“God created Mauritius first and then heaven and heaven was copied after Mauritius” Mark Twain
The Republic of Mauritius located in the Indian Ocean off the east coast of Madagascar

<table>
<thead>
<tr>
<th>Total area</th>
<th>1,969 sq. km² Main island</th>
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</thead>
<tbody>
<tr>
<td>Independence Date</td>
<td>12 March 1968</td>
</tr>
<tr>
<td>Population, 2014</td>
<td>1.26 Million</td>
</tr>
<tr>
<td>Official Language</td>
<td>English</td>
</tr>
<tr>
<td>GDP Annual Growth Rate</td>
<td>3.5%</td>
</tr>
<tr>
<td>Unemployment rate 2014</td>
<td>7.8%</td>
</tr>
<tr>
<td>Literacy rate (15 to 24 years)</td>
<td>98.1%</td>
</tr>
<tr>
<td>Per capita income</td>
<td>US $ 8615 (Rs 301 521)</td>
</tr>
<tr>
<td>Govt. Expenditure on Health (GEH)</td>
<td>US $ 278 million (FY 2015/16)</td>
</tr>
<tr>
<td>GEH as % of Total Govt. Expenditure</td>
<td>8.06% (FY 2015/16)</td>
</tr>
<tr>
<td>Per Capita Govt. Exp. on Health</td>
<td>220 $ (FY 2015/16)</td>
</tr>
</tbody>
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### Health Situation

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>2014 Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Life expectancy at birth, M/F (yrs)</strong></td>
<td>71/78.0</td>
</tr>
<tr>
<td><strong>Infant Mortality Rate, 2014</strong></td>
<td>14.5 per 1000 live births</td>
</tr>
<tr>
<td><strong>Under-five mortality rate</strong></td>
<td>16 per 1000 live births</td>
</tr>
<tr>
<td><strong>Maternal Mortality Ratio</strong></td>
<td>52 per 100,000 live births</td>
</tr>
<tr>
<td><strong>Low birth weight</strong></td>
<td>17%</td>
</tr>
<tr>
<td><strong>Immunisation coverage as a percentage of live births in the public and private sectors</strong></td>
<td>99%</td>
</tr>
<tr>
<td><strong>Incidences of HIV in the population</strong></td>
<td>&lt; 1%</td>
</tr>
<tr>
<td><strong>Population : doctor ratio</strong></td>
<td>519 inhabitants per doctor</td>
</tr>
<tr>
<td><strong>Population : nurse ratio</strong></td>
<td>306 inhabitants per nurse</td>
</tr>
<tr>
<td><strong>Non-communicable Diseases constitute around 80% of the disease burden in the country</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Deaths due to diseases of the circulatory system (ICD 10)</strong></td>
<td>31.8 %</td>
</tr>
<tr>
<td><strong>Deaths due to neoplasms (ICD 10)</strong></td>
<td>12.6 %</td>
</tr>
</tbody>
</table>
Key Achievements

- Increase in life expectancy: Since 2000, life expectancy at birth has increased by more than 2 years for both men and women. 77.7 in 2012 to 78 in 2014 (F) 70.6 to 71 (M)
- Health MDGs
  - <5 MR Has decreased from 23.1 per thousand live births in 1990 to 16 in 2014
  - MMR Has decreased from 66 per 100,000 live births in 1990 to 52 in 2014 (Af 500)
  Goal 6 has been achieved
- Extensive network of health care facilities across Mauritius
- Communicable diseases: Malaria, Polio and Schistosomiasis have been eliminated (mapping of NTDs)
- Steady decline in cardiovascular disease mortality
- Mauritius is no longer in the ten first countries with prevalence of Diabetes (IDF)
- Some success in control of tobacco and alcohol use

  the number of imported cigarette sticks in 2014 was 995,520 compared to 1,560 million in 2012 and the estimated yearly per capita litres of alcohol intake has followed a decreasing trend from 39.8 litres to 35.5 litres between 2010 and 2014

National Disaster Risk Reduction and Management Committee has been set up to prepare and respond to natural disasters and epidemics
Social Determinants of Health

• Mauritius is a welfare state
• With a GDP per capita of US$ 8615 for FY 2014, Mauritius does not have a situation of extreme poverty as defined by the UN (US$ 1.0 per day)
• Study on magnitudes of Social Determinants of Health (SDH) among low income households (earning less than USD 200 monthly) carried out in 2012
  - *impact of social determinants of health is more pronounced among the disadvantaged group*
  - *significant SDH were the level of education and the type of occupation*
  - *sanitation conditions impact on the incidence of certain infectious diseases*
A National Empowerment Foundation exists under the aegis of Ministry of Social Integration. It is the main driver to coordinate activities for social determinants of health. The core mandate is to contribute to the eradication of poverty and economic empowerment of vulnerable families.

