REPUBLIC OF MAURITIUS

HEALTH SECTOR STRATEGIC PLAN

2020-2024

Caring for People's Health and Well-Being across the Lifespan

Ministry of Health and Wellness

World Health Organization

HEALTH SECTOR STRATEGIC PLAN

2020-2024

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Acronyms

AAR	After Action Reviews
ACE	Angiotensin-Converting Enzyme
AHC	Area Health Centres
AHS	Africa Health Strategy
AIDS	Acquired Immune Deficiency Syndrome
AMR	Anti-microbial Resistance
ANC	Ante-Natal Care
APSA	Association pour la Promotion de la Santé
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDCU	Communicable Disease Control Unit
CDR	Crude Death Rate
CHC	Community Health Centres
CHL	Central Health Laboratory
CMH	Commission on Macroeconomics and Health
cMYP	Comprehensive Multi-Year Plan
CPD	Continuous Professional Development
CPS	Contraceptive Prevalence Survey
CT	Computed tomography
DHIS2	District Health Information System 2
DQA	Data Quality Audit
HIEC	Health Information, Education and Communication
HIS	Health Information System
DVDMT	District Vaccine Data Management
EDL	Essential Diagnostics List
EEZ	Exclusive Economic Zone
EML	Essential Medicines List
EMR	Electronic Medical Records
EMS	Economic Mission Statement
EPI	Expanded Programme for Immunization
EVM	Effective Vaccine Management
EWG	Expert Working Group
FDSS	Family Doctor Service Scheme
FP	Family Planning
FSW	Female Sex Workers
FY	Financial Year
GDP	Gross Domestic Product
GGE	General Government Expenditure
GPW	General Programme of Work
GSHS	Global school-based student health survey
HDI	Human Development Index
HDR	Human Development Report
HEP	Hepatitis
HIAP	Health-In-All-Policies
LHC	Local Health Committee
LMIS	Laboratory Management and Information System

HIV	Human Immuno-deficiency Virus
HCV	Hepatitis C Virus
HPI	Hospital Performance Indicators
HPV	Human Papilloma Virus
MDR	Human Resources
HRH	Human Resources for Health
HRMIS	Health Resources Management Information System
HSR	Health Statistics Report
HSSP	Health Sector Strategic Plan
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICOPE	Integrated Care For Older People
ICT	Information Communication Technologies
IEC	Information, Education and Communication
IHR	International Health Regulations
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
JANS	Joint Assessment of National Health Strategies
JEE	Joint External Evaluation
KPs	Key Populations
NEP	Needle Exchange Program

MACOSS	Mauritius Council of Social Services
MDR	Maternal Death Review
MAUNITAG	Mauritius National Immunisation Technical Advisory Group
METEST	Ministry of Education, Tertiary Education, Science and Technology
M&E	Monitoring and Evaluation
MGEFW	Ministry of Gender Equality and Family Welfare
MHO	Medical Health Officer
MIH	Mauritius Institute of Health
MIMS	Medicines Information Management System
MLHRDT	Ministry of Labour, Human Resource Development and Training
MMR	Maternal Mortality Rate
MOHW	Ministry of Health and Wellness
MoU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRIC	Mauritius Research and Innovation Council
MST	Methadone Substitution Therapy
MTCT	Mother to Child Transmission
NAT	Nucleic Acid Test
NBTS	National Blood Transfusion Service
NCDs	Non-Communicable Diseases
NDCMP	National Drug Control Master Plan
SDGs	Sustainable Development Goals

NHA	National Health Accounts
NHWA	National Health Workforce Accounts
NMHCP	National Medical and Health Products Bill
NMRA	National Medicine Regulatory Authority
NPP	National Population Policy
NGO	Non- Governmental Organisations
NSAPMH	National Strategy and Action Plan for Mental Health
OHU	Occupational Health Unit
OOP	Out-of-Pocket
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Centre
PI	Prison Inmates
PIU	Project Implementation Unit
PLHIV	People Living with HIV
POE	Point-of -Entry
PSIP	Public Sector Investment Programme
PWID	People Who Inject Drugs
QEH	Queen Elizabeth Hospital
RPHS	Regional Public Health Superintendent
RRA	Rodrigues Regional Assembly

SIDS	Small Island Developing State
SAMU	Service d'Aide Médicale D'urgence
SC	Steering Committee
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
SOP	Standard Operating Procedure
SHRM	Strategic Human Resource Management
SRH	Sexual and Reproductive Health
SSR	Sir Seewoosagur Ramgoolam
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TGE	Total Government Expenditure
TGEH	Total Government Expenditure on Health
THE	Total Health Expenditure
TORS	Terms of Reference
TWG	Thematic Working Group
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Program
WHO	World Health Organization
WHS	World Health Survey

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Foreword

It is with a great sense of pride that I am giving my views on this Health Sector Strategic Plan covering the period 2020 to 2024. This roadmap encapsulates my Ministry's and this Government's vision and ambition for the coming five years. A new strategic plan that takes into account the new legitimate aspirations of the population on the health care they deserve.

This blueprint has also been elaborated so as to deftly address the forthcoming challenges, apposite to an ageing population, accelerated use of new technologies in the dissemination of efficient medical care and potential new disease outbreak.

The COVID-19 pandemic took the whole world by surprise. An unprecedented situation that has compelled our health care system to go beyond its means in order to keep all the citizens of our Republic safe and healthy. This totally new challenge and the way we have managed it, have allowed us to measure the full potential of the workforce within our Ministry. It has also set a benchmark as to the level of care we are capable of providing the nation.

The new strategic plan has indeed been built on these very strong foundations. The actions defined are comprehensive and tailored to address major health challenges across the lifespan of all Mauritians. The plan mirrors and remains faithful to the Government Vision 2030, the Government Programme 2020-2024 and also caters for our earnest endeavour in implementing the Sustainable Development Goals and other commitments endorsed by the country at the Global and Regional levels.

2020 - 2021 will be a milestone for our Ministry. It will witness the materialisation of major infrastructural projects like the new Cancer Centre, the New Eye Hospital and the New Teaching Hospital at Flacq. Government has also allocated our Ministry with necessary funds to pursue the decentralisation of our services.

The Strategic Plan proposes a comprehensive set of actions to re-engineer and revamp our health delivery services with a lot of emphasis on customer care, enhancement of primary health care, health promotion, preventive medicine, specialised services and better our response to the resurgence of communicable diseases.

The proposed roadmap is certainly ambitious but it is well within our grasp. I reiterate my trust and confidence in our staff and stakeholders who work day and night to allow us fulfill our sacred mission. I wish to convey my appreciation and thanks to WHO, Dr C Gaud, Mr Y. Ramful, our Lead Health Analyst, staff of my Ministry and to all the members of the Steering Committee along with the Thematic Groups constituted, for their relentless efforts and contribution in the preparation of the Health Sector Strategic Plan 2020 — 2024.

Dr the Hon Kailesh Kumar Singh JAGUTPAL
Minister of Health and Wellness

22 June 2020

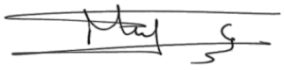
Foreword

The Republic of Mauritius Health Sector Strategic Plan (HSSP) 2020-2024 comes at a critical time where countries around the world are battling the pandemic of COVID-19. Though Mauritius has so far been able to effectively contain the outbreak, the need for preparing for the future and giving new directions to health system response has never been deeply felt before. The HSSP will act as a guiding document that outlines strategic goals, objectives and directions to improve the health, well-being and quality of life of the people of Mauritius and its outer islands including Rodrigues. The HSSP was formulated following a comprehensive analysis of the health systems conducted through an inclusive and participatory methodology to ensure involvement and contributions from a wide range of stakeholders, including key health stakeholders, development partners, private sectors, civil society and community organizations. Several consultations have been organized with the key players that informed the development of evidence and value based appropriate interventions.

This plan is building on the achievements made by Mauritius towards Sustainable Development Goals (SDGs) and has been aligned with Mauritius Vision 2030, Government Programme 2020-2024- TOWARDS AN INCLUSIVE, HIGH INCOME AND GREEN MAURITIUS, and FORGING AHEAD TOGETHER. It also aligns itself to the global and regional agenda that Mauritius has committed itself to, in particular to the WHO Global Programme of Work (GPW13) which gives priorities to member states to focus on achieving Universal Health coverage, improving health emergencies and promoting healthier population. This document will also guide the work of development partners including UN agencies, bilateral and multilateral agencies, civil society and private sector through Country Cooperation Strategy (CCS), Strategic Partnership Framework of UN, Socio-Economic Recovery Plan for COVID-19 for UN Country Team in Mauritius and other various partnership arrangements developed in near future.

The strategic objectives of the HSSP are grouped around goals to improve the provision of community, primary, secondary and tertiary health services, involving community, addressing emergencies, reducing burden of diseases such as Communicable and Non-communicable diseases, taking a holistic life course approach and addressing key heath system strengthening areas.

Finally, for the country to achieve the goals set in the document and move closer towards the global SDG commitments; a collaborative and coordinated effort will be needed. As WHO Representative, I would like to express my appreciation to the Government of Mauritius for prioritizing these commitments and for foreseeing the need for further strengthening collaborative efforts to improve the health of its people. Last but not least, I take this opportunity to call upon development partners and other stakeholders to align their efforts to this very important document.



Dr Laurent Musango
WHO representative

Executive Summary

1. In accordance with the values that, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", as enshrined in the Constitution of the World Health Organization (WHO), Mauritius acknowledges the right to health as a basic human right. The country is committed to universality and solidarity as the guiding values for the organization and the sustainable funding of its health system, and the provision of free healthcare services to its population.

2. The overall policy objective of Government is to achieve the highest attainable level of health regardless of gender, age, disability, geographical location, social status and ability to pay. Taking into consideration that health and wellness are at the core of human development, Government has changed the appellation of the Ministry of Health and Quality of Life into that of the Ministry of Health and Wellness (MOHW). Government has also reviewed its priority related to health for the next five years. This priority, as outlined in the new Government Programme 2020-2024 is to improve healthcare services and create a healthy lifestyle for all Mauritians based on social, cultural and sports activities.

3. The provision of free healthcare services, from primary care to hospital care, including specialized and rehabilitative services, since the past five decades, has paid rewarding dividends. Mauritians are, nowadays, living longer. Life expectancy is currently 74.4 years. Remarkable maternal and child health indicators speak for themselves. Infant Mortality Rate per thousand live births is, at present, 14.5. Mortality from infectious, parasitic and water-borne diseases has dramatically decreased from the late sixties - a decrease from 7% in 1976 to 2.8% in 2019.

4. Despite the remarkable health achievements accomplished, Mauritius faces many challenges, which include the growing burden of Non-Communicable Diseases (NCDs), the complex health needs of the ageing population, the growth of personalized medicine and rising expectations of patients for more patient-centred and improved quality of care.

5. Besides, the increase in both the number of events and diversity of emerging infectious diseases is a major threat to public health in Mauritius. Notwithstanding the gains achieved to control communicable diseases, the country is not spared from the resurgence of infectious and emerging diseases. Dengue, for instance, though with a moderate incidence rate, is endemic in the country. The novel pandemic respiratory infection CoVID-19, which was first detected in late 2019, continues its spread across the globe, with an unprecedented number of casualties. Mauritius has not been spared of this tragedy.

6. The national response to CoVID-19 was spontaneous and efficient with the setting up of a High-Level Committee chaired by the Honourable Prime Minister. Mauritius adopted and implemented bold and stringent measures to control and contain the situation and as a result of which, the country succeeded to improve from a status of cluster local transmission to zero local transmission in a matter of weeks.

7. Health Sector Strategic Plan (HSSP) 2020-2024, while building on the health gains already achieved, unveils concrete strategies and interventions to address major health challenges in the country and peoples' expectations for an enhanced quality of services across their lifespan. It provides a coherent framework that will guide policymakers, stakeholders and partners, in health development, over the next five years.

8. HSSP 2020-2024 has been developed through a highly participatory process with the involvement of all stakeholders from both the public and private sectors. Views and opinions of health service providers and patient groups were also sought through '*Societal Dialogue-an innovative means of governance for policy development*' as recommended by the WHO. The process to develop the HSSP 2020-2024 followed the approach of the Joint Assessment of National Health Strategies (JANS), an inter-agency effort under the leadership of the International Health Partnership and related initiatives (IHP+). A governance structure, consisting of a Steering Committee, an Expert Working Group (EWG) and nine Thematic Working Groups was set up to coordinate the process of developing the HSSP 2020-2024.

9. The overall objective of the HSSP 2020-2024 is to ensure the enhancement of health sector development in the Republic of Mauritius, including Rodrigues and Agalega, in order to attain positive health outcomes for the individual, the family, the community and the economy at large.

Strategic Priorities 2020-2024

Integrated Primary Healthcare Services (PHC)

Strategic Goal 1: Improve access to quality patient-centred services

Strategic actions, *inter-alia*, include the establishment of a scheme based on the family medicine approach, upgrading of existing peripheral healthcare institutions while constructing new ones, setting up of a mandatory patient registration system, embarking on the digital transformation of the PHC network and setting up a two-way communication system referred to hospitals for effective follow-up.

Community Empowerment

Strategic Goal 2: Improve health outcomes through community empowerment

To attain the above-mentioned goal, this Plan, *inter-alia*, proposes the setting up of Local Health Committees, appointment and the building of the capacity of community health leaders, use of modern information, communication and mobile technologies to mobilize the community on health, and in line with the Integrated Disease Surveillance and Response System, to address existing gaps on the alerting system between the population and healthcare providers.

Hospital and Allied Services

Strategic Goal 3: Strengthen and benchmark the provision of high quality, patient-centred and safe curative services, in line with international best practices

Strategic actions, include amongst others, the commissioning of the new state-of-the-art cancer centre, introduction of oncology surgery, stem-cell transplant and PET scan, setting up of a new ophthalmology

centre, construction of a Teaching Hospital, upgrading of all Regional Hospitals, strengthening the provision of specialized services, strengthening services of Intensive Care Unit, setting up of Emergency Resuscitation Units and a Genetic Unit, strengthening paediatric intensive care services, construction of a modern warehouse for pharmaceutical products and other medical consumables and a National Health Laboratory Services, and enhancing the provision of Ayurvedic and Chinese traditional medicine.

Quality Healthcare

Strategic Goal 4: Improve service excellence for the provision of safe and compassionate care

Strategic actions, include the development of evidence-based national guidelines for the management of common diseases, setting up of functional IPC Committees in Regional Hospitals, consolidation of legislation on IPC and the creation of a Hospital Hygiene and Infection Control Unit and operationalization of an independent National Monitoring and Regulatory Body.

Non-Communicable Diseases and their Risk Factors

Strategic Goal 5: Reduce preventable and premature morbidity, mortality and disability due to Non-Communicable Diseases by addressing their risk-factors

Strategic actions include the development and implementation of a National Service Framework for NCDs and an Integrated NCD Action Plan with focus on cancer, cardiovascular diseases and diabetes among others, operationalization of the National Multi-Sectoral NCD Committee, enforcement of the Public Health Regulations on tobacco and alcohol implementation of the National Policy on Physical Activity.

Mental Health

Strategic Goal 6: Strengthen the prevention of mental disorders and promote good mental health

Strategic interventions, are, *inter-alia*, the following: to strengthen primary, secondary and tertiary prevention of mental illness, scale up sensitization campaigns on mental health to reduce stigmatization and discrimination, promote human rights and prevent suicide, set up a fully functional Mental Healthcare Service in all Regional Hospitals, establish a crisis intervention service and establish an active surveillance system for monitoring mental health and suicide.

Substance Use and Addiction

Strategic Goal 7: Prevent and reduce the negative health and social consequences of substance use and addiction

Strategic interventions are, *inter-alia*, directed towards the review of drug prevention programs to cater for the needs of specific vulnerable populations, re-structuring and strengthening of addictology services

in all Regional Hospitals, scaling up of detoxification programs for recovery and enhancing accessibility to the Methadone Maintenance Therapy Services, reducing stigma and discrimination and promoting social re-integration, implementation of the health related actions under the National Drug Control Master Plan, setting up of Integrated Care Centres for the management of HIV, HCV and drug abuse in all Health Regions, introduction of Biofeedback Therapy and Experiential Therapy, enhancement of Holistic Therapy in collaboration with NGOs and scaling up SMART Recovery to control addictive behaviors.

Communicable Diseases: Vector-Borne, HIV and AIDS, Hepatitis C and Coronavirus, CoVID-19

Strategic Goal 8: Sustain strong surveillance and response for emerging and re-emerging vector-borne and communicable diseases, including the new coronavirus disease and eliminate Hepatitis C

Key interventions to attain Goal 8, include the sustainable implementation of the CoVID-19 Policy and the CoVID-19 Action Plan with focus on its 9 pillars, setting up of Flu Clinics adapted from the WHO model of Severe Acute Respiratory Infections Treatment Centres, extension of Rapid Testing among the population, consolidation of laboratory services, review of protocols and guidelines, strengthening surveillance system to track CoVID-19 cases, strengthen ICU facilities to accommodate patients, setting up of a National Centre for Disease Control and Prevention, strengthening of the control of dengue, consolidation of isolation and quarantine facilities and scaling up therapy for Hepatitis C patients as per protocol.

Health through the Life Course

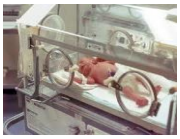
HSSP 2020-2024 also incorporates strategic goals and actions related to promote health through the life course, and which includes maternal health, neonatal, child and adolescent health, women health, family planning services, vaccination and elderly care.

Maternal Health

Strategic Goal 9: Improve maternal mortality ratio per 100,000 births

Strategic actions, include the strengthening of services to promote ante natal care follow-ups in order to prevent pregnancy related complications, provision of echography services at regular intervals for the early detection of foetal abnormalities and complications, provision of ICU facilities within labour wards for the management of high-risk pregnancies, advocacy with Ministry of Labour, Human Resource Development and Training and employers for a policy on attendances for ante natal care and breastfeeding, sensitization of mothers on exclusive breastfeeding and developing protocols and guidelines for the management of pregnancy related complications.

Neonatal, Child and Adolescent Health



Strategic Goal 10: Improve neonatal mortality rate per 1,000 live births and ensure optimal physical and psychological development of new-borns babies, children and adolescents

Strategic actions, include amongst others, the setting up of a National Neonatal ICU Centre to cater for critically ill-neonates requiring prolonged ICU care, increasing the number of neonatal ICU ventilators in Regional Hospitals to cater for increasing demand for neonatal services, introducing new therapies for the management of neonatal care, collaborating with the Ministry of Gender Equality and Family Welfare to sensitize communities on the value of good parenting and on the prevention of child abuse, strengthening the follow ups of children on their healthy development from pre-primary to primary and secondary schools and ensuring that modern contraceptives are available, accessible and affordable for women and girls.

Women Health

Strategic Goal 11: Improve women's health and their well-being

Strategic actions include the encouragement of early detection of breast and cancers of the female reproductive organs through increased access to screening services at the PHC and community levels, the scaling up of HPV vaccination coverage among adolescent girls, the setting up of a menopause clinics in gynecology and obstetrics departments of all hospitals, reinforcing legislation on domestic violence, strengthening awareness among targeted groups of the population on the consequences of backstreet abortion and its adverse effects, undertaking screening for early detection of intimate partner violence and making hospitals more user friendly for the management of clinical cases related to domestic violence.

School Health

Strategic Goal 15: Promote healthy behavior among school going children and adolescents

To attain Strategic Goal 15, actions for implementation, include the strengthening of education and sensitization programmes from an early childhood age and throughout schooling age on various health matters, imparting knowledge and skills to teachers for the detection of child abuse, strengthening and sustaining the implementation of the school health programme.

Emergency Preparedness and Response

Strategic Goal 16: Improve health security through a sustainable, effective and efficient national surveillance, response and recovery system

Proposed actions, *inter-alia*, include the review and updating of relevant legislations and policies and the development of new ones, development and implementation of a National Action Plan for Health Security, the setting up and operationalization of a permanent Public Health Emergency Operation Centre, sustaining of the rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours and the sustaining of the SEGA One Health Programme with the Indian Ocean Commission.

Occupational Health

Strategic Goal 17: Promote and maintain the highest degree of physical, mental and social well-being of workers

Proposed actions to attain Strategic Goal 17 and achieve the respective objectives, include the strengthening of activities to reduce occupational diseases caused by factors such as physical, chemical, biological, psychosocial stressors and mechanical, introduction of ergonomics and the integration of occupational health in PHC services.

Health Information System

Strategic Goal 18: Generate sound and reliable information at all levels of the health system in a holistic approach for better decision-making

Proposed actions to enhance the health information system, include amongst others, the review of the legal framework and institutional mechanisms to strengthen data collection and management, the institutionalization of a framework for the private sector to routinely submit data to the MOHW, the implementation of the E-Health Project, the setting up of a National Health Observatory and institutionalization of the National Health Workforce Accounts.

Health Research

Strategic Goal 19: Institutionalize Health Research to improve quality of healthcare services

Strategic Actions, include the development of a National Health Research Policy and Strategy, strengthening of the capacity of Ethical Research Committees, development of a prioritized health research agenda and the use of effective dissemination strategies to share research evidence, the development of a roadmap to promote Mauritius into a Medical Research Hub and as a destination for clinical trials.

Human Resources for Health

Strategic Goal 20: Set up a Strategic Human Resource Management Function for Health

Strategic Interventions, *inter- alia*, are to develop and implement a Master Plan on Human Resources, set up a dedicated SHRM Unit, institutionalize the conduct of regular HRH audit, build a robust, fair, transparent and accountable rotation policy, develop HRH policies to ensure that the medical system remains free from abuse and malpractices, develop HRM strategies in emerging fields such as Automation, Robotics and Artificial Intelligence, engage and train staff in new specialities, redeploy existing staff and recruit additional staff for the FDSS, set up a new Faculty of Medicine and Health Sciences, institutionalize the use of health workforce information systems that integrate HRMIS and National Health Workforce Accounts (NHWA), make the HRMIS operational and review and update existing legislations to keep in pace with development in the health sector.

Access to Quality Medicine and Health Technologies

Strategic Goal 21: Ensure sustainable access to affordable, safe, cost effective and quality medicine and health technologies to accelerate progress towards SDG 3

Strategic actions include the formulation and adoption of relevant Regulatory Frameworks, setting up a National (Independent) Medicine Drug Regulatory Agency, collaboration with SIDS to implement the SIDS pooled procurement strategy, modernization of facilities to ensure safe pathological tests, implementation of the Health Technologies Information Management System, the design of and implementation of an e-tendering system and adoption and implementation of the WHO Essential Medicines List.

