approved, providing a clear governance framework for the assessment, verification, notification, and communication of public health events of international concern.

The CDCU continued to provide the technical and operational support in terms of the verification of public health signals, epidemiological investigations, risk assessments, documentation, and the timely notification and exchange of information with WHO in accordance with the IHR (2005). In May 2026, the CDCU supported the reporting and international communication related to the 2025–2026 chikungunya outbreak and the locally acquired Mpox outbreak, ensuring compliance with international reporting obligations while facilitating coordinated national and international public health action.

National IHR Authority Advocacy

The revised IHR (2005), adopted in 2024, required the Member States to establish a National IHR Authority and to include it in the amended Public Health Act. In this regard, advocacy is being done on the domestication of these provisions which will strengthen the country's governance framework for health security, enhance multisectoral coordination, and ensure sustained compliance with the revised IHR (2005).

Monitor and Evaluation of IHR

State Party Self-Assessment Annual Reporting (e-SPAR)

The CDCU coordinated the national electronic State Party Self-Assessment Annual Reporting (e-SPAR) under the IHR (2005), with timely submission of the national report to the WHO on 04 February 2026. The exercise facilitated a comprehensive multi-sectoral assessment of Mauritius' core IHR capacities, informing evidence-based priority setting and monitoring of health security capacities, while complementing the Joint External Evaluation process.

Joint External Evaluation (JEE)

During the reporting period, the CDCU successfully coordinated the JEE of Mauritius under the IHR (2005), encompassing national self-assessment and the external evaluation mission, which provided a comprehensive, evidence-based assessment of national health security capacities, identified priority actions for strengthening prevention, detection and response capabilities, and informed the development of the National Action Plan for Health Security (NAPHS 2027-2032) to enhance national preparedness and resilience against public health emergencies.

2.3.6 GOVERNMENT ANALYST DIVISION (GAD)

The GAD is the chemistry testing laboratory of MOHW. It is located on the first floor of the National Laboratories Complex, at Reduit. The division is managed by the Chief Government Analyst who reports to the Director of Health Services for Public Health and the former is supported by 32 full time personnel. Its vision is to provide high quality analytical services in a timely manner to its clients and maintain state-of-the-art laboratory facilities. The GAD provides testing and scientific advice to the Government of Mauritius. It also provides analytical services to both public and private entities. Private firms and individuals are charged fees for services.

The major activities of 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, 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 Bromate level in packaged water.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- Fees paid by private customers for GAD's analytical services has generated Rs 1,271,600 for Financial Year 2025-2026.
- 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.
- GAD has analysed 2,776 samples which correspond to about 28,000 test parameters in Financial Year 2025/2026 compared to 3,022 samples in the previous Financial Year. The table below details the number and type of samples tested by GAD.

Types of samples	Private Customers	Governmental Organisation
Analytical Toxicology (in poisoned patients)	114	1,467
Trace metals in body fluids	70	32
Cholinesterase	110	231
Food Testing	120	349
Drinking water (EHEU)	-	84
Dialysis water	-	103
Bottled water	-	36
Medicines	-	22
Non-Food (including disinfection products)	-	38
Total	**414**	**2,362**

Source: GAD, MOHW

2.3.7 VECTOR BIOLOGY AND CONTROL DIVISION (VBCD)

The main activity of the division is the surveillance, study and control of mosquito vectors. The two VBCD field teams comprising Health Surveillance Officers and General workers are deployed on field to conduct daily mosquito surveys to evaluate the incidence and behaviour of mosquitoes. Some of its activities include the following:

(i) 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, cockroaches, mites, etc.

(ii) Carrying out criminal and civil forensic analysis of insect specimen provided by Police Medical Unit and Health Office of the MOHW. VBCD officers also depone to court as witness to provide evidence on sample analyzed.

(iii) Testing of efficacy of insecticide products such as insect repellents and killers and submission of results to the Dangerous Chemical Control Board.

(iv) Undertaking research on vector and their behaviours including night time surveillance of mosquito. Insecticide resistance tests are conducted by the Division to evaluate susceptibility of mosquitoes to insecticides and find alternatives where resistance is confirmed.

(v) Implementing the Integrated Vector Management (IVM) Plan by adopting Sterile Insect Technique which is an insecticide free technique aimed to reduce wild *Aedes albopictus* mosquito population (Vector of Dengue and Chikungunya) through the release of sterile male mosquitoes in different localities.

(vi) Conducting sensitization campaigns as part of IVM strategy to engage the public in doing vector control intervention such as removal of larval breeding sites and yard maintenance.

(vii) Applying PCR technique for detection of pathogen in vectors. Adult mosquitoes collected from field surveys are used for the detection of DEN/CHIK virus in mosquito.

(viii) Any detection of DEN/CHIK virus in mosquito will trigger early detection and response so actions to control the vector is taken at the earliest. PCR technique is also being used for the early detection of *Anopheles stephensii*, an invasive mosquito, to prevent its colonization at Points of Entry (Port and Airport).

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- 784 mosquito surveys were conducted across the island, whereby 201,575 potential mosquito breeding sites were inspected, out of which the following number of sites were respectively positive:

  - ✓ 6,211 for larvae of Anopheles gambiae (malaria vector), Culex quinquefasciatus (filariasis vector)
  - ✓ 972 Aedes albopictus (vector of Chinkungunya and Dengue).

- Breteau Index calculated from Larval incidence data for Aedes albopictus mosquitoes is used, which is 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 through the RHDs.

- 61 surveys for bed bug and 12 surveys for infestation of cockroach, fleas, bird mite, fungus gnat, beetle and white flies have been conducted.

- 8 food specimens for insect contamination and 17 entomological exhibits from suspected criminal cases were examined (Forensic entomology) and officers were deponed 10 times to provide evidence in court.

- 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	(Jul 2024-Jun 2025)	(Jul 2025-June 2026
Number of mosquito survey carried out	741	784
Number of sites inspected for mosquito larvae	138,704	201,575
Number of sites with larvae that were overturned or treated with insecticide	685	1,189
Number of bed bug surveys carried out upon request	50	61
Number of other pest-related surveys (ticks, fleas, mites, cockroaches, ants, millipedes, etc.) carried out upon request	8	13
Number of food specimens examined for insect infestation	4	8
Number of entomological exhibits from suspected criminal cases examined (Forensic entomology)	19	17
Number of times VBCD officers deponed in a court of law	3	10
Number of mosquito night-catch surveys carried out to assess mosquito biting incidence and behaviour	Nil	Nil
Number of insecticide products tested for their efficacy	4	12
Number of insecticide resistance tests carried out	58	22
Number of Mosquitoes screened for DEN/CHIK/ZIKA virus	1,218	953
Number of Mosquitoes screened for the detection of *Anopheles stephensii* as part of Point of Entry Surveillance	30	Nil

- Number of sterile male mosquitoes released in order to reduce wild *Aedes albopictus* mosquito population was as follows:

✓ 720k males (80k males weekly) at Triolet from December 2025 to January 2026

✓ 80k males at Roche Brunes during February 2026

✓ 840k males (weekly release increased from 80k to 100k as from March 2026) at Beau Bassin from February to April 2026

✓ 700k males (100k males weekly) at Pereybere from April to June 2026.

- VBCD officers participated in a ‘Salon de Bien etre’ campaign at Pailles and a talk at Roche Brunes Elderly Care Home.

- 953 mosquitoes were tested for the presence of DEN/CHIK virus, resulting in no virus detected in mosquitoes.

SECTION D

HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES

2.4 HEALTH EDUCATION, PROMOTION AND NCD SCREENING SERVICES

The prevalence of non-communicable diseases (diabetes mellitus, hypertension, cardiovascular diseases and cancer) in Mauritius is a major concern to the MOHW for its implications on public health and the national health burden. NCDs account for approximately 80% of all deaths, increasing demand for long-term, integrated and specialised care.

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 the growing 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 2025-2026 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 is responsible for the organisation, coordination and implementation of health programmes focused on prevention of non-communicable diseases (NCDs) and promotion of healthy lifestyles to improve overall well-being. The Unit engages communities and provides comprehensive preventive health services through screening (in secondary schools, worksites and community) of NCDs and their risk factors, referral for management, health education and physical activity promotion, in line with the Ministry's Action Plans. Additionally, it conducts research in relation to NCDs, and their risk factors and also supports communicable disease control through sensitisation.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

A. NCD and Health Promotion Activities

- **'Prévention Nationale pour Maladies Non – Transmissibles Programme'**

The NCD Screening Programme aims to promote early detection, prevention and management of NCDs such as diabetes, hypertension, cardiovascular disease, cervical and breast cancers, as well as their risk factors namely overweight/obesity, alcohol abuse and tobacco consumption. It is regularly carried out for adults at workplaces and in communities across the island as well as in the Health Promotion Shop. The programme also features a strong public health promotion campaign. The following were undertaken during the FY:

Period 1 July 2025 – 30 June 2026	Number
Persons screened and counselled for NCDs	38,621
Women screened for breast cancer	9,246
– Referred for further management	409
Women screened for cervical cancer	5,128
– Referred for treatment following examination	200
– Referred to Gynaecological OPD (positive cytological result)	81

Source: Health Promotion Unit, MOHW

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. The programme also comprises health promotion activities. **For the year 2025-2026, non-formal schools under the network of Adolescent Non-Formal Education Network (ANFEN) were integrated into the list of schools for screening, thereby reaching more adolescents.** A total number of **27,477 students** of Grade 7, Grade 9 and Grade 12 was screened.

Physical Activity Programme

The Unit promotes active lifestyles by delivering free 125 weekly physical activity sessions (yoga, Tai Chi and exercise) delivered by 20 contracted instructors, and monitors the 6 health tracks, 5 equipped health clubs and 5 outdoor gyms, throughout the island.

Physical Activity and Yoga Programme	Achievement (July 2025 – June 2026)
New yoga sessions introduced	3 (Petite Rivière Mediclinic, Montagne Ory Social Welfare Centre and Plaine Magnien Vishwanath Mandir)
Total physical activity sessions delivered	5,101
Total attendances at physical activity sessions	63,869

Source: Health Promotion Unit, MOHW

B. Sensitization 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 lifestyle, encouraging physical activity, and raising awareness about the harm associated with smoking, alcohol consumption, and drug use.

Health Promotion Talks (July 2025–June 2026)	Number of Talks	Participants Reached
Health talks organised by the Unit	1,564	71,849
Health talks delivered upon request	61	2,489
Total	1,625	74,338

Source: Health Promotion Unit, MOHW

C. Medical Check-up on request

The NCD, Health Promotion and Research Unit provides medical check-up across communities and workplaces island-wide upon request from NGOs, parastatal bodies, associations, community centres and private enterprises, thereby providing the services to the population at large. The Unit attended to **182 requests** for medical check-up.

D. Health Promotion Campaign

The NHPRU has launched the first of a series of 8 Health Promotion Campaigns at Mahogany Shopping Promenade on 11 June 2026. The objective of this campaign is to promote healthy lifestyles and to raise public awareness on key health issues by gathering in one place different departments within the MOHW, such as the NCD, Health Promotion and Research Unit, Blood Transfusion Services, Dental Unit, Harm Reduction Unit, Ayurvedic Services, HIV/AIDS Unit, the Sexual and Reproductive Health Unit and Public Health and Food Safety Unit, as well as other stakeholders, namely the Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries, Anti- Drug and Smuggling Unit and Private Radio - Radio Plus.

About **500 persons attended** the official launching and some **900 persons visited** the different stands between 09 00 hrs to 15 30 hrs and health information were provided to them. A total of **146 persons benefited** from NCD screening, **34 women were screened for breast cancer**; **25 women were screened for cervical cancer**; **80 persons attended dental screening** and **33 pints of blood were collected**, during that campaign.

E. Conference / Workshop / Lectures

The NHPRU contributes in capacity building and sensitisation by organising conferences, workshops and lectures as follow:

- One and Half Day International Conference on Addressing the Crisis in Heart, Kidney and Metabolic Disorders on 25 and 26 October 2025, which also hosted the first meeting of the new International Advisory Committee.
- Lecture by Dr Thamer Abdullah Alaifan on Borders and Brains: International Collaboration in High-Stakes Neurosurgery on 15 January 2026.
- Lecture by Dr Muhammad Ijaz Ahmed on Acute Stroke Imaging and Endovascular Management Options and when should Neurosurgery Intervene on 29 January 2026.

- Lecture by Professor Kian Fan Chung on “Chronic Cough is a Disease: A Personal Journey” on 26 February 2026.

- Lecture by Dr Marie France Kong Yao Fah, Consultant Physician and Diabetologist, Mr Rajesh Jogia, Consultant Podiatric Surgeon and Mrs Rachel Berrington, Foot Lead and Advance Nurse Practitioner Diabetes: Diabetes and the Diabetic Foot on 17 June 2026.

F. Surveys / Research

Research studies which are ongoing by this Unit are as follows:

✓Contraceptive Prevalence Survey 2024 (Report in progress)
✓Global Youth Tobacco Survey 2024 (Report in progress)
✓May Measurement Month 2026

G. Inaugurations and Official Functions

The Unit oversaw the launching of major health services and inaugurations of infrastructure, particularly the Renal Transplant Unit, the Acute Care of Elderly (ACE) Wards, the Diabetes and Vascular Health Centres, CT Scan Service and the Trauma and Emergency Units. The Unit also organised and coordinated several events throughout FY 2025-2026, including programme launches, workshops and training sessions.

H. World Health Awareness Days

To raise awareness, the Unit organised several international health days as follows:

✓ World Heart Day 2025 – Held on 29 September 2025 at Dr A. Jeetoo Hospital on the theme “Don’t Miss a Beat”, with launching of the Cardiac Registry Report and various awareness and screening activities.

✓ World Cancer Day 2026 – A sensitization walk in Ebene with 600 participants from tertiary educational institution, MOHW, NGOs, Mauritius Police Force and Mauritius Prison Officers was organised under the theme: “United by Unique”.

World Cancer Day 2026

✓ World Oral Health Day 2026 – Held on 1st April 2026 at Shri Rajiv Gandhi Govt School, Riche Mare, Flacq.

✓ World Health Day 2026 – Held on 11April 2026 at Bel Air Riviere Seche Mediclinic where the “Prevention Nationale pour Maladie Non-transmissibles Programme” was launched in the community.

✓ World No Tobacco Day 2026 – Held on 1 July 2026 during which a workshop targeting administrative cadres of primary and secondary schools was organised under the theme “Unmasking the appeal – countering nicotine and tobacco addiction.”

✓ International Day of Yoga 2026 – Held on 21 June 2026 at Cote D’Or National Sports Complex; theme: “Yoga for Healthy Ageing”.

International Day of Yoga 2026

I. Infectious Disease Outbreak/Emergencies

Vector Borne Diseases

In response to Dengue, Chikungunya and Leptospirosis which continue to pose a significant public health threat, the NCD, Health Promotion and Research Unit is actively engaged in raising awareness and empowering individuals to prevent the spread of these diseases.

Sensitisation against Dengue, Chikungunya and Leptospirosis (July 2025 - June 2026)	
Health talks delivered by the Unit	1,394
Students sensitised	13,493
Community Members sensitised	6,097
Participants sensitized through health talks upon requests	1,132

2.4.2 HEALTH INFORMATION EDUCATION AND COMMUNICATION (HIEC) UNIT

The Health Information, Education and Communication (HIEC) Unit serves as the central coordinating body for health promotion, health education and public communication within the MOHW. The Unit is responsible for developing, coordinating and disseminating evidence-based Information, Education and Communication (IEC) materials and health promotion interventions aimed at improving public awareness and encouraging healthy behaviours.

Through close collaboration with regional health services, national programmes, educational institutions, media organisations, NGOs and other stakeholders, the Unit supports disease prevention, health promotion and emergency risk communication through community outreach, mass media, digital communication platforms and capacity-building activities.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Community health education sessions

- During the reporting period, the HIEC Unit continued to strengthen health promotion activities through an integrated communication approach combining interpersonal communication, community mobilisation, mass media and digital platforms.
- Health education sessions were organised across all health regions, targeting schools, workplaces, community organisations, women's associations, elderly groups and the general public on a wide range of priority public health issues.
- Special emphasis was placed on national awareness campaigns addressing Chikungunya prevention, Leptospirosis, Tobacco and Vaping prevention, Antimicrobial Resistance (AMR), healthy lifestyles, diabetes prevention, hypertension, mental health, nutrition, physical activity, maternal and child health and communicable disease prevention.
- The Unit collaborated closely with the Mauritius Broadcasting Corporation (MBC), private media organisations and social media platforms to maximise public outreach through television programmes, radio broadcasts, interviews, public service announcements and digital campaigns.
- The Unit also coordinated the design, review and production of numerous IEC materials including pamphlets, posters, banners, educational videos and campaign materials.
- Risk communication activities were further strengthened through timely dissemination of health advisories and preventive messages during outbreaks and public health events.