- Investment in education and training: free education from primary to University level. Examination fees at secondary and higher secondary levels are paid by the state.
- Improved housing and living conditions with access to basic services. Low-cost housing for lower socio-economic groups.
- Ministry of Social Security, National Solidarity and Reform Institutions has a programme of domiciliary visits to the elderly section of the population and for disabled. Universal pension for people above 60 years and other beneficiaries.
- The private sector has a Corporate Social Responsibility programme through which financial assistance is given for projects in deprived areas.
Prevention and Control of Non-communicable Diseases

- Prevalence of Diabetes 16.28% (IDF Atlas)
- Cancer is the third cause of mortality (12.6 % of total deaths)
- 400 to 450 new cases of breast cancer are diagnosed every year
- The percentage of deaths due to heart disease has decreased from 22.8% in 2005 to 19.3 % in 2014
- Increase in prevalence of physical activity
- Decrease in overweight and obesity
- Prevention activities on the 4 common risk factors for NCDs
- Early detection through screening for NCD risk factors:
  - 2013 to May 2015: 94 848 persons and 65 219 students screened
  - Screening for breast and cervical cancer is carried out (13 229) and education about breast self examination is done at the same time. Selective screening with mammography
- 24 Health clubs and 94 localities with facilities for physical activities set up by the MOHQL
- 1 Health Club at the Headquarters of the Ministry, 8 Health tracks and 5 outdoor gyms
- Research: NCD Surveys, National Nutrition Survey, GSHS, GYTS, Maur Type 2 DM Prev Study
Universal Health Coverage

- Equitable access to health care at primary, secondary and tertiary level, a package of specialized services, free of user cost, regardless of income, gender, race and religion
- 5 Mediclinics, 18 AHC, 116 CHC, 2 Community Hospitals (three new primary health care centres have been upgraded to Mediclinics since 2013)
- In 2014 attendance at PHC was 4.5 M and at hospitals 3.1 M
- A well-established private health sector operates in the country. This sector includes 17 private health institutions and provides care and treatment on a fee-paying basis, mostly paid through Out-of-Pocket Payment (OPP) and to a lesser extent through pre-paid plans
- **85 %** of the population attends health service points in the public sector and **15 %** in the private sector
- No data is as yet available on catastrophic expenditure on health
- The Household Out-Of-Pocket Expenditure on Health Survey 2015 will estimate the extent of financial catastrophe on health in Mauritius
Dr Jeetoo Hospital

Jawaharlall Nehru Hospital

Community Health Centre

Cardiac Centre
Mauritius has eliminated malaria since 1997 and is now in the **prevention of re-introduction phase**.

Mauritius remains **vulnerable** to malaria since the vector *Anopheles gambiae* is still present.

The **risk of re-introduction** of malaria exists due to:

1. Geographical situation, surrounded by malaria endemic countries
2. The tourism industry which is one of the pillars of the economy
3. Migrant workers recruited from countries with a high prevalence of malaria (India, Pakistan, Bangladesh, Madagascar)
4. Mauritian nationals travelling to malaria endemic countries

**Prevention of reintroduction**

- Epidemiological surveillance
- Case diagnosis & management
- Entomological surveillance
- Vector control: Island-wide larviciding
  - Spraying at ports of entry
  - Disinsection of airplanes
  - Sterile Insect Technique

**Imported cases**
- 2013: 49
- 2014: 20
Strengthening Collaboration and Partnership within SIDS

- Establish a forum to share best practices and experiences between member countries in the field of non-communicable and communicable diseases
- Set up a strong surveillance system for communicable diseases: designate a focal person within each member country for networking and exchange of information on a regular basis
- Make use of existing international and regional fora to convene meetings of ministers of health (WHA, African Union summits, Regional Committee meetings)
- Build on existing platforms (IOC, African CDC)
- Seek technical expertise and support from mainland countries
- Establish partnerships aligned and targeted to the priority areas of the Samoa Pathway
Constraints and Challenges

- Insularity – unique and particular vulnerability to natural disasters and sea-level rise, which places an additional burden on national budgets
- Adverse impacts of climate change which continue to pose a significant risk
- Burden and threat from non-communicable and communicable diseases, including HIV&AIDS, with a heavy social and economic burden of complications
- Emerging diseases: MERS CoV, Ebola
- Neglected tropical diseases: Dengue, Chikungunya
- Antimicrobial resistance
- Building resilient health systems
- Achieving compliance with the core capacities of International Health Regulations 2005
- Limited human capacity and loss of trained personnel in highly specialised fields
- Financial resources and international aid
Way forward

- build resilient health systems
- achieve universal health coverage
- set targets and implement action plans to reverse the spread and severity of non-communicable diseases
- achieve universal access to HIV prevention, treatment, care and support
- strengthen the fight against malaria, tuberculosis and neglected emerging and re-emerging tropical diseases, including chikungunya and dengue
- comply with the IHR
- reinforce information systems (e-health)
- improve the evidence base for better decision making
- call upon aid from International organisations and aid agencies to address challenges
Thank you

Merci

Obrigado