Food Safety

Strategic Goal 22: Safeguard health security through the promotion of food safety

Strategic Actions are directed towards the implementation of the Codex Alimentarius, the establishment of a Food Standards Agency which will be responsible to set standards on fast food and soft drinks and also for the certification of vegetarian and halal foods, ensuring that food establishments and food handlers comply with the Food Act and Food Regulations, increasing public awareness on safe food handling and prevention of illnesses in line with the WHO Five Keys to Safer Food message, sustaining regular monitoring of drinking water in line with the Environment Protection Act 2002 and the WHO Guidelines, the establishment of an effective Food Control System and making use of the FAO/WHO Food Control System Assessment Tool.

Healthcare Financing

Strategic Goal 23: Make provision of financial resources on a sustainable basis to accelerate progress towards universal health coverage

Strategic actions in this area are focused on the development of a National Health Financing Strategy based on the WHO approach, the setting up of an appropriate mechanism for regular review of the service package costs in the sector, the undertaking of regular health expenditure tracking, including assessment of out-of-pocket payments and catastrophic health expenditure, institutionalization of the development of National Health Accounts and introduction of up-to-date software for the cost-effective implementation of the cost-centre project.

Inter-sectoral Collaboration and Public Private Partnership

Strategic Goal 24: Strengthen inter-sectoral collaboration and public private partnership

Strategic Actions are directed towards establishing a High Level Technical Committee for effective planning, information sharing and implementation of multi-sectoral health-related activities, strengthening the coordination with prison services, developing a charter for NGOs and other private partners, strengthening of partnership with both local and foreign private health institutions for capacity building and the strengthening of outsourcing services to the private sector.

Governance

Strategic Goal 25: Nurturing good governance in the public health system

Strategic Actions are directed towards the establishment of an effective Governance Framework, better equipping and operationalizing of the Efficiency Management Committee, development of a more effective internal auditing mechanism to ensure the cost-effective use of public funds, implementation of best practices and frameworks recommended for improving accountability and governance such as the Anti-Corruption Framework, adoption of a redesigned business process supported by innovative E-Health technologies, including Integrated Health Management Information System and the enhancement of the Complaint Management System by using the E-Health.

Medical Hub

Strategic Goal 26: Support the development of Medical Travel Tourism

Proposed strategic actions include the setting up of a High-Level Committee comprising public and private stakeholders to boost up the medical tourism industry, provision of necessary support to private

stakeholders including foreign investors, reinforcement of the legal framework to conduct clinical trials and the collaboration of relevant institutions to look into the possibility of issuing e-medical visa to foreign patients.

Rodrigues

Main Strategic Goal: To further enhance the health status and well-being of the people of Rodrigues

10. Most of the strategic priorities for the main island of Mauritius will be applicable to Rodrigues. Only strategic priorities, wherever applicable, based on the specificities of Rodrigues, are included in the current Strategic Plan.

Agalega

Strategic Goal: Further enhance the health status and well-being of the people of Agalega

11. Some of the strategic actions proposed include the provision of appropriate medical technology to improve medical services, providing additional new services, undertaking a feasibility study for the setting up of a community hospital and extending telemedicine facilities to the island.

Cost Implications

12. It is estimated that an amount of Rs. 67.7 billion will be required for the provision of healthcare services in the public sector and the implementation of strategic actions of the HSSP 2020-2024 in the Republic of Mauritius, including Rodrigues and Agalega.

Implementation of HSSP 2020-2024

13. The MOHW will lead the implementation of the HSSP 2020-2024 through a coordinated effort by involving various stakeholders. The implementation of the Plan shall receive commitment at the highest level through the setting up of a Ministerial Committee, chaired by the Minister of Health and Wellness. The Ministerial Committee will oversee progress on the implementation of the Strategic Plan.

14. The Expert Working Group (EWG) and the Thematic Working Groups (TWGs) will be the coordination mechanisms for operationalizing the HSSP 2020-2024 through development of action plans. The main objective of the EWG is to support and advise the Ministerial Committee. TWGs, comprising various stakeholders, from both the public and private sectors, will be mainly responsible for monitoring and evaluation, identifying bottlenecks and proposing remedial measures.

1. Introduction

1.1 Economic Background

1.1.1 Mauritius is located in the Indian Ocean, off the south east coast of the Africa continent, about 900 kilometres east of Madagascar. The territory of Mauritius includes the island of Rodrigues situated 560 kilometres to the north east of Mauritius. In addition, there are two tiny dependencies, namely, the Agalega Islands and the Cargados Carajos. As at end of 2019, the population of the Republic of Mauritius was 1,265,475.

1.1.2 The total area of Mauritius, including its dependencies is 2,040 square kilometres. However, the Exclusive Economic Zone (EEZ) of Mauritius consists of approximately 2.3 million kilometres and which is partially administered by Seychelles. The country has exclusive rights to all economic activities within the EEZ, which include, environment protection, fish stocks and mineral resources in the Indian Ocean.

1.1.3 At the time of independence in 1968, Mauritius was a based monoculture economy, with a stagnating Gross Domestic Product (GDP) per capita of approximately US$ 250. The country has steadily moved from a low-income agricultural-based economy to a diversified upper middle-income economy. As at 1st July 2020, the World Bank has classified Mauritius as a high income country with a Gross National Income per capita of Rs 509,600 (US $ 12,740). TABLE I illustrates the key economic indicators of the Republic of Mauritius for the year 2019.

TABLE I: Key Economic Indicators, Republic of Mauritius, 2019

Indicators	Value: 2019
Gross Domestic Product at current market prices	Rs 503 billion (US $ 14.1 billion)
Economic Growth Rate	3.6 %
Total Exports of Goods and Services (f.o.b.)	Rs 197.1 billion (US $ 5.5 billion)
Total Imports of Goods and Services (f.o.b.)	Rs 269.8 billion (US $ 7.6 billion)
Investment Rate	19.8 %
Rate of Inflation	0.5 %
Unemployment Rate	6.7 %
Tourist Arrivals	1,383,488
Gross Earnings from Tourism	Rs 63 million (US $ 1.8 million)

Source: Statistics Mauritius

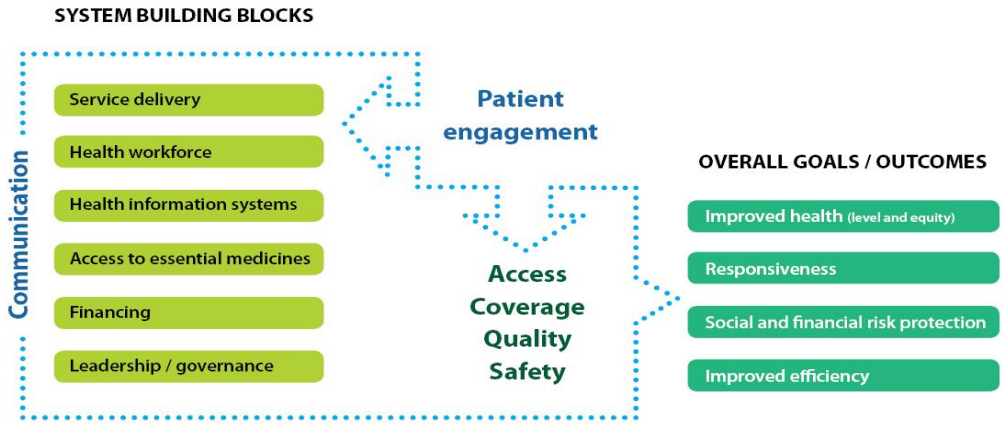
1.1.4 Mauritius is classified among countries having achieved high human development. The 2016 United Nations Development Program (UNDP) Human Development Report (HDR) ranked Mauritius 64th among 188 countries. As regard its Human Development Index (HDI), the country has made constant progress. HDI for Mauritius has improved from 0.654 in 1980 to 0.781 in 2015.

1.1.5 The Economic Mission Statement (EMS) of Government is mainly directed towards Achieving the Second Economic Miracle and Vision 2030. The EMS lays emphasis on three core areas on which the development of Mauritius will be centred to transform the economy. These three key areas are, namely, a revamped and dynamic manufacturing base, development of the ocean industry and revisiting the services sector.

1.2 Health System in Mauritius

1.2.1 Health systems, according to the World Health Report 2000, comprise all organizations, institutions and resources devoted to produce health outcomes. The WHO Framework describing health systems in terms of six core components or "building blocks", with their ultimate goals and outcomes, is displayed in FIGURE I.

FIGURE I: The WHO Health System Framework



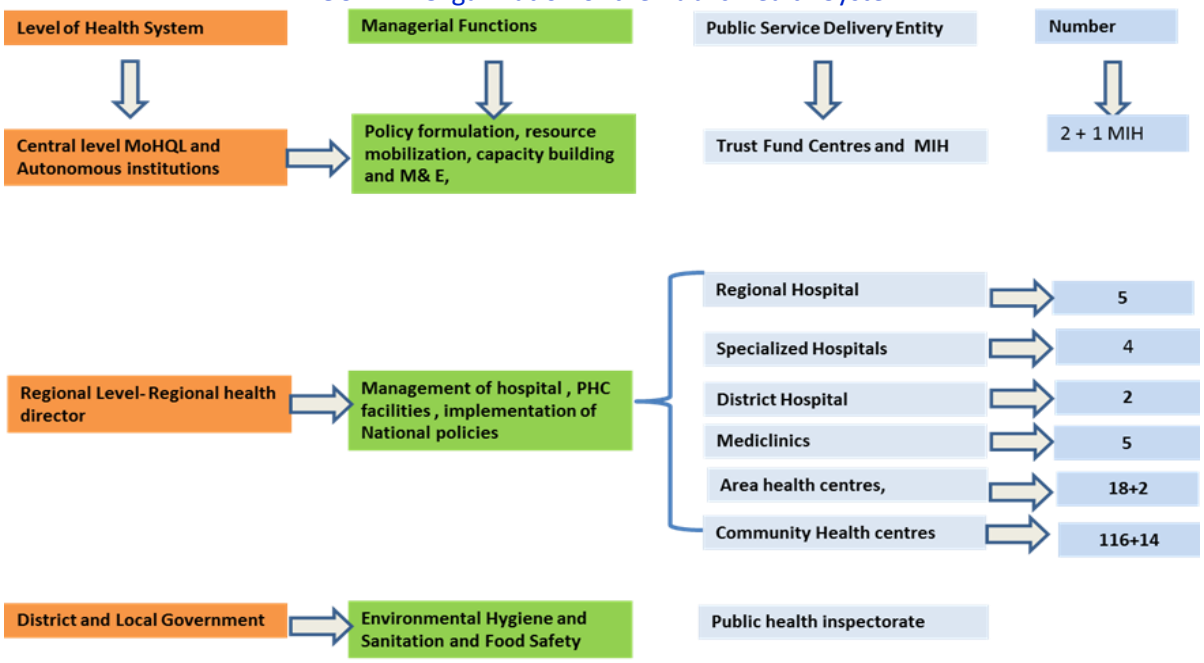
Source: World Health Organization

1.2.2 Mauritius has a strong, resilient and equitable health system which is founded on the WHO Health System Framework. A dual-tiered system of healthcare services, comprising a government-led and funded public sector, and a thriving private sector, steers the country towards achieving its vision to "ensure healthy lives and promote well-being for all at all ages" by 2030. The public sector caters, free of any user cost, to the bulk of the healthcare needs of the population (73%). The remaining healthcare needs of the people (27%) are managed by the private sector, on a user fee basis, either through out-of-pocket payments or payments effected by private health insurers.

Public Healthcare Sector

1.2.3 The largely Government-led and funded public service in Mauritius is designed to ensure universal health coverage, that is, every citizen has access to different levels of healthcare in a timely, cost-effective and seamless manner on the basis of need, rather than the ability to pay. Since independence in 1968, the public health system has developed into a resilient system, with an interlocking set of primary, secondary and specialized healthcare institutions. The organization of the public health system of Mauritius is described in FIGURE II.

FIGURE II: Organization of the Public Health System



Primary Health Care (PHC) Services

1.2.4 The PHC network, in the main island of Mauritius, comprises 18 AHCs, 116 Community Health Centres (CHC), 5 Medi-clinics and 2 Community hospitals. Each of these peripheral healthcare delivery points, which is located within a radius of only 1.5 km to 3 km of the residence of people, caters for some 9,000 members of the community.

1.2.5 In 2019, 2.0 million medical consultations were carried out at the PHC level, representing 36% of total cases seen by doctors across all public health institutions. The list of services provided at the PHC level is at ANNEX VI.

1.2.6 Antenatal and postnatal care is delivered in all PHC centres and 99.8% of births are attended by skilled health personnel. Child health services are provided through the well-baby clinics. Cash gift vouchers are issued to children on their first, second and third birthdays when they attend a PHC centre for a physical examination. This is to encourage parents to bring the children for routine medical examinations and for the early detection of any abnormality.

1.2.7 The Expanded Programme for Immunization (EPI) is in line with WHO recommendations. 90 % of the country's 12-month-old population receive at least one dose of measles vaccine, with the coverage rate for other vaccines being within 86–90%. The Comprehensive National Immunization Programme Review has guided the development of a Comprehensive Multi-Year Plan (cMYP) for the period 2019-2023.

Hospital and Specialized Services

1.2.8 Hospital and specialized services are provided to the population through five regional hospitals, two district hospitals and five specialised health care institutions. Box 1 displays the main achievements in the public hospital sector in 2019.

1.2.9 A list of comprehensive services provided at the hospital level is at ANNEX VII. Complicated cases, requiring further specialized care and which cannot be managed locally, are sent for treatment abroad. However, some of these cases are treated locally by foreign visiting teams.

Box 1: Main Achievements (Public Hospitals), 2019

- Total Bed Capacity: 3,672
- Average Bed Occupancy Rate: 75.3%
- Ambulatory Care Attendances (Sorted & Unsorted): 1,640,487
- Attendances at Accident/ Emergency Department: 1,345,898
- Inpatient Admission: 194,664
- Surgical Intervention: 50,287
- Attendances at Dental Clinic: 265,849
- Attendances for Specialised Dental Care: 21,377
- Cardiac Surgeries: 986
- Angiographies/Angioplasties: 4,790
- Attendances-Nephrology (sorted outpatient): 7,078
- Attendances-Neurosurgery (sorted outpatient): 11,846
- SAMU Services: 12,749

Allied Services

1.2.10 Support services are critical for the provision of efficient, quality and cost-effective health services. The Central Health Laboratory (CHL) undertakes test in the field of biochemistry, haematology, bacteriology, parasitology, virology and molecular biology, histopathology, cytopathology and blood transfusion services. In 2019, 15,155,294 pathological tests were carried out.

1.2.11 The National Blood Transfusion Service (NBTS) caters for the needs of blood components for all public and private healthcare institutions. 47, 864 pints of blood were collected with the assistance of the civil society, the Blood Donors Association, the Association of Blood Donation Organizers and other NGOs in 2019.

1.2.12 Imaging diagnosis comprise a variety of services that make use of imaging technology, such as x-rays and radiation for the diagnosis and monitoring of patients. A total number of 24,247 CT scans and 4,236 MRI were carried out in the public sector in 2019.

1.2.13 The Service D'Aide Medicale Urgence (SAMU) provides pre-hospital emergency medical treatment and is responsible to stabilise critical emergencies on site. There is also a fully-fledged Resuscitation Unit in the Accident and Emergency Department (AED) of each of the five Regional Hospitals to cater for critically ill patients attending the AED or being brought in by the SAMU services.

Private Health Sector

1.2.14 The private sector, both for-profit and not-for-profit, plays an important role in the domestic health system, through the provision of a mix of goods and services to health consumers. Goods and services include the direct provision of health services, medicines and other medical products, financial products (voluntary private insurance policies) and support services. Box 2 illustrates key indicators of the private health sector for the period 2019.

Box 2: Key Indicators, Private Health Sector 2019

Private Hospitals: 19
Bed capacity: 730
Patients Treated: 265,000
Surgical Interventions: 25,000
Deliveries: 3,600
Private Medical Laboratories: 30 (2017)
Imaging & Diagnostic Centres: 3 (2017)
Pharmacies: 360
Doctors, including Specialists: 1,722
Dentists: 346
Pharmacists:500
NGOS: 60 (approx)
Sugar Estate Dispensaries: 11

1.2.15 According to the NHA Report 2017, the share of private health care expenditure to GDP was 2.5%, representing an estimated amount of Rs 11.95 billion spent by households on health.

1.2.16 Government uses regulatory and financial policy tools to regulate and steer the delivery of services in the private sector. Section 11 of the Private Health Institutions Act 11 of 1989 – 1 July 1990 empowers the Minister of Health and Wellness to:

- make such regulations as he thinks fit for the purposes of the Act,
- fix the registration fees payable by private health institutions and the fee which a licensee may charge from any person in respect of any service provided by his health institution, and
- amend the Schedule.

Human Resources for Health (HRH)

1.2.17 The health workforce in Mauritius is composed of medical doctors, including specialists, nurses and midwives, dentists, pharmacists and other paramedical and allied health professionals. In addition, non-medical staff provides administrative support for the day-to-day running of the health services. An estimated 16,000 officers in 375 different grades are employed by the MOHW, of whom 85% are technical staff who are responsible for delivery of services and 15% are support staff. Skilled personnel are available in a variety of medical specialities. TABLE II gives an indication of the country context for HRH in Mauritius.

TABLE II: Country Context, Human Resources for Health, Mauritius

Year	2003		2008		2013		2019	
Grade	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population	Number	Per 10,000 population
Doctor	**1,173**	**9.6**	**1,450**	**11.6**	**2,046**	**16.2**	**3,290**	**26.0**
Of which specialists	***(470)***		***(559)***		***(718)***		***(980)***	
Employed MOH	765	6.2	852	6.8	1,054	8.4	1,568	12.4
Of which specialists	*(208)*		*(275)*		*(290)*		*(354)*	
Private Sector	408	3.4	598	4.8	992	7.8	1,722	13.6
Dentist	**154**	**1.3**	**235**	**1.9**	**351**	**2.8**	**412**	**3.3**
Employed MOH	54	0.4	61	0.5	58	0.5	66	0.5
Private Sector	100	0.9	174	1.4	293	2.3	346	2.8
Pharmacist	**279**	**2.3**	**348**	**2.8**	**460**	**3.7**	**536**	**4.2**
Employed MOH	20	0.2	20	0.2	23	0.2	36	0.3
Private Sector	259	2.1	328	2.6	437	3.5	500	3.9
Qualified Nurse & Midwife	**2,958**	**24.1**	**3,400**	**27.3**	**3,963**	**31.5**	**4,494**	**35.5**
Employed MOH	2,799	22.8	3,179	25.5	3,202	25.4	3,958	31.3
Private Sector	159	1.3	221	1.8	761	6.1	536	4.2

Source: Health Statistics Reports

Mauritius Institute of Health

1.2.18 The Mauritius Institute of Health (MIH) is a parastatal body which caters to some extent for the training needs of health professionals. There is a mix of overseas and local training for both undergraduate and postgraduate doctors. The majority of dentists employed in both the public and private sectors have been trained abroad. All nurses are trained locally. The MIH has set up a Virtual Health Library to encourage and support continuous medical education. Since 2016, Continuing Professional Development (CPD) has become mandatory for annual registration of doctors with the Medical Council.

Health Financing

1.2.19 Mauritius is committed to universality and solidarity as the guiding values for the organization and the sustainable funding of its health system. The Beveridge model of health care financing drives the funding of free health services in the public health sector. Under this model, Government raises revenue through taxes and other means, to finance the provision of social services, including free healthcare services to all citizens and residents. The Private Insurance Model is characterized by employment-based or individual purchase of private health insurance financed by individual and employer contributions.

1.2.20 The NHA Report 2017 indicates that Total Government Expenditure on Health (TGEH) was around 44.01% of Total Health Expenditure (THE) in 2016. For FY 2019/2020, Government's allocation to health as a percentage of General Government Expenditure (GGE) was 7.3%, representing around 2.6% of GDP. The trend of government spending on health has significantly increased since the past ten years as indicated in TABLE III.

TABLE III: Public Health Expenditure from FY 2010 to FY 2019-2020

Year	2010	2011	2012	2013	2014	2015 (Jan-Jun)	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
GDP at market prices (Rs billion)	306.83	329.48	349.4	371.05	390.69	204.15	422.55	451.4	459.6	482.6	508.96
GDP Growth Rate (%)	4.4	4.1	3.5	3.4	3.6	-	3.4	4.1	3.8	3.8	3.9
Total Govt Expenditure on Health (TGEH) (Rs billion)	7.56	7.06	7.62	8.71	9.2	4.45	9.69	10.9	11.13	12.17	13.1
TGEH as a % of Total Govt Expenditure	9.46	8.04	8.55	8.31	8.6	7.61	8.56	7.69	7.9	8.1	7.3
TGEH as a % of GDP	2.46	2.14	2.18	2.35	2.36	2.18	2.29	2.41	2.4	2.5	2.6
Per Capita TGEH (Rs)	5,888	5,475	5,893	6,911	7,292	3,524	7,670	8,631	8,794	9,616	10,351

Source: Global Health expenditure database, WHO and NHA 2017

1.2.21 Private expenditure on health, including households' out-of-pocket spending is very significant. The NHA Report 2017 indicates that Mauritius spent an estimated amount of Rs 25.3 billion on health in 2016. Out of the Rs 25.3 billion, spending by Government was around Rs 11.3 billion and spending by private stakeholders, including households, was approximately Rs 13.98 billion. According to 2015 Study on Household Out-of-Pocket (OOP) Expenditure on Health, catastrophic expenditure on health among households declined from 9.0 % in 2003 to 3.6% in 2015.

2. Methodology

2.1 HSSP 2020-2024 has been developed by the MOHW in close collaboration with the WHO. A consultative and participatory approach was employed for the purpose. In 2018, the MOHW, in collaboration with the WHO and the European Union (EU), carried out a joint project, that is, the '' Health System Assessment for improving NCD outcomes-challenges and opportunities'', which was based on WHO-Euro methodology and guidelines. One among the recommendations of the Assessment was to use the ''Societal Dialogue Approach'' to develop the HSSP 2020-2024.

2.2 A WHO-HQ (Geneva) mission, comprising Dr Ann Lise Guisset from the Department of Health Service Delivery and Ms. Kira Koch from the Department of Health Governance and Finance, was fielded to the country to carry out scoping, undertake a capacity building workshop and develop a roadmap for the formulation of the HSSP 2020-2024. The mission recommended the innovative participatory governance approach called ''Societal Dialogue'' for the development of the HSSP 2020-2024. The ''Societal Dialogue Methodology'' ensured the inclusiveness and participatory approaches of all stakeholders (Government, the private health sector, civil society, UN agencies, academia and NGOs) in the development of the Strategic Plan.