Key Statistics: Community health education sessions (01 July 2025 – 30 June 2026):

Health Region	Number of Talks	Attendance
North Region	251	15,867
East Region	286	18,846

Plaines Wilhems / Black River (including Central Region activities and outbreak investigations)	294	12,130
Grand Port / Savanne (South Region)	203	8,867
Total	**1,034**	**55,710**

Source: HIEC Unit, MOHW

Digital Health Communication and Social Media Outreach

Digital communication continued to be strengthened through the Ministry's and GIS Facebook page and website, whereby a total of 45 social media campaigns/posts were disseminated through digital platforms. Regular health promotion posts, videos, communiqués and advisories were disseminated covering a wide range of topics including Chikungunya, Dengue, Leptospirosis, Antimicrobial Resistance (AMR), Mental Health, World Diabetes Day, World Heart Day, Pink October for breast cancer, World Patients Day, Glaucoma Screening, Gastro-enteritis prevention, Nipah Virus awareness, Mpox, mosquito control campaigns, Sterile Mosquito Technique (SIT), public health advisories related to Ebola and communiqués on Maha Shivaratree (location of medical posts put in place across the island and advice to pilgrims on precaution to be taken), etc. These activities contributed significantly to expanding the reach of public health messages beyond traditional communication channels.

Public Awareness Campaigns and Paid Media Interventions

The HIEC Unit coordinated an extensive multimedia communication campaign to strengthen public awareness on the prevention of communicable diseases and other priority public health issues. A nationwide paid media campaign on Leptospirosis and Chikungunya Prevention was implemented from 03 April to 30 May 2026 and subsequently extended until 15 June 2026 to reinforce preventive messages during the peak transmission period. The campaign utilised multiple mass media and digital communication platforms, including, MBC Television and Radio and private Radios.

During the reporting period, a total of 130 television and radio programmes were coordinated in collaboration with healthcare professionals across major national broadcasting platforms, namely, MBC, Top FM, Radio Plus and Radio One.

In addition, as part of the observance of World No Tobacco Day 2026, the Unit implemented a targeted media campaign focusing on tobacco and vaping prevention among young people. Two audio spots were produced and broadcast on radio stations, while two awareness videos targeting youths were developed and outsourced through Top FM for dissemination via digital platforms. Moreover, radio spots and a digital media campaign were designed to raise awareness and promote healthier lifestyle choices among the population.

Nationwide Dissemination of IEC Materials

Posters and pamphlets on Leptospirosis and Chikungunya were distributed through all Ministries via the Government Email Administrator, the Ministry of Tourism and AHRIM, the Ministry of Education across all educational zones, Municipalities and District Councils, as well as Health Offices and Health Centres.

Production of Information, Education and Communication (IEC) Materials

Posters, pamphlets, booklets, videos and digital resources were developed and distributed nationwide.

List of IEC materials produced and in process:

Pamphlets:

- 50,000 pamphlets on Chikungunya and dengue
- 50,000 pamphlets on Mental Health (Schizophrenia, Troubles Bipolaire, Depression, Suicide, Anxiety)
- 10,000 Pamphlets on Autism
- 5,000 pamphlets on Le Vaping and Dis Non à la Cigarette each (World No Tobacco Day)
- 250,000 pamphlets on 10 NCDs in process
- Pamphlets on Pre-diabetes in process

Posters:

- 2,000 posters on Cancer
- 500 posters on Complaint Hotline
- 1,000 posters on Autism
- Posters on Pre-diabetes in process

Banners:

- 25 Banners for World No Tobacco Day 2026

Introduction of new services/ initiatives and extension of services

The HIEC Unit reinforced the Ministry's digital communication and public information efforts by coordinating media coverage of ministerial events, official ceremonies, health campaigns and community outreach activities. In collaboration with the Government Information Service (GIS), videos highlighting awareness campaigns on various public health issues were produced and disseminated through the GIS Facebook page as well as the MOHW official Facebook page. During the reporting period, the Unit processed 100 press coverage requests relating to the Ministry's events, activities and public health initiatives.

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 2025/2026, 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, 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, amongst others.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

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), 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	
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 ▪ 78 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'. **It is to be noted that 3 candidates proceeded to Bordeaux and 1 candidate to Reunion respectively for their postgraduate training in 'Anesthésie-Réanimation' in November 2025.**

(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.

(vii) Clinical Training Framework (CTF) Agreement between the Ministry and IIMM Studies (Mauritius)Limited

The Agreement was signed to facilitate the clinical training within its public hospitals for students who would enrol for Undergraduate Medical programme offered at IIMM Studies (Mauritius) Limited.

PUBLIC CLINICAL TRIAL UNIT

Mauritius launched an inaugural Public Clinical Trial Unit (PCTU) through the MOHW and the Trust Fund for Specialised Medical Care to boost access to latest innovative treatments to patients in the public system.

Key details of the Public Clinical Trial Unit:

- Focus Areas: The unit initially targets cardiac and oncology (cancer) trials to address pressing health needs in the local population.
- Standards and Safety: The PCTU will operate under strict ethical and scientific standards. All studies will require approval from an independent ethics committee, and patient safety will remain the top priority.
- Professional Roles: Trained local doctors and nurses monitor trials closely following Good Clinical Practice guidelines.
- Collaboration: The unit partners with local hospitals and international organizations to test new medicines and technologies tailored for Mauritius.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- The Clinical Trial Act was amended to formalize the structure and operation of the PCTU.
- The first unit was set up at SSRN Hospital and 23 participants were recruited.
- Doctors and nurses at SSRN Hospital were Good Clinical Practice trained.
- The vision is to extend this model throughout Mauritius as a National Clinical Trial Network.

2.5.2 THE MAURITIUS INSTITUTE OF HEALTH (MIH)

The Mauritius Institute of Health (MIH) serves as a central pillar for training and research under the MOHW. The institution was established in 1989 under the MIH Act and is dedicated to capacity building, comprehensive training, health systems research, and regional partnerships, advancing knowledge through practice-based training, problem-based learning, and patient-centered approaches for healthcare professionals.

The MIH also functions as the primary Awarding Body for an extensive range of training programmes, and also offers specialised courses tailored for doctors, nurses, and other healthcare professionals, catering to the MOHW and other institutions.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

➢ **Training Programmes, Courses and Examinations**

(i) <u>Completed training programmes</u>

- **FETP Master Degree (2-year) for 18 participants (Community Physicians, Regional Public Health Superintendents, Laboratory Technicians, Public Health Nurses, Veterinary Officers, etc.)** 16 out of 18 students from the region (Comoros Islands, Madagascar, Seychelles and Mauritius) successfully completed the programme on 30th March 2026 and graduated with a “Master in Field Epidemiology”.

- **Diplôme Universitaire (D.U.) de Soins en Médecine d’Urgence - (11th batch) for Nursing Officers -** 29 Nursing Officers successfully completed the training programme and graduated in November 2025. Certificates were issued by University of Bordeaux.

- **National Diploma in Diabetes Foot Care Nursing (3rd batch) -** 17 trainee Nursing Officers successfully completed the two-year training programme and graduated in November 2025.

- **National Certificate Level 4 in Food Production (Training of Catering Supervisors) Batch 2 -** one-year Certificate Course at the Ecole Hôtelière Sir Gaëtan Duval with 2 trainees.

- **National Certificate Level 5 in Community Based Rehabilitation -** 14 trainees successfully completed the one-year certificate course in July 2025.

- **National Certificate Level 5 in Physiotherapy Assisting -** 5 candidates successfully completed the training programme in July 2025.

- **Certificate in Pharmacy Store Management -** 20 candidates successfully completed this 6-month course and certificates were issued to them.

(ii) Ongoing Programmes

❖ **Specialisation programmes**

- Diplôme Universitaire de Spécialisation en Médecine d'Urgence for Medical and Health Officers - 3-year Degree Course with 30 trainees.
- Top-Up leading to a BSc Nursing for Ward Managers (Level 8) - 1½ year training programme started in April 2026 with 30 candidates. (However, same was put on hold by the MOHW)
- National Diploma (Level 6) in Midwifery and Obstetrical Nursing (in 3 batches of 32 trainees) - programme with 94 trainees.

❖ **Post -basic courses**

- National Diploma Level 6 in Specialised Nursing: Operation Theatre (2nd batch) - one-year training with 42 trainees.
- National Pharmacy Technician Diploma (Level 6) (3rd Batch) - 3-year diploma course started with 53 trainees.

❖ **Basic courses**

- National Certificate (Level 5) in Physiotherapy Assisting - started with 6 participants on 26 May 2026 and is expected to be completed in April 2027.
- Certificate in Cooking (Hospital Cooks – On Roster) - MIH in collaboration with Ecole Hôtelière Sir Gaëtan Duval mounted a 6-month Certificate in Cooking programme tailored specifically for in-service Hospital Cooks which started on 15 January 2026 in 2 groups of 9 each.

(iii) Upcoming programmes

Besides programmes that were already completed and ongoing, the MIH is actively engaged in the development and accreditation of the following:

No.	Title	Duration & Level	Number of Participants
1.	BSc Honours in Diabetes Foot Care Nursing in batches of 14 and 13	1 ½ year (Level 8)	27
2.	National Diploma Level 6 in Specialised Nursing: Adult Intensive Care Unit	1 ½ year (Level 6)	40
3.	National Diploma Level 6 in Specialised Nursing: Oncology (in 2 batches)	1 ½ year (Level 6)	40

No.	Title	Duration & Level	Number of Participants
National Diploma Level 6 in Specialised Nursing:			
4.	Cardiovascular Sciences and Care (in batches)	1 ½ year (Level 6)	40
5.	National Diploma Level 6 in Diabetes Specialised Nursing (DSN)	2 years (Level 6)	30
6.	Training for Specialised Nurse: AIDS, Harm Reduction and Health Promotion		50
7.	National Certificate Level 5 in Community Based Rehabilitation (Batch 2)	1-year (Level 5)	7
8.	Training of Lactation Counsellors	3 months	20
9.	Development of Online Module on Breastfeeding	1-year	15
10.	Course leading to a Certificate in Community Health Nursing	9-month	14
11.	Training Course on Behavioural Change for the Non-Communicable Diseases Prevention	Non-award	60

- **MIH as an Awarding Body**

The MIH acted as Awarding Body for following institutions:

(i) Central School of Nursing

(ii) Polytechnics Mauritius Ltd (PML)

(iii) C-CARE (Mauritius) Limited

The courses include: National Certificate Level 4 in Health Care Assisting, National Diploma in Nursing, National Diploma Level 6 in Nursing and National Certificate Level 5 in Nursing.

- **Continuing Professional Development (CPD)**

Face to Face CPD Sessions:

a) 133 Medical Doctors attended 14 CPD Sessions at the Institute for period under review.

b) 336 Dentists attended 18 Dental CPD Sessions at the MIH for period under review.

- **Ongoing Training Activities for Other Institutions/Organisations**

  - **Mauritius Police Force:**

(i) Diplôme Universitaire de Spécialisation en Médecine Légale et Expertise Médicales - 2nd batch (3-year programme) for 2 Trainee Police Medical Officers in collaboration with University of Bordeaux, France.

(ii) National Certificate Level 5 in Pharmacy Dispensing (2-year programme) for 5 Police Officers started in October 2025.

(iii) National Certificate Level 5 in Pre-Hospital Emergency Care (1-year programme) for 30 Police Officers started in June 2026.

- **Mauritius Fire and Rescue Services:**

- National Certificate Level 5 in Pre-Hospital Emergency Care - 3rd batch (1-year programme) for 30 Fire Fighters of started in February 2026.

➢ **Research Activities**

- A study on the prevalence, perceptions and contributing factors of breastfeeding Cessation in Mauritius. Final Report forwarded to Le Groupe Enfants et Mères on 30 December 2025.
- Birth Defects Registry 2023 (BDR) – Ongoing
- Exploring the Impact of Sexual and Reproductive Health Challenges on the Wellbeing of Women Aged 35 and Above in Mauritius
- Study on the clinicopathological Characteristics, Mismatch Repair Status and Prognostic Factors of Colorectal Carcinoma in Sub-saharan African Countries

➢ **Award Ceremony and other Main Events**

- Induction for (i) newly recruited Medical and Health Officers/Senior Medical and Health Officers in November 2025 and (ii) Nurses on 22 October 2025.
- Award Ceremony held on 19 November 2025 for (i) National Diploma Level 6 in Diabetes Foot Care Nursing, (ii) Diplôme Universitaire (D.U.) de Soins en Médecine for Nursing Officers, (iii) National Certificate in Community-Based Rehabilitation and (iv) National Certificate Level 5 In Physiotherapy Assisting.
- Graduation Ceremony of MASTERS FETP and Symposium One Health on 30 March 2026.
- Signature of a Collaborative Agreement with C-Care (Mauritius) Ltd on 28 January 2026.
- National Science Week held at Cote d'Or National Sports Complex on Friday 05 June 2026 together with the MIH trainees and personnel.

2.5.3 CENTRAL SCHOOL OF NURSING

The Central School of Nursing is legally bound by virtue of Government Notice no. 35 to conduct courses in nursing and midwifery. In collaboration with healthcare institutions and regulatory bodies, the school ensures that its programs comply with national standards and professional requirements.

It is responsible for the planning, coordination, implementation and evaluation of nursing education programs aimed at preparing competent and skilled nursing professionals to meet the healthcare needs of the population.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

During the reporting period, the School of Nursing successfully implemented its academic and clinical training programs in accordance with the approved curriculum and national nursing education standards.

- A total of 164 trainee nurses have successfully completed their training, while waiting for their final examination in July/August 2026.
- The successful commencement of training for 217 Trainee Nurses in November/ December 2025.
- The successful administration of the first examinations for 90 Trainee Health Care Assistants. Papers I and II were completed, with all candidates achieving a 100% pass rate.
- Ongoing courses include:

  (i) Trainee Health Care Assistants

  (ii)Trainee Nurses – National Diploma in 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 our public health institutions. The Unit is broadly divided into Pharmaceuticals and Non-Pharmaceuticals. Other departments include the Central Supplies Division, the Clearing and Forwarding Unit and the Stock Control Unit, and Procurement Unit in each of the five Regional Hospitals.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

The MOHW undertook procurement of pharmaceutical and non-pharmaceutical items amounting to some Rs 4.7 billion for the Financial Year 25/26. 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**

This Section deals mainly with the purchase of drugs, including Ayurvedic medicines, vaccines and active pharmaceutical ingredients.

Procurement of Pharmaceutical Products for the last FYs

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
2025-2026	1,182,091,223

Source: Procurement and Supply Unit, MOHW

➢ **Procurement of Non-Pharmaceutical Items**

This Section deals mainly with all medical procurement other than drugs and vaccines, such as medical equipment and devices, reagents and other consumables, medical disposables, works and services.

Procurement of Non-Pharmaceutical Products for the last FYs

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
2025-2026	3,538,131,668

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 2006. Beside our regular procurement exercises, the Ministry has engaged in pooled procurement initiatives to benefit from economies of scale such as the SIDS Pooled Procurement Program.

2.5.5 PUBLIC HEALTH INFRASTRUCTURE

New S.Bharati Eye 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.

For the successful implementation of these projects, technical expertise from the Ministry of National Infrastructure and Community Development (MNICD) is sought.

For the Financial Year 2025-2026, approximately Rs 3.5 billion was allocated towards health infrastructure works, contributing to a total project portfolio valued at around Rs 16 billion. This budget covers a wide range of activities including minor upgrades, service extensions, painting, renovations, and waterproofing.