2.3 The governance structure that coordinated the HSSP 2020-2024 process was as follows:

- A National Steering Committee, chaired by the Senior Chief Executive, was constituted, the role of which was to assume overall responsibility for the development and implementation of the HSSP 2020-2024.
- The Health Economics Unit of the MOHW had the overall responsibility to formulate and finalize the HSSP 2020-2024.
- An Expert Working Group (EWG), under the leadership of the Lead Health Analyst to oversee and steer the whole process for the development of the Strategic Plan.
- Nine Thematic Working Groups (TWGs), each led by a Group Chair, to undertake a SWOT Analysis, review previous strategies, consult relevant documents and work around their respective strategic priority actions and strategic directions entrusted to them.

2.4 A roadmap for formulating the HSSP 2020-2024 was then developed. Several priority action areas were identified which called for inputs through the ''Societal Dialogue Approach'' from all concerned stakeholders by each of the nine TWGs. During the whole process of developing the HSSP 2020-2024, the WHO Local Office provided technical support to the MOHW.

Participatory Approach

2.5 As indicated above, the approach adopted was a participatory and flexible one, which is considered critical to the success of the development of a coherent Strategic Plan. All key stakeholders – see ANNEX IX- were involved at multiple points in the process, including planning, conducting the assessment, disseminating and validating the findings and formulating recommendations. This approach ensured the broad ownership of the HSSP 2020-2024.

2.6 Several consultations and policy dialogue were undertaken to ensure that the specificities of the health profiles and needs of the population were well captured in the Strategic Plan. The draft document was presented in a two-day stakeholder's National Workshop on the Development of the Health Sector Strategic Plan 2020-2024 for comments and reviews as well as additional inputs from participants.

2.7 The final outputs of the National Workshop were incorporated by the TWGs into their respective reports, which were then submitted to the EWG for review and synthesis, before submission to the Steering Committee for validation.

2.8 The same procedure was followed in Rodrigues. Two missions were fielded to the island for developing the chapter on Rodrigues with the active participation of all stakeholders.

2.9 A desk review of the below-mentioned reports/documents was undertaken:

- Draft Health Sector Strategy 2018-2022 of the MOHW.
- Primary Health Care (PHC) Assessment Findings and Policy Recommendations, 2019.
- Report of the National assessment of Health Systems Challenges and opportunities for better Non-Communicable disease outcomes, 2018.
- Annual Health Statistics Report 2019.
- NHA Reports 2015 and 2017.
- National Vision 2030.
- Three-year Strategic Plan 2019/2020 to 2021/2022.
- Government Programme 2020-2024

3. Rationale for Five-Year Health Sector Strategic Plan 2020-2024

3.1 Situation Analysis

3.1.1 Health Achievements

3.1.1.1 The sustainable provision of free healthcare services in the public sector has contributed to an enhancement in the health status of the population. At present, Mauritians are living longer. Over the last thirty years, life expectancy at birth has increased from 65 years to 74.4 years in 2019.The key health indicators, for the Republic of Mauritius, including the island of Rodrigues, are illustrated in TABLE IV.

TABLE IV: Key Health Indicators, Republic of Mauritius, 2019

Health Indicators	**Value**
Life Expectancy at Birth (Male)	71.2 years
Life Expectancy at Birth (Female)	77.7 years
Infant Mortality Rate (per 1000 live births)	14.5
Maternal Mortality Ratio (per 100,000 live births)	62
Under-Five Mortality Rate (per 1000 live births)	16.0
Immunization Coverage (Public and Private sectors)	99%[WHO/UNCEF estimates -2019]
Prevalence Rate of HIV infection	1%
Prevalence of Type 2 Diabetes (20-74 years)	20.5%
Burden of Non-Communicable Diseases	80%

3.1.1.2 According to the 2017 WHO (WHO) Global Monitoring Report, the Universal Health Coverage (UHC) Index for Mauritius was 64 in 2015. The Report also indicates that the percentage of people who spent more than 10% of their household budget on out-of-pocket health payments was 6.8% in 2015 and the percentage of people who spent more than 25% of their household budget on health was 1.0%.

3.1.1.3 Mortality from infectious, parasitic and water-borne diseases has dramatically decreased - a decrease from 7% in 1976 to 2.8% in 2019, except for the year 2006, during which the country witnessed an outbreak of chikungunya. AH1N1 influenza which was a world pandemic in 2009 was also successfully controlled. Most vaccine preventable diseases, water borne diseases and other communicable diseases are no longer a matter of critical concern for Mauritius. Mauritius has been declared a malaria free country with the exception of imported cases. TABLE V indicates the incidence of the main communicable diseases from 2006 to 2019.

TABLE V: Incidence of Communicable Diseases (Reported Cases) 2006-2019

Disease	Year	2006	2009	2012	2015	2016	2017	2018	2019
HIV/AIDS	Number	542	548	320	262	319	368	382	366
	Incidence Rate *	43.9	43.9	25.5	20.8	25.2	29.1	30.2	28.9
Malaria	Number	38	23	33	32	25	28	37	41
	Incidence Rate *	3.1	1.8	2.6	2.5	2.0	2.2	2.9	3.3
Pulmonary Tuberculosis	Number	111	113	128	128	122	121	123	114
	Incidence Rate *	9.0	9.1	10.2	10.1	9.7	9.6	9.7	9.0

*Source: Health Statistic Reports 2018, *per 100,000 mid-year population*

3.1.1.4 A strong surveillance system is in place for the control of communicable diseases. In addition, a surveillance network exists between the Indian Ocean countries of Mauritius, Madagascar, Seychelles, Comores and Reunion. This project enables the sharing of timely information and experience between Indian Ocean countries and also for preparedness of emerging outbreaks in the region.

3.1.1.5 Preparedness and Response Plans have been developed for epidemic prone diseases such as Dengue, Chikungunya, Zika virus disease, Malaria, Influenza AH1N1, Ebola, Mers Co-Virus disease and Plague. The Chikungunya epidemics in 2005 and 2006 and the Dengue epidemics of 2014, 2015 and 2019 were successfully contained within a short period.

3.1.1.6 The HIV prevalence is 1.2% in the population aged 15–49 (*HIV Estimates Spectrum 2020*). From the first case of AIDS registered in Mauritius in 1987, up to December 2019, there were 7,795 HIV and AIDS notified cases among Mauritians out of whom 2,072 were female and 5,723 were male. In 2019, 374 new HIV cases were detected.

3.1.1.7 The number of people living with the virus in Mauritius is estimated to be around 11,000 (*HIV Estimates Spectrum 2020*). The trend in the mode of transmission for HIV new cases has changed from injecting drug use to heterosexual. People Who Inject Drugs (PWIDs) represent about 61% of the HIV population in the country.

3.1.1.8 Mauritius is moving towards the elimination of Mother to Child Transmission (MTCT) through the Prevention of Mother to Child Transmission Program (PMTCT) which has a coverage of >95% for the past four years. The number of paediatric remains low at less than 5 cases per year. Implementation of new strategies to reach pregnant women has resulted in an increase to almost 98% in the compliance rate of PMTCT programme.

3.1.1.9 The HIV and AIDS Act enacted in 2006 provides for a rights-based approach to HIV and AIDS-related issues as well as for the prevention and containment of HIV and AIDs. This Act safeguards the rights of the People Living with HIV (PLHIV) as well as those affected by HIV and AIDS. It protects them against stigma and discrimination. To increase adherence rate and improve quality of life of PLHIV, the National HIV Protocol has been updated to introduce safer, more tolerable and less toxic anti-retroviral drugs.

3.1.1.10 Mauritius has adopted the Sustainable Development Goals (SDGs) agenda which includes a firm commitment to ending the AIDS epidemic by 2030 through the Fast-Track approach. This approach

includes the setting ambitious targets and accelerating the provision of high-impact HIV prevention and treatment services. The 2017-2021 National HIV Action Plan drives the 90-90-90 targets.

3.1.1.11 Since 2001, Antiretroviral (ARV) drugs are being provided and are accessible to PLHIV on explicit eligibility criteria. Since August 2017 the "Treatment as Prevention" has been implemented through the "Treat all" strategy so that 90% of people with diagnosed HIV receive Antiretroviral Therapy (ART). New antiretroviral molecules such as Atripla (3 molecules one tablet) and Dolute gravir tablet (with fewer side effects) had been introduced last November 2018 so as to make patient more adherent to treatment.

Substance Abuse

3.1.1.12 Mauritius is facing a serious problem of drug trafficking and drug abuse, thereby compromising public health and safety and national security. The national harm reduction response is guided by successive National Strategic Frameworks since 2006 for HIV and AIDS 2013-2016 and informed by the HIV and AIDS Act 2006. Harm reduction measures for injecting drug users include the Needle Exchange Program (NEP) and Methadone Substitution Therapy (MST). Since June 2018, methadone dispensing has been integrated within the primary healthcare system to provide the medical and psychosocial follow up with a view to facilitating the rehabilitation of methadone beneficiaries within the mainstream. Methadone is being dispensed to over 4 500 people daily at 44 dispensing sites, including 4 sites within the prison setting. Furthermore, Addiction Units have been set up in each Health Region. An Integrated Care Centre for the management of HIV, HCV and drug abuse has been set up at Dr Bouloux AHC.

School Health

3.1.1.13 School health activities are being carried out since the 1950s and have largely contributed to the implementation of the ongoing immunization programme. 301 primary schools were visited and 39,089 students were screened. 23,517 students of Grades III, V and VI were submitted to vision tests and 1,034 of them were found to have vision problem. 10,833 of the new entrants to primary schools were immunized against diphtheria, tetanus (D.T.) and poliomyelitis. 10,937 of them were also immunized against MMR and 13,234 primary school leavers were immunized against tetanus.

3.1.1.14 In order to reduce the prevalence of NCDs and enhance health promotion activities, screening programmes are being carried out for some 40,000 students of Grade 7,9 and 12 in 180 secondary schools (both public and private). These activities include, height and weight measurement to detect underweight, overweight and obesity, blood pressure, blood test to detect diabetes for students found to be obese and with a family history of diabetes, vision tests, medical consultation, counseling, health education, referral and follow-up of students diagnosed with NCDs. Besides, health cards are issued to all the students.

Food Safety

3.1.1.15 In accordance with international agreements, Mauritius considers food safety as a public health priority. The country aims at developing policies and regulatory framework and implementing effective food safe systems. The MOHW, through its Public Health and Food Safety Inspectorate (PHFSI), ensures that the health and safety of consumers are protected through the consumption of safe food.

3.1.1.16 In 2019, the inspectorate has carried out 86,656 inspections of premises with respect to environmental sanitation and food hygiene and 341 contraventions issued. Out of these inspections, 1037 school canteens were inspected.

3.1.1.17 Access to safe drinking water is a basic human need and essential to public health. The resolution of the 64th United Nations General Assembly has declared the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights.

3.1.1.18 In the Republic of Mauritius, raw water is obtained from both surface and ground water. The Central Water Authority (CWA), operating under the aegis of the Ministry of Energy and Public Utilities, is the authority responsible to treat the raw water to meet the Environment Protection (Drinking Water Standards) Regulations 1996 of the Environment Protection Act (EPA) 2002 and to ensure adherence to the drinking water guidelines of the WHO.

3.1.1.19 In accordance with the EPA 2002, the MOHW is the enforcing agency for the monitoring of the quality of drinking water, in order to ensure, that safe drinking water which complies to established norms, is supplied to the population. The number of drinking water samples collected and analysed for the period January 2017 to mid-March 2020 is 15,109. All the samples complied with the drinking water standards of the EPA.

Occupational Health

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

3.1.1.21 Under the Strategic Approach for International Chemical Management (SAICM), the OHU undertakes ambulatory services, which include, among others, medical examination of seafarers and new recruits by the Public Service Commission, conducting asbestos outpatient clinics and medical check-ups for fishermen aged 60 and above.

3.1.1.22 Besides, the OHU issues medical clearances for expatriate workers employed by companies involved in the execution of Government Project. Under the Dangerous Chemicals Control Act (2004), import permits are issued for extremely dangerous chemicals and pesticides.

Progress towards Sustainable Development Goal (SDG) 3

Ensure healthy lives and promote well-being for all at all ages

3.1.1.23 Mauritius has already achieved some of the health-related SDG targets set for 2030. Some examples are listed in TABLE VI.

TABLE VI: Achievements on SDG 3 health-related targets

SDG 3 HEALTH-RELATED TARGETS ACHIEVED
Under 5 Mortality Rate is 16.0 per 1,000 live births compared to the global target of 25
Neonatal Mortality Rate per 1,000 live births is 10.3 compared to the global target of 12.
Maternal Mortality Ratio is 62 per 100,000 live births compared to the global target of 70.
Number of new HIV infections per 1,000 uninfected population is low (0.2).
Tuberculosis Incidence Rate per 100,000 population is low (9).
For every 10,000 population, Mauritius has a workforce of 26.0 doctors
For every 10,000 population, Mauritius has 35.5 Nurses as compared to the WHO recommended ratio of 26.3.
% of the population with access to affordable medicines and vaccines on a sustainable basis is close to 100
Immunization Rate is >95%
Universal Health Coverage Index is 64.
Catastrophic expenditure on health is low (3.6%).
General Government Expenditure on Health has increased by 237% over the past 5 years

3.1.1.24 A comparison of key health indicators for Mauritius with Seychelles, the Africa Region, the European Region and OECD countries is given in TABLE VII.

TABLE VII: Comparison of Key Health Indicators for Mauritius with Seychelles and Selected Regions

Indicators	Mauritius (2016)	Seychelles	Africa Region	Europe Region	OECD Countries
Life Expectancy at Birth (years) (2016)#	74.8	73.3	61.2	78	80.7
Health Life Expectancy#	65.8	65.7	53.8	68.8	71.04
Infant Mortality Rate per 1000 live births	11.8	12.3	51	8	3.8
Under Five Mortality Rate per 1000 live births	13.3	14.3	74	7.9	6.4
Maternal Deaths per 100,000 live births*	46	57	70	12	14

*MMR is for North Africa Region.

#For comparison purposes, the data from 2016 World Health Observatory is taken for life expectancy and Healthy Life Expectancy

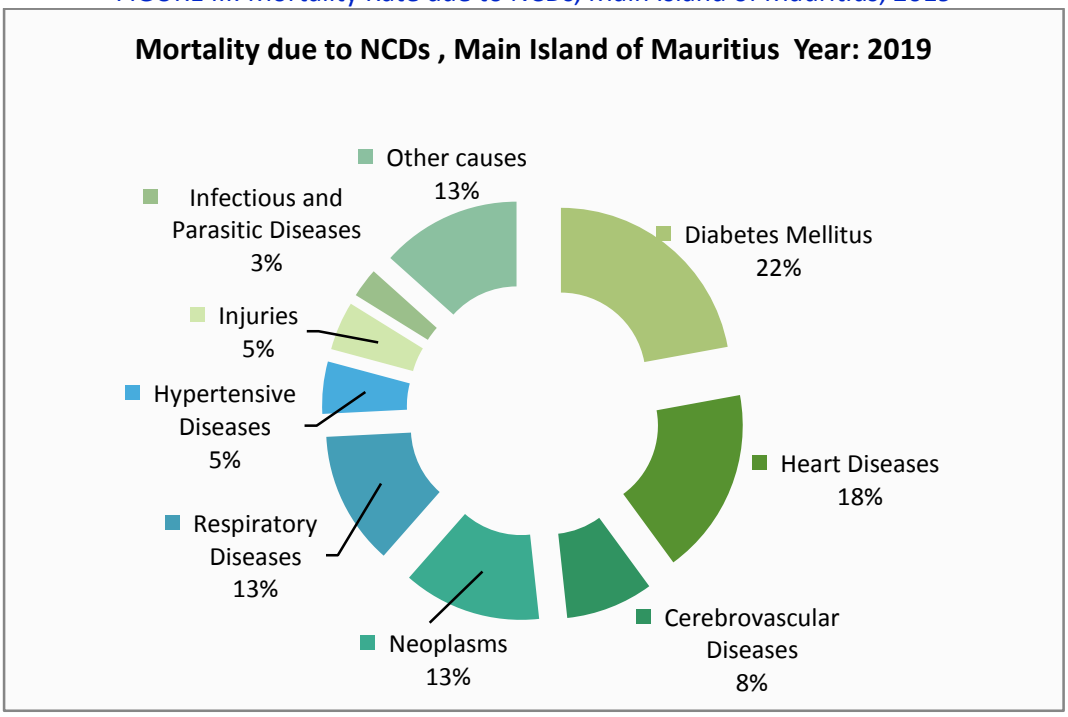
3.1.2 Challenges

3.1.2.1 The healthcare system in Mauritius faces significant challenges due to the growing burden of NCDs, including their associated chronic conditions, resurgence of past communicable diseases and emergence of new ones such as the CoVID-19 pandemic, an ageing population, new digital technologies, rising expectations of health consumers for improved quality of services and person-centred care and rising healthcare costs of which chronic diseases and their risk factors are the major drivers.

Non-Communicable Diseases

3.1.2.2 NCDs are silent killers with insidious onset and debilitating complications and are of major public health challenges that represent the bulk of morbidity, disability and premature deaths in Mauritius. NCDs account for 80% of the disease burden and 85% of mortality in the country. Cardiovascular diseases, (including hypertension and stroke), diabetes, cancer, chronic respiratory diseases and kidney diseases are also responsible for the widening gap in life expectancy, morbidity, mortality and quality of life among the population. FIGURE III gives an indication of mortality rate due to NCDs in the island of Mauritius for the year 2019.

FIGURE III: Mortality Rate due to NCDs, Main Island of Mauritius, 2019



3.1.2.3 It is estimated that there are some 170,000 people between the ages of 25 and 74 years with diabetes in the country. People with diabetes, and elevated cholesterol remain potential candidates for cardiovascular diseases (including hypertension and stroke), kidney diseases, amputations and other chronic complications.

3.1.2.4 In 2015, the standardised prevalence of type 2 diabetes in the population aged 20 -74 years was 20.5% with a slightly higher proportion among women (21.3%) compared to men (19.6%). This gives an estimate of 175,000 people aged between 20 and 74 years with diabetes. The National Assessment of Health System Challenges and Opportunities for better Non-Communicable Disease Outcomes, undertaken in 2018, by the MOHW in collaboration with the WHO points out that the prevalence of diabetes in Mauritius is one of the highest in the world.

3.1.2.5 White rice is the predominant contributor to dietary glycaemic load. High intake of white rice may lead to increased risk of diabetes through mechanisms other than its contribution to dietary glycaemic load. Compared with minimally processed whole grains such as brown rice, white rice has a lower content of many nutrients including insoluble fibre, magnesium, vitamins, phytoestrogens, and phytic acid, which are lost during the refining process. (Slavin et al., 1999)

3.1.2.6 Sun et al. (2010) found that brown rice intake was associated with a modestly decreased risk of type 2 diabetes, and the substitution of brown rice or other whole grains for white rice was associated with a significantly lower risk of diabetes in the Western population.

3.1.2.7 At present, a diabetic patient is allowed a brown bread (100 gm) for breakfast and white rice for lunch and dinner. The allowance of white rice per patient as per the Standard Normal Hospital Diet Scale (2018) for both lunch and dinner is 150 gm, i.e 75 gm raw rice per meal per patient.

3.1.2.8 The NCD Survey 2015 also provides evidence-based information on the prevalence of hypertension, estimated at 28.4% - 27.0% for women and 30.3% for men and the prevalence of elevated total cholesterol (≥5.2 mmol/l) estimated at 44.1% - 41.8% for women and 47.1% for men.

3.1.2.9 The increasing trend of cancer incidence has continued over the past years till 2016 when 2,607 new cases were registered, since then a decreasing trend has been observed. In 2018, 2,380 new cases of cancer (959 male and 1421 female) were registered by the Mauritius National Cancer Registry (MNCR). The age standardised incidence rate among men is 124 per 100,000 and 155 per 100,000 among women.

3.1.2.10 In 2018, the most frequently registered sites of cancer in male were prostate (21.4%), colorectal (12.9%), lungs (6.8%), oral cancer (4.3%), bladder (3.4%) and stomach (5.9%). Among female, breast cancer was the most prevalent (40.1%) followed by that of colorectal (7.3%), cervix uteri (3.8%), ovary (7.0%) and corpus uteri (6.1%). Breast cancer age standardized incidence rate (ASR (W)) was 62 per 100,000 in 2018.

3.1.2.11 At the end of 2019, there were 1,149 patients on dialysis in the public hospitals; another 254 public hospital patients were on dialysis in private centres, making a total of 1,403 patients as compared to 913 patients as at end of 2010 and 502 patients in 2005.

3.1.2.12 According to WHO, up to 80% of cases of heart disease, stroke and type 2 diabetes and over one third of cancers could be prevented by eliminating the four major causative risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity.

Mental Health

3.1.2.13 Mental Illness is described as “the spectrum of cognitive, emotional and behavioural conditions that interfere with social and emotional well-being and the lives and productivity of people.” Poor mental health is associated with many factors such as rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risk of violence, physical ill-health and human rights violations.

3.1.2.14 Mental disorders are becoming a growing area of concern in the country. Stigmatisation and discrimination are key issues in this particular area of health concern. Besides, it is noted that the public sector has an insufficient number psychiatrists and other related health professionals. The total number of cases attending Brown Sequard Mental Health Care Centre (BSMHCC) in 2019 was 32,066, including 1,703 new cases. 3,139 patients were admitted at the BSMHCC. In 2019, the most commonly encountered disorders are indicated in TABLE VIII.

TABLE VIII: Admissions at BSMHCC, 2019

Psychiatric Disorder	Percentage admission
Alcohol Use Disorder	7.1%
Schizophrenia	35%
Acute Psychotic Episode	4.6%
Suicidal Tendencies	9.8%
Substance Use Disorder	14.6%
Conduct disorder	4.6%
Bipolar Mood Disorder	7.6%
Dementia	1%
Synthetic Use Disorder	1.1%

3.1.2.15 The total number of new psychiatric cases managed at BSMHCC in 2019 was 1,703. TABLE IX gives an indication of the main psychiatric disorders admitted and managed at BSMHCC in 2019.

TABLE IX: New Psychiatric Cases, 2019

Psychiatric disorders	Number of admissions
Depressive disorder	371 (21.9%)
Substance use disorder	300 (17.7%)
Alcohol use Disorder	145 (8.5%)
Acute Psychotic Disorder	63 (3.7%)
Anxiety Disorder	151 (8.9%)
Dementia	62 (3.7%)
Conduct Disorder	88 (5.2%)
Schizophrenia	38 (2.2%)
Bipolar Mood Disorder	37 (2.2%)
Intellectual Disorder	12 (1.2%)
Suicidal attempt	122 (7.2%)
Stress Disorder	34 (2%)
Epileptic psychosis	4 (0.2%)

Substance Use and Addiction

3.1.2.16 Substance-related and addictive disorders, resulting from tobacco, alcohol abuse, irrational use of medications, synthetic drugs, use of intravenous drugs, heroin, cannabis, psycho-active substances and illicit methadone pose daunting public health challenges in Mauritius. The consequence is an increase in criminal actions which include larceny, drug dealing and prostitution. In addition, these people are exposed to chronic diseases such as HIV and Hepatitis C infections.

3.1.2.17 Addiction, which is a complex condition manifested by compulsive substance use, despite harmful consequences has also become a challenge in the country. As a result, there is huge socio-economic, physical and psychological impact, not only on the individual but also on the family, the community and the society at large.

3.1.2.18 The overall national response to address challenges in respect to substance use and addiction remains inadequate. Strengthening of prevention, care and rehabilitation is an urgent priority. The problem of early onset of drug use, identification of risk profile, overall management of very diverse morbidities,

the fight against exclusion and discrimination are important issues, and all these challenges call for urgent actions.

Communicable and Vector-Borne Diseases

3.1.2.19 In Mauritius, premature morbidity and mortality associated with traditional communicable and vector-borne diseases have significantly decreased. These achievements are attributed to the Integrated Surveillance System in place. However, challenges due to the resurgence of communicable and other vector-borne diseases and emergence of new infectious diseases remain continuous threats to the country.

3.1.2.20 No indigenous case of malaria has been detected since 1997. However, there have been 48 imported cases of malaria during the period January 2019 to the 9th June 2020. There have been no local cases of chikungunya since 2012. As far as dengue is concerned, Mauritius has detected 130 local cases and 20 imported cases in 2019. From January to 9th June 2020, 211 local cases of dengue were recorded.

HIV and AIDS

3.1.2.21 The eight Day Care Centres for the Immuno-suppressed (N/DCCI) located in Regional Hospitals are currently providing services to People Living with HIV (PLHIV). Out of the 4,936 PLHIV registered in all day care centres, some 3,741 of them are benefiting from antiretroviral treatment (ARV). Access to ARV is also available in prison settings.

3.1.2.22 Mauritius has adopted the SDGs agenda which includes a firm commitment to ending the AIDS epidemic by 2030 through the UNAIDS 90-90-90 Fast-Track approach. The 2017-2021 National HIV Action Plan drives the 90-90-90 targets. The challenge of Mauritius is, that by the end of 2021, 90% of all PLHIV will have to be diagnosed, to start and retain 90% of those found positive on ART and to achieve viral suppression for 90% of patients on ART.

Hepatitis C

3.1.2.23 Globally, an estimated 71 million people have chronic Hepatitis C. WHO estimated that in 2016, approximately 399 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer). The most common modes of infection are through exposure to small quantities of blood which may occur through injection drug use, unsafe injection practices and unsafe healthcare, unscreened and unsafe transfusion of blood and blood products and homosexual practices.

3.1.2.24 It is estimated that there are around 15,000 people infected with Hepatitis C Virus (HCV) in Mauritius. Population at increased risk of HCV infection in the country, includes people who inject drugs, children born to mothers infected with HCV, people with homosexual partners who are HCV-infected, people with HIV infection, prisoners or previously incarcerated persons and people who have received blood transfusion and endoscopy before 1997.

3.1.2.25 Hepatitis C is a major cause of liver cancer. Antiviral medicines can cure patients with hepatitis C infection, thereby reducing the risk of death from cirrhosis and liver cancer. Mauritius is presently implementing a HCV Elimination Programme.

Coronavirus, CoVID-19

3.1.2.26 Most of the communicable diseases have been successfully controlled. Although a good communicable disease surveillance and control programme is in place, challenges of the resurgence of communicable and other vector-borne diseases and emergence of new infectious diseases are continuous threats to the country. Mauritius has not been spared of the CoVID-19 tragedy. Since the notification of the first three cases, Mauritius has recorded less than 400 cases.

3.1.2.27 The national response to CoVID-19 was spontaneous and efficient with the setting up of a High-Level Committee chaired by the Honourable Prime Minister. Bold measures were timely implemented, including closure of borders, instituting health curfew and lockdown, mandatory quarantine of at least 14-days for citizens stranded abroad and for suspected local cases, mass screening, contact tracing, sensitization of the population on the novel coronavirus and preventive measures, setting up of CoVID-19 Testing Centres, strengthening and extending isolation facilities and upgrading of the central laboratory. Adoption of all these stringent measures allowed the country to improve from a status of cluster local transmission to zero local transmission in a matter of five weeks.

Women Health

3.1.2.28 Women have specific health needs throughout their lifespan, including emotional needs, sexual, maternal and reproductive health, cancers, menopause and the pathology of ageing. Maternal health refers to the health of women before and during pregnancy, at the time of delivery and during the postpartum period. Timely detection and management of symptoms during pregnancy reduce the risk of other morbidities and complications, mortality and disability. Besides, some women because of their vulnerability are exposed to domestic violence and even sometimes to prostitution.

3.1.2.29 There is a high risk of diabetes and hypertension in pregnancy, induced complications such as miscarriages, birth defects and other pregnancy challenges. Early attendance for ante natal care in the first trimester is a challenge mainly due to employment conditions of women. Other major challenges are to ensure high quality antenatal and intra-natal obstetric care, timely diagnosis of developmental anomalies and management of high risk pregnancies.

3.1.2.30 There is a need to strengthen post-natal care specially breastfeeding through sensitization of communities.

Vaccination

3.1.2.31 Main challenges in this area are to increase the coverage of immunization, inadequate data collection due to connectivity issues, inadequate and uninterrupted monitoring of cold chain, limited collaboration with community for targeting vulnerable groups, with Ministry of Education, Tertiary Education, Science and Technology, Civil Status Office and no mandatory reporting from the private sector on immunization. Furthermore, there has not been any Effective Vaccine Management assessment (EVM assessment) to obtain strong quantitative evidence on cold chain management and operations practices in the country and provide recommendations for the cold chain performance improvement where necessary. This is essential as it is a core requirement for Mauritius to have annual EVM Improvement Plans.

Child and Adolescent Health

3.1.2.32 Adolescent fertility rate (age group 15-19) has decreased from 29.3 in 2010 to 22.4 in 2016. Even though the number of pregnant teens is on the decline, teenage pregnancy continues to be a significant issue facing families, schools and health of the teens and their babies. Adolescent friendly sexual and reproductive health services need to be operationalized as the service coverage is on the decline. There is also a need to empower teachers for timely identification and management of common health problems in children. Further, the quality of child care service for management of extremely sick children and addressing the problem of children with special needs have to be addressed.

Community Empowerment

3.1.2.33 Major challenges for addressing community empowerment are tracking of high risk NCD patients and systematic opportunistic screening for pre-diabetes. Other challenges include limited education imparted to community members on the availability and quality of services and health matters, poor perception on generic medicines, non-compliance of members of the community to treatment and the adoption of healthier lifestyles, gaps in the alerting system on health matters and limited community participation in health issues.

Quality Healthcare

3.1.2.34 It is estimated that hospital acquired infections affect up to 28% of admitted patients due to non-implementation of infection prevention and control practices in healthcare facilities and poor adherence to existing Infection Prevention and Control (IPC) guidelines. Few clinical guidelines, absence of an independent quality assurance body, inadequate evaluations of healthcare providers' performance, including measurement of patient outcomes and experiences, are current challenges.

Quality Medicine

3.1.2.35 Weaknesses to be addressed in this sector includes development of evidence-based guidelines to support clinical decision-making and develop a national essential medicine list. Although international guidelines are followed for dossier evaluation, all work is done on paper and quality management system is not in place. The Pharmacy Act should be extended to include medical devices and other allied health products including parallel imports. A National Medical and Health Products Bill (NMHCP) should be enacted.

3.1.2.36 A paper-based inventory management system does not facilitate real time monitoring of medicine availability and consumption at health facility levels and requires more time for indent of medicines. An e-tendering system should be used for public procurement of drugs for improved efficiency. Consideration should be given to the setting up of a national pharmaceutical quality laboratory or agency for systematic quality monitoring of drugs and detection of counterfeit drugs.

Emergency Preparedness and Response

3.1.2.37 Mauritius has maintained a strong record of responding rapidly and effectively to several public health threats. Some of the pressing challenges that have come forth in the 2018 IHR-JEE Evaluation Report and internal appraisals are reviews of national legislations and regulations as well as procedures, and agreements for better stakeholder engagement, the undertaking of simulation and table top exercises, formalization of documentations, guidelines and analysis for future preparedness and response, including that for radiation hazards and allocation of a dedicated budget for IHR to respond to future public health threats.

3.1.2.38 After Action Reviews (AAR) post outbreak will be undertaken as this will allow programmes to draw lessons and adapt remedial actions for future programmes. This will be undertaken within a maximum period of three months as recommended in IHR. An AAR will be undertaken as soon as CoVID-19 outbreak is declared over.

Human Resources for Health

3.1.2.39 The Human Resources base in the health sector is the most valued asset that need to be nurtured and kept abreast of development occurring in a dynamic and complex environment. Being given the wide range and number of medical, paramedical and other categories of personnel in the MOHW, the efficient management of human resources is, no doubt, a complex task.

3.1.2.40 Currently, the MOHW faces a gap, that on Strategic Human Resource Management (SHRM). SHRM in the health sector is vital in order to support the sustainability of the health system in the long term, particularly when faced with dire challenges such as an ageing population, outbreak of novel pandemics, a rapid increase of serious health problems such as cancer and an alarming increase of non-communicable diseases such as diabetes and high blood pressure.

3.1.2.41 SHRM in general is concerned with strategic and long-term human resource planning around typical HR functions such as recruitment, capacity building and succession planning as well in supporting the adoption of smart and redesigned HR processes.

3.1.2.42 In view of the changing environment triggered by the adoption of innovative technologies, SHRM has become a key and ever complex function of Human Resource Management. As a matter of fact, in recent years, the health sector and healthcare all over the world have espoused the adoption of state-of-the-art innovative technologies in a quest to provide high tech health services which have translated into improving quality of life and life expectancy.

3.1.2.43 It is, therefore, expected there will be an acceleration of the convergence of health systems towards embracing innovative as well as disruptive technologies such as Artificial Intelligence, 3-D Printing, Robotic Surgery and Wearables to name a few. Consequently, it is urgent and important to develop the right HR Strategy to cater for a range of new skills that are required, not only, for existing personnel of the health system but for further HR requirements.

3.1.2.44 Besides, the administration of the public health system will also require specialized skills set in such areas like data science, business process reengineering, knowledge management, design thinking and strategic management supported by existing tools, methodologies and policies.

Governance

3.1.2.45 The MOHW manages one among the largest fractions of the National Budget. Public funds are spent under the Ministry's vote in order to provide quality and patient-centric health services to the population. The National Health System operates under a complex and elaborated structure comprising public officers from different grades and having a wide range of skills ranging from those of the medical field to administration. Besides the provision of medical services, other key functions, such as ensuring the right health infrastructure and the procurement of drugs and medical equipment, need to be carried in the most efficient manner in order to ensure that tax payers money are well spent.

3.1.2.46 It is, therefore, a key requirement that there exists an effective Governance Framework which comprises polices and strategies based on a set of principles revolving around rule based, transparent and accountable processes and procedures, in line with the objectives set by the Ministry.

3.1.2.47 In addition to the need for a high sense of commitment and sound management at the highest echelon of the Ministry, it is critical that there is the adoption of redesigned business processes which should be supported by innovative e-Health technologies, such as an Integrated Health Management Information System based on an up-to-date, accurate and complete patient database and telemedicine services.

3.1.2.48 Building the right Governance Framework is also tributary on an organisational culture which is geared towards excellence, the right attitude and work culture which places the patient at the centre of medical services he or she is legitimately entitled to.

3.1.2.49 The risks associated with the non-compliance of the basic tenets of Good Governance and accountability are generally high in a public health system. If left unchecked, a poorly managed framework can cause serious consequences, such as putting at risk patients' life, high prevalence of medical negligence, poor management of important health functions such as in preventive medicine, waste of public funds, improper and underutilization of expensive medical equipment, poor management of stock of drugs and medical items, adopting unethical and fraudulent practices and perpetuating a weak organisational culture where values such as ethics, trust, teamwork, competence and commitment are relegated and undermined.

3.1.2.50 The effectiveness of a Governance Framework is gauged through a well-defined monitoring and feedback mechanism which will ensure that the set key performance indicators for each area of the health system are achieved within a set time frame. Such approach enables policy makers to initiate and implement appropriate corrective measures for the attainment of the objectives set within the defined Governance policies and rules. Besides, a Good Governance Framework is a shield which protects the Ministry against malpractices as well as ensuring that public funds are judiciously spent and that negative, but in many cases, justified comments made in the National Audit Report are addressed.

3.1.2.51 The MOHW, is therefore, committed to devise and ensure compliance of an effective Governance Framework, particularly at a time where a transformed, resilient and fit for purpose public health system is becoming a key factor towards ensuring social and economic success and progress.

3.1.2.52 The CoVID-19 pandemic has been a clarion call for all the stakeholders of the public health system which has clearly signalled that change is inevitable and that a "business-as-usual" attitude will prove to be a very risky option which can have disastrous consequences on the population as a whole.

Health Information System (HIS) and Health Research

3.1.2.53 Outstanding challenges include:

- Information systems are largely manual and patient records are rarely transferred between facilities or from PHC to hospitals for follow up.
- HIS is not systematically established due to absence of standards, a good networking system and computerized health data repository including personal clinical records.
- The absence of a central computerised data repository for health (which will bring together all available information) limits the use of information for strategic planning and proper monitoring of healthcare services.
- Analysis of routine survey data collected is limited and large volume of valuable data generated by the health system is not used to their full potential.
- There is no established framework for the private sector to submit data to the MOHW routinely.
- Statistics are also not formally transmitted to hospitals and peripheral healthcare institutions to inform decision-taking.
- There is limited capacity for health systems research.
- No healthcare research policy or framework in place for identifying priority needs and translating recommendations for effective policy actions.

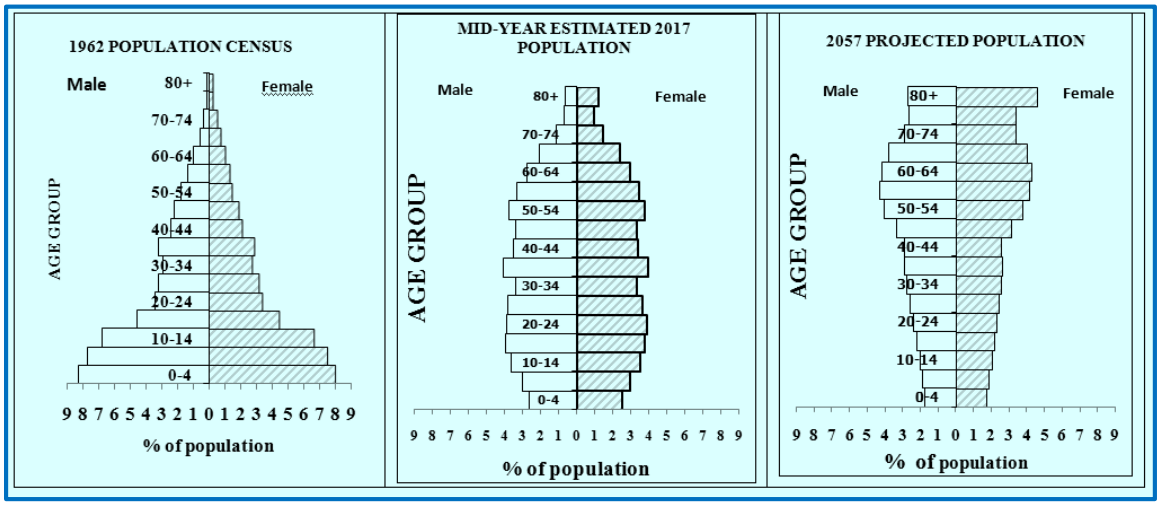
Inter-sectoral Collaboration and Public Private Partnership

3.1.2.54 There is no institutional coordination to deal with issues of multi-sectoral collaboration. Five challenges that need strong and sustained multi-sectoral collaboration include the management of HIV, drugs, NCDs and their risk factors, citizen engagement and transparency and efficiency in health resource use. There is weak inter-sectoral collaboration including implementation of SDGs, duplication of scarce health resources and very high user fees in the private sector. All these challenges have to be efficiently addressed.

Demographics

3.1.2.55 Increased life expectancy, together with the increased use of birth control, has resulted in an ageing of the population in Mauritius. The population growth rate between 2016 and 2018 was 0.1%. Mauritius has gone through a rapid demographic transition leading to the ageing of the population and changes in its age structure. FIGURE IV shows the increase in the elderly population from 1962 to 2017 and projections up to the year 2057.

FIGURE IV : Population Pyramids 1962, 2017 and 2057



3.1.2.56 The changes in the age structure will result in an increasing total dependency ratio so that the economically active population will decrease and the dependent population will increase. The total dependency ratio has increased from 519.2 in 2000 to 525.9 in 2017, and it is projected to increase to 697.0 in 2037 and 886.9 in 2057.

3.1.2.57 Demographic ageing has major implications for all facets of human life, including economic growth, savings, investments, consumption and labour force participation. It also influences family composition and living arrangements, housing demand, migration trends, epidemiology factors and the need for specific healthcare services. The prevalence of NCDs and the chronic conditions associated with these diseases as well as disability will scale up radically with the ageing population.

Patients' Expectations

3.1.2.58 The mission of healthcare institutions is to provide safe and quality healthcare services to patients and to meet their needs and expectations. To this end, perceptions and expectations of patients are considered to form part of the basic determinants of quality of care.

3.1.2.59 Around 73% of the healthcare needs of the population is managed, free of any user cost, in the public sector. The remaining 27% of healthcare needs are dealt with in the private sector, on a fee basis, either through out-of-pocket payments, including deductibles or payments effected by private health insurers.

3.1.2.60 A very high level of literacy rate coupled with easy access to Information Communication Technologies (ICT) has made health consumers more autonomous and conscious of their rights. That is, they want a say in their treatment and in the healthcare process and patients are in quest for more person-centred care. Besides, they want a value for money service given that free healthcare services in the public sector are funded through taxation.

3.1.2.61 Over the years, patients' expectations for improved quality of healthcare services continue to increase. Patients' expectations are not limited only to the quality of care, including the clinical management of diseases but, they are also concerned about their rights on prevention, information and screening. These issues need to be managed adequately in order to enhance the satisfaction level of patients and ultimately to improve health outcomes.

Health Technologies

3.1.2.62 Medical technology is indispensable for the delivery of efficient healthcare services. Rapidly changing medical technology, with the availability of high technology diagnostic and therapeutic equipment is revolutionizing the way healthcare services are being delivered.

3.1.2.63 Over the past few decades, advancement in medical technology has contributed to add additional years to life expectancy and reduce mortality from many chronic diseases. However, many of these latest medical devices are expensive in terms of their acquisition and maintenance.

Rising Costs of Healthcare

3.1.2.64 The high prevalence of NCDs and long-term treatment for chronic diseases, increasing demand for geriatric services and advances in medical technologies are the primary drivers of increasing health care costs in Mauritius.

3.1.2.65 At the global level, healthcare expenditure is forecasted to increase at an annual rate of 5.4%, from USD $7.724 trillion in 2017 to USD $10.059 trillion in 2022. In Mauritius, public health spending has increased from Rs. 18 million in 1968 to Rs. 12.95 billion for the Financial Year (FY) 2019-2020. This amount comprises the third largest component of public spending in Mauritius after social protection and education. With the ongoing global economic crisis due to the CoVID-19 pandemic, healthcare costs in Mauritius will continue to rise, in view of the fact, that the country is highly dependent on the importation of goods, including pharmaceutical products, hospital consumables and medical equipment. In addition, fluctuations in the foreign exchange rates will negatively impact on healthcare costs.

Social Determinants of Health

3.1.2.66 The bulk of the burden of diseases and the major causes of health inequities arise from the conditions in which people are born, grow, live, work and age. These conditions are referred to as social determinants of health - a term used to encompass the social, economic, political, cultural, and environmental factors that impact on health.

3.1.2.67 In Mauritius, the social determinants responsible for the increase in morbidity, disability and premature mortality associated with NCDs are unhealthy lifestyle and dieting, physical inactivity, tobacco, alcohol, illegal drugs, gender-based inequality and stress.

Imaging services

3.1.2.68 The Radiology Department is well structured, manned by well trained and skilled staff and equipped with high-tech equipment including CT and MRI to provide accurate diagnostic facilities.

However, misplaced reports often lead to delay in initiating treatment because there is no Radiology Information system which could enable doctors to receive reports online and store data for a longer period of time. Issues concerning maintenance of equipment and procurement of accessories and spare parts have to be addressed for a better performance of this critical department.

Healthcare Financing

3.1.2.69 Some of the most prominent challenges for the public sector include increasing the fiscal space for government expenditure on health in line with the Abuja target on the allocation of 15% of Total Government Expenditure on Health. Wastages in scarce resources due to overtime, medicines and procurement cost up to 10% should be addressed. Limited external funding support is yet, another challenge.

3.1.2.70 OOP Expenditure on health is increasing and catastrophic health expenditure incidence needs stringent monitoring. This is due to high import driven market for medicines and equipment, limited regulation of private sector user fees and ineffective medicine pricing strategies. A WHO Medicine prices and availability survey (2019) revealed that the lowest priced generic and innovator brand medicines are generally sold at 4.87 times and 10.25 times their international reference price, respectively.

3.1.2.71 One of the challenges besetting the HIV Programme is the reduction of Global Funding. For the period 2017-2020 GF funding amounted to USD 4.6m (USD 2.314 m for MOHW and USD 2.295m for NGOs). Under the 2021-2023 Mauritius is expected to have a reduced allocation amounting to only USD 2.265 million for Health and building resilient and sustainable systems. This would be the last grant allocation to Mauritius.

Economic Challenges

3.1.2.72 The Mauritian economy has grown steadily over the past few years with an economic growth rate averaging 3.8% during the period 2015 to 2019. The main sectors responsible for this economic growth rate, *inter- alia,* include the tourism and manufacturing sectors, financial services and the ICT sector. At the beginning of 2020, the country was moving on the right track to attain the status of a high income country, with a forecasted annual economic growth rate of more than 4%.

3.1.2.73 However, the coronavirus pandemic (CoVID-19) has pushed Mauritius, as it is the case for almost all countries worldwide, to the brink of a recession more severe than the Great Depression of 1937 and the 2008 financial crisis. According to the International Monetary Fund (IMF), it is estimated that global economic growth will decline by around 3% in 2020. Besides, the IMF anticipates that the CoVID-19 pandemic will contribute to the worst economic downturn since the Great Depression and has coined the present Global Economic Downturn as the Great Lockdown. It is estimated that every month of lockdown translates into a 3% drop in annual Gross Domestic Product.