Table IV: Status of Implementation of Major Infrastructural Projects

S/n	Projects	Status as at 30 June 2025	Status as at 30 June 2026
1	**Sir Anerood Jugnauth Hospital (Phase 1)**	Project completed and inaugurated on 20 August 2024	Not applicable
2	**National Cancer Centre**	Project inaugurated on 8 May 2024 and is operational	Not applicable
3	**New Eye Hospital**	Project Completed in March 2025	**Project completed and is operational since 10 November 2025**
4	**Construction of New SSRN Hospital**	Not applicable	**Appointment of Consultant underway**
5	**Extension and Renovation of the Pharmacy at J. Nehru Hospital**	Progress of work was 70%	**Progress of work as at the end of June 2026 is 90%**

6	**New Renal Transplant Unit at J. Nehru Hospital**		Progress of work was 94%	**Project inaugurated on 10 April 2026 and is operational**
7	**7 New Medi-Clinics**	*a) Stanley*	Operational since May 2024	Not applicable
		b) Coromandel	Operational since February 2023	Not applicable
		c) Bel Air	Operational since April 2024	Not applicable
		d) Quartier Militaire	Operational since December 2023	Not applicable
		e) Chemin Grenier	At design stage	**At design stage**
		f) Grand Bois	Operational since July 2024	Not applicable
		g) Rivière du Rempart	At design stage	**At design stage**
8	**8 New Area Health Centres**	*a) Henrietta*	At design stage	**At design stage**
		b) Cap Malheureux	Completed. Inaugurated on 12 March 2025	Not applicable
		c) New Grove	Completed. Inaugurated on 03 October 2024	Not applicable
		d) Plaine Magnien	At design stage	**At design stage**
		e) Curepipe	Progress of work was 70%	**Progress of work as at end of June 2026 is 98%**
		f) Bramsthan	Completed. Operational since July 2024	Not applicable
		g) Bambous	Project completed in April 2025	**Project inaugurated on 19 February 2026 and is operational**
		h) Wooton	Land acquired and design under preparation	**At design stage**

9	**11 New Community Health Centres**	*a) St François Xavier*	Operational since June 2024	Not applicable
		b) Roche Bois	At design stage	**At design stage**
		c) Grand Bay	Operational since July 2022	Not applicable
		d) Pointe aux Sables	Operational since February 2023	Not applicable
		e) Trou d'Eau Douce	Operational since July 2023	Not applicable
		f) Camp de Masque	Operational since June 2024	Not applicable
		g) Case Noyale	At design stage	**At design stage**
		h) Piton	Land Acquisition Stage	**Land Acquisition Stage**
		i) Ecroignard	At design stage	**At design stage**
		j) Camp Thorel	Land Acquisition Stage	**Land Acquisition Stage**
		k) Tamarin	Land Acquisition Stage	**Land Acquisition Stage**
10	**Construction of Health Office at Souillac**			**Project completed on 22 May 2026 and is operational**

Source: Project Implementation Unit, MOHW

Health Cluster

The Ministry embarked on three projects in the Healthcare and Pharmaceutical sector at the Côte d'Or Integrated Smart City by Landscope (Mauritius) Ltd, of which, one project is 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 2026
New Warehouse for Pharmaceutical and Other Medical Products	A modern Warehouse is being constructed and 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 and inventory control. ○ The project is being implemented under the BOT Scheme.	Action initiated for the updating of the Project Review Report.
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.	Preliminary Feasibility in progress
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 medicines and products.	Preparation of Drawings and Bidding Documents in progress.

Source: Project Implementation Unit, MOHW

Extension and upgrading of Health Institutions

Furthermore, the Ministry has 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.
- 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 25/26

A. Ensuring Effective Financial Management and Strategic Planning

1. Preparation, Submission and Monitoring of MOHW Budget

- Monitoring of Budget implementation for Financial Year 2025-2026: Ensured the budget was effectively executed and aligned with the Ministry's goals and objectives.
- Preparation and submission of Budget proposals for Financial Year 2026-2027: 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 13 capital projects and 40 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. Geriatric Care Services
ACE wards have replaced the SAGE project and were successfully implemented. Consultations are offered at SAJ and SSRN. Over 30,000 people have been screened

2. Traditional Medicine (Ayurvedic Services)
The Ayurvedic strategy will be developed under the Health Sector Strategic Plan 2026-30. CSD stock control has been reorganised, a new storage location has been proposed.

3. Prehospital Emergency Care (SAMU)
Bids were invited in 2025-26 for four SAMU vehicles.

4. Poor Vehicles Management (Fleet)
Four more SAMUs are being procured, and a renewal policy will be drawn up with the Ministry of National Infrastructure (MNI). An Expression of Interest to enlist garages for prompt repairs of vehicles has been invited. Replacement of defective cameras have been planned.

5. Training and Development
Training has been planned in line with the programme-based budgeting, subject to availability of funds and in a phased manner. Help from WHO has been sought to identify training gaps. Training to be allocated in a phase manner to ensure continuity of service.

6. Government Analyst Division
Procurement of equipment to the tune of Rs 18 million has been planned. The Ministry has engaged with the UNDP for further instrument. GAD has agreed to the waste management recommendations proposed.

7. Food Safety
New Food Handler Certificates were issued to district offices. Destruction of seized items are under consideration. An Expression of Interest for rapid food testing had been invited and a National Food Control Service plan is under consideration.

8. Linen and Laundry
Procurement of linen has been included in the Annual Procurement Plan and will be covered by the Committee of Needs. Provision has been made for linen procured centrally to be tagged at hospital level. Bleach has been made available. Vacancies have been reported.

9. Nexsky Building Rental
Revision in rent has been made to include 17 additional parking bays. Stopping of rent of the Volcy Pougnet, Bacha buildings and the third floor of the Mutual Aid building are under consideration. A Board of Survey for unserviceable items has been set up.

10. Non-compliance with the Public Procurement Act
Procurement of low value items would be procured at the level of the headquarters and not at DOSS

11. Governance Issues

A Risk Register has been prepared and will be implemented in due course. A GAR training session has been carried out. The Ministry has 42 functional neonatal ventilators and procurement of more is subject to availability of funds.

12. Follow-up of the 2023-24 Recommendations

Of 26 recommendations, 17 (66%) were implemented, 4 (15%) partly implemented and 5 (19%) not yet implemented. The implemented items include the operation of the Cancer Centre, the eHealth steering and monitoring structures, the Digital Health Co Ltd, and the quarterly Monitoring Committee on KPIs. Not implemented are the Risk Management Framework (now at validation stage), the Hospital Hygiene and Infection Control Unit, the national infectious disease plan, project-management software for eHealth, and technical help on annual procurement planning.

C. Upscaling Bilateral-Regional-Multilateral Corporation

Seychelles	Provision of inputs for the preparation of a MoU for consideration during the State Visit of the President of Seychelles to Mauritius for the National Day Celebration 2026.
Reunion Island	Provision of inputs for the preparation of a MoU for the 'Deuxième Commission Mixte Maurice-Réunion'
African Development Bank	Coordination and submission of technical assistance project proposals for consideration under the 2026 African Development Bank (AfDB) Middle-Income Countries Technical Assistance Fund.

D. Upholding and Advancing Human Rights within the health sector

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

(i) Human Rights Division:

Collected and consolidated inputs from various sections 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 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
- International Covenant on Economic, Social and Cultural Rights (ICESCR)

2.5.7 HEALTH RECORDS DEPARTMENT

The Health Records Department comprising an establishment of some 365 officers, is headed by the Chief Health Records Officer and supported by Principal Health Records Officers, Senior Health Records Officers, Health Records Officers, Senior Health Records Clerks, Higher Health Records Clerks and Health Records Clerks.

It forms part of the emergency services of a hospital which operates on a 24-hour basis and is usually the first point of contact of the patient with the health facilities. It primarily provides clerical support to medical professionals through the registration of patients. It is also the custodian of medical data ensuring compliance to data protection and information governance. The second core activity is Health Information Management, starting with collection of data up to transforming them into sound information.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **Patient Administration System (PAS)**: The PAS which is one of the key modules of the e-Health system within the health records department is currently live and operational at SAJ Hospital and 15 of its satellite primary health care centres. The PAS was also implemented at ENT Hospital where 20 officers were trained. The department has been a major driver for the implementation of the PAS during the reporting period.
- **E-Health:** The e-Health system has also been deployed in some selected facilities across Health Regions 1, 4, and 5 where several health records staff have been trained and are actually doing file mapping of patient's medical file on the system.
- **Government Health Services Statistics Report:** During the FY 2025-2026, the health records department has been working on the publication of the fifty first volume of the Government Health Services Statistics Report 2025 with regard to activities of the major health service departments of public health institutions. The health service delivery and medical data contained in the report represent a useful tool for decision-making and policy formulation to administration and also support research projects.

2.5.8 HEALTH STATISTICS UNIT

The Health Statistics Unit of the Ministry of Health and Wellness is responsible for the collection, compilation, analysis, and dissemination of reliable health statistics for Mauritius and Rodrigues. The Unit provides essential information on population and vital statistics, mortality and morbidity patterns, health services, and health system performance.

The data generated by the Unit supports evidence-based policy formulation, strategic planning, monitoring and evaluation, and national, regional, and international reporting, including progress monitoring of **SDG 3: Good Health and Well-being**. The **Annual Health Statistics Report** remains a key reference publication for assessing population health trends and health sector performance.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- During the financial year **2025–2026**, the Unit disseminated health statistics through the **Annual Health Statistics Report 2024**, contributions to Statistics Mauritius publications and the national SDG database.
- The Unit's outputs supported Parliamentary Questions, Budget Key Performance Indicators reporting, and situational analyses undertaken by the MOHW.
- The Unit also contributed to the pilot implementation of the **Patient Satisfaction Survey** in the five regional hospitals and continued to compile and publish comprehensive health service statistics from both public and private health providers.

2.5.9 HEALTH ECONOMICS UNIT

The Health Economics Unit (HEU) is involved in a varied 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 one Support Officer.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Development of the new Health Sector Strategic Plan (HSSP)

The new HSSP is being formulated through a comprehensive analysis of the health systems and based on a participatory approach with different stakeholders. During the official visit of WHO Regional Director for Africa Dr Mohamed Janabi, the unit was designated to share the health sector strategies, priorities and directions through a presentation on the Health Sector Strategic Plan (HSSP) 2026-2030 on 21st January 2026.

This 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 Gueye. The Senior Chief Executive of the Ministry, Ag Director General Health Services, Permanent Secretaries and Senior staff of MOHW and WHO were also present.

Moreover, the HEU has played an important role in the development of this plan as detailed below:

- Formulation of Situational Analysis
  - Review of inputs from stakeholders and formulation of draft situational analysis.
  - Organisation of a two-half day workshop meeting with Leadership to review the Situational Analysis held on 20th and 21st August 2025. Necessary changes brought by Management was incorporated in the Report.
  - Review of Rodrigues Draft HSSP Report
- Development of Operational Plans for HSSP and Costing of Activities:
  - Meetings were organised with all respective thematic working groups (TWGs) and CICs and guidance were provided on development of operational plans and costing of activities.
  - Supervised the development of operational plans for Goal 1 and Goal 2 of HSSP
  - Reviewed all operational plans and costing.
  - Preparation of operational plans for Rodrigues
- Validation by Stakeholders:
  - Organisation of last consultation and validation workshop held on 15th and 16th April 2026

  Views and comments were incorporated in main document and operational plans were revised accordingly.
- Review of Monitoring arrangements and Implementation Framework.
- Review of responsibilities and terms of reference for implementation of HSSP 2026-2030.
- Draft HSSP submitted to Management on File for endorsement.

Formulation of the Annual Report on Performance for the Ministry

Each year, the HEU has the responsibility to liaise with around 150 different units of the MOHW in order 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 2024-2025, was formulated, validated by Management and submitted to the Ministry of Finance during the period under review.

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: around 200 laboratory fees, approximately 48 radiology services at the NCC and approximately 57 dental services which will provide a basis for decision-making by the MOHW Management.

Estimated Costing of different Action Plans: Based on the requirements of the user departments, the estimated indicative costing exercises were undertaken for the activities identified under the action plans and policies that have been developed by MOHW including the Amended Mental Health Action Plan 2025-2030, Estimated annual cost of recruiting foreign

Nursing Officers, Cost Benefit Analysis of performing vascular surgery by foreign surgeon in Mauritius instead of sending patients abroad, Estimated cost of Health National Adaptation Plan (including HR, Hardware, Equipment) among others.

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).
- Monitoring of SDG 3 targets and implementation of related policies jointly with the Health Statistics Unit.
- Support to PFIC Unit for Budget Preparation with regard to key indicators.
- 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 for internal stakeholders on Human Rights and submission to the PFIC Unit.
- Filling of survey questionnaires from different institutions.

2.5.10 DEMOGRAPHIC/EVALUATION UNIT

The Demographic/Evaluation Unit is responsible for monitoring and evaluating the national family planning programme in Mauritius. The Unit collects family planning data from all Government health service points and two NGOs, namely Action Familiale and Mauritius Family Planning and Welfare Association. Furthermore, the Unit has been instrumental in supporting the Government in formulating and establishing goals for its population policies.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

Publications of Reports: Annual yearbook, monthly bulletins and other reports are published, providing data for programme managers, policy makers, and researchers. The **Family Planning & Demographic Yearbook** presents statistics both on population trends and family planning use and accessibility, among others, for Islands of Mauritius and Rodrigues.

Monthly bulletins provide ongoing statistics on family planning services offered by Government and NGOs, helping to monitor the progress of the national family planning programme.

Updating the Population Sizes of the Catchment areas of the Government Health Service Points

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.

Coordination of United Nations Population Fund (UNFPA)-funded activities

Activities carried out under UNFPA in FY 2025/2026 include:

- Validation workshops on age-appropriate, evidence-based curricula for comprehensive sexuality education (CSE) targeting out-of-school youth.
- Consultative workshops to develop guidelines, policy/regulatory proposals, and Standard Operating Procedures (SOPs) for comprehensive abortion care services.
- A national needs assessment workshop on sexual and reproductive health to identify gaps and priorities.
- A study examining the impact of sexual and reproductive health challenges on the wellbeing of women aged 35 and above in Mauritius.

Additionally, the Unit shared the theme of the 2025 World Population Day, "*Empowering young people to create the families they want in a fair and hopeful world*" with key stakeholders to raise awareness about the importance of youth empowerment in shaping family choices and futures. World Population Day is observed annually on 11 July to highlight global population issues.

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 leading 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
- 16 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 25/26

- 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 2025 to June 2026, hospitals had prepared and served around 3,207,070 meals (breakfast, lunch and dinner) to patients and 3,932,748 meals (breakfast, lunch and dinner and including 3,144,749 snack meals) to all eligible staff.
- The Unit managed the collection and disposal of **around 1,150 tons** of healthcare wastes generated by the public health institutions.
- The Unit also supervised capital projects undertaken in our health regions.
- Approximately **2,470,953 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 BMEU oversees a wide range of medical equipment that support critical services including radiology, cardiology, general and specialized surgery, neonatal and paediatric care, haemodialysis, and dental services. Our responsibilities include installation, commissioning, maintenance, and repair of medical equipment, as well as managing equipment-related projects. The unit plays a vital role in ensuring the functionality and safety of medical equipment necessary for patient care.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

During the Financial Year 2025–2026, the BMEU continued to modernise healthcare technology through the implementation of key projects aimed at enhancing diagnostic and clinical services including the following:

- A major milestone has been the successful installation and commissioning of a 256-slice Computed Tomography (CT) scanner at SAJ Hospital. This state-of-the-art imaging system will significantly enhance diagnostic accuracy, reduce examination times, and strengthen the hospital's capacity to provide specialised radiological investigations. Its installation represents an important step forward in expanding access to advanced diagnostic services and improving the overall quality of patient care.
- The Unit has also coordinated the procurement and installation of medical and dental equipment for the dental clinics at SAJ Hospital and Dr Bruno Cheong Medical Centre. The project includes the provision of modern equipment to support all major dental specialties, including dental surgery, endodontics, orthodontics, and oral surgery, thereby enhancing the quality and accessibility of specialised oral healthcare services.

2.5.13 ACCOMMODATION UNIT

The Accommodation Unit is responsible for the allocation of office space, the relocation of services, and the coordination of transport facilities. It oversees the maintenance of infrastructure and equipment including cleaning services for all units of the Ministry. In addition, the Unit manages approximately 400 vehicles, ensuring the timely renewal of the Ministry's fleet through the acquisition of new vehicles.