3.1.2.74 What the IMF World Economic Outlook predicts for Mauritius? The IMF predicts that the Small Island Developing State (SIDS) of Mauritius will experience a 6.8% GDP contraction in 2020 against an estimated economic growth rate of 4.1%. However, domestic projections look bleaker, with economic growth projections ranging between -7% GDP to -11% GDP.

3.1.2.75 To mitigate the negative impact of CoVID-19, Mauritius is implementing a series of fiscal, monetary and social measures. Government has come forward with a stimulus package of around Euros 425 million, representing Rs. 35.1 billion for supporting salary payment and easing financial constraints in the private sector. A CoVID-19 Solidarity Fund has been created with a view to give relief measures to the population at large.

Global, Regional and National Commitments

3.1.2.76 Mauritius has pledged to achieve the Sustainable Development Goals (SDGs), specifically, SDG3 on Health and is expected to make further progress towards its 17 targets as well as other SDGs to address the socio-economic determinants of health. Other commitments include actions to be taken under the WHO-Global Programme of Work 13 and the Africa Health Strategy 2016 – 2020. At the national level, there is Vision 2030 which hints at seven key thrust areas for addressing various health challenges through short/medium and long- term strategies.

Legal and Regulatory Framework in the Health Sector

3.1.2.77 For the further development of health, it is imperative that existing legislations including new ones are enforced. The legal and regulatory frameworks in the health sector should be reviewed. The Human Tissue Act should be enforced and new legislations, for example on medical negligence should be enacted.

4. Context of the Health Sector Strategic Plan 2020-2024

4.1 HSSP incorporates strategies framed in line with the priorities of the Government as outlined in Vision 2030, Government Programme 2020-2024, Budget Address 2019-2020, Budget Address 2020-2021, as well as Global and Regional Commitments on Health endorsed by Mauritius.

Government's Priorities on Health

4.1.1 Mauritius is committed to attaining the Sustainable Development Goals (SDG) by 2030. SDG 3 is exclusively dedicated to health, with an aspiring goal to "Ensure healthy lives and promote wellbeing for all at all ages". The HSSP 2020-2024 provides a clear direction for a healthier future and describes the strategic directions and initiatives that Mauritius will pursue to achieve its vision and sustain progress to further improve the 17 targets related to SDG 3.

4.1.2 However, the SDGs are "integrated and indivisible" which imply that attainment of SDG3 is crucial to attainment of other goals, while other goals also contribute to attainment of targets under SDG3.The HSSP 2020-2024 embraces the core tenets of the SDGs through mainstreaming the right to health, strengthening multi-sectoral and multidisciplinary approaches so that health contributes to the successful implementation of the other 16 SDGs, which include the following:

- SDG 1 on Poverty Reduction: According to the Mauritius Household Budget Survey 2017, the Gini coefficient decreased from 0.414 in 2012 to 0.400 in 2017, indicating an improvement in the income distribution. Through making and implementing policies that are protective in nature such as promotion of financial protection schemes, provision of universal, accessible and quality health services, monitoring catastrophic health expenditure and effective co-ordination with the private sector, the Strategic Plan will attempt to contribute the most by reducing inequity in financial access to services.

- SDG 2 on Adequate Nutrition: With the increasing number of low birth weight babies, rising prevalence of obesity and increasing food safety concerns among the population, HSSP 2020-2024 will contribute the most by supporting evidence based nutritional strategies across the life course and ensuring food safety in communities, work place settings and schools.

- SDG 4 on Education: Through the school health programme, and the Expanded Programme on Immunization, there will be more effective collaboration with the Ministry of Education, Tertiary Education, Science and Technology for screening, referrals, care and education on communicable diseases and NCDs and their risk factors.

- SDG 5 on Gender Equality: In collaboration with the Ministry of Gender Equality and Family Welfare prevention and management of all forms of gender-based violence, including sexual and other forms of exploitation and the elimination of gender barriers to receiving essential health services will be strengthened.

- SDG 6 on Clean Water and Sanitation: This is not an issue in Mauritius. However, frequent outbreaks of vector borne diseases, such as gastro enteritis, dengue and influenza, remain major health challenges. Strengthened public health programmes will advocate for interventions for the reduction of water-borne, sanitation or hygiene-related diseases.

- SDG 8 on Economic Growth: Since NCDs represent the major burden of diseases in Mauritius, promotion of healthy work place settings, as a driver of economic growth and safety in employment will be reinforced with the implementation of the HSSP 2020-2024 through intersectoral collaboration and through public private partnership. The MOHW will have to strengthen collaboration with other sectors to target the promotion of healthy and decent work places and enforce safety standards in all forms of employment.

- SDG 10 on Tackling Inequalities: To contribute to reduce income inequality, the health sector will effectively collaborate with the Ministry of Social Integration, Social Security and National Solidarity and Ministry of Finance, Economic Planning and Development and the private sector to promote and improve social protections with respect to universal health coverage.

- SDG 13 on Climate change & Environmental Health: The health sector will collaborate in strengthening protection mechanisms through national multi-hazard emergency alert system to mitigate adverse effects of climate change on the population. A dedicated unit will be set up to look into health issues associated with climatic change and to prepare guidelines and protocols in accordance with the Government Programme 2020-2024.

- SDG 16 on Inclusive Societies: The health sector will collaborate with other sectors to monitor financial risk protection, promote education on sexual and reproductive health rights, increase access to contraceptive methods, control and prevent Sexually Transmitted Diseases (STDs) and HIV and will contribute to the implementation of the National Strategy on Gender-Based Violence.

- SDG 17 on Partnership for Health: The HSSP 2020-2024 will be implemented in close collaboration with the private sector and other partners such as NGOs, the private sector and multilateral agencies through appropriate partnership frameworks.

Government Programme 2020-2024

4.1.3 Government recognizes health as a basic human right and that investing in health is an effective and sustainable way of investing in human development and social well-being. For this reason, health is always placed at the top of the socio-economic agenda of Government. Government Programme 2020-2024 demonstrates staunch political will for universal health coverage with emphasis on people-centred services, accessibility to more specialized medicine and an improvement in the quality of care.

Vision 2030

4.1.4 The National Vision 2030 identifies health as a growth enabler supporting human development for the achievement of inclusive economic growth. Vision 2030 also identifies the health sector as an enabler to attaining the country's aspiration of attaining a high-income status and commits to promoting health sector development with the ultimate goal of enhancing universal health coverage. The six key thrust areas, on which short/medium and long term strategies have been developed, are the following:

- Refocus health expenditure on changing health patterns such as NCDs.
- Re-examine policies to cope with growing health costs of ageing population.
- Improve public health service delivery, raise the efficiency of public investment and create a level playing field for private sector investment.
- Evidence-based Monitoring and Evaluation (M&E) policies will be implemented to raise public sector efficiency.
- Develop the use of genomics in the diagnosis and treatment of human diseases.
- Develop Mauritius as a medical centre of excellence providing healthcare services from basic health screening to quaternary level.

4.1.5 HSSP 2020-2024 will contribute to Vision 2030, mainly towards the increase in life expectancy, reduction in infant mortality, reduction in mortality rate due to NCDs and a further improvement of the UHC index.

Budget Speech 2019-2020

4.1.6 Crafted to the theme "Embracing a Brighter Future Together as a Nation"; the Budget Speech 2019-2020 testifies Government's priority to provide access to quality healthcare to the population. It indicates Governments' commitment to invest significantly in health infrastructure and human resources for health, while promoting quality of life and ensuring financial risk protection.

Budget Speech 2020-2021

Budget Speech 2020-2021 has for theme "Our New Normal/The Economy of Life". As it has been in the past, the new Budget Address places health at the core of the socio-economic agenda of Government and emphasises on the need for an advanced healthcare system in Mauritius. It, *inter–alia*, makes mention of the formulation of a new Five-year Strategic Plan 2020-2024 to ensure that the national health services can cope with new challenges, the implementation of infrastructural projects to consolidate curative

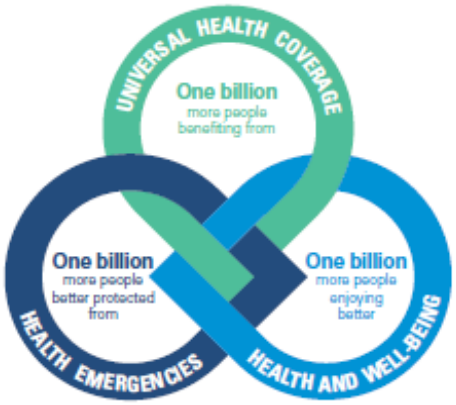
services and to address communicable diseases, the introduction of a Medical Products Regulatory Authority Bill and the proclamation of the Human Tissue Act.

Rodrigues Budget Speech 2019-2020

4.1.7 The bold intention of the Rodrigues Regional Assembly to ensure a healthy population through the provision of efficient and effective services is highlighted in the Rodrigues Budget Speech 2019-2020. The Budget Speech also makes mention of the "Rodrigues Smart Health System" with the implementation of the e-health project. Several projects, which include, the modernisation of the Queen Elizabeth Hospital, upgrading of primary healthcare institutions and decentralisation of renal dialysis services, as well as enhanced health promotion activities are cited in the speech.

WHO-Global Programme of Work 13

4.1.8 The HSSP 2020-2024 incorporates the WHO's agenda on the Thirteenth General Programme (GPW) of Work, 2019–2023 which was adopted by Member States in May 2019, In the context of the SDGs. WHO GPW 13 2019-2023 provides a vision - "A world in which all people attain the highest possible standard of health and well-being". This vision is embedded in Article 1 of WHO's Constitution.



4.1.9 GPW 13 summarizes WHO's mission, which is to: "Promote health, Keep the world safe and Serve the vulnerable". GPW 13 is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations[1]. Many of the strategic priorities of HSSP 2020-2024 are strongly linked to the 13 outcomes of GPW 13 in TABLE X as below:

TABLE X: Outcomes of GPW 13

	HSSP 2020-2024	WHO GPW 13 Outcomes*
1	Integrated Primary Health Care services	Output 1.1.1
2	Community empowerment	Output 1.1.3 and 1.1.4
3	Hospital and specialized services	Output 1.1.1, 1.1.2 and 1.1.5
4	Quality Health care	Output 1.1.1 and 1.1.4
5	Non-communicable diseases	Output 1.1.2, 3.2.1, 3.2.2 and 3.3 1
6	Communicable diseases	Output 1.1.2
7	Health through the Life Course	Output 1.1.3
8	Emergency preparedness and response	Output 2.1.1, 2.1.2, 2.1.3, 2.3.1
9	Health information system and Health Research	Output 4.1.1 and 4.1.3
10	Human Resources for Health	Output 1.1.5
11	Access to Medicine and Health technologies	Output 1.3.1 , 1.3.2., 1.3.3, 1.3.5
12	Health financing	Output 1.2.1, 1.2.2 and 1.2.3
13	Intersectoral coordination	Output 1.1.4, 3.1.1 , 3.2 1, 3.2.2, 4.3

*Note: Details of the various outputs are indicated in ANNEX VIII.

[1] WHO Global Programme of Work 2019-2023

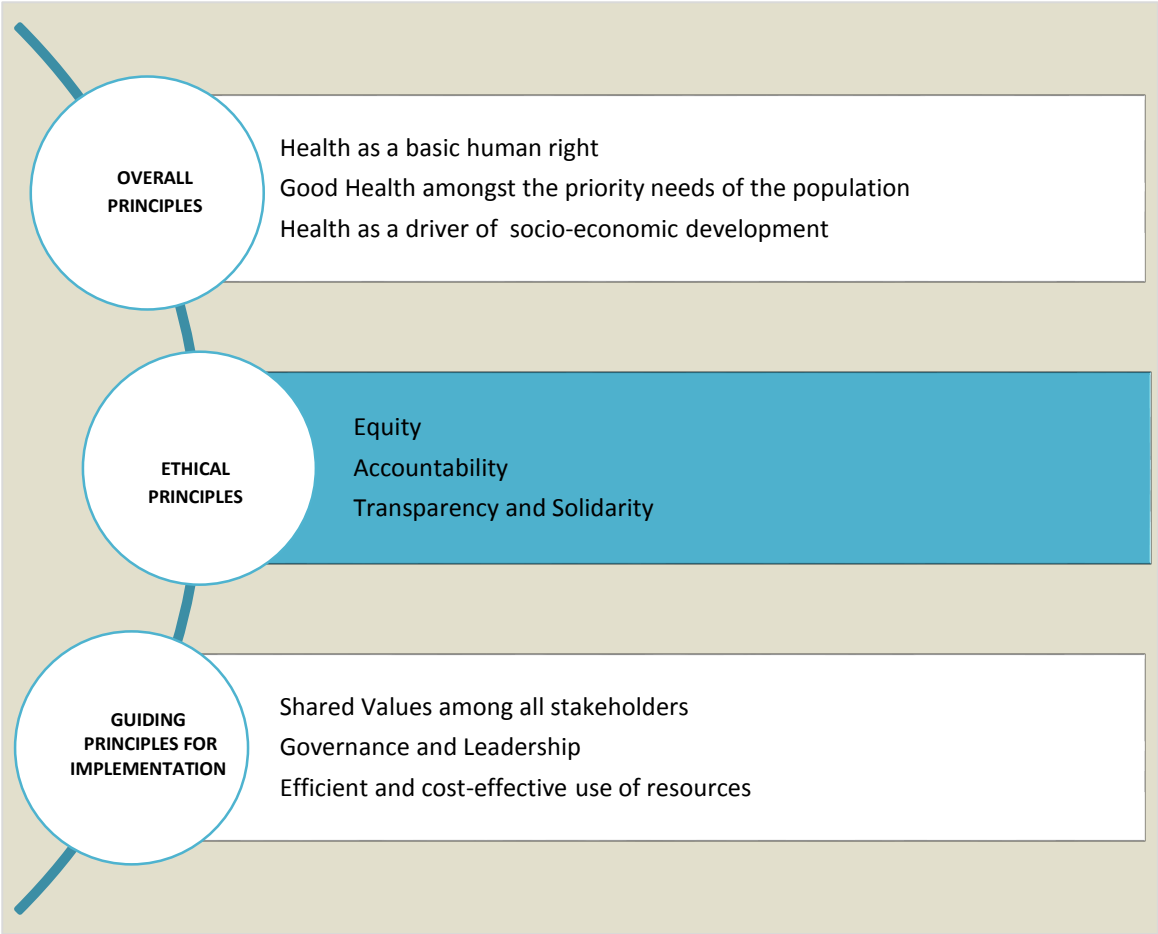
Regional Commitments on Health

4.1.10 HSSP 2020-2024 also operationalizes the Africa Health Strategy (AHS) 2016 – 2020 which commits Member States to strengthen health systems performance, increase investment in health, improve equity, achieve UHC and address social determinants of health to reduce priority disease burdens by 2030.

4.1.11 Mauritius is committed to building health security through implementation of the International Health Regulations (IHR). Accordingly, the recommendations of the Joint External Evaluation (JEE) on the IHR have informed the development of the current strategy on Emergency Preparedness and Response and Health Security. The New Government Programme 2020-2024 reiterates the country's commitment to adopt WHO technical guidelines to elaborate a National Action Plan for Health Security. This National Plan which is a country owned, multi-year, planning process will accelerate the implementation of IHR core capacities and is based on the One Health and whole-of-government approach for the efficient management of all health-related hazards.

4.1.12 As urged in the Global Vaccine Action Plan 2011–2020 and endorsed by the 194 WHO Member States, a National Immunisation Technical Advisory Group (referred as MAUNITAG) was constituted and launched in 2019. MAUNITAG is an independent 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.

5. Principles Guiding Health Sector Strategic Plan 2020-2024



6. Strategic Action Framework

6.1 Vision

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

6.2 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.

6.3 Targets 2024

Increase in life expectancy at birth of the population from 74.4 years in 2019 to 75.5 years in 2024
Increase in Healthy Life Expectancy (HALE) from 65.8 years in 2016 to > 67 years in 2024
Reduction in infant mortality rate from 14.5 in 2019 to 10 *per 1,000 live births* in 2024
Reduction in under five mortality rate from 16.0 in 2019 to 12 *per 1,000 live births* in 2024
Reduction in maternal mortality ratio from 62 in 2019 to 35 *per 100,000 live births* in 2024
New cases of HIV/AIDS by 2024 tending towards zero
A 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2024
Improve Universal Health Coverage Index from 64 to >70 by 2024

6.4 General and Strategic Objectives of HSSP 2020-2024

6.4.1 General Objective of HSSP 2020-2024

Ensure the enhancement of health sector development in the Republic of Mauritius, including Rodrigues and the Outer Islands, in order to further improve positive health outcomes for the individual, the family, the community and the economy at large.

6.4.2 Specific Objectives of HSSP 2020-2024

Specific Objectives

- Reorient and strengthen Primary Health Care Services to act as "gatekeepers" for patients' access to hospitals with focus on people centered services.
- Improve quality of care and efficiency measures at all levels of care and strenghthen evidence-based decision making.

Specific Objectives

- Respond to the healthcare needs of the population and ensure a patient-centric approach.
- Refocus expenditure on health promotion and Primary Health Care Services.

Specific Objectives

- Accelerate progress towards Sustainable Development Goal 3.
- Strengthen results based approach for efficient management of human resources and healthcare technology.

7. Strategic Priorities 2020-2024

7.1 Integrated Primary Health Care Services

7.1.1 It is globally recognized that countries with strong primary health care systems make efficient use of health resources, have lower rates of hospitalization, hardly any health inequalities and better health outcomes including lower morbidity, premature mortality and disability from both communicable and NCDs and excellent health indicators.

7.1.2 A strong primary health care system is critical to improve the health of Mauritians, to accelerate progress towards Sustainable Development Goal 3 on health and to sustain the provision of free healthcare services in the public sector.

Astana Declaration on Primary Health Care:

"To address the health and development challenges of the modern era, we need PHC that:

(1) empowers people and communities as owners of their health, as advocates for the policies that promote and protect it, and as architects of the health and social services that contribute to it;
(2) addresses the social, economic, environmental and commercial determinants of health through evidence-based policies and actions across all sectors; and
(3) ensures strong public health and primary care throughout people's lives, as the core of integrated service delivery."

Strategic Goal 1: Improve access to quality patient-centred services

Strategic Objective	Strategic Action
Strategic Objective 1.1 Establish a strong gatekeeper mechanism at the PHC level.	▪ Establish a scheme based on the family medicine approach for the provision of integrated patient and family centered services. ▪ Develop an essential standard benefit package of PHC services that meets the identified needs of the population based on epidemiological profiles of people, including care for the elderly, palliative care, domiciliary visits and community-based rehabilitation and psychiatric services. ▪ Strengthen diagnostic services at the PHC level. ▪ Expand screening services for early detection of NCDs, including, mental health and prevention of complications due to NCDs. ▪ Mainstream counseling services for NCDs risk factors in service delivery, with particular emphasis, on nutrition, physical activity and tobacco. ▪ Establish a mandatory patient registration system at the PHC level.

Strategic Objective	Strategic Action
Strategic Objective 1.2 Strengthen universal access to PHC services.	▪ Review, upgrade and equip health infrastructures. ▪ Construct new PHC institutions. ▪ Streamline the supply chain of drugs to avoid stock-outs and increase availability to users at point of use. ▪ Institutionalize regular assessment of service readiness in health facilities. ▪ Procure necessary medical equipment and technologies, including safe health facilities standards.
Strategic Objective 1.3 Ensure the provision of coordinated people centered services.	▪ Establish and operationalize multidisciplinary teams at PHC institutions coordinated by family doctors as the facility manager. ▪ Set up a two-way communication system for patients referred to secondary care to ensure appropriate follow up. ▪ Improve coordination between PHC institutions and the laboratory for timely reporting of tests and for avoiding lost reports. ▪ Embark on the digital transformation of PHC network.
Strategic Objective 1.4 Ensure universal access to quality oral health services.	▪ Set up additional dental clinics and upgrade existing ones. ▪ Endow dental clinics with modern technology. ▪ Issue dental cards for newborns for regular follow-up. ▪ Strengthen oral health promotion programmes. ▪ Review and update existing dental protocols and guidelines for oral health services. ▪ Undertake a feasibility study to establish dental emergency services.

TABLE XI: MONITORING INDICATORS (Integrated Primary Health Care Services)

Indicator	Baseline 2019	Target 2024	Data Source
Service availability and readiness Index	NA	> 95%	SARA Survey
Number of Health Regions implementing FDS Scheme and Empanelment	0	5	HSR
Number of PHC facilities upgraded	4	≥ 15	PIU
Proportion of cases referred from hospitals and followed up through a two-way communication system between PHC centres and secondary hospitals	NA	100%	E-Health
Dental protocols for oral health services reviewed and updated	NA	100%	MOHW
Proportion of cases seen by doctor at PHC facilities	36%	> 50%	HSR

7.2 Community Empowerment

7.2.1 It is globally acknowledged that improved health outcomes cannot be gained in isolation. Achieving good health and making progress to enhance the well-being of people are influenced by all aspects of society, including members of the community.

7.2.2 The involvement of all stakeholders concerned is critical to attain the goals proposed in the current HSSP 2020-2024. It is, therefore, essential to have empowered, harmonized and organized communities, supported by Government and other stakeholders to effectively implement the HSSP 2020-2024 for an enhanced quality of life and better health and well-being for the population.

Strategic Goal 2: Improve health outcomes through community empowerment

Strategic Objective	Strategic Action
Strategic Objective 2.1 Improve the uptake of PHC services by community.	▪ Sensitize the community on PHC services. ▪ Institutionalize mechanisms to assess patient satisfaction at PHC level. ▪ Develop a Patients' Charter for integrated PHC services. ▪ Educate members of the community on health matters, including compliance to treatment and behavioral changes. ▪ In line with the Integrated Disease Surveillance and Response System, address existing gaps on the alerting system between the population and healthcare providers.
Strategic Objective 2.2 Enhance active community involvement in health.	▪ Set up Local Health Committees (LHCs) and appoint and build the capacity of community champions to form part of LHCs. ▪ Establish structured peer to peer patient support groups. ▪ Establish societal dialogue forum with NGOs and the community. ▪ Review and implement the Plan on Health Literacy in communities. ▪ Embrace use of modern information, communication and mobile technologies to mobilize the community. ▪ Reinforce the NCD, Health Promotion and Research Unit to effectively address increasing healthcare challenges.

TABLE XII: MONITORING INDICATORS (Community Empowerment)

Indicator	Baseline 2019	Target 2024	Data Source
Patient Charter on PHC services and health literacy framework finalized and disseminated	0	2	Published Document
Proportion of PHC facilities that have established a feedback system to assess patient satisfaction.	0	>80%	Published Document
% LHCs with trained community champions established.	0	>95%	Published Document
% PHC facilities with functional peer to peer support groups.	0	>80%	Published Document

7.3 Hospital and Allied Services

7.3.1 State-owned hospitals, which mirror the overall public healthcare system, are viewed by the population, as vital institutions to alleviate sufferings, prevent morbidity, premature mortality and disability. Over the years, public hospitals in Mauritius which operate on a 24/7 basis have continued to experience tremendous growth and change. They consume more than 80% of the total recurrent cost of the MOHW.

7.3.2 Allied services which include, laboratory and imaging services form an integral part of the consumption of services and constitute a critical guide for evidence-based and the efficient management of clinical cases. In addition, there is the National Blood Transfusion Service (NBTS) which caters for the need of blood and blood components for all public and private hospitals. Other allied services include, the Service d'Aide Medicale Urgence (SAMU) and the "hotel services" which group catering and laundry services.

Strategic Goal 3: Strengthen and benchmark the provision of high quality, patient-centred and safe curative services, in line with international best practices

Strategic Objective	Strategic Action
Strategic Objective 3.1 Consolidate existing specialized services and introduce new specialties to cater for evolving healthcare needs.	▪ New state-of-the-art Cancer Centre made operational. ▪ Introduce oncology surgery, stem-cell transplant and PET scan. ▪ Construction of a new Ophthalmology Centre. ▪ Construction of a Teaching Hospital. ▪ Upgrading of all Regional Hospitals for the provision of additional specialized services. ▪ Strengthen the provision of existing specialized services such as spinal surgery, paediatric orthopaedic, paediatric surgery, interventional radiology and organ transplant surgery (particularly renal transplant). ▪ Strengthening of ICU facilities in all hospitals. ▪ Establishment of Emergency Resuscitation Units. ▪ Introduction of dedicated geriatric services, specialized paediatric services and palliative services. ▪ Strengthen paediatric intensive care services. ▪ Establishment of a Genetic Unit. ▪ Setting up of clinical haematology service. ▪ Scale up the provision of Ayurvedic and Chinese traditional medicine in all Regional Hospitals.
Strategic Objective 3.2 Sustain treatment of patients, with complicated clinical cases, abroad.	▪ Increase accessibility for overseas treatment. ▪ Enhance public private partnership through the extension of MoUs with other foreign or local private hospitals. ▪ Encourage more visits by foreign medical teams locally for the treatment of complicated cases in order to achieve economies of scale.

Strategic Objective	Strategic Action
Strategic Objective 3.3 Harmonize and improve standard of care.	▪ Harmonize the package of services provided in all Regional Hospitals. ▪ Improve customer care and general hospital environment. ▪ Establish and implement protocols for referral of patients from different institutions to PHC level. ▪ Implement Maternal and Infant Death Reviews (MDR and IDR). ▪ Strengthen out-of-the hospital emergency care services.
Strategic Objective 3.4 Further develop allied services to meet increasing workload of hospitals.	▪ Construction of a Modern Warehouse for Pharmaceutical Products and other Medical Consumables. ▪ Construction of a National Health Laboratory Services. ▪ Strengthen SAMU services. ▪ Review the existing monitoring system in place to ensure the cost-effective management of hotel services, which include catering, laundry and security services.

TABLE XIII: MONITORING INDICATORS (Hospitals and Allied Services)

Indicator	Baseline 2019	Target 2024	Data Source
Service availability and readiness for hospital services as per standard package of services	NA	>90%	Survey
Referral protocols developed and implemented	0	1	Published Protocols
Proportion of maternal and infant death reviews conducted	0	100%	Review reports
Number of new specialised services introduced in hospitals	0	12	HSR
Number of ICU beds in hospitals per 100,000 population	5	8	HSR

7.4 Quality Healthcare

7.4.1 Quality is the degree to which healthcare services for individuals and the population in general increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality healthcare is important as it ensures patient safety throughout the patient's journey in the healthcare delivery institutions.

7.4.2 The WHO proposes essential elements, namely, systems thinking, stakeholders' participation, accountability, clinical governance, evidence-based interventions and innovations for improving the delivery of healthcare services.

Strategic Goal 4: Improve service excellence for the provision of safe and compassionate care

Strategic Objective	Strategic Action
Strategic Objective 4.1 Ensure provision of quality standardized health services in all heath institutions.	▪ Develop evidence-based national guidelines for the management of common diseases and for therapeutic patient education programmes. ▪ Institutionalize reviews and updates of guidelines. ▪ Ensure effective dissemination of guidelines to health personnel. ▪ Establish monitoring mechanisms to ensure effective use of guidelines. ▪ Undertake a review of present internal processes at the level of different health institutions to streamline procedures. ▪ Adopt digital innovative technologies for easier interaction with the public.
Strategic Objective 4.2 Improve Infection Prevention and Control (IPC) measures in all health care institutions.	▪ Set up functional IPC Committees in all Regional Hospitals. ▪ Implement guidelines on IPC in all healthcare institutions. ▪ Undertake regular monitoring and reporting of nosocomial functions. ▪ Reinforce legislation on IPC. ▪ Establish and sustain an anti-microbial resistance surveillance system at all hospitals. ▪ Establish and implement protocols for the cleaning of all hospital premises, according to international norms. ▪ Set up a Hospital Hygiene and Infection Control Unit. ▪ Ensure that healthcare wastes are disposed in line with prevailing norms.
Strategic Objective 4.3 Strengthen regulatory capacity for the provision of high quality services.	▪ Enhance customer care and effective communication skills for all staff. ▪ Establish and operationalize an independent National Monitoring and Regulatory Body (National Quality Commission). ▪ Develop and enforce norms and standards for quality healthcare. ▪ Develop clinical morbidity and mortality auditing.

TABLE XIV: MONITORING INDICATORS (Quality Healthcare)

Indicator	Baseline 2019	Target 2024	Data Source
Number of evidence-based guidelines developed and disseminated	0	1	Published Guidelines
Number of hospitals with surveillance system on nosocomial infections	0	12	HSR
National Quality Commission established and functional	0	1	MOHW

7.5 Non-Communicable Diseases and their Risk Factors

7.5.1 Non-Communicable Diseases (NCDs) which include cardiovascular diseases (including hypertension and stroke), diabetes, cancer, chronic respiratory diseases, and kidney diseases are silent killers with insidious onset and debilitating complication. NCDs account for 80% of the disease burden and 85% of mortality in the country.

7.5.2 The main risk factors of NCDs include tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet. Prevention and the adoption of a healthy lifestyle are critical to address the situation. The WHO recommends policy, regulatory, and health promotion interventions to reduce NCD risk factors.

Strategic Goal 5: Reduce preventable and premature morbidity, mortality and disability due to non-communicable diseases, by addressing their risk factors

Strategic Objective	Strategic Action
Strategic Objective 5.1 Scale up the prevention and control of NCDs.	▪ Enforce the Public Health Regulations on tobacco and alcohol in a structured manner through adequate financial resources. ▪ Strengthen the public health inspectorate. ▪ Implement the new Food Regulations, specifically for salt, trans fats and nutrient profile labelling in collaboration with stakeholders. ▪ Review and update the National Plan of Action for Nutrition 2016-2020. ▪ Ensure the implementation of WHO "Best Buys" on NCDs and their risk factors. ▪ Develop and implement a National Action Plan on Obesity. ▪ Collaborate with Ministry of Youth Empowerment, Sports and Recreation for implementation of the National Policy on Physical Activity. ▪ Review the results of the pilot ASSIST Programme and extend to other regions. ▪ Review menu plans for all patients irrespective of their health status.
Strategic Objective 5.2 Strengthen the governance for action against NCDs.	▪ Develop and implement an Integrated NCD Action Plan with focus on cancer, cardiovascular diseases and diabetes among others. ▪ Develop a National Service Framework for NCDs. ▪ Operationalize the National Multi-Sectoral NCD Committee.

TABLE XV: MONITORING INDICATORS (NCDs and their Risk Factors)

Indicator	Baseline 2019	Target 2024	Data Source
Prevalence on harmful use of alcohol (2015)	52.8%	41.3%	NCD Survey
Prevalence of physical activity among the population (2015)	23.7%	35.1%	NCD Survey
Intake of salt among the population (2012)	7.9 gms	4.2 gms	Salt Intake Study
Prevalence of tobacco use (2015)	19.3%	15%	NCD Survey

7.6 Mental Health

7.6.1 Good mental health is related to mental and psychological well-being. According to the WHO, mental health is a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

7.6.2 In Mauritius, mental disorders with different presentations include depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders. In 2019, 35% of cases admitted at the Mental Health Care Institution were cases of schizophrenia, 14.6 % were presentations of substance abuse, 9.8% were instances of suicidal tendencies, 7.6% and 4.6% were cases related to bipolar mood disorder and acute psychosis respectively, 7.1% represented patients suffering from alcohol use disorder and 1.0% was dementia cases.

7.6.3 A National Strategy and Action Plan (NSAP) 2017-2022 for Mental Health has been formulated. The HSSP 2020-2024 underpins the implementation process of the NSAP 2017-2022.

Strategic Goal 6: Strengthen the prevention of mental disorders and promote good mental health

Strategic Objective	Strategic Action
Strategic Objective 6.1 Prevent mental disorders and promote good mental health.	▪ Strengthen primary, secondary and tertiary prevention of mental illness. ▪ Promote healthy child-parent relationship through the implementation of early childhood psycho-social development programs. ▪ Train healthcare providers to detect mental disorders. ▪ Enhance Continuous Professional Development. ▪ Increase sensitization campaigns on mental health to reduce stigmatization and discrimination and to promote human rights. ▪ Enhance sensitization campaigns to prevent suicide.
Strategic Objective 6.2 Provide comprehensive, integrated and responsive mental health services in all Health Regions.	▪ Set up a fully functional Mental Healthcare Service in all Regional Hospitals for the provision of ambulatory and inpatient mental health services. ▪ Introduce community psychiatric care services. ▪ Establish units for sub-specialities, which will include, child psychiatry and geriatric psychiatry. ▪ Establish a crisis intervention service.
Strategic Objective 6.3 Strengthen information systems, evidence and research for mental health.	▪ Extend the implementation of the e-health project to the Brown Sequard Mental Health Care Institution. ▪ Establish an active surveillance system for mental health and suicide monitoring. ▪ Undertake a study to identify the root causes of the prevalence of mental health conditions. ▪ Improve research capacity to assess mental health needs.

Strategic Objective	Strategic Action
	▪ Undertake regular monitoring and evaluation of programs. ▪ Strengthen collaboration between National, Regional and International Research Centres for research work.
Strategic Objective 6.4 Strengthen effective leadership and governance for mental health.	▪ Develop the Brown Sequard Mental Health Care Institution into a Centre of Excellence in Psychiatry. ▪ Review the scope and functions of the Mental Health Board.

TABLE XVI: MONITORING INDICATORS (Mental Health)

Indicator	Baseline 2019	Target 2024	Data Source
Fully functional Mental Health Care Services available in all Health Regions	0	5	HSR
Scope and functions of the Mental Health Board reviewed	0	100%	MOHW
Child psychiatry and geriatric psychiatry units established	0	10	HSR
Study on the identification of the root causes of the prevalence of mental health conditions completed	0	100%	MOHW

7.7 Substance Use and Addiction

7.7.1 Substance Use is an area of major concern in Mauritius. Addiction, which is a complex condition manifested by compulsive substance use, despite harmful consequences has also become a challenge in the country. As a result, there is huge socio-economic, physical and psychological impact, not only on the individual but also on the family, the community and the society at large.

7.7.2 A National Drug Control Master Plan 2019-2023 (NDCMP) has been developed and its recommendations are being implemented. Addictology units have been established at various health institutions.

Strategic Goal 7: Prevent and reduce the negative health and social consequences of substance use and addiction

Strategic Objective	Strategic Action
Strategic Objective 7.1 Scale up prevention and management of addiction cases.	▪ Review drug prevention programs to cater for the needs of specific vulnerable populations. ▪ Introduce enhanced Addictology Services in all Regional Hospitals. ▪ Scale-up capacity building to have trained teams of doctors, addictologists, psychologists, psychiatrists, social workers and other paramedical staff. ▪ Scale up the holistic approach in the management, rehabilitation and social re-integration of the illicit substance abuser. ▪ Scale up detoxification programs for recovery and enhance accessibility to the Methadone Maintenance Therapy Services. ▪ Extend the Harm Reduction Program available to those under the age of eighteen. ▪ Set up Integrated Care Centre for the management of HIV, HCV and drug abuse in all Health Regions. ▪ Reduce stigmatization and discrimination and promote social re-integration.
Strategic Objective 7.2 Reduce personal and social harms associated with substance use and addictive behaviors.	▪ Implement the health related actions under the National Drug Control Master Plan (NDCMP). ▪ Develop socially and culturally acceptable programs and services to address drug use disorders, rehabilitation and social re-integration. ▪ Develop drug resilience skills among students and youth. ▪ Develop and implement workplace prevention programs. ▪ Ensure that the rights to health of drug users are respected. ▪ Strengthen capacity building for health workers.
Strategic Objective 7.3 Enhance recovery of patients.	▪ Strengthen outpatient and inpatient rehabilitation programs. ▪ Introduce Biofeedback Therapy and Experiential Therapy. ▪ Enhance Holistic Therapy in collaboration with NGOs. ▪ Scale up SMART Recovery to control addictive behaviours.

TABLE XVII: MONITORING INDICATORS (Substance Use and Addiction)

Indicator	Baseline 2019	Target 2024	Data Source
Setting up of Addictology Services in Regional Hospitals	0	5	HSR
Coverage of students by school programmes on substance use and addiction	NA	100%	HSR
Achievement of 7 outcome indicators as per the NDCMP 2019-2023	0	90%	NDOAR*
Biofeedback and Experiential Therapies introduced	0	100%	HSR

*NDOAR: National Drug Observatory Annual Report

7.8 Communicable Diseases: Vector-Borne, HIV and AIDS, Hepatitis C and Coronavirus, CoVID-19

7.8.1 Most of the communicable diseases have been successfully controlled. Although a good communicable disease surveillance and control programme is in place, challenges of the resurgence of communicable and other vector-borne diseases and emergence of new infectious diseases such as the novel coronavirus (CoVID-19) are continuous threats to the country.

7.8.2 Hepatitis C is caused by the hepatitis C virus (HCV). The most common modes of infection are through exposure to small quantities of blood which may occur through injection drug use, unsafe injection practices and unsafe health care, unscreened and unsafe transfusion of blood and blood products and sexual practices. It is estimated that there are around 15,000 individuals infected with Hepatitis C Virus (HCV) in the country. Mauritius is presently implementing a HCV Elimination Programme.

Strategic Goal 8: Sustain strong surveillance and response for emerging and re-emerging vector-borne and communicable diseases, including the new coronavirus disease and eliminate the Hepatitis C Virus

Strategic Objective	Strategic Action
Strategic Objective 8.1 Strengthen the active surveillance and management of CoVID-19.	▪ Sustain the implementation of the CoVID-19 Policy. ▪ Sustain the implementation of the CoVID-19 Action Plan with focus on the 9 pillars: Country-led Coordination, Planning and Monitoring, Risk Communication and Community Engagement (RCCE), Surveillance, Rapid Response and Case Investigation, Points of Entry, National Laboratory, Infection Prevention and Control, Case Management, Operation Support and Logistics and Maintaining Essential Services during an outbreak. ▪ Setting up of Flu Clinics adapted from the WHO model of Severe Acute Respiratory Infections Treatment Centres. ▪ Extending Rapid Testing among the population. ▪ Consolidating laboratory services for the timely detection of CoVID-19 cases. ▪ Review of protocols and guidelines for the screening of suspected CoVID-19 cases and management of positive cases. ▪ Review new legislation on CoVID-19, as and when required, to protect the health of the population. ▪ Develop a quality assurance mechanism for point-of-care testing for CoVID-19, including quality indicators. ▪ Strengthen surveillance system to track CoVID-19 cases. ▪ Strengthen ICU facilities to accommodate patients. ▪ Consolidate nationwide sensitization and health promotion campaigns.

Strategic Objective	Strategic Action
Strategic Objective 8.2 Achieve the 90-90-90 fast track targets recommended by the Joint United Nations Programs on HIV/AIDS (UNAIDS).	▪ Develop an HIV Testing Policy to provide a mix of different options for HIV Counseling and Testing beyond clinics and facility-based institutions. ▪ Implement the "Test and Treat" Strategy and improve the HIV cascade. ▪ Improve adherence rate among PLHIV, including therapeutic education.
Strategic Objective 8.3 Strengthen the active surveillance and management of notifiable diseases.	▪ Set up a National Centre for Disease Control and Prevention. ▪ Use electronic real time reporting system for data collection, transmission, analysis and information sharing across sectors and levels of care. ▪ Generate and share real-time data and information, including that from the private and livestock sectors, to support decision-making and rapid response. ▪ Strengthen the control of dengue. ▪ Strengthen laboratory services. ▪ Consolidate isolation and quarantine facilities according to international norms.
Strategic Objective 8.4 Focus on early detection, treatment and prevention of tuberculosis.	▪ Strengthen the early diagnosis of TB including universal drug susceptibility testing and systematic screening of contacts and high-risk groups. ▪ Ensure the treatment success of TB patients, including drug resistant TB. ▪ Improve preventive treatment of persons living with HIV and children at high risk.
Strategic Objective 8.5 Ensure timely detection and improve access to prevention and clinical management of patients with Hepatitis.	▪ Improve the testing coverage of Hepatitis among the key populations. ▪ Scale-up the vaccination programme for Hepatitis B. ▪ Improve access to the treatment of Hepatitis as per standard treatment protocols.
Strategic Objective 8.6 Eliminate Hepatitis C Virus in line with WHO targets.	▪ Scale up therapy for Hepatitis C patients as per protocol. ▪ Sensitize patients on the effectiveness of treatment. ▪ Prevent re-infection through appropriate Infection Control Measures.

TABLE XVIII: MONITORING INDICATORS (Communicable Diseases: Vector-Borne, HIV and AIDS, Hepatitis C and Coronavirus, CoVID-19)

Indicator	Baseline 2019	Target 2024	Data Source
Surveillance system strengthened	70	>90	MOHW/CD Unit
Quality assurance mechanism for point-of-care testing for CoVID-19 in place	80	>95	MOHW/CD Unit
Rapid Testing among the population extended	10	>80	MOHW/CD Unit
Preventive treatment coverage of PLHIV and children at high risk	0	>90%	NAS/AIDS Unit
Coverage of Hepatitis Treatment Programme among key populations	NA	>90%	MOHW/CD Unit

7.9 Health through the Life Course

7.9.1 Maternal Health

7.9.1.1 Maternal health refers to the health of women before and during pregnancy, at the time of delivery and during the postpartum period. Timely screening, detection and management of symptoms during pregnancy reduce the risks of other morbidities and complications, mortality and disability.

7.9.1.2 Furthermore, the maternal profile of child bearing is shifting from the age of below 30 years and above, and as a consequence of which there are more complicated pregnancies.

Strategic Goal 9: Improve maternal mortality ratio per 100,000 live births

Strategic Objective	Strategic Action
Strategic Objective 9.1 Scale up ante natal care services.	▪ Sensitize more women for early follow-up of ante natal care. ▪ Strengthen services for the promotion of ante natal care follow-ups in order to prevent pregnancy related complications such as gestational diabetes, pregnancy induced hypertension and anaemia among others. ▪ Provide echography services at regular intervals to pregnant women for the early detection of foetal abnormalities and complications.
Strategic Objective 9.2 Provide universal access to assisted deliveries through additional facilities by skilled midwives and doctors.	▪ Strengthen monitoring of all pregnant women upon their admission in the labour wards and pre-natal wards for early detection of foetal complications and other health issues and for their timely management. ▪ Provide ICU facilities within labour wards for the management of high-risk pregnancies. ▪ Develop and make applicable protocols and guidelines for the management of pregnancy related complications.
Strategic Objective 9.3 Build capacity for the provision of quality maternal services.	▪ Scale up pre-and in-service training for all healthcare staff. ▪ Develop guidelines and protocols on maternal care and treatment.
Strategic Objective 9.4 Improve access to ante natal and post pregnancy care.	▪ Advocate with MLHRDT and employers for a policy on attendances for ante natal care and breast feeding. ▪ Sensitize pregnant women and future mothers on the importance of ante natal care. ▪ Sensitize mothers on the benefits of exclusive breastfeeding. ▪ Sensitize mothers on adopting a healthy lifestyle including the practice of regular physical activities. ▪ Scale up sensitization programs for mothers on family planning methods.

Table XIX: MONITORING INDICATORS (Maternal Health)

Indicator	Baseline 2019	Target 2024	Data Source
Number of maternal deaths	8	<5	HSR
% of mothers attending ante natal clinics in the first trimester	31%	>50%	HSR
% of gestational diabetes and PIH cases managed as per protocol	NA	>90%	HSR
Caesarean sections rate per 1000 live births	525	400	HSR

7.9.2 Neonatal, Child and Adolescent Health

7.9.2.1 According to the WHO, worldwide approximately 41% of all under-five child deaths are among newborn infants and three quarters of all newborn deaths occur in the first week of life. In Mauritius, neonatal mortality rate per 1,000 live births was 10.3 in 2019. The first week of life of newborn babies and the early years of childhood are critical because it is at this moment of life, that the foundation for health and well-being throughout the life course is laid.

7.9.2.2 Some 186,391 of the Mauritian population are adolescents aged 10 to 19. Most of them are healthy and are enjoying a good quality of life, while some others are not. NCDs risk factors such as alcohol or tobacco use, lack of physical activity, substance abuse, injuries, road accidents, and unprotected sex have adverse impacts on their health. Promoting healthy behaviors during adolescence and protecting young people from health risks are critical for the prevention of health problems in adulthood.