Furthermore, it controls the rental of premises and the renewal of lease agreements for Community Health Centres (CHCs), Area Health Centres (AHCs), Health Offices, and warehouses occupied 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 25/26

- The timely acquisition of four Specialised Ambulance Medical Units (SAMUs), six lorries, three 4-wheel-drive (4x4) vehicles, and three sport utility vehicles (SUVs) through effective utilisation of the allocated funds by the Unit will significantly contribute to the renewal of the Ministry's vehicle fleet and enhance service delivery.
- The Unit oversaw the renovation of the Atchia Building in Port Louis, which now accommodates several units previously housed at the Emmanuel Anquetil Building and also used by MIH for the provision of training facilities.
- Successful relocation of staff from the EAB to the Atchia Building which facilitated asbestos removal works.
- Lease agreements for the Ministry's headquarters at NexSky, Ebene, the warehouse at La Rosa, and several Health Offices across the island, which had remained pending for several years, have now been regularised, thereby strengthening the Ministry's administrative and operational framework.

2.5.14 PHARMACY COUNCIL

The Pharmacy Council of Mauritius, established under the Pharmacy Council Act 2015, regulates the pharmacy profession in Mauritius and safeguards public health by ensuring pharmacists are competent, ethical, and fit to practise.

Key regulatory and professional functions include:

- Registering pharmacists, trainees, foreign pharmacists, and visiting pharmacists under the Act.
- Assessing registration eligibility and approving pre-registration training and examinations.
- Maintaining the Register of Pharmacists and publishing the annual list of registered pharmacists.
- Implementing and monitoring the Pharmacy Council (Code of Practice) Regulations 2021 on ethics, conduct, patient care, competence, confidentiality, and accountability.
- Investigating complaints and exercising disciplinary authority to uphold professional standards and public interest.
- Promoting CPD through approved training, seminars, conferences, and educational activities.
- Collaborating with the Pharmacy Board and relevant national and international organisations.
- Recording Council proceedings and decisions and performing other statutory functions under the Act.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

➢ **Registration of Pharmacists**

- Maintained the statutory Register of Pharmacists under the Pharmacy Council Act 2015.
- Completed the 2026 annual registration and renewal exercise.
- Published the Annual List of Registered Pharmacists in the Government Gazette within the statutory timeframe.
- Continued registering pharmacists, foreign and visiting pharmacists, and pre-registration trainees.

Activity	July 2025 – June 2026
Registered pharmacists	591
New pharmacist registrations	14
Foreign pharmacists registered	1
Visiting pharmacists registered	0
Pre-registration trainees registered	13
Additional qualifications recorded	2

The Council strengthened lifelong learning by approving 10 CPD providers and 75 CPD programmes, helping pharmacists maintain professional competence.

➢ **Major CPD Events face to face**

- Pharmaceutical Association of Mauritius CPD Programme over 150 pharmacists
- Medical Conferencing Services Ltd CPD Conference over 200 pharmacists

➢ **Important Meetings**

During the reporting period, the Council held regular Council meetings and convened Finance, CPD, Disciplinary, Education, and Registration Committee meetings.

Meetings	Number
Council meetings	13
Finance Committee	2
CPD Committee	9
Preliminary Investigation Committee	4
Education Committee	1
Registration Committee	2

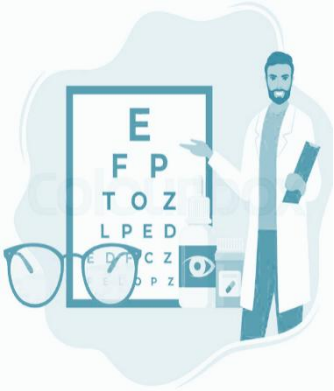
➢ **Other Initiatives**

- The Council enforced the Code of Practice for Pharmacists Regulations 2021 by promoting ethical practice, guiding pharmacists, addressing complaints, referring to disciplinary matters where required, and strengthening patient safety and public confidence.
- Digital initiatives in progress include online registration and renewal, an updated website, a pharmacist portal, and electronic notifications.
- Major policy initiatives included support for the Mauritius National Formulary (MNF) with JSS Academy, review of professional fees, and new guidelines on pharmacists' contracts of work. The Council strengthened collaboration with the MOHW, Pharmacy Board, JSS Academy, CPD providers, and NADC.

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 25/26

- There are currently around 120 opticians registered with the Council.

2.5.16 ALLIED HEALTH PROFESSIONAL COUNCIL

The Allied Health Professionals Council (AHPC) Act was passed by the National Assembly on 11 July 2017 and proclaimed on 1st September 2017. The purpose of the AHPC Act is to regulate the professional conduct of allied health professionals and to promote the advancement of allied health professions**.** 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 25/26

- Registration of allied health professionals has started in September 2022 and a total of 1,033 professionals has been registered up to June 2026.
- For the period under review, the AHPC has registered 78 allied health professionals.
- An administrative officer for the Council has been recruited.

- National Competency Frameworks for Physiotherapist, Occupational Therapist, Psychologist, Counsellor, Psychotherapist, Nutritionist and Dietitian have been developed.
- Transitional Provisions Regulations has been approved in February 2026 to enable the professionals who do not meet the required qualifications to take a competency assessment for eligibility to register.
- Career guidance at secondary education levels to create awareness in the allied health professions.
- Workshop on the development of the National Competency Framework for Psychology was attended by 47 psychologists from the private, public and academia sectors on 5 December 2025.
- Workshop on supervised work experience for Master's programmes in Psychology was attended by 35 psychologists from the private, public, NGO and academia sectors on 22 June 2026.
- Setting up of an Evaluation committee to implement the Transitional Provisions 2026. Preparation of documents for the Evaluation of applicants including the interview panel and portfolio assessment.
- Publication of first Newsletter in October 2025.
- The Council has reviewed programme structures for BSc Psychological Sciences and MSc Applied Psychology from Curtin University, MSc Psychological Therapies and Intervention with extended Professional Practice, University of Middlesex, MSc Psychology from the University of Mauritius and MSc Clinical Psychology from the University of Technology.
- The Ethics and Disciplinary committee have been set up and attending to complaints cases.
- The following draft regulations and Act have been submitted to the Ministry: (i) Ethics and disciplinary Regulations, (ii) CPD Regulations, (iii) Revised Levying of Fees Regulations and (iv) Proposed amendments to the AHPC Act.

2.5.17 NURSING COUNCIL

The Nursing Council of Mauritius is the statutory regulatory authority established under the Nursing Council Act 2003 to regulate the nursing and midwifery professions in the Republic of Mauritius. Its primary mission is to protect the public by ensuring that only competent, qualified, and ethically accountable nurses and midwives are authorized to practice. The Council is responsible for registering newly qualified nurses and midwives trained in Mauritius, as well as assessing and registering expatriate nurses and midwives seeking employment in the country through a rigorous credentialling and verification process. It maintains the national Register of Nurses and Midwives and issues annual Licences to Practice after verifying that practitioners have complied with the prescribed Continuing Professional Development (CPD) requirements.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

- **291 New Registered Nurses** have been added on the annual list
- **7 cases investigated** including two cases from Rodrigues
- **CPD Workshop organised every month** for Nurses to get their CPD points
- **5 Education Programme were reviewed and approved** for launching from MIH
- Ensures that all nurses (locally trained and expatriates) are **registered within two weeks following their qualifications**
- **Recognition and registration of specialized Nurse** from different Medical Specializations
- Organization of **CPD workshop** to facilitate Nurses and Midwives to get the Statutory 10 points for licensure to practice.
- **Promote Nursing Educatio**n and encourage lifelong learning through organization of seminars and workshops

Progress Comparisons by department between two last financial years

Department	01 July 2024 – 30 June 2025	01 July 2025 – 30 June 2026
Disciplinary/ Investigation	9 Disciplinary Cases investigated	7 Disciplinary Cases investigated
Registration	337 New Registered Nurses/Midwives	291 New Registered Nurses/Midwives
Education and Training	4 Education Programmes Approved	5 Education Programmes Approved

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 or 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 25/26

- **Pre-Registration Trainees** - During the period, 88 applicants were given provisional registration as Pre-Registration Trainees to undergo internship. 3 applicants were not given provisional registration as Pre-Registration Trainee because they do not satisfy section 22(1) (aa) and section 21 (2A) of the Medical Council Act.

- **Medical Registration Examinations** - A total of 118 applications were processed for the Medical Registration Examination, of which 67 applicants were successful, while 51 applicants were unsuccessful.

- **Registration as General Practitioner**

Items	Number
Number of applications processed	**124**
Number of Medical Practitioners Registered as General Practitioners	**115**
Number of applications not processed as they were abroad	**9**

- **Postgraduate Medical Education Board (PGMEB)**

Items	Number
Number of applications for registration as Specialist processed	**121**
Number of candidates who were assessed by the PGMEB	**99**
Number of candidates on waiting list for an assessment by the PGMEB	**19**
Number of candidates given registration as Specialist	**78**
Number of candidates not given registration as Specialist	**21**
Number of applications for registration as specialist rejected	**4**

- **Investigations**

Outcome of Investigations into complaints of "Professional misconduct and negligence" during the year 2025/2026

Outcome of cases referred to the Medical Council of Mauritius:

	July 2025 to June 2026
Number of cases investigated	63
Number of cases set aside after investigation	45
After investigation number of Medical Practitioners inflicted a:	
Notice	12
Warning	2
Severe warning	1
Number of Medical Practitioners referred to Tribunal	3
Decision of Council after receiving the report of the Medical Disciplinary Tribunal	
Set aside (charges not proven)	3
Severe reprimand (Charges proven)	1
2 years suspension (Charges proven)	1

- **Continuing Professional Development**

Items	Number
Number of CPD events approved	1,072
Number of CPD events rejected	27
Number of speakers to conduct CPD lectures given approval	58
Number of speakers not given approval	2

- **Additional Qualification as defined under Section 29 of the Medical Council Act 1999 (as amended)**

Items	Number
Number of applications received for Additional Qualifications	44
Number of applicant's qualification given recognition for an additional qualification	2
Number of applications for additional qualification rejected	20
Number of applications presently under process	72

- Moreover, the Medical Council has received 14 applications for registration as specialist in a subspeciality, which are being kept in abeyance until amendment in subspeciality qualification from the Ministry.

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 and supported by 1 Office Management Assistant,1 Management Support Officer 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 surgeons 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 25/26

- The table below shows an approximate increase of approximately 4% in the number of dental professionals from the reporting periods, with a rise in female practitioners compared to their male counterparts.

	2024-2025	2025-2026
Dental Surgeon Male	197	**198**
Dental Surgeon Female	103	**109**
Dental Specialist Male	25	**25**
Dental Specialist Female	12	**13**
Temporary Dental Surgeon Male	11	**10**
Temporary Dental Surgeon Female	2	**9**
Temporary Dental Specialist Male	1	**1**
Temporary Dental Specialist Female	2	**1**
TOTAL	**353**	**366**

Source: Dental Council

- The CPD events organised by Dental Council for the year 01 July 2025 - July 2026 are as follows:
  - On 3 August 2025, the Council organised a one-day CPD event.
  - On 25 January 2026, Council organised a one-day conference.
  - On 24 May 2026, Council organised a CPD event.

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

Processes and operations are becoming more complex and new risks have emerged resulting in more focus towards risk management, which 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[3]

A Risk Management Framework (RMF) which clearly defines the responsibility for risk identification, assessment and monitoring have been introduced for Public bodies as per Circular No. 8 of 2021 issued by the Ministry of Finance.

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 Committee was reconstituted in September 2025 with the guidance of the Internal Control Unit at the Ministry. Several meetings were held with all stakeholders including Regional Health Directors of Hospitals.

In view of the complexity of the Framework related to hospital environment, it is deemed reasonable that the process of risk identification and finding mitigated solutions in an array of risk areas that exist in hospital set up operating on a 24/7 basis would rest on a time span of significant duration.

In spite of the latent advancement during the past few months, the process has now gained momentum and now is at validation stage. This would ensure that the Risk Register is robust and fully aligned with the Ministry’s governance and risk management objectives. Much progress is also expected to be visible in the forthcoming months regarding the overall implementation of the Framework.

Internal Control Unit

Internal Auditing is an independent and objective assurance and consulting activity that is guided by a philosophy of adding value to improve the operations of the Ministry/Department. It assists Management in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's risk Management, control, and governance processes.

The Internal Auditing Staff shall govern themselves by adherence to The Institute of Internal Auditors' "Code of Ethics." The Institute's "International Standards for the Professional Practice of Internal Auditing" (Standards) shall constitute the operating procedures for the department.

[3] Source of information: Third status Report of the Audit Committee

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 2025/26.

ACHIEVEMENTS FOR FINANCIAL YEAR 25/26

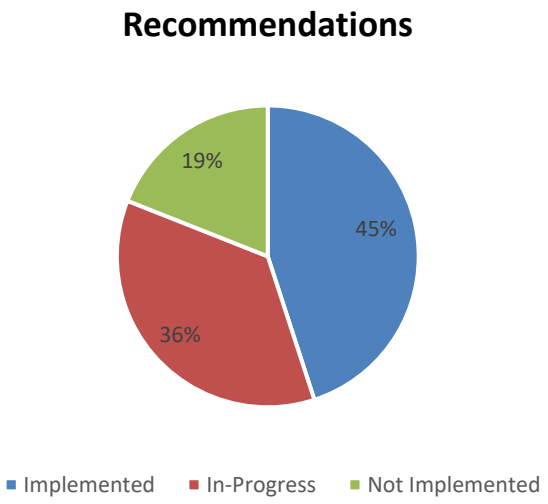
During the Financial Year 2025/2026, **20 audit assignments were planned**. **16 audit assignments which represent around 80 % of the Annual Internal Audit Plan 2025/26 were completed.**

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 2024/25 to determine the status of recommendations implemented. At least 239 of the 296 recommendations has been implemented/in-progress.

At least 45% of the recommendations has been implemented with 36% 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.

During the FY 2025/2026, a draft report on the "Review of the system and procedures for the importation and monitoring of controlled pharmaceutical products" related to operations of the Pharmacy Department of the MOHW was submitted by the Financial Crimes Commission. A meeting was held on 28th April 2026 to discuss the report and implementation of same.

Parliamentary Questions and Private Notice Questions

During the period July 2025 to June 2026, the Hon. Minister of Health and Wellness has responded to some **110 Parliamentary Questions** requiring oral answers and **1 Private Notice Question**.

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 2025-2026 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 2026, 5 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 INTERNAL AUDIT RECOMMENDATIONS AND IMPLEMENTATION STATUS (Extract)

Table V: Implementation Plan to address shortcomings identified in Audit Reports and Status of Remedial Actions

Issues	Internal Audit Comments	Proposed Recommendations/ Action Taken	Units Responsible	Completion Status (%)
GAR not implemented -OER and Ledger not maintained at the Regional Hospitals with the exceptional at SSRN RH and BCH where this has been partly implemented.	As per Treasury Circular No 16 of 2017dated 31 July 2017, a Government Asset Register (GAR) has been developed to enable the recording of non-financial assets acquired by ministries/departments. The main root cause is that there is a lack of Manpower, that is in some region such as VH, OME not yet posted since Feb 2024. There is also the issue of staff turnover, though training given but staff transferred to other Ministries /Department due to promotion; -Lack of Logistics such as PCs Risks: The lack of updated and accurate recording in the Ledgers raises serious internal control deficiencies. There is increased **risk of asset loss,** significant risks to effective asset control and accountability, resulting in unrecorded movements of assets, delayed disposals, or potential loss / misappropriation of assets.	***-Compliance should be made with Treasury Circulars No 16 of 2017 dated 31 July 2017, paragraphs7 (a) and (b) are required for the recording of non-financial assets.*** ***-Office Equipment issued to User Sections should be taken on charge in an OER by the OME as per FMM chapter 30.10 Para14.*** ***-Ledgers kept at all Wards/Units should be updated urgently by the Officer in Charge of the Wards/Units as per FMM 30.10.11 and 30.10.14, including a retrospective entry of all assets issued to the Wards/Units.*** - Action should be taken for the posting of OME /OMA for the maintenance of the GAR at Regional Hospitals such as VH, JNH with the assistance from the RHSA and HAA a	**RHSA/OME/GAR Coordinator**	20%

Pharmaceutical drugs issued from NCC to Regional Hospitals via occurrence book.	Dispensing areas are responsible to dispense pharmaceutical drugs to patients and Hospital Wards against medical prescriptions.	***-*** *Dispensing of pharmaceutical drugs via occurrence book to other regional hospitals is not in order and such practice should be put to cease immediately.* ***R10-*** Issue of drugs to other Regional Hospitals should be done through Inter Departmental Transfer (IDT) under EIMS by the Pharmacy Store Manager or via Goods Form 5 where EIMS is not implemented.	Principal Pharmacy Technician	100%
Seven hundred and fifty patients on waiting list for scan under Gama Camera.	Contract with Purple Blue has been terminated based on performance report. Contract for the procurement of "Technetium Activity Generator" awarded to Ducray Lenoir. (Total number of patients on waiting list has dropped from 754 to 70.)	***R9-****Application of Liquidated damages as per paragraph 8 of the contract is recommended.* ***R10-****Performance report need to be compiled against "Purple Blue ltd" and reported to PPO for breach of contractual terms.*	**DPS and RHD /RHSA-RH**	90%
Lithotripsy Department – Annual Requirement for Shock Wave coil has risen from 1 to 2	R11- In an attempt not to penalized patients, provision for Shock Wave Coil need to done reasonably 3-4 weeks before the depletion of the current coil	*OIC – Lithotripsy Department*	**Biomedical Engineer and RHD**	100%
No Bio-Medical Engineer posted at JNH.	Tendering exercise for biomedical equipment/spart parts is often complex and often subject to critisms/denonciations. Drafting of specification and evaluation for biomedical equipment/spare parts should not be done in issolation. Drafting, vetting specifications and evaluation of tenders requires the expertise of Biomedical Engineer.	*Management should look into the possibility of devising a roster wherein the BME and BMT are posted to JNH to cover JNH*	**HR D/ DPS**	100%

Increased in Mortality Rate-NCD/Root cause NCD **Root cause for the Increase in the Non-Communicable Disease may be due to the following:** **increasing trend on the reliance of fast food and processed food by the General Population (Kids, youngsters and working population). These foods include high sodium, flavouring and sugar;** **Lack of Food Labelling Guidelines – is the ingredients allocated in the food according to the Food regulation guidelines (Codex Alimentaires).** **Submission of reports on the test carried out on meat/chicken products (whether imported or local market) ensuring food safety and quality to be consumed by the General Population is it according to standards.** **Public Health Inspectorate do inspections at food retail outlets on the food hygiene as well as in schools during official hours but however no inspection is done after official hours** **No Coordination with the Ministry of Agro on Inspection carried out on Pesticides used in**	-Sensitization Program given/ -Blood test done /Public Media. -Talks to Children/Youngsters	***-**The Sensitisation Program should be reviewed as not all the General Population is targeted. Whether another approach can be adopted for example on Food Labelling should be according to the Food Regulation Act on how many sodium, sugar and flavouring intake should be included in food.* ***-**The views of the Nutritionist should be considered to work on a work plan on the Food labelling with the assistance of the Officers from Ministry of Agro.* *-The collaboration of the Ministry of Agro should be considered as they are involved in the Inspection of Pesticides in vegetables and whether animals/chicken on sales to the public is according to the standard.* ***-**Regular inspections should be carried out in the retail outlets to ascertain that food preparation is as per guidelines Food Regulation.* ***-**Change in the Eating Habit according to our physical activity. As most of the population time is spent in the working environment, there is high risk of heart disease and diabetes due to the consumption of heavy food intake in the evening where the physical activity is very low.* ***-**The Eating life styles should also be introduced in the Curriculum of the Ministry of Education. Children at very young age should be trained from the Pre-Primary school on healthy eating. Same should be done for Pregnancy women.***	DG/DHS/DPS-Management Ministry	60%

Vegetables. No report was seen at the NCD HP nor DCCB on-site inspections carried out on whether pesticides used in vegetables is as per regulation/guidelines; **Early education to parents and teachers on the culture on healthy foods and physical activities**				
Request for Funding of Ayurvedic Drugs **Request for annual procurement cannot be entertained as there are many items which have been expired or items have been issued and not updated is already included in the Stock Valuation Report amounting to Rs30m. At time of audit noted that the expired items have not yet been sent to the Deficient items for request for write off or disposal.**		*To have a realistic figure for Request of purchase of Ayurvedic drugs, the Officer in Charge of the EIMS at CSD should do the necessary to transfer all expired to the deficient store items same as is done for pharmaceutical drugs.*	OIC-Warehousing Unit (Aryuvedic) /Management	100%
Storage of Ayurvedic drugs not segregated - Main stock and Sub-stock at Ayurvedic Centres **During examination of pharmaceutical drugs at Ayurvedic Centres, it was found that all drugs acknowledge receipt via Goods Form 5 were issued in full to the Dispensing Unit, irrespective of the quantity**	Financial Instruction No1 of 2024 paragraph 31 stipulates that "the stock levels should be closely monitored to avoid stock-outs as well as overstocking. In that respect, OIC Warehouse should set the minimum, maximum and re-order levels for all inventories. These controls help in the process of optimizing storage capacity."	*-Compliance with Financial Instruction No1 of 2024 paragraph 31. For accountability purpose, where drugs are stored at different location and dispensing area, drug storage should be segregated into "Main Stock" and "Sub- Stock". Main Stock categorized as stock in store and Sub-store as stock made available for issue at the Dispensing area. Such segregation is required such that management of Main Store can be made under EIMS.* *-For ease of operation, drugs can be issued to Dispensing Unit in boxes.*	Pharmacy Technician/Procurement Officer -CSD and OIC – Aryuvedic Clinic	80%

received. The reasoning behind was that all drugs received were due for dispensing. However, the volume of drugs requisitioned by Ayurvedic Pharmacy is a cause of concern. At L'Escalier and Plaine Verte Mediclinics ayurvedic drugs were stored at different locations. The cause is attributed to limited space at the dispensing area. In the absence of segregation between store and dispensing unit inventory management become complex.				
Poor storage condition at component and Mobile Unit. **The Internal Control Team, in coordination with the Blood bank staff, conducted inspection at the "Component" and "Mobile" units on 20.11.2024. The store at the "Component" Department was found overcrowded with obsolete equipment and boxes of consumables, resulting in a messy, disorganized space. The area was barely accessible and presented a potential risk for injuries. Water leakage was also noted.** **Containers used to store consumables such as water, juice, biscuits, and**	Provision of store consumables such as biscuits and Water for NBTS are kept in the that Unit.	*R1-Due to the poor storage condition of the containers, the Officer of the Health and Safety Department posted at VH should provide a report to Management(Health and Safety Committee) for the request of repairs and the replacement of containers*	Management Ministry (Health and Safety Unit /Management CHL	10%

accessories for blood collection were found in a deteriorated state.				
Vacant posts not filled Sept 2024 **It was noted that the following posts as recommended in the PRB for the proper functioning of the Mechanical Workshop at the DOSS has not yet been filled:** ***-Manager, Operation Support Services*** ***-Coordinator*** ***-Head Transport, Maintenance and Works Services***	Post Manager OSS /Coordinator advertised in FY 2025/26. No application received for the post of Manager OSS. For the post of Coordinator, awaiting PSC for selection of candidates.	*R3- For the smooth running of the Mechanical workshop, necessary should be done for the filling of the posts*	Human Resources Department	70%
NAVEO fleet management system not being used optimally. **As reported in the previous Internal Audit Report dated 26.10.2022, it was highlighted that the "Maintenance" module and utilities such as "Rules and Exception report", "Fuel Graph/Report "and "ROSTER" were not being used under NAVEO fleet Management System.** **It can be noted that there is a Maintenance Module in the System but is not being used optimally. Hence instead of relying on the Manual Records, number of interventions carried out on each type of vehicles can be easily retrieved.**	Reason given: Cannot be implemented due to lack of staff (SOSS and 1 MSO)	*Management at the level of the DOSS should optimize the use of the Maintenance Module in order to ascertain the number of repairs or intervention carried out in each vehicle instead of relying on Manual Records*.	Management -Ministry	0%

Poor condition of stores **The stone stores, which are no longer in use, but there are remaining unusable items stocked therein in a deplorable state, and files were seen dumped** **Main Store – Poor State** **The main store, where items are kept for everyday use, is also in a poor state. The audit has also observed that there are unused spare parts that are kept in the same store. The roof is rusted and cracked.**	No Store Attendant posted for removing the items. Assistance can be provided from General Workers	*The condition of the stores should be in line as per paragraph 24,25 and 26 of FI 2024.*	*Management Ministry*	10%
EIMS has not been implemented **According to the circular, it has already been 7 years since the issuance of the circular, and there is a lack of communication between the DOSS, the Ministry, and the PPO regarding the implementation of the EIMS, as there was no correspondence issued or received from the response received from the AMPS. It was only during the month of April a team from PPO conducted a site visit where they observed that no EIMS was currently in practice at the Main Store.**	Done, though there is no permanent staff, APSO, PSO posted there, despite shortage of staff in front office itself, an MSO is sent on half day basis to support and make entry in EIMS	*The Senior Manager of DOSS should look into the matter to liaise with the Ministry so that the EIMS be put into practice at the earliest possible time. Hence this will reduce the workload of the AMPS from the Manual Records updating.* *R25-Training on the use EIMS should also be sought for the effective use of the system.*	Management Ministry/Directorate EIMS	100%

Dental Services – Caravan Mobile Dental Clinic (BCH) **Previously the services of Dental Clinic were being carried out in a caravan Mobile Dental Clinic located in the compound of Dr Bruno Cheong Medical Centre (Flacq). Though most Departments have moved to the new SAJH since Aug 2024, the Dental services is still being provided at the Caravan. This situation makes it difficult for patients with mobility /physical issues as they must climb steep stairs. Also, the space inside the caravan is very limited. Figures 7 and 8 below illustrate the limited space in the Mobile Dental Clinic.** **X- Ray Facilities not readily available.**	Patients requiring X-Rays must attend for tests to be carried out at SAJH and then come back to Dr BCMC for treatment. This situation is not convenient and time consuming as SAJH is approximately 4 kilometers away from the Dental Clinic. Since most patients do not have transport facilities, they must come again another day for Dental treatment after doing X-Ray at SAJH	*The Dental Clinic in Flacq be relocated as soon as possible to another office space preferably at SAJH for patients to avail of X-Ray facilities. In the instance that this is not immediately feasible, the Dental Clinic could temporarily relocate to another space in the premises of Dr BCMC itself. Hence this would greatly improve working* *conditions of Dental staff and will benefit patients in terms of accessibility for treatment*	Director Dental Services /RDS	90%
Site Inspection by Public Health and Food Safety Inspectors at DCCB. **Discrepancies between the number of site visit conducted and site visit reports** **At time of audit, the DCCB reported approximately 214 visits made to Industrial Premises and Chemical**	Reason given by DCCB Staff for lack of site inspection was due to inadequate staffing and had to take on extra responsibilities like carrying out fogging exercises for dengue cases in emergencies. Also, the existing PHFSI who were familiar with the new digital portal were transferred and replaced by PHFSI who were not trained in using the new computerized	*Management should ensure regular site visits are conducted for existing sites as it is essential to prevent negative impacts of trading in dangerous chemicals*.	OIC, Occupational Health Unit	80%

Storage Facilities between January and May 2024. However, the internal audit did not receive the site visit reports for all the 214 site visits. Only 9 site visit reports were provided to the Internal Audit for the period 1 July 2023 to 30 June 2024. Site visits are being performed only for new licence applications and not for renewed ones.	system resulting in a delay in their understanding of the digital system.			
No Distinction between New and Renewed Licenses in Management Report **According to the management report on licences generated for the period 1 July 2023 to 30 June 2024, 371 licences were issued by the board. However, the report does not distinguish between new and renewed licenses. As such, it was unable for the internal audit to determine the number of new and renewed licenses received per year, thus limiting additional audit checks that would have been reflected in the subsequent procedures.**	.	*Management should work with EDB Mauritius to add another feature/module to the NELS System to differentiate between new and renewed licenses in the report*	Management Health and Occupational Unit/Ministry	100%

No proper mechanism in place for receipt of foreign patients' fees. **Following were noted while verifying foreign patients' files** **-No information was available in respect to their nationality, passport number and whether they are exempted.** **-Hospital Identification Sheet is not filled fully with only patient name, age, address and ward admitted written. Provisional diagnosis, final diagnosis, associated conditions, complications, operations, discharge date have not been filled.** **-Cannot determine which treatment, procedures, surgeries and medication was prescribed to each foreign patient and whether rates calculated by Ward Manager is correct.** **-Foreign Patients are not charged for PCR test and Laboratory tests such as blood, urine tests, etc. since no rate is mentioned on form for billing for medical treatment.**	R6 - medical treatment or not.	*-The bill may be certified correct by the Medical Superintendent/ Duty Manager before same is submitted to the Finance Section.* *- No follow up was done on previous internal audit report issued in Year 2018 on fees collected from foreign patients to revise rates of medical treatment and to decide whether foreign outpatients should pay for medical treatment or not.*	Management/DPS /RHD/Finance Unit /RHD/CICs	60%

-Rates for medications are also not included in billing form and this is calculated by a pharmacist based on EIMS rates contrary to pharmaceuticals drugs sold to the public where a 30% margin is included in the sales price.				
Reduced Functionality of C-Arm Table at Ward 0.5 **The C-Arm Table at Ward 0.5 is being used with reduced functionality- pending replacement by a new one. It is to be noted that the request for purchase a new C-Arm Table has been made in the priority list of the Annual requirements for the FY 2025-2026.**		*Necessary should be done for the purchase of the C-Arm Table in order not to hamper the service delivery*	Procurement Unit RH/HQ/OIC RH Unit	40%
No Replacement of Default ECG Equipment - AED/One ECG in use in all Wards **The Electro Cardio Graph (ECG) use in the AED was faulty since Jan 2025 and no replacement has been made to date. The ECG in the OPD is being used at the AED which is overutilized.** **Same for all Wards at SSRN, only one ECG is being to cater the services to patients.**		*In order to reduce the long queuing, necessary should be done to purchase one ECG machine for the AED and one additional in wards*		40%

Waiting Lists – No Records for Patients referred to TFSMC **At the OPD Cardiac, the Health Record Clerk maintained an Out-Patient Register wherein details such as SP name, patient name, appointment date and information such as whether patients got appointment for stress test, Echo or referred to DDY (TFSMC) or CHCs are recorded. However, no information is readily available about how many patients were referred to TFSMC. The Health Record Clerk has to go through the list to provide the statistic which is time consuming.**		*It is recommended a Master Register be kept for recording the date the patients were put on the list for Echo and stress test. This will reflect more Transparency in the way treatment is being given to patients as per their waiting time.* *R8- Similar to the record keeping for stress and Echo tests, the Health Record Clerk should compile the number of patients referred to TFMSC on a monthly basis and keep a record of same.*	Management Regional Hospitals	70%
Inspections done on the Operation of Pharmacy where licences have already been issued	Shortage of Pharmacists	*Inspections should be done at the level of the Registrar to ensure that license issued to Pharmacists for the operation of their Pharmacies are complying with paragraph 18.10*	Directorate Pharmacy/Management of Pharmacy Unit	0%
Missing information in the Manual Registers and database		*-The Manual Registers should be re-designed where additional details such as SN, no of times patients benefited from the Overseas Treatment and where medical board were held should be added.* *-The OMA should ensure that the manual registers and the database is up-to-date.*	Management Curative/OIC Overseas Unit	100%

Lack of accounting and recording at the level of Regional Hospitals	Due to shortage of staff in Records section	*- The Regional Hospitals should keep a Register for Overseas Medical Board and the Medical Committee reports should be properly filed and serially numbered for each Financial Year.* *-The list of patients recorded in the Register for Overseas Medical Board can be cross verified with the Master Register kept at Overseas Treatment Unit to ensure the accuracy and completeness of records.* *- A copy of the Medical Committee Report and the Discharge Summary should be kept in the patient's file so as treating doctors have an overview of treatment received and also helps them in planning future treatment procedures.*	RHD /CIC Regional Hospitals	10%
Training Facilities-Medical Officers		*-The MOHW should make provision to benefit the training to be provided by overseas hospitals as this will reduce the cost of overseas treatment and enhance the expertise of medical staff.*	Management -Curative Unit	70%
No detail Rates for Treatment	Pricing details is being sought for new MOUs	*-The rates applicable for various types of treatment, including type of room for the patient, accompanying relative, food for both patients and accompanying relative should be mentioned in the MOUs so that the rates submitted could be checked for fairness and reasonableness prior to effect the payment.*	DPS/OIC Overseas Treatment Unit	100%