Strategic Goal 10: Improve neonatal mortality rate per 1,000 live births and ensure optimal physical and psychological development of new-borns babies, children and adolescents

Strategic Objective	Strategic Action
Strategic Objective 10.1 Reduce morbidity and mortality of neonates admitted to Neonatal ICUs.	▪ Set up a National Neonatal ICU Centre to cater for critically ill-neonates requiring prolonged ICU care. ▪ Increase the number of neonatal ICU ventilators in Regional Hospitals to cater for increasing demand for neonatal services. ▪ Introduce new therapies for the management of neonatal care (Nitric oxide Therapy, Cooling Thermo- Regulation Therapy). ▪ Strengthen capacity building for medical and nursing officers in neonatal respiratory therapy.
Strategic Objective 10.2 Increase awareness in the community through information, education and communication (IEC) programmes.	▪ Deliver IEC messages to the community on the value of good nutrition, healthy lifestyles and the prevention of injuries and violence. ▪ Collaborate with the MGEFW* to sensitize communities on the value of good parenting and on the prevention of child abuse.
Strategic Objective 10.3 Improve access to health education and information services including sexual and psychological health.	▪ Develop a structured training program, for staff of the MOHW and other Ministries, on adolescent sexual and psychological health. ▪ Make extensive use of Youth Friendly Health Centres and set up additional ones. ▪ Strengthen follow ups of children on their healthy development from pre-primary to primary and secondary schools. ▪ Screen children to detect mental disorders, suicidal tendencies, malnutrition and obesity, addiction and domestic violence, and provide treatment and counselling, if required. ▪ Step up efforts to prevent adolescent pregnancies and ensure that modern contraceptives are available, accessible and affordable for women and girls.

Strategic Objective	Strategic Action
Strategic Objective 10.4 Scale up inter-sectoral collaboration to improve access to information and services.	▪ Collaborate with relevant Ministries to impart knowledge and build skills of the youth cadre/peer educators, teachers and counsellors on adolescent health issues, such as, STI and HIV/AIDS and teenage pregnancy. ▪ Guarantee through legislations, the provision of comprehensive sexual and reproductive HIEC services to adolescents.

*MGEFW: Ministry of Gender Equality and Family Welfare

TABLE XX: MONITORING INDICATORS (Neonatal, Child and Adolescent Health)

Indicator	Baseline 2019	Target 2024	Data Source
Neonatal Mortality Rate	10.3	< 9	HSR
Infant Mortality Rate	14.5	10	HSR
Under Five Mortality Rate	16.0	12	HSR
Anaemia in adolescent girls (2012)	28.5%	Reduce by 10%	National Nutrition Survey
Tobacco consumption among adolescents (2017)	18.1%	Reduce by 10%	GSHS
Alcohol consumption among adolescents (2017)	26.6%	Reduce by 10%	GSHS

7.9.3 Women Health

7.9.3.1 The health of women and girls has a significant contribution on the quality of life, well-being and the overall health status of a nation. Women and girls have specific health needs throughout their lifespan, including emotional needs, sexual, maternal and reproductive health, cancers, menopause and the pathology of ageing.

7.9.3.2 Article 12 of the Convention on the Elimination on all forms of Discrimination against Women (CEDAW), which is the principal international human rights treaty addressing the rights of women, stipulates the right and access to healthcare services for all women on a basis of equality.

Strategic Goal 11: Improve women's health and their well-being

Strategic Objective	Strategic Action
Strategic Objective 11.1 Scale up prevention of diseases and availability of health services to enhance women's health.	▪ Increase awareness among women on issues related to their health. ▪ Increase sensitization campaigns on sexual, emotional and reproductive health as well as NCDs. ▪ Encourage early detection of breast and cancers of the female reproductive organs through increased access to screening services at the PHC and community levels. ▪ Scale up HPV vaccination coverage among adolescent girls. ▪ Set up menopause clinics in gynecology and obstetrics departments of all hospitals.
Strategic Objective 11.2 Strengthen the legislation for improving access to ante natal and post pregnancy child care.	▪ Undertake legal and policy reviews in collaboration with the Ministry of Labour, Human Resource Development and Training (MLHRDT) for firstly, providing time off to women in order to enable them to attend ante natal clinics and secondly, to extend maternal leave for increased opportunities to prolonged periods of breast feeding and child care. ▪ Reinforce legislation on domestic violence.
Strategic Objective 11.3 Prevent, detect and treat pathological vulnerabilities of women.	▪ Strengthen awareness among targeted groups of the population on the consequences of backstreet abortion and its adverse effects. ▪ Undertake early screening to detect complications which may result from backstreet abortion. ▪ Strengthen the application of Section 235A of the Criminal Code, which decriminalizes abortion in specified circumstances through the adoption of clear regulations and protocols for hospitals and healthcare practitioners. ▪ Undertake screening for early detection of intimate partner violence. ▪ Make hospitals more user friendly for the management of clinical cases related to domestic violence. ▪ Sensitize health personnel on addressing issues to remove stigmatization related to domestic violence.

Strategic Objective	Strategic Action
Strategic Objective 11.4 Build capacity for the provision of quality healthcare services specific to women.	▪ Pre-and in-service training to all healthcare staff on diseases specific to women as well as cases of domestic violence. ▪ Develop and make applicable guidelines and protocols on the provision of specific services related to women health.

TABLE XXI: MONITORING INDICATORS (Women Health)

Indicator	Baseline 2019	Target 2024	Data Source
Menopause clinics in gynecology and obstetrics departments of all hospitals established	0	100%	HSR
HPV vaccination coverage among adolescent girls scaled up	NA	100%	HSR
Section 235A of the Criminal Code made applicable	NA	100%	MRU

7.9.4 Family Planning Services

7.9.4.1 Access to safe, voluntary family planning is a human right and family planning practices enable people to attain their desired number of children and determine the spacing of pregnancies. Family planning services embrace the use of contraceptive methods and the treatment of infertility.

7.9.4.2 Family planning is central to gender equality and women's empowerment and is a key factor to reduce unintended pregnancy. Through the prevention of unintended pregnancy, family planning and contraception prevent premature deaths of mothers and children.

Strategic Goal 12: Improve population growth rate and provide high quality family planning services

Strategic Objective	Strategic Action
Strategic Objective 12.1 Increase overall fertility rate.	▪ Develop a National Population Policy (NPP). ▪ Develop and implement an Operational Plan based on the NPP. ▪ Set up Assisted Reproductive Technology Centre.
Strategic Objective 12.2 Improve access to FP services and reduce unmet need for contraception.	▪ Undertake legal & policy review to improve access to SRH/FP services and enable healthcare professionals to provide FP services and counseling to adolescents. ▪ Provide after-hours family planning services. ▪ Develop and implement appropriate family planning IEC programs as per target groups.
Strategic Objective 12.3 Capacity building of healthcare staff on guidelines and protocols.	▪ Provide pre and in-service training to all health and non-healthcare workers delivering SRH services. ▪ Develop and implement national guidelines and protocols.

TABLE XXII: MONITORING INDICATORS (Family Planning Services)

Indicator	Baseline 2019	Target 2024	Data Source
CPR rates (2014)	63.8	65	CPS Survey
Total Fertility rate	1.41	1.45	Family Planning and Demographic Year Book
Adolescent fertility rate	23.1	20.0	Family Planning and Demographic Year Book
% of unmet needs (2014)	12.0	10.0	CPS Survey

7.9.5 Vaccination

7.9.5.1 Vaccination is one of the most effective means to prevent diseases. Vaccines help the body's immune system to recognize and fight pathogens like viruses and bacteria. Vaccines protect against more than twenty-five debilitating or life-threatening diseases, including measles, polio, tetanus, diphtheria, meningitis, influenza, typhoid and cervical cancer.

Strategic Goal 13: Improve vaccination coverage for the vulnerable population

Strategic Objective	Strategic Action
Strategic Objective 13.1 Improve immunization coverage of children, adolescents and elderly people.	▪ Develop a National Immunization Policy. ▪ Implement integrated supportive supervision for routine immunization and for Supplementary Immunization Activities (SIA). ▪ Strengthen logistics for effective cold chain. ▪ Roll out District Vaccine Data Management Tool (DVDMT) and Data Quality Audit (DQA). ▪ Develop a defaulting tracking mechanism to monitor vaccination uptake in the hard to reach population group. ▪ Scale up vaccination for children before their admission to pre-primary and primary schools.
Strategic Objective 13.2 Strengthen partnerships for EPI services.	▪ Sensitize the community on vaccination programs including SIA. ▪ Make reporting of immunization performance in the private sector mandatory through appropriate legislation. ▪ Collaborate with the private sector for data on vaccination and with the Civil Status Office for regular sharing of line list data on births registered. ▪ Institutionalize Effective Vaccine Management Assessment to inform and implement annual EPI improvement Plan.
Strategic Objective 13.3 Training of EPI staff on mentoring and supportive supervision.	▪ Conduct refresher courses for nursing officers every two years. ▪ Develop and implement a training programme for EPI staff which includes mentoring and supportive supervision.

TABLE XXIII: MONITORING INDICATORS (Vaccination)

Indicator	Baseline 2019	Target 2024	Data Source
National Immunization Policy Developed	0	1	Published Policy
Children up to Grade 6 completely immunized	90%	>95%	HSR
Hepatitis B vaccination coverage	87%	>95%	HSR
% private vaccination points reporting data	0	75%	HSR

7.9.6 Elderly Care

7.9.6.1 Ageing is a biological process that cannot be reversed. The significant increase in life expectancy during the past few decades has resulted in a large number of people aged 60 and above in the population. Older patients differ from younger ones in several ways and have multiple disease presentations. More than one-third of patients treated in public hospitals are aged 65 or older.

7.9.6.2 Most disabled people have greater healthcare needs than the rest of the population and require special attention in terms of provision of healthcare, such as access to the health facilities and provision of multi-disciplinary team that focusses on their special needs.

Strategic Goal 14: Enhance the health and well-being of the elderly

Strategic Objectives	Strategic Action
Strategic Objective 14.1 Improve access to quality services for the elderly.	▪ Develop and implement policy on Integrated Care for Older PEople (ICOPE). ▪ Prevent and manage geriatric diseases in a holistic way and improve patient dependency. ▪ Mainstream routine screening for visual and auditory impairment, depression and other common conditions associated with ageing. ▪ Build capacity of healthcare professional in geriatric medicine.

TABLE XXIV: MONITORING INDICATORS (Elderly Care)

Indicator	Baseline 2019	Target 2024	Data Source
Policy on ICOPE developed and implemented	0	1	Published report
Screening coverage for common health conditions among people aged 60 years and above	NA	>60%	HSR
Number of health facilities that have mainstreamed geriatric care in service delivery	0	5	HSR

7.10 School Health

7.10.1 Educational institutions are exclusive settings to promote good health and healthy lifestyles among children and adolescents. They remain the first and the most accessible points of contact for preventive, curative and supportive health interventions and are globally recognized as a strategic vehicle to promote positive development and healthy behaviours.

7.10.2 School health activities contribute to the attainment of not only, SDG 3 on health but also contribute to the attainment of other SDGs. The WHO and other UN partners recommend that every school should be a health promoting school.

Strategic Goal 15: Promote healthy behaviour among school going children and adolescents

Strategic Objective	Strategic Action
Strategic Objective 15.1 Enhance emotional and social well-being of children and adolescents.	▪ Strengthen education and sensitization programmes from an early childhood age and throughout schooling age on health matters such as healthy lifestyles, hygiene, nutrition, physical activity, sexual, emotional and reproductive health, substance abuse, violence and healthy environment. ▪ Impart knowledge and skills to teachers for the detection of child abuse in collaboration with the MGEFW. ▪ Strengthen and sustain the school health programmes in collaboration with the METEST. ▪ Develop and disseminate guidelines to implement health promoting schools.
Strategic Objective 15.2 Ensure appropriate health screening and provision of health services.	▪ Ensure detection, referral and treatment of common childhood and adolescent diseases through a team based approach. ▪ Undertake early screening of physical, mental, sensorial disorders and learning disabilities and provide school health services. ▪ Impart skills of emergency care such as first aid through capacity building of teachers. ▪ Standardize the school health education programme.

TABLE XXV : MONITORING INDICATORS (School Health)

Indicator	Baseline 2019	Target 2024	Data Source
Guidelines on Health Promoting and Child Friendly Schools developed	0	1	Published Guidelines
Coverage of children screened for common diseases	55%	>80%	HSR
Training manual developed for school health education programme	NA	1	MOHW

7.11 Emergency Preparedness and Response

7.11.1 A disease threat anywhere around the globe is also a threat to Mauritius. More specifically, global health security risks related to ever-increasing globalization of travel and trade, emergence and spread of new infectious diseases, growing incidence of drug-resistant and disease-causing pathogens cannot be overlooked in Mauritius.

7.11.2 Therefore, it is imperative to have an Emergency Preparedness and Response Plan. This Plan includes the development and maintenance of national community/ primary response level health emergency response plans for relevant biological, chemical, radiological and nuclear hazards. Other components of preparedness include mapping of potential hazards, the identification and maintenance of available resources, including national stockpiles and the capacity to support operations at community/primary response levels during a public health emergency.

Strategic Goal 16: Improve health security through a sustainable, effective and efficient national surveillance, response and recovery system

Strategic Objective	Strategic Action
Strategic Objective 16.1 Strengthen governance for International Health Regulations (IHR) implementation.	▪ Review and update relevant legislations and policies and develop new ones. ▪ Develop and implement a National Action Plan for Health Security. ▪ Operationalize and institutionalize the One Health Agenda through appropriate MOUs, Standard Operating Procedures (SOPs) and guidelines. ▪ Set up and operationalize a permanent Public Health Emergency Operation Centre (PHEOC) with appropriate infrastructure and workforce.
Strategic Objective 16.2 Build a robust and effective surveillance system.	▪ Extend the use of electronic real time reporting system for data collection, transmission, analysis and information sharing across sectors and down to the grass root level. ▪ Generate and share real-time data and information, including that from the private sector and livestock sectors, to support decision-making and rapid response. ▪ Upgrade the laboratory for biosafety and biosecurity. ▪ Sustain rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours. ▪ Develop a national plan to manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence). ▪ Sustain the implementation of Laboratory Management and Information System (LMIS). ▪ Roll out the WHO Africa Regional Office Integrated Disease Surveillance Response (3rd Edition). ▪ Establish DHIS2 for case detection and active surveillance of all major notifiable diseases, including vaccine preventable diseases and HIV.

Strategic Objective	Strategic Action
	▪ Sustain programme with the Indian Ocean Commission (SEGA One Health).
Strategic Objective 16.3 Strengthen capacity for emergency response.	▪ Conduct refresher training courses for all relevant Point of Entry (POE) personnel on biosafety and preparedness and responses to public health emergencies. ▪ Conduct and document annual simulation exercise on preparedness and response to public health emergencies at the airport and seaport, in the context of One Health.

TABLE XXVI: MONITORING INDICATORS (Emergency Preparedness and Response)

Indicator	Baseline 2019	Target 2024	Data Source
IHR core capacity index	70%	85%	JEE Report
PHEOC functional	0	1	CDCU Report
Proportion of confirmed outbreak responded to in 48 hours	NA	100%	DHIS2
Proportion of outbreaks mitigated with a case fatality rate below recommended thresholds	NA	100%	DHIS2

7.12 Occupational Health

7.12.1 Occupational health is closely linked to public health and health systems development. Occupational health has gradually adopted a multi-disciplinary and comprehensive approach that considers an individual's physical, mental and social well-being.

7.12.2 The Occupational Health Unit (OHU) which operates under the MOHW is involved in the protection and promotion of the health of workers. Since the promulgation of the Occupational Safety and Health Act 2005, the OHU caters only for workers of the public sector. In addition to its activities to promote occupational health, the OHU issues medical clearance to migrant workers and gives authorization for trade in respect to dangerous chemicals through the Dangerous Chemicals Control Board.

Strategic Goal 17: Promote and maintain the highest degree of physical, mental and social well-being of workers

Strategic Objective	Strategic Action
Strategic Objective 17.1 Protect and promote the health of workers by preventing and controlling occupational diseases and accidents.	▪ Strengthen activities to reduce occupational diseases caused by factors such as physical, chemical, biological, psychosocial stressors and mechanical. ▪ Introduce ergonomics. ▪ Scale up health promotion activities for workers and managers. ▪ Educate workers on the principle of safe conduct at work. ▪ Reinforce manpower to respond to the increasing workload of the OHU.
Strategic Objective 17.2 Support the development and promotion of healthy and safe workplaces.	▪ Revamp the services provided by the OHU. ▪ Integrate occupational health in PHC services. ▪ Initiate training for general medical practitioners and family doctors in the field of occupational health. ▪ Enhance professional development for officers of the OHU. ▪ Further strengthen occupational health activities with a view to the early identification of health risks. ▪ Undertake regular evaluation of the effectiveness of health protection and promotion programmes.

TABLE XXVII: MONITORING INDICATORS (Occupational Health)

Indicator	Baseline 2019	Target 2024	Data Source
Ergonomics introduced	0	100%	Report from OHU
No. of health promotion activities for workers and managers undertaken	0	100%	Report from OHU
Occupational health services integrated at PHC level	0	100%	Report from OHU
Number of injured cases due to occupational hazard reported	NA	Reduce by 25%	Min. of Labour

7.13 Health Information System

7.13.1 The Health Information System (HIS) provides the underpinnings for decision-making and has four key functions: data generation, compilation, analysis and synthesis and communication and use. The HIS collects data from the health sector and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness and converts data into information for health-related decision making.

Strategic Goal 18: Generate sound and reliable information at all levels of the health system in a holistic approach for better decision-making

Strategic Objective	Strategic Action
Strategic Objective 18.1 Strengthen governance for data collection and management.	▪ Review legal framework and institutional mechanisms to strengthen data collection and management. ▪ Institutionalize a framework for the private sector to routinely submit data to MOHW. ▪ Develop and implement standard guidelines, protocols, metadata and operating procedures in line with international best practices.
Strategic Objective 18.2 Strengthen capacity for data generation and use at all levels.	▪ Institutionalize specialized surveys such as client satisfaction and clinical audits. ▪ Conduct joint annual reviews and supportive supervision mechanisms. ▪ Train health personnel and roll out International ICD 11 in all health facilities. ▪ Build capacity for data management and use at all levels. ▪ Build capacity for preparation of user friendly reports and sensitize data users.
Strategic Objective 18.3 Improve quality of data and access to health information.	▪ Implement E-Health by establishing a proper interoperable IT infrastructure (software and hardware, networking system such as Cloud Computing). ▪ Set up and establish a National Health Observatory integrating all the components of HIS such as Lab, finance, HRHIS, National Health Workforce Accounts (NHWA), medical records, medical supplies, surveys, registries such as cancer and vital registrations. ▪ Develop and enforce policies for personal data access and protection. ▪ Address gap in relation to the 46 outcome indicators being used to monitor progress towards WHO Triple Billion Goal.
Strategic Objective 18.4 Utilize evidence as a tool for accountability.	▪ Develop and operationalize dashboards at the national level. ▪ Institutionalize annual health sector performance reviews. ▪ Institutionalize a NHWA.

TABLE XXVIII: MONITORING INDICATORS (Health Information System)

Indicators	Baseline 2019	Target 2024	Data Source
National Health Observatory established and functional	0	1	Published Reports
% of health facilities using EMR	0	100%	e-health Report
% of private health facilities reporting data	20%	100%	Published Reports
Reports disseminated at least every quarterly to all 5 Health Regions	0	4 Reports per year	e-health Report
Number of NHWA produced	0	1	Published Reports

7.14 Health Research

7.14.1 Health research is critical to help improve care and treatment of people, prevent and reduce morbidity, premature mortality and disability.

7.14.2 New drugs, innovative ways to treat and prevent old and new diseases and up-to-date medical technologies results from health research. Without research, many diseases would have crippled peoples' lives or resulted in premature death.

Strategic Goal 19: Institutionalise Health Research to improve quality of healthcare services

Strategic Objective	Strategic Action
Strategic Objective 19.1 Strengthen governance for health research.	▪ Develop a National Health Research Policy and Strategy. ▪ Strengthen the capacity of Ethical Research Committees. ▪ Develop a prioritised health research agenda. ▪ Advocate with Mauritius Research and Innovation Council (MRIC) for action on prioritized research agenda.
Strategic Objective 19.2 Promote the use of research for actions.	▪ Institutionalise knowledge translation platforms bringing together policy makers and researchers to discuss evidence. ▪ Use effective dissemination strategies to share research evidence, including policy briefs. ▪ Promote the identification and use of innovative research products for improving service delivery and practices through effective collaboration with the MRIC. ▪ Develop a roadmap to promote the country into a medical research hub. ▪ Enable clinical research organisations to carry out clinical trials in the safest and the most ethical way and promote Mauritius as a destination for clinical trials. ▪ Develop programme of research to support capacity building and policy making for asset- based resource allocation in collaboration with the East, Central and Southern Africa Health Community (ECSA-HC), the University of York, the University College London and other academic institutions.

TABLE XXIX: MONITORING INDICATORS (Health Research)

Indicator	Baseline 2019	Target 2024	Data Source
National Health Research Strategy developed	0	1	Published Strategy
Prioritised Health Research Agenda developed	0	1	Published Agenda
Roadmap to develop Mauritius into a Medical Research Hub finalised	0	1	Published Roadmap
Proportion of prioritised research studies that are conducted	NA	>60%	MRC Reports

7.15 Human Resources for Health

7.15.1 The WHO defines Human Resources for Health (HRH) as "all people engaged in actions whose primary intent is to enhance health". A well-performing health system also depends on the knowledge, skills and motivation of all health workers, irrespective of their grades. HRH constitute the cornerstone of the health system. An adequate supply and mix of health workers is critical for the provision of efficient and timely services to people.

7.15.2 In view of the fact, that healthcare is highly labour intensive and consumes the lion's share of the health budget, it is imperative to establish an effective SHRM. The SHRM will have to revolve around, *inter-alia*, a planned approach to succession planning, particularly, in areas of scarce medical expertise and requirements, forecasts of the number and profile of medical, paramedical and other staff requirements for the medium term and long term needs, fostering an enabling environment and building resilience of the HR base to face anticipated challenging situations like the recent CoVID-19 pandemic.

Strategic Goal 20: Set up a Strategic Human Resource Management Function for Health

Strategic Objective	Strategic Action
Strategic Objective 20.1 Strengthen the institutional capacity for better governance of HRH.	▪ Develop and implement a Master Plan on Human Resources focusing on talent development, retention strategies and succession planning. ▪ Set up a dedicated SHRM Unit/Function by tapping from internal resources and expertise, including the HR Cadre of the Ministry of Public Service, Administrative and Institutional Reforms. ▪ Institutionalize the conduct of regular HRH audit. ▪ Ensure succession planning and expedite the recruitment of personnel. ▪ Build a robust, fair, transparent and accountable rotation policy. ▪ Develop HRH policies to ensure that the medical system remains free from abuse and malpractices. ▪ Develop HRM strategies in emerging fields such as the harnessing of Automation, Robotics and Artificial Intelligence. ▪ Develop transparent incentive policies. ▪ Implement a Registrar System. ▪ Review and update existing legislations (Medical Council Act 1999, Pharmacy Council Act 2015, Nursing Council Act 2003, The Allied Health Professionals Council Act 2017, Dental Council Act 1999) to keep in pace with development in the health sector.
Strategic Objective 20.2 Ensure that a dedicated health workforce is available to accelerate progress towards UHC.	▪ Reallocate and redeploy staff to optimize resources for ensuring long term posting and a multidisciplinary approach. ▪ Train staff in new specialities to address the evolving health needs. ▪ Redeploy existing staff and recruit additional staff for the Family Doctor Service Scheme. ▪ Build an organisational culture to ensure that the patient is at the centre of the provision of services.