Source: Internal Control Unit, MOHW

3.1.2 IMPLEMENTATION PLAN TO ADDRESS SHORTCOMINGS IDENTIFIED IN AUDIT REPORT AND STATUS OF REMEDIAL ACTIONS (Extract)

Table VI: Implementation Plan to address shortcomings identified in Audit Reports and Status of Remedial Actions

Issues	DOA Comments	Proposed Measures/Action Taken	Units Responsible	Completion Status (%)
Inadequate Monitoring of the National Cancer Programme	The National Cancer Control Programme (NCCP) as advocated by the World Health Organisation (WHO) was not carried out in a sustained and effective manner by the Ministry. The Ministry prepared two NCCP covering period 2010-25. However, a gap was noted in period 2015-21, as no NCCP was prepared for that period, thus resulting in a disruption in the programme.	The Ministry acknowledges that a consolidated National Cancer Control Programme (NCCP) document was not issued for the period 2015–2021. However, cancer control activities were not discontinued during this period. Cancer services continued through: Integration of cancer care within the National Non-Communicable Diseases (NCD) Strategic Framework Expansion of oncology services at the National Cancer Centre (NCC) and regional hospitals Ongoing operation of the National Cancer Registry Introduction and continuation of screening programmes (breast and cervical cancer) Overseas treatment mechanisms for specialised cases Internationally, WHO recognises that NCCP implementation may occur through integrated NCD or health sector strategies during transition periods, especially in middle-income countries. The NCCP 2022–2025 was subsequently developed to re-consolidate and formalise cancer control strategies in line with WHO guidance.	Curative Section and NCC	100%

Consultant's recommendations not implemented (e-health)	Following a review made by a Consultant appointed by the UNDP in May 2023 to assess site readiness, various shortcomings were pointed out in a Final Recommendation Report submitted in January 2024. However, the following shortcomings were still not addressed by MoHW: ➢ Procurement of IT Equipment has still not yet been completed in October 2024. The percentage of workplaces having a personal computer ranged from 18.7 to 27.5. ➢ Electrical and associated works have still not started at the five Health Regions. ➢ Training of staff in office applications, information security and basic PC skills has not been carried out despite that the eHealth project would go live on 30 November 2024.	Procurement of IT equipment and electrical works have been mostly completed, while training of staff has been carried out and is ongoing by the consortium. Digital Health Support Officers (DHSO's) have been deployed across the various sites where e-Health is being implemented, and are assisting with the training of staff.	Responsible officers for E- Health	85%
Absence of Guideline regarding minimum waiting time for an angiography /Angioplasty	There is no general guideline with regard to the period for which a patient requiring an angiography/angioplasty has to be examined. During July 2023-July 2024, 3,885 patients underwent an angiography/angioplasty under emergency conditions and were not on waiting list. Also, 2,968 patients, who were on waiting list, underwent an angiography/angioplasty. These included 2,788 patients who waited up to six months, 162 patients who waited between 7 to 12 months and 18 who waited more than 12 months.	no angiography services are available at SAJ Hospital at present. All patients requiring angiography are sent to the cardiac Centre. Moreover, regarding guidelines, all Consultants-in-Charge need to meet up and prepare appropriate guidelines. CICs and interventional cardiologists should meet and set up guidelines on interventional cardiology as a whole. During July 2024-June 2025, 4,094 patients underwent an angiography/angioplasty under emergency conditions and were not on waiting list. Also, 3,324 patients, who were on waiting list, underwent an angiography/angioplasty. These included 3,260 patients who waited up to six months, 64 patients who waited between 7 to 12 months. During July 2025-June 2026, 4,006 patients underwent an angiography/angioplasty under emergency conditions and were not on waiting list. Also, 2,392 patients, who were on waiting list, underwent an angiography/angioplasty. These included 2,392 patients who waited up to six months.	Curative Section	100%

Absence of Risk Assessment of the Health Care System	The MoHW did not carry out a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the different units under its purview for effective prevention, detection and response to all public outbreak. A risk assessment was carried out at the point of entry (airport and seaport) between 30 July 2024 and 2 August 2024 by the World Health Organisation and International Civil Aviation Organisation in connection with the preparation of a National Health Emergency Response Operation Plan. However, as of November 2024, no report on the risk assessment exercise has yet been submitted. A Public Health Emergency Operations Centre (PHEOC) has not yet been established despite that the Africa Centre for Disease Control Eastern Regional Collaborating Centre allocated a budget of up to US4 500,000 to each Member State for the establishment/ strengthening of PHEOC. The clearance of the Prime Minister's Office was awaited since May 2024 for implementation of the National Action Plan for Health Security.	SWOT or equivalent analyses have been carried out as part of STAR and SPAR. Intra-action reviews were also done for the dengue outbreak. The CAPSCA report was submitted by the DCA after November 2024. PHEOC has been setup and is being operationalized phase-wise <u>Actions still required</u> The National Action Plan for Health Security is being reviewed. Based on WHO's Joint External Evaluation 2025, a new five-year NAPHS will be developed in 2026	Public Health Unit	60%
Public Health Act 1925 outdated	Infectious disease was regulated by the Public Health Act which was promulgated in 1925 and was not harmonised with the recent environmental laws, and international norms and legislations. In January 2021, the WHO Regional Office offered the services of a consultant to review the Public Health Act. However, the Ministry did not avail itself of these services.	The WHO was approached anew for consultancy services for the drafting of the legislation. Six proposals have been obtained. First draft of the Public Health Bill 2026 has been submitted by the consultant. A consultative meeting has been scheduled 22.05.26	Public Health Unit	60%
Poor Hygiene in Hospitals	During March and May 2024, the Squad Team and National Infection Prevention & Control (IPC) Focal Point of the Ministry observed various shortcomings in the 5 regional hospitals, as detailed below:	Training on environmental cleaning has been carried out by IPC teams. Isolation facilities New Souillac Hospital: Available Jeetoo: awaiting construction of partitions and toilets SSRNH: hospital already has its isolation facilities	Public Health Unit, IPC Focal Point and Hospital Admistrators	70%

	➢ There was an absence of terminal cleaning (thorough cleaning after use). ➢ The toilets were in poor state and there was inadequate provision of sanitizer. ➢ Ants, cockroaches, and other insects were found in wards. ➢ Patient tables were not clean, fungus was found growing on ceiling and poor management of wastes. ➢ Food was kept in dirty medication refrigerators. ➢ The bed linen was found filthy, stained, and murky. Bloodstained walls were seen at the casualty of Victoria Hospital (VH). ➢ At VH, it was observed that a patient infected with multi-drug-resistant organism was not properly isolated which may result in outbreaks in wards and another dengue patient was not under bed net. The IPC team revealed that multi-drug patients were not always isolated. ➢ Unhygienic pricking of pints. No corrective actions were seen to have been taken by the Ministry. Five causes of outbreak of the High-Priority Multi-Drug-Resistant Organisms at VH were due to: ➢ Non-compliance with isolation/contact precautions; ➢ Dirty ICU/Wards, Poor hand hygiene; ➢ Antibiotic abuse; and ➢ Unhygienic preparation of medications,	SAJH: awaiting construction of partitions and toilets; discussions on need for an isolation container are ongoing JNH: electrical works to be completed and amenities for isolation to be purchased by September 2026 VH: completed A standard operating procedure on how to stop unhygienic pricking of pints was written, approved and disseminated. Presence of unhygienic pricking is noted by IPC teams during visits and reported to the Regional IPC Committee. Antimicrobial stewardship teams have been set up in all hospitals and they have started training on how to stop abuse of antibiotics since 2024. <u>Actions still required</u> 1. Recruitment of more attendants in hospitals. 2.Complete the operationalisation of isolation facilities.		

	No isolation facility has been constructed although funds of Rs 5.96 million have been earmarked for the setting up same by the end of December 2023 at VH.			
Projects not yet materialised	The three projects under the first lease agreement were to be implemented on a Design, Finance, Build, Operate and Maintain model in a joint venture arrangement with private investors, as decided by the Government in year 2021. It was only in September 2022 that a Transaction Advisor was appointed. However, following winding up, the Transaction Advisor sent a notice of termination of contract in May 2023, Payment of Rs 8.5 million was made to the Transaction Advisor in financial year 2022-23. In June 2024, a new Transaction Advisor was appointed. The projects had not yet materialised despite the Ministry has already incurred a total cost of Rs 27.2 million in relation to lease payments and fees to the previous Transaction Advisor.	1.The New Eye Hospital has already been implemented at a new site at Reduit Triangle and is operational since Nov 2025. – 100% 2. The Ayush Hospital is currently at Design Stage. The Ministry is awaiting the Detailed Project Report from HSCC (India) Ltd. The tender for the Geo technical Investigations was launched and the award of contract is awaited. Fund has been allocated in the current budget for the appointment of a consultant for preparation of a Detail Project Report 3. As regards the NHLS Project, the Ministry of Finance (MOF) has informed that a funding agency is willing to finance the project. A reply is awaited from the MOF. • Fund has been allocated in the current budget for the appointment of a consultant for preparation of a Detail Project Report. A Draft ToR for the appointment of a consultant is under preparation. 4. The New Warehouse Project is in the pipeline. • The Ministry is considering anew to undertake the project for a Medical Warehouse under the Public-Private Partnership. A meeting was held with the Ministry of Finance and the Transaction Adviser for a revised Project Review Report.	Project Implementation Unit	Eye Hospital – Q4 100% Ayush Hospital – 20% NHLS – 5% Warehouse-5%
Expired Pharmaceutical Items	During the financial year 2023-24, 157 pharmaceutical items totalling Rs 31.2 million had expired at the Central Supplies Division (CSD) and the 4 Regional Hospitals. Information regarding expired items at the Sir Anerood Jugnauth Hospital, community health centres and area health centres were not available.	The average monthly consumption trend, any outstanding orders and ongoing procurement exercises are taken into account while compiling the annual requirements. Regional Pharmacy Technicians, responsible for the follow up at catchment areas/ Mediclinics/ AHCs/CHCs have been requested to closely monitor consumption trends at Health Centres and vet annual requirements before final submission to the Pharmacists, Regional Hospitals and CSD.	Pharmaceutical Section	100%

	Expired items arose as there were significant differences between annual requirements and actual usage at the regional hospitals levels. According to a sample of 6 items examined.	Subsequently, these figures are reviewed and finalised in the Committee of Needs as, besides average monthly consumption, inputs of clinical experts/ Consultants in Charge are also taken into consideration with regards to disease morbidity and treatment protocol. Challenges such as change in treatment protocol (example – cancer drugs), exist, and may drastically affect trend of use. Although it is very difficult to eliminate wastage due to expiry entirely, every effort is being made to contain wastage to a decent level. As per WHO, wastage due to expiry is generally acceptable when it is less than 2 % of the annual consumption. Action taken to curb down wastage are as follows: 1. A list of drugs nearing expiry dates is circulated to hospitals to the attention of Pharmacist/Senior Pharmacists and RHDs to maximize use wherever possible to prevent wastage. 2. Drugs nearing expiry dates in catchment areas are redistributed to other health centres to reduce wastage and this task is being monitored by Regional Pharmacy Technicians. 3. To prevent expiry of drugs officers have been requested to ensure that FEFO rule is strictly applied both at CSD and hospital level. 4. The EIMS can now indicate re-order level for all the items. However, timely inputs should be ensured at all levels. Moreover, the following existing requirements of our bidding documents aim at minimising wastages due to expiry: (i). Products should have a minimum remaining shelf life of 75 % of total shelf life at the time of delivery. (ii). Shelf life of product less than 75 % is only accepted when the supplier undertakes to replace any unused stock at the time of expiry. Large volume items are delivered in 2-3 consignments to extend shelf life of the product thus minimising wastage due to expiry.		

Electronic Inventory Management System not optimally used	Optimum use of EIMS was not being made. Information such as maximum/minimum stock and reorder levels were still not fed into the system to improve stock management. This resulted in procurements being made when stocks were already depleted. For example, for Spiramycin 1.5 mu tab, Chloroxylenol Cream 0.3% (Box of 500 gm) and Metoprolol 5mg/5ml IV injection, no stock was available at the CSD for more than 14 months before replenishment of stock.	At the Central Supplies Division (CSD), inputs of maximum/minimum stock and reorder levels have already been made on EIMS. As for hospital level, at the request of the Pharmacy Directorate, training sessions have been organised and carried out by the Ministry of Finance in July 2025 for different groups of pharmacy staff at hospital level, namely, Pharmacists, Pharmacy Store Managers and Senior Pharmacy Technicians for them to implement the minimum, maximum reorder level. As at now, these have already been implemented at hospital level. It is to be noted that, due to acute shortage of staff in the grade of Procurement and Supply Cadres, inputs on EIMS were being delayed. Since mid-August 2025 entries on EIMS are being done by Pharmacy Technician Cadres as a helping hand to Procurement and Supply Cadres. 10 MSOs are providing assistance for updating the EIMs <u>Actions still required</u> There are several vacancies in the Procurement and Supply cadre, impacting negatively on the smooth running of the different sections. Effectiveness of maximum/minimum stock and reorder levels is dependent on real- time inventory level. However, inputs for real-time stock level is not achievable due to shortage of staff and lack of hardware and connectivity to EIMS in the CHCs and Dispensaries.	Pharmaceutical Section	80%
Overtime payments in excess of salary by more than 100 per cent	Some 39 grades benefitted from overtime during the financial year 2023-24. Overtime paid to 5 grades accounted for 70 per cent of total overtime disbursed Out of 50 cases of overtime payment for the 5 grades, 20 cases were noted where overtime exceeded the monthly salary by more than 100 per cent and in 2 cases by more than 200 per cent. In respect of the grade of Ward Assistants, 131 were posted at the Brown Sequard Hospital (BSH), for which an amount of Rs 37.9 million was paid as overtime.	Prior approval is now being sought with full justifications. Approval is conveyed for a period not exceeding 6 months. Circulars on Monitoring of overtime issued on 19 Sept 2024, 14 Mar 25 & 16 July 25. Instructions given to Heads of section to monitor overtime. Needful being done to fill funded vacancies on a fast-track basis including employment on contract Moreover, actions are being taken to improve efficiency and reduce overtime, as far as possible	All Manager Human Resources	100%

Risk Management Framework	In December 2021, the Ministry of Finance, Economic Planning and Development (MoFEPD) issued a circular for the establishment a Risk Management Framework (RMF) within each Ministry. To support this initiative, MoFEPD developed guidelines and established a dedicated team within the Internal Control Cadre to assist Ministries/ Departments in the development and implementation of the RMF. Two RMF meetings and 5 brainstorming sessions were conducted during financial year 2023-24. However, as of November 2024, the RMF for MoI-IW was not prepared. ■ In view of the scope of works of MoHW and the complexities of the different activities and tasks, the Ministry, at its second RMF meeting on 29 May 2024, agreed to have an external consultant to assist in the preparation of the RMF. It was only on 5 November 2024, that is 6 months after, that a request was made to MoFEPD to delegate an external consultant. ■ As of November 2024, a signed Risk Management Policy approved by the Accounting Officer and a Risk Management Register as per the guideline were still outstanding. **Root Cause** The Accounting Officer did not initiate timely action for the implementation of the RMF. **Recommendation** The Accounting Officer should expedite the process for the preparation of the RMF.	The Risk Management Committee was reconstituted in September 2025 with the guidance of the Internal Control Unit at the Ministry. Several meetings were held with all stakeholders including Regional Health Directors of Hospitals. In view of the complexity of the Framework related to hospital environment, it is deemed reasonable that the process of risk identification and finding mitigated solutions in an array of risk areas that exist in hospital set up operating on a 24/7 basis would rest on a time span of significant duration. In spite of the latent advancement during the past few months, the process has now gained momentum and now is at validation stage. This would ensure that the Risk Register is robust and fully aligned with the Ministry's governance and risk management objectives. Much progress is also expected to be visible in the forthcoming months regarding the overall implementation of the Framework.	All relevant sections	50%

Government Assets Register	A meeting was held on 23 September 2025 with all regional hospitals regarding the filling of the GAR. It was noted that the transfer of staff, lack of human resource, no training and old equipment have hampered the comprehensive filling of the GAR. A training session was held on 26 September 2025 with all regions and officers have been instructed to fill the GAR.A Government Asset Register (GAR) was introduced in July 2017 following the issue of a Treasury Circular by the Accountant General. The purpose of the GAR is to create a central database of assets owned by the Government. ■ The Ministry did not comprehensively fill the GAR. ■ As per the Treasury Circular, Supervising Officers were requested to draw up a proper plan for the recording of assets in GAR. Although previously reported in paragraph 20.14 of the Audit Report for financial year 2022-23, no such plan for the recording of assets was seen at MoHW as November 2024. ■ The GAR Detail Asset Register Report and a list of all assets purchased in the financial year 2023-24 were not provided for audit purpose. Despite a training held on 10 July 2024 for GAR Users on how to process the Non-Financial Assets transactions and a reminder sent on 1 1 July 2024 by the Treasury. The Ministry did not process the 30 Non-Financial Asset transactions (NFAs) and 26 partly processed NFAs as from July 2022 in GAR. ■ Signed GAR Asset book reconciliation form was not sent to the Treasury, resulting in all assets purchased for financial year 2023-24 not being posted in the GAR.	A meeting was held on 23 September 2025 with all regional hospitals regarding the filling of the GAR. It was noted that the transfer of staff, lack of human resource, no training and old equipment have hampered the comprehensive filling of the GAR. A training session was held on 26 September 2025 with all regions and officers have been instructed to fill the GAR. <u>Actions still required</u> Provision of Computer Sets to Jeetoo Hospital, and Victoria Hospital Posting of additional support staff is needed to fill the GAR	Accommodation Unit	35%

	■ As per the mail dated 29 November 2024, The Treasury informed the National Audit Office that MoHW had 1,289 unprocessed NFAs and 1,039 partly processed NFAs in the GAR as of 30 June 2024, for Rs 3.05 billion and Rs 37.18 million, respectively.			
Reduce Prevalence of Non-Communicable Diseases	The MoHW targeted to implement 45 per cent of the National NCI) Plan 2023-2028 in financial year 2023-24. The National Integrated NCI) Action Plan and the National Service Framework for NCDs 2023-2028 were launched on 5th September 2023. The Multi-Sectoral Committee was set up to ensure proper coordination, monitoring and implementation of the National NCI) Plan, For financial year 2023-24, Mol-IW achieved only 20 per cent of the NCI) Plan.	• For advocacy, the International Advisory Committee (IAC) has been set up in October 2025 on Non-Communicable Diseases. The recommendations of the IAC have been approved by Cabinet and the recommendations will be implemented in a phased manner. • An International Conference for addressing crisis on NCDs was organised in October 2025 • An Obesity Action Acceleration Roadmap was approved and launched in September 2025 involving multi-sectoral stakeholders. • Six Sub-Committees have been set up to implement the NCD Action Plan. • Health Information Education and Communication materials are being continuously developed for healthy lifestyle and prevention of NCDs (3 pamphlets on Tobacco, 1 booklet on 'Malbouffe', 1 pamphlet for pre-diabetes on healthy eating). • A mass media campaign in collaboration with Metro Express Limited was carried out in December 2024 to January 2025 on healthy lifestyle. • An agreement has been signed and officially launched by the Ministry with the Food and Agricultural Organisation (FAO) under the Technical Cooperation Programme (TCP) in September 2025 to support a national awareness campaign to address obesity in Mauritius for the age group 12 to 19 years and for the development a Food System Based Dietary Guideline. The FAO would be providing assistance of USD 300,000. • The following have been regulated and made mandatory as per the Food Regulations 2024: (i) salt content of the commonly consumed bread, (ii) Nutrient Declaration in pre packaged foods (iii) Trans fatty acid level permitted in foods (iv) Foods and beverages allowed for sale in all educational institutions Policy on taxation of sugar sweetened beverages and certain foods in place	NCD and Health Promotion Unit	50%

		• Implement the WHO recommendations on the marketing of the foods and non-alcoholic beverages to children. Development in process. • Physical activity sessions in communities have been increased. • Review of the tobacco regulations have been completed in compliance with the WHO FCTC and Protocol to Eliminate Illicit Trade in tobacco products. • Multiple trainings have been organised for Enforcement Officers on tobacco regulations and for Health Workers on tobacco cessation services. • Existing Treatment cascades for major NCDs are being reviewed and amended. • Moreover, a Diabetes Prevention Programme (Path to Remission and Pre-Diabetes Clinic) has been initiated. • Diabetes centres in regional hospitals are being set up. Dr. A.G. Jeetoo Hospital already operational. • Retinal screening and foot care services are being strengthened with eight (8) Retinal screening clinics and eleven (11) foot care clinics nation- wide including in the primary healthcare facilities. • New Diabetes Drugs namely Vildagliptin and dapagliflozin have been introduced. • Boys were included in HPV Vaccination. The age was increased from 9 to 15 years. 28,745 boys and girls were vaccinated in 2024 and 2025. • 25,626 screenings for breast cancer have been carried out from 2023 till date by HPU. 19,860 cervical cancer screenings for women aged 25 to 65 years have been carried out from 2023 till date by HPU and PHC, out of which 244 women have been referred for atypical changes and precancerous lesions. • Decentralisation of specialist clinics including physician and endocrinologist has been implemented in the primary health care centres. • A registry for cardiovascular diseases has been established.		

Digitalise health services through and effective e-Health System	Although the percentage of public health facilities covered with e-Health was targeted at 30 per cent, the Ministry achieved only 5 per cent, The e-Health system was planned to go live on 30 November 2024. However, the project was still at the Software Requirement Specifications for different modules at time of audit. Recommendations Set up a Monitoring Committee at the level of the Ministry to ensure that KPI and outcome indicators are achieved.	The pilot phase e health was successfully launched in August 2025 at SAJ Hospital in Flacq. Since then, e-health has been implemented at various other health facilities, including the NCC, ENT and SBEH. Interministerial steering committee meetings with all stakeholders are being held on a regular basis to monitor the implementation of the project. The system will be progressively scaled up across all hospitals and health centres, with full implementation targeted by the end of 2027.	Digital Health Office	40%

Source: Audit Committee & Internal Control Unit, MOH

3.1.3 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 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 SCE as Chairperson and members comprising the administrative cadres, the Ag. Director General Health Services, the Directors, Health Services, officers-in-charge, amongst others.

Table VII: Implementation of measures in the Government Programme 2025-2029

Para. No.	Measures	Status as at June 2026
49 (ii)	Government will take immediate measures to remedy the lack of investment in critical aspects of healthcare including the poor state of medical facilities	(i) Setting up of Renal Transplant Unit at JNH - Project completed and inaugurated on 10 April 2026. (ii) Extension and Renovation of the Pharmacy at J.Nehru Hospital - Works Ongoing (99% completed). (iii)Construction of Curepipe AHC: Completed (iv) Construction of New Soulliac Health Office completed
50 (ii) (b)	Expansion of dedicated healthcare services for the elderly;	(i) Early dementia diagnosis clinics extended to cover all five regions (ii)ICOPE screening started in July 2025 and is currently ongoing
50 (ii) (c)	Modernisation of eye care services and ensuring accessibility to advanced ophthalmic treatments;	New Eye Hospital is operational since November 2025.
51 (x)	A full-fledged and functional Renal Transplant Unit will be set up to provide a sustainable and life-saving alternative to dialysis.	As at now 16 operations have been completed sucessfully in collaboration with foreign doctors

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.	As at 31 August 2026, the eHealth system has been rolled out to 44 healthcare facilities across Mauritius, including 32 facilities in Region 3, 7 in Region 4, 3 in Region 5 and 2 in Region 1. Region 3 is fully onboarded, while rollout is progressively continuing in the other regions.
51 (vi)	To cater for our elderly, geriatric healthcare facilities will be introduced in all five regional hospitals.	8 Male and Female Acute Care of Elderly Wards have already been designed, launched and operationalised at Sir Seewoosagur Ramgoolam National Hospital, Sir Anerood Jugnauth Hospital and Victoria Hospital, by July 2026.
51 (vii)	Government will establish a diabetes centre in all regional hospitals.	Diabetics Centres already established in all five health regions, providing integrated diabetes and vascular services under one roof. namely at Dr A.G. Jeetoo hospital, Triolet Mediclinic, Sir Anerood Jugnauth Hospital, New Grove AHC (Aug 2026) and Floreal Mediclinic
51 (ix)	Cancer care will be strengthened with the setting up of dedicated operating theatres for cancer surgeries and the integration of palliative care services.	Dedicated operating theatres for cancer surgeries has been established and palliative care services integrated at the National Cancer Centre, enhancing comprehensive cancer treatment services.

Note: For the remaining measures outlined in the Government Programme 2025-2029, relevant activities have been identified and are being planned for implementation.

Source: Planning, Finance and International Cooperation Unit, MOHW

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.

A meeting was held on 23 September 2025 with all regional hospitals regarding the filling of the GAR. It was noted that the transfer of staff, lack of human resource, no training and old equipment have hampered the comprehensive filling of the GAR.

A training session was held on 26 September 2025 with all regions and officers have been instructed to fill the GAR. 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 2025-2026

Table VIII: Status on the Implementation of Key Actions 2025-2026

Programmes	Outcomes	Indicators	2025/26 Target	2025/26 (Provisional)	Achievement as at 30 June 2026	Remarks
0801: Policy and Strategy for Health Sector	Improved health sector governance and services	Universal Health Coverage - Service Coverage Index (Score)*	68	75	75 (2025)	Progress in the health sector is evidenced by the UHC index, where Mauritius obtained a score of 75 in 2023 as reported in the World Health Organization (WHO) and World Bank's 2025 Global Monitoring Report (latest report available).
		Percentage of complaints from patients attended to within 1 month	80%	90%	90%	
0802: Community and Preventive Healthcare	A healthy population	Life expectancy at birth (Years)	73.5	73.8	74.1	

**Universal Health Coverage - Service Coverage Index is published by World Health Organisation (worst 0 - 100 best).*

Programmes	Outcomes	Indicators	2025/26 Target	2025/26 (Provisional)	Achievement as at 30 June 2026	Remarks
0803: Public Hospital and Specialised Medical Care	Enhanced quality of medical care and patient outcomes	Percentage of patients reporting satisfaction with public healthcare services	67%	60%	46%	The survey results may not be considered fully representative, as only 186 patients participated in the survey out of approximately 800,000 patients who attended public hospitals during the relevant period. In this regard, the Ministry of Health and Wellness is currently exploring options to revamp the survey exercise with a view to increasing patient participation and obtaining a more representative assessment of patients' experiences and satisfaction with health services.

0804: Public Health and Disease Control	Increased resilience to emerging health threats	International Health Regulations (IHR) Core Capacity Index (Score)**	50	45	45	The Score has been worked out in December 2025 and is valid up to December 2026
	Zero new cases of HIV/AIDS	HIV positivity rate (Per 1,000 people tested)	5	5	4.7	

***International Health Regulations Core Capacity Index is published by World Health Organisation. Score relates to implementation rate of IHR and is determined through the e-State Party Annual Report on IHR (worst 0 - 100 best).*

Programme 0801: Policy and Strategy for Health Sector					
Accounting Officer: Senior Chief Executive					
Outcome: Improved health sector governance and services					
Main Service/Delivery Unit	**Key Performance Indicator**	**2025/26 Target**	**2025/26 (Provisional)**	**Achievement as at 30 June 2026**	**Remarks**
Develop policies, legislation and protocols to guide the delivery of healthcare services ***Office of the Senior Chief Executive***	New Public Health Bill finalised	May-26	-	In Progress	The first draft already submitted by the consultant. Cabinet approval will be sought for drafting instruction by **December 2026**
	Policy on Family Doctor Scheme finalised	Mar-26	-	In Progress	Draft scheme already worked out and will be finalised by **November 2026**
Digitalise health services ***Digital Health Co. Ltd***	Percentage of regional hospitals connected to the e-Health system (Phase 1)	20%	30%	20%	Only SAJ hospital connected to e-health system. Works still ongoing for the other 4 regional hospitals

Ensure health workforce are effectively delivering required treatment and care ***Office of the Senior Chief Executive***	Number of clinical audits undertaken to gauge adherence to clinical guidelines and care protocols	2	2	4	1. Point Prevalence Survey Antimicrobial Stewardship 2. National Antimicrobial Stewardship Visit 3. Review of Leptospirose deaths 4. National Infection Prevention and Control Visit

Programme 0802: Community and Preventive Healthcare

Accounting Officer: Senior Chief Executive					
Outcome: A healthy population					
Main Service/Delivery Unit	**Key Performance Indicator**	**2025/26 Target**	**2025/26 (Provisional)**	**Achievement as at 30 June 2026**	**Remarks**
Health education, immunisation and primary healthcare services at community level ***Communicable Disease Control Unit***	Percentage of children under 1 year who receive the full series of vaccines	85%	86.5%	88.80%	Out of 11,543 children under 1 year, 10,251 received full series of vaccines.
Prevention, treatment and management of NCDs ***NCD, Health Promotion and Research Unit***	Mortality due to main NCDs among 30-70 years old (SDGs) per 100,000 population (Premature deaths due to NCDs)	575	585	587	
	Percentage of secondary school students of Grades 7, 9 and 12 who are overweight/obese	25%	26.7%	23.30%	

Programme 0803: Public Hospital and Specialised Medical Care

Accounting Officer: Senior Chief Executive					
Outcome: Enhanced quality of medical care and patient outcomes					
Main Service/Delivery Unit	**Key Performance Indicator**	**2025/26 Target**	**2025/26 (Provisional)**	**Achievement as at 30 June 2026**	**Remarks**
General medical treatment and care ***Regional and Community Hospitals***	Average length of stay in hospitals (Days)	4.9	5.1	5.1	
Specialised medical treatment and long-term patient management ***Specialised Hospitals***	Average waiting time (Weeks) for: (i) specialist consultations (ii) eye surgery (iii) cardiac interventions	3.5 10 12	3 9.3 11.4	2.7 11.3 14.5	(ii) Foreign Team started eye surgeries as from June 2026 (iii) Angiography machine out of order at Dr A G Jeetoo Hosp as from May 2026
	Percentage of mental health patients not re-admitted within 3 months of discharge	77%	75.8%	78.2%	
	Age-standardised mortality rate for cancer patients (Per 100,000 population)	76.0	75.8	72.2	

Programme 0804: Public Health and Disease Control

Accounting Officer: Senior Chief Executive					
Outcomes: **(i) Increased resilience to emerging health threats** **(ii) Zero new cases of HIV/AIDS**					
Main Service/Delivery Unit	**Key Performance Indicator**	**2025/26 Target**	**2025/26 (Provisional)**	**Achievement as at 30 June 2026**	**Remarks**
Detection and response to infectious/vector borne diseases ***Communicable Disease Control Unit***	Average time between the detection of a health emergency and the deployment of response measures (Hours)	24	24	24	
Prevention and treatment of HIV/AIDS ***HIV, AIDS and Harm Reduction Unit***	Adherence rate to Antiretroviral (ARV) Drugs	75%	75.4%	76.0%	
Treatment of substance abusers ***HIV, AIDS and Harm Reduction Unit***	Percentage decrease in relapse rate amongst those under the Methadone Substitution Therapy	10%		5%	Services of 4 psychologist were enlisted on contract and costs were met by Global Fund up to December 2025. Since no funds were available, the contracts were subsequently terminated. Funds has been provided under Budget 2026-2027 for recruitment. Vacancies have been reported to PSC.

Source: Planning, Finance and International Cooperation Unit, MOHW

3.4 STATUS ON THE IMPLEMENTATION OF BUDGET MEASURES 2025-2026 (Extract)

Table IX: Status on the Implementation of Budget Measures 2025-2026

Para. No.	MEASURE	Milestone
Annex to Budget Speech		
12(a)	(a) The Food Act will be amended to cater for onsite testing to ensure better food safety through a drastic reduction in the time taken for preliminary testing of food products, water or environment for contaminants.	Completed
12(b)	(b) A discharge summary will be issued for in-patients which will contain, inter-alia, - (i) a clear summary of the diagnosis and treatment received; (ii) information on medications prescribed; (iii) details of any procedures or tests performed; and (iv) structured follow-up care plan, including appointments and warning signs to watch, and contact details for queries and emergencies.	E-Health is partly implemented at SAJ Hospital. It is expected to be operational in 4 regional hospitals by end of this year.
12(d)	(d) The current School Health Programme will be revamped to identify children with high health risks such as obesity and pre-diabetes, and to enter them into the "Path to Remission Programme". 4. Subscribe children to the path to remission program with personalised diets and activities and close monitoring	Ministry of Health and Wellness is working in close collaboration with the Ministry of Education on the subscription exercise
12(e)	(e) A Patient Facilitation Desk will be set up in all hospitals with trained "patient navigators" to help patients with registration, appointment scheduling, and follow-up care.	Implemented at Sir Anerood Jugnauth and Sir Seewoosagur Ramgoolam National Hospital. In progress in the 3 other regional hospitals.
12(h)	(h) 5 diabetes centres will be set up in regional hospitals in a phased manner where individuals can get access to specialist doctors, specialised nurses, and dietitians, and tailored help with diet and lifestyle changes.	Being Implemented
12(k)	(k) Colon cancer screening will be carried out, especially for persons aged 50 years and above.	Screening Programme has begun at Dr. A. G. Jeetoo Hospital. Expansion to other health regions is under process. Qualified staffing is a challenge.
Budget Speech		
137 (i)	The outdated health legislation which dates back to 1925 will be reviewed.	Preliminary consultation with stakeholders has been completed and drafting of the revised Public Health Bill is under process.

145	Setting up of a National Health Quality Commission to secure strong and effective quality control.	The Ministry is working in collaboration with WHO find a consultant to do a situational analysis which will help to draft the bill.
148	Application of digital health solutions, including electronic health records, telemedicine, and e-prescriptions to improve efficiency and access.	Successfully implemented at Sir Anerood Jugnauth Hospital and is being gradually rolled out in all hospitals.

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 2025-2026 Budget, has continued to prioritize strategic investments in the public health sector with a view to improve service delivery. The voted budget for 2025-2026 amounted to Rs 18.5 billion.

Over the past seven years, the net spending on health has increased by nearly 43% from Rs 12.95 billion in FY 2019/2020 to Rs 18.5 billion in 2025-2026. Government Expenditure on Health as a % of GDP for the reporting period was nearly 2.5% and Per Capita Government Expenditure on Health for Financial Year 2025-2026 was Rs 14,866, reflecting the Government commitment to enhancing healthcare services, infrastructure upgrades, digital health solutions and preventive healthcare programs.

4.1.1 STATEMENT OF EXPENDITURE

Table X: Statement of Expenditure

		2025-2026	2025-2026
		Revised Estimates	**Actual**
HEALTH AND WELLNESS			
	0801- Policy & Strategy for Health Sector	**1,205,234,700**	**1,129,339,522**
20	Allowance to Minister	2,400,000	2,400,000
21	Comp of Employees	338,417,700	337,336,060
22	Goods & services	173,540,000	170,891,380
25	Subsidies	630,000	626,379
26	Grants	61,527,000	42,013,460
27	Social Benefits	432,000,000	400,777,208
28	Other Expenses	3,520,000	3,519,600
31	Acquisition of Non-FinancialAssets	193,200,000	171,775,435
		1,205,234,700	**1,129,339,522**
	0802: Community and Preventive Healthcare	**1,685,973,000**	**1,618,177,713**
21	Comp of Employees	955,373,000	937,502,098
22	Goods & services	511,827,787	499,366,871
31	Acquisition of Non-FinancialAssets	218,772,213	181,308,744
		1,685,973,000	**1,618,177,713**
	0803: Public Hospital and Specialised Medical Care	**15,381,113,300**	**15,155,327,166**
21	Comp of Employees	10,060,625,000	10,022,001,126

22	Goods & services	3,982,088,300	3,916,837,573
26	Grants	433,000,000	429,123,527
31	Acquisition of Non-FinancialAssets	905,400,000	787,364,940
		15,381,113,300	**15,155,327,166**
	0804: Public Health and Disease Control	**227,679,000**	**151,596,865**
21	Comp of Employees	26,500,000	24,466,986
22	Goods & services	193,179,000	122,402,632
31	Acquisition of Non-FinancialAssets	8,000,000	4,727,247
		227,679,000	**151,596,865**
TOTAL		**18,500,000,000**	**18,054,441,266**

Source: Finance Section, MOHW

Analysis of Changes

Healthcare costs in Mauritius are increasing, driven primarily by the country's dependence on imported pharmaceuticals, vaccines, medical consumables, and equipment. Several external factors have contributed to escalating healthcare costs, including the depreciation of the Mauritian Rupee against the US Dollar, coupled with a high inflation rate. Delays in recruitment and understaffing at different levels have also led to an upsurge of overtime payments in the public health sector. The National Audit Report has highlighted areas of concern including, resource wastage, weaknesses in procurement and under-utilisation of medical equipment.

In this line, to ensure improved accountability and efficient use of public funds, Government has re-introduced the Performance-Based Budgeting (PBB) across sectors, including health. By linking funding allocations to measurable outputs and outcomes, PBB is expected to enhance efficiency, promote transparency, and support more results-driven planning within the MOHW. The MOHW is also adopting strategies to control costs, improve procurement transparency, and explore innovative financing to ensure healthcare remains within reach for all.

4.1.2 STATEMENT OF REVENUE

Table XI: Statement of Revenue

SN	Description	Actual 2025/2026
1	Central Health Laboratory Fees	**16,456,850**
2	Collection from GAD	**1,271,600**
3	Entertainment Fees	**10,500**
4	Food Handlers Training Course	**3,565,000**
5	Forfeiture of Performance Security	**4,160,058**
6	Deratting Fees	**5,445,550**
7	Import Permit	**2,230,000**
8	Licence to run Private Hospital	**2,421,500**
9	Medical Report	**764,250**
10	Miscellaneous Revenue	**12,444,001**
11	Pharmacy Licences	**1,550,350**
12	Refund of Bond	**679,158**
13	Registration of Pharmaceutical Products	**10,884,500**
14	Sale of Drugs to the Public	**1,166,087**
15	Sale of Drug Pads	**469,739**
16	Stand by Ambulance	**11,000**
17	Vaccination Fees	**26,048,676**
Total		**89,578,819**

Source: Finance Section, MOHW

PART V

WAY FORWARD

5.1 CHALLENGES, PRIORITIES AND THE WAY FORWARD

Government, as in preceding years, stood guided by one sole objective that is, putting the health and wellness of our citizens as top priority. Thus, actions will be planned to ensure accessibility and affordability to quality health care services from primary to specialized care to the population, regardless of income, gender, race and religion.

Altogether, the public health sector requires constant development to meet rising expectations. The MOHW is called upon to sustain progress made in the public health sector, address the challenges and thrive for a better and more resilient future for the sector. Thus, the Ministry has to keep pace with new health technologies, implement its strategic directions and actions as approved by Government and also continue investing in the health workforce and health infrastructure.

Areas of priorities as mainly identified in Budget 2026-2027, *inter-alia,* include the following:

- **Human Resources for Health**

Addressing staff shortages remains crucial to meeting growing service demands. In this context, the Ministry plans to recruit 2,220[4] medical and paramedical personnel amongst others to ease pressure on staff, improve patients' safety and reduce waiting times. 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. The MOHW will invest in specialised training in anaesthesia, critical care, radiology, emergency medicine and other priority fields.

In order to build a stronger and more resilient public health service for the future, a transformative measure will be the introduction of a Visiting Doctor Scheme to allow international high calibre consultants/ specialists to work in our public healthcare services in scarcity fields, thus avoiding the need to send patients abroad for treatment, lest absolutely necessary. In this regard, 40 million has been earmarked in the Budget for FY 2026-2027 to bring internationally recognised specialists into our hospitals to deliver advanced treatment, and transfer expertise to our local health professional.

Such investments aim to reduce staff gaps, guarantee continuity of care, and enable succession planning in critical areas of service delivery.

- **Legislative Reforms and Governance**

A major challenge lies in the outdated legislative framework, which hinders efficient service delivery. In the remedial, the review of the health legislation dating back to 1925 will continue with a view to aligning it with current health realities, international standards, and emerging health threats.

Government will also be reforming hospital governance through the regional health advisory board with patient representatives and professional hospital managers to strengthen efficiency, accountability and customer care while allowing doctors to focus on clinical leadership and patient care.

Government will also focus 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.

[4] Based on Hansard Unrevised Debate No 18 of 2026 (25 June 2026)

- **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.

Government has taken decisive actions to further address NCDS and their risk factors. Different commendable measures that have been announced in the recent budget, which are in line with our international commitments including Target 3.4 under Sustainable Development Goal 3 which aims to "Reduce by one third premature mortality from non-communicable diseases through prevention and treatment by 2030", include:

- A regional hub for the treatment of obesity, diabetes and cardiovascular disease in the form of a Centre of Excellence in Cardiometabolic Care and Research will be established.
- An interventional neuroradiology service for acute stroke and aneurysm.
- A national programme to promote healthy nutrition, physical activity, stress management from childhood through older age.
- Investment of Rs 40 million in order to re-engineer Diabetes Prevention and Treatment.

- **Public Health Security and Preparedness and Communicable Diseases**

Mauritius continues to face gaps in the implementation of the International Health Regulations (2005), as reflected by an IHR Core Capacity Index of 45 (worst 0, best 100) under State Party Self-Assessment Annual Report (SPAR). In order to systematically address health security gaps for the country, a Joint External Evaluation (JEE) was conducted in November 2025. Subsequently, it is planned to undertake a Strategic Tool for Assessing Risks (STAR) exercise in the next FY.

Building on the findings of the JEE, SPAR and STAR, Mauritius will initiate the development of its National Action Plan for Health Security (NAPHS) in FY 2026-2027. The NAPHS will translate identified gaps and priorities into costed and time-bound interventions for implementation. Progressive implementation of these actions is expected to strengthen national health security capacities and improve Mauritius' IHR core capacity performance over time.

Moreover, sustained administrative support, adequate resources, and the protection of dedicated technical capacity will be essential to further strengthen the Communicable Disease Control Unit's ability to meet its expanding national public health responsibilities. For the upcoming year, strategic goals will focus on further capacity building on disease surveillance and implementation of the real-time early warning system to address re/emerging public health threats. Further operationalization of the Public Health Emergency Operations Centre (PHEOC) will also be undertaken.

- **Advancements in health Infrastructure, Procurement and Logistics**

Infrastructure and Equipment - 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.

A capital budget of Rs 1.54 billion has been allocated to the MOHW to support the modernizing of the health infrastructure at both hospital and primary healthcare levels during the FY 2026-2027. The construction of a new Sir Seewoosagur Ramgoolam Hospital with research facilities

at Pamplemousses and a new National Health Laboratory at Cote d'Or is being envisaged. The new laboratory is going to 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.

A new dialysis unit will be established at the ENT Hospital. The facility will be equipped with 20 dialysis machines and will cater for approximately 120 dialysis patients from the region. This project will further decentralise dialysis services and reduce travel time and congestion at VH.

Mauritius will start the construction of Africa's first AYUSH Centre of Excellence[5]. The establishment of this Centre will aim at integrating Ayurveda, yoga and complementary care within a scientific, ethical and properly regulated framework, particularly for prevention and lifestyle related diseases. The centre will bring clinical care, training, research under one roof, including 100 beds hospital, panchakarma and diagnostic services, out-patient care, physiotherapy, dedicated facilities for yoga and meditation. It will also provide education, quality testing, reference services for complex Ayurvedic treatment developed as a modern, accessible and environmentally sustainable institution. The centre will expand preventive and holistic care for Mauritians while positioning Mauritius as a regional health for AYUSH training, research and wellness.

Procurement - This Ministry will be participating in the second exercise of the Small Islands Developing States (SIDS) Pooled Procurement Program. Side by side, it will also explore other regional initiatives such as SADC Pooled Procurement Services to enable Mauritius to benefit from economies of scale.

Logistics - As recommended by the National Audit Office and the Office of the Public Sector Governance, the operations of the Ministry's Department of Operations Support Services (DOSS) will be improved to reflect efficiency and transparency. Bulk procurement of spare parts will be carried out at Headquarters, an expression of interest will be launched to enlist competent garages for repairs, a Standard Operating Procedure will be developed to guide the operations of the department. The timely acquisition of vehicles for the transport of patients will also be closely monitored to ensure that funds made available are more judiciously used.

Health through the Life course Approach

The foundation for health and well-being throughout the life course is being laid through the necessary provision of maternal, neonatal and child health services.

During FY 2026/2027, the MOHW will focus on implementing the Comprehensive Abortion Care Policy, finalising and operationalising the Maternal, Infant and Young Child Feeding Policy, launching the Sexual and Reproductive Health website, expanding Comprehensive Sexuality Education through digital learning platforms, implementing the Preconception Care Programme in Rodrigues, strengthening breastfeeding support services and implementing recommendations arising from the National Sexual and Reproductive Health Needs Assessment.

The Health Information, Education and Communication (IEC) Unit will continue to strengthen integrated health communication through greater utilization of digital technologies, social media and innovative communication approaches. Efforts will focus on expanding community partnerships, enhancing evidence- based health promotion interventions and improving monitoring and evaluation of communication activities. Capacity building of health educators, continuous review of IEC materials and stronger intersectoral collaboration will remain key

[5] Based on Hansard Unrevised Debate No 18 of 2026 (25 June 2026)

priorities to support national public health objectives and improve population health outcomes at all age. The Ministry also envisages to undertake prevention into action through a national health literacy programme in schools.

Moreover, one wing of Old Flacq Hospital will be converted into a rehabilitation centre for victims of drug addiction. The Centre will provide a dedicated therapeutic environment for persons affected by substance abuse, particularly young people, through an intensive residential programme focusing on behavioural modification, life skills development and psychological recovery. Government will identify additional sites to set up rehabilitation centres across the country to strengthen the national response to substance abuse.

Conclusion

In a nutshell, the coming FY will aim at rebuilding the healthcare workforce, strengthening specialised training, bringing international expertise to public hospitals, investing in prevention and health literacy, reengineering diabetes care, modernising infrastructure, strengthening laboratory capacity, expanding dialysis and stroke services, promoting environmentally sustainable vector control, strengthening waste regulation and infectious disease surveillance, establishing centres of excellence, developing clinical research, preparing professionals for artificial intelligence, placing patients and accountability at the centre of healthcare governance.

5.2 STRATEGIC DIRECTIONS

OVERVIEW

The following presents the key challenges, strategies and expected programme outcomes as highlighted in the Heath Budget, 2026–2027:

Key Challenges	Strategies
High prevalence of Non-Communicable Diseases (NCDs) - diabetes, hypertension, cardiovascular diseases, and cancer	Strengthen preventive healthcare and early detection
	Enhance provision of treatment for NCDs through specialised health facilities, modern medical equipment, and regular engagement of visiting specialist doctors to ensure timely, high-quality, and patient-centred care
Rising threats of chikungunya, dengue, leptospirosis, Mpox and other communicable diseases	Reinforce disease surveillance, emergency response, and control of vector and rodent
Need to improve service delivery and patient experience	Digitalisation of health services
	Ensure patient-centred treatment and care in public hospitals
	Improve workforce capabilities
Increasing number of illicit drugs users	Enhance treatment and rehabilitation programmes
Need to improve operational efficiency in public healthcare service delivery	Enhance accountability and transparency in the management of healthcare facilities
	Extend the scope for pooled procurement and G-to-G arrangements for medical supplies
Ageing hospital buildings and medical equipment	Undertake phased upgrading of buildings and regular maintenance of medical equipment

Source: Health Budget, 2026-2027

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, 2026-2027

ARRÊTEZ DE FUMER AUJOURD'HUI !

BESOIN D'AIDE?
APPELEZ LE HOTLINE SUR

800 2011

UN APPEL PEUT CHANGER VOTRE VIE.

LE TABAC DÉTRUIT VOTRE SANTÉ.

- CHOISISSEZ LA VIE. CHOISISSEZ D'ARRÊTER.
- VOTRE CŒUR VOUS DIRA MERCI.
- VOS POUMONS RESPIRERONT MIEUX.
- VOTRE FAMILLE SERA FIÈRE DE VOUS.

MINISTÈRE DE LA SANTÉ ET DU BIEN-ÊTRE

Ministère de la Santé et du Bien-être