Strategic Objective	Strategic Action
Strategic Objective 20.3 Strengthen the capacity of training institutions.	▪ Set up a new Faculty of Medicine and Health Sciences in close collaboration with the Mauritius Institute of Health and the University of Mauritius. ▪ Upgrade other Regional and Specialized Hospitals into teaching hospitals. ▪ Extend CPD to other grades, as applicable. ▪ Develop strategies for continuous professional development leveraged by innovative technologies such as video conferencing. ▪ Collaborate with local tertiary and international institutions for capacity building, including training for medical and support staff on communication, customer care and supervision.
Strategic Objective 20.4 Strengthen data on HRH for monitoring and accountability and for effective policy decision.	▪ Institutionalize the use of health workforce information systems that integrate HRMIS and the National Health Workforce Accounts (NHWA). ▪ Operationalize the HRMIS.

TABLE XXX: MONITORING INDICATORS (Human Resources for Health)

Indicator	**Baseline 2019**	**Target 2024**	**Data Source**
SHRM Unit set up	0	1	HRD
Doctors to 10,000 population ratio	26.0	30	HSR
Dentists to 10,000 population ratio	3.3	4	HSR
Pharmacists to 10,000 population ratio	4.2	5	HSR
Nurses/Midwives to 10,000 population ratio	35.5	40	HSR
% of the following Health professionals who have successfully completed CPD programme as per requirement: (a) Nursing cadre (b) Allied Health Professionals	 0 0	 100% 100%	Published Report

7.16 Access to Quality Medicine and Health Technologies

7.16.1 The provision of efficient and safe healthcare services depends on access to many health products which include medical products and devices, diagnostics, protective equipment and assistive devices.

7.16.2 Access to medical products and medical technologies are acknowledged as a human right insofar as it is a significant component of two rights contained in the International Covenant on Economic, Social and Cultural Rights (ICESCR), namely, the right to health (Article 12) and the right and "to share in scientific advancement and its benefits" (Article 15(1) (b)) (UN General Assembly, 1996).

Strategic Goal 21: Ensure sustainable access to affordable, safe, cost effective and quality medicine and health technologies to accelerate progress towards SDG 3

Strategic Objective	Strategic Action
Strategic Objective 21.1 Strengthen the regulatory framework for medicine, medical products, blood products and laboratory services.	▪ Formulate and adopt relevant regulatory frameworks such as the National Drug Policy and National Medicine Regulatory Authority (NMRA), National Health Laboratory Services Policy and Legislations/ Regulations governing NBTS. ▪ Reinforce regulatory system to include health technologies. ▪ Set up of a National (Independent) Medicine Drug Regulatory Agency.
Strategic Objective 21.2 Strengthen the procurement, storage and distribution process of medicine, medical equipment and other health technologies.	▪ Collaborate with SIDS to implement the SIDS pooled procurement strategy. ▪ Establish and operationalize an efficient contract management system. ▪ Modernize facilities to ensure safe pathological tests. ▪ Implement Health Technologies Information Management System, with an efficient linkage system to Electronic Medical Records. ▪ Design and implement an e-tendering system. ▪ Ensure timely provision of latest medical and laboratory related equipment and their maintenance through appropriate plans.
Strategic Objective 21.3 Assure quality and safe medicines, vaccines and health technologies.	▪ Build capacity in quality management system. ▪ Implement a quality assurance system through relevant SOPs and effective document control system. ▪ Undertake regular assessment of different laboratories for Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA). ▪ Establish and operationalize a National Quality Laboratory for assuring quality of medicines and medical technologies and detection of counterfeits. ▪ Strengthen medicine evaluation/ health technology assessment in collaboration with the University of York responsible to implement the Health for All Programme (Thanzi la Onse).

Strategic Objective	Strategic Action
Strategic Objective 21.4 Ensure rational use of medicines and health technologies.	▪ Adapt and implement the WHO Essential Medicines List (EML) and Essential Diagnostics List (EDL). ▪ Conduct awareness programmes on rational use of medicines and health technologies. ▪ Further develop telemedicine. ▪ Institute mechanisms for adherence to haemovigilance and pharmacovigilance.

TABLE XXXI: MONITORING INDICATORS (Access to Quality Medicine and Health Technologies)

Indicators	Baseline 2019	Target 2024	Data Source
% of PHC facilities reporting no stock out of essential medicine	N.A	75%	Medicines Information Management System (MIMS)
Number of policies and legislations, national essential medicine list and essential diagnostic list developed and adopted	0	6	Published reports
National Medicine Regulatory Authority established	0	1	Government Notification
National Storage facility developed and functioning as per Good Distribution Practice	0	1	MOHW Reports
Proportion reduction in wastage of medicine, vaccine and other supplies	NA	50%	Audit Reports and WHO/UNICEF EVM*

*EVM: Effective Vaccine Management Assessment

7.17 Food Safety

7.17.1 Safe food is key to sustaining life and promoting good health and wellness of a population. Unsafe food poses health threats and creates a vicious cycle of disease and malnutrition affecting, particularly infants, young children, pregnant women, the elderly and the vulnerable.

7.17.2 The International Conference on Food Safety held in Addis Ababa in 2019 and the International Forum on Food Safety and Trade held in Geneva, Switzerland in 2019 reiterated the importance of food safety in achieving the SDGs. Member States including, Mauritius, have been urged to make food safety a public health priority, develop policies and regulatory framework and establish and implement effective food safety systems.

Strategic Goal 22: Safeguard health security through the promotion of food safety

Strategic Objective	Strategic Action
Strategic Objective 22.1 Prevent morbidity and mortality caused by foodborne diseases and protect public health.	▪ Implement the Codex Alimentarius. ▪ Establish a Food Standards Agency which will be responsible to set standards on fast food and soft drinks and also for the certification of vegetarian and halal foods, among others. ▪ Ensure that food establishments and food handlers comply with Food Act and Food Regulations. ▪ Increase inspection at all food establishments. ▪ Increase public awareness on safe food handling and prevention of illnesses in line with the WHO Five Keys to Safer Food message. ▪ Sustain regular monitoring of drinking water in line with the Environment Protection Act 2002 and the WHO Guidelines.
Strategic Objective 22.2 Implement an effective Food Safety System.	▪ Establish an effective Food Control System. ▪ Make use of the FAO/WHO Food Control System Assessment Tool. ▪ Review existing legislation on Food Safety for compliance with the Codex Alimentarius and the IHR 2005, including the use of pesticides and metal contaminants. ▪ Strengthen capacity building in relation to food safety management. ▪ Adopt new inspection techniques and procedures.

TABLE XXXII: MONITORING INDICATORS (Food Safety)

Indicator	Baseline 2019	Target 2024	Data Source
Food Standards Agency established	0	1	MOHW
Number of public awareness campaigns per year	200	300	PHFSI
Number of reports produced through the FAO/WHO Food Control System Assessment Tool	0	2	PHFSI

7.18 Healthcare Financing

7.18.1 Provision of sustainable financing is a key building block of the healthcare system. Health financing is defined as the function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of people, individually and collectively, in the health system. (WHO)

7.18.2 Healthcare financing remains critical to the achievement of the Sustainable Development Goal (SDG) 3, including universal health coverage. The notion of universal health coverage entails a situation, where all people, who need health services, receive them without undue financial hardship.

Strategic Goal 23: Make provision of financial resources on a sustainable basis to accelerate progress towards universal health coverage

Strategic Objective	Strategic Action
Strategic Objective 23.1 Ensure equitable and sustainable financing for health.	▪ Develop a National Health Financing Strategy based on the WHO approach. ▪ Build capacity in health economics in collaboration with the WHO, the ECSA-HC of Practice in Health Economics and the University of York. ▪ Set up an appropriate mechanism for regular review of the service package costs in the healthcare sector. ▪ Build the capacity of the NHA country team. ▪ Undertake regular health expenditure tracking including assessment of out-of-pocket payments and catastrophic health expenditure. ▪ Implement the Government Medical Insurance Scheme (GMIS) for public sector employees.
Strategic Objective 23.2 Improve efficiency in the allocation and utilization of resources.	▪ Operationalize the Efficiency Management Committee. ▪ Review the resource allocation formula to ensure allocation for resources to priority areas. ▪ Introduce up-to-date software for setting up of unit cost of clinical and non-clinical interventions in hospitals. ▪ Institutionalize Hospital Cost Centre Project in all Regional, District and Specialized Hospitals. ▪ Link Hospital Costing Services to the E-Health project.

TABLE XXXIII: MONITORING INDICATORS (Healthcare Financing)

Indicators	Baseline 2019	Target 2024	Data Source
Health Financing Strategy developed	0	1	MOHW
NHA Reports produced	3	6	NHA Reports
% of the population incurring catastrophic health expenditures	3.6%	<3%	Survey

7.19 Intersectoral Collaboration and Public Private Partnership

7.19.1 Intersectoral collaboration or action is a synergy between two or more sectors within and outside the government, such as nongovernmental organizations, the private sector, and professional organizations, in order to achieve bigger outcomes.

7.19.2 The type of partnership which exists between the MOHW can be described as conventional partnership and is limited. The health sector offers the potential to combine the strengths of both public and private organizations to address growing health challenges and healthcare financing constraints.

Strategic Goal 24: Strengthen inter-sectoral collaboration and public private partnership

Strategic Objective	Strategic Action
Strategic Objective 24.1 Improve coordination between departments within the MOHW.	▪ Establish a coordination mechanism at the level of the Ministry to ensure timely and cost-effective implementation of projects and strategic actions.
Strategic Objective 24.2 Strengthen coordination between MOHW and other Ministries/Public Institutions and between MOHW and NGOs.	▪ Establish a high level technical committee for effective planning, information sharing and implementation of multi-sectoral health-related activities and action plans. ▪ Identify mechanisms of co-ordination and mandates of each sector explicitly. ▪ Strengthen coordination with prison services. ▪ Develop a charter for NGOs and other private partners. ▪ Ensure societal dialogue with the NGOs through appropriate platform for joint action planning.
Strategic Objective 24.3 Develop a hybrid model of effective partnership between the public sector and private partners for further improving the performance of the national health system.	▪ Undertake an assessment needs on PPP in Health. ▪ Strengthen partnership with both local and foreign private health institutions for capacity building and Continuing Professional Development. ▪ Strengthen outsourcing services to the private sector, through open bidding process and contractual agreements as and when required and based on comparative cost analysis.

TABLE XXXIV: MONITORING INDICATORS (Intersectoral Collaboration and Public Private Partnership)

Indicator	Baseline 2019	Target 2024	Data Source
High Level Technical Committee set up and functioning	0	1	Govt. Notification
Charter for NGOs developed and disseminated	0	1	Published Charter
Joint Action Plan developed	0	1	Publ. Joint Action Plan
Assessment needs on PPP in health completed	0	1	Published Report

7.20 Governance

7.20.1 Leadership and governance in building a health system imply that strategic policy frameworks exist and are combined with evidence, effective oversight, coalition-building, regulation, attention to system design and accountability. (WHO)

7.20.2 The MOHW manages one among the largest fractions of the National Budget. Total Government Expenditure on Health (TGEH) as a percentage of Total Government Expenditure(TGE) for FY 2019-2020 is 6.6%, representing the nominal value of Rs.12.9 billion. This amount is collected through taxes paid by the public in general and the population looks forward for a value for money service and a high quality of services. Building the right governance framework is, therefore, tributary to achieve excellence in the public health sector.

Strategic Goal 25: Nurturing good governance in the public health system

Strategic Objective	Strategic Action
Strategic Objective 25.1 Strengthen good governance.	▪ Establish an effective Governance Framework which includes policies and strategies centered around rule based, transparent and accountable processes and procedures. ▪ Revisit the management structures of public health institutions with a view to fostering synergy between the Central and Regional levels of management. ▪ Better equip and operationalize the Efficiency Management Committee. ▪ Develop a more effective internal auditing mechanism to ensure the cost-effective use of public funds. ▪ Review outdated legislations and develop new ones in response to emerging health and medical challenges. ▪ Implement best practices and frameworks recommended for improving accountability and governance such as the Anti-Corruption Framework.
Strategic Objective 25.2 Achieve excellence through extensive use of E- Health technologies.	▪ Adopt a redesigned business process supported by innovative E-Health technologies including Integrated Health Management Information System based on an up-to-date, accurate and complete patient database and telemedicine services. ▪ Enhance the Complaint Management System by using the E-Health System efficiently and effectively. ▪ Implement and achieve efficiency gains through E- Health.

TABLE XXXV: MONITORING INDICATORS (Governance)

Indicator	Baseline 2019	Target 2024	Data Source
Framework for improving accountability and governance implemented	0	100%	Published Document
% of recommendations of the Management Structure Review implemented	NA	75%	Published Document
Complaint Information Management System functional across all health facilities	NA	1	Published Document
Efficiency Management Committee operational	NA	100%	MOHW

7.21 Medical Hub

7.21.1 Medical tourism is one of the fastest growing industry in the world. The size of the global tourism market was estimated at USD 27.8 billion in 2019. It is forecasted to grow at the Compound Annual Growth Rate (CAGR) of 18.8% to reach USD 65.8 billion by 2024.

7.21.2 In Mauritius, the medical tourism industry has witnessed a sustained growth over the last years. The number of foreign patients seeking medical care in the country has increased from a mere 1,000 in 2005 to more than 10,000 in 2010 and to more than 18,000 in 2016. With an average spending of US$ 10,000 per foreign patient visiting Mauritius, there is a potential for this industry to generate annual revenues close to US$ 1 billion by 2020.

Strategic Goal 26: Support the development of Medical Travel Tourism

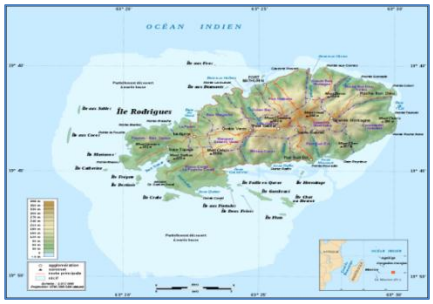
Strategic Objective	Strategic Action
Strategic Objective 26.1 Support the development of Mauritius into a medical travel destination.	▪ Set up a High-Level Committee comprising representatives of the Ministry of Tourism, the Mauritius Tourism Promotion Authority, the Economic Development Board, other relevant institutions and the private sector to ensure that appropriate actions are taken and implemented to boost up the medical tourism industry. ▪ Provide all necessary support to private stakeholders including foreign investors who wish to invest in the medical tourism industry. ▪ Make use of state-of-the-art facilities in the public health sector for boosting the medical tourism industry.
Strategic Objective 26.2 Consolidate legislations to promote the development of the country into a medical hub.	▪ Reinforce legal framework to conduct clinical trials. ▪ Set up an Integrated Pharmaceutical Park. ▪ Seek international accreditation for public hospitals. ▪ Collaborate with relevant institutions to look into the possibility of issuing e-medical visa to foreign patients.

TABLE XXXVI: MONITORING INDICATORS (Medical Hub)

Indicator	Baseline 2019	Target 2024	Data Source
A High-Level Committee on Medical Tourism set up	0	1	MOHW
Legal framework to conduct clinical trials reinforced	NA	100%	MOHW
International accreditation for public hospitals obtained	0	100%	MOHW

8. Rodrigues

8.1 Introduction



8.1.1 In 2002, Rodrigues was granted a degree of autonomy resulting in the establishment of the Rodrigues Regional Assembly (RRA). The vision of the RRA is to be publicly perceived as an independent, effective and democratic legislature serving the people of Rodrigues.

8.1.2 The mission of the RRA is to be an open, transparent and democratic legislature guided by the principles of good governance, accountability and probity in order to provide effective scrutiny, oversight and representation functions for the people of Rodrigues according to the democratic principles as enshrined in the Constitution of the Republic of Mauritius and the RRA Act 2001.

8.1.3 The economy of Rodrigues is mostly dependent on the main island of Mauritius. The main sources of income and economic activity are tourism, fishing, agriculture, and animal rearing. The handicraft industry is beneficial to the economy and has the potential to grow further with the flourishing tourist sector. Agriculture, including fishing, remains the main source of products for the local market and for export, especially to Mauritius. Subsistence farming sustains food security in the island. TABLE XXXVII displays some of the socio-economic indicators of Rodrigues.

TABLE XXXVII: Main Socio-Economic Indicators, Rodrigues, 2019

Population	43,538
Surface Area	104 square kilometres
Climate	Tropical maritime
Economic Activities	Tourism, Fishing, Agriculture, Animal Rearing, Handicraft
Life Expectancy (Male)	74.0
Life Expectancy (Female)	79.0
Literacy rate (%)	78.7
Primary School Enrolment (%)	87
Secondary School Enrolment (%)	73.9
Employment Rate (%) (2011 Census)	88.4%
% of Households with Piped water	94.8

Source: Statistics Mauritius

8.2 Situational Analysis

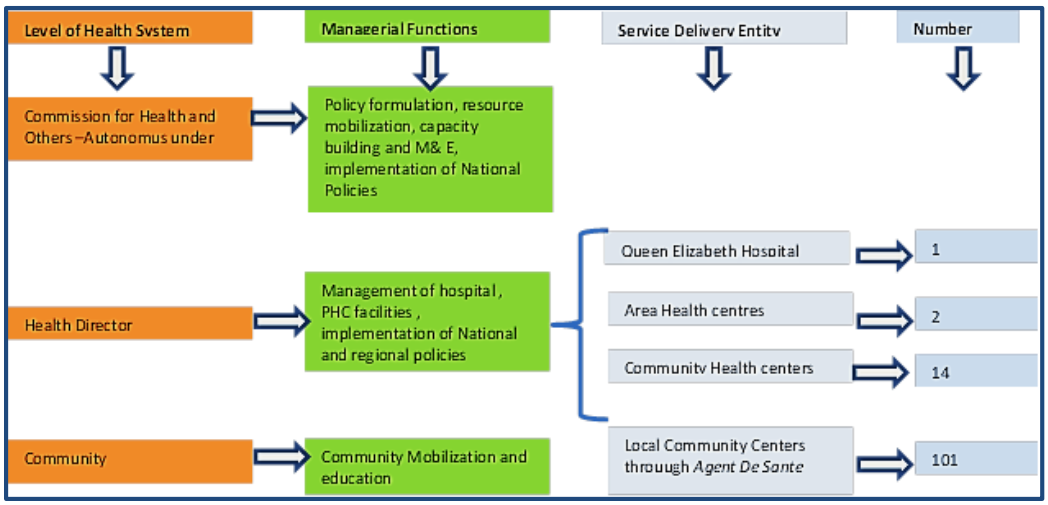
Organization of the Health System and Achievements

8.2.1 The Rodrigues Commission for Health and Others, under the RRA and through the MOHW, is responsible for policy formulation, resource mobilization, capacity building and overall supervision of the health agenda in the island.

8.2.2 In line with the overall social policy of the central Government, healthcare services from PHC to curative care, including specialized services, are provided, free of any user cost, at the point of use, to the population of Rodrigues. Complicated cases which cannot be clinically managed in the island are sent to Mauritius for treatment, at the expense of Government.

8.2.3 The healthcare delivery system comprises one main hospital, the Queen Elizabeth Hospital (QEH) situated at Creve Coeur, Port Mathurin and two AHCs located respectively at Mont Lubin and La Ferme. The health system in Rodrigues is organized at 4 levels as shown in FIGURE IV.

FIGURE IV: Organization of the Health System in Rodrigues



Primary Health Care

8.2.4 There is good access to PHC services in Rodrigues. The PHC network comprises 2 Area Health Centres and 14 CHCs. Each of these peripheral healthcare delivery points caters for some 2,700 members of the community and is located within a radius of 1.5 km to 3 km of the peoples' residences.

8.2.5 The two AHCs are located respectively at Mont Lubin and La Ferme. The network of the fourteen PHC centres are situated at Baie Topaze, Allee Tamarin, Port Sud Est, Malartic, Mangues, Riviere Cocos, Cascade Jean Louis, Batatran, Roches Bon Dieu, Montagne Goyave, Petit Gabriel, Grand Baie, Oyster Bay and Soupir.

8.2.6 The two AHCs provide primary health care services and selective inpatient services on a twenty-four-hour basis. A summary of work performed at Mont-Lubin and La Ferme AHCs and the 14 CHCs are displayed in TABLE XXXVIII.

TABLE XXXVIII: Summary of Work at PHC Institutions, 2019

Institution	Bed Capacity	Outpatient Attendances	Admissions	Bed Occupancy Rate	Deliveries
Mont Lubin A.H.C	24	46,609	609	12	15
La Ferme A.H.C	8	29,659	-	-	10
CHCs	-	43,880	-	-	-
Total	32	120,148	609	12	25

8.2.7 The Family Doctor Service Scheme (FDSS) has been initiated in the island. Each primary health care centre provides a comprehensive range of healthcare services, including school health, throughout the life course. The public health inspectorate carries out activities of food safety and basic sanitation. TABLE XXXIX below illustrates the main activities of primary health care institutions in Rodrigues.

TABLE XXXIX: Main Services provided at Primary Health Care Institutions, Rodrigues

▪ Maternal &Child Health	▪ Specialist Sessions
▪ NCD & Diabetic Clinics	▪ Dispensing of drugs
▪ Food Safety	▪ School Health
▪ Selective Inpatient Services only at La Ferme and Mont Lubin AHCs	▪ Family Planning & Reproductive Health Services
▪ Diagnosis and treatment of common diseases and injuries	▪ Referral to & Follow up from hospitals
▪ Surveillance of Communicable Diseases	▪ Health Promotion
▪ Dental Clinics	▪ Environmental & Occupational Health
▪ General Consultation	▪ Immunization

Hospital and Specialized Services

8.2.8 The Queen Elizabeth Hospital (QEH) represents the main concentration of health resources, professional skills, drugs and medical disposables, infrastructure and medical equipment and absorbs more than 60% of the health sector budget in Rodrigues. Hospital Performance Indicators (HPI) for the year 2019 is illustrated in Box 3.


QUEEN ELIZABETH HOSPITAL

Box 3: Hospital Performance Indicators (HPI) 2019

- Total Bed Capacity: 205
- Average Bed Occupancy Rate:47.9%
- Ambulatory Care Attendances (Sorted & Unsorted): 217,936
- Attendances at Accident/Emergency Department: 167,076
- In-patient Admissions: 11,968
- No of Cases referred: 686
- Attendances at Dental Clinics: 15,264
- Renal dialysis: 19,813 sessions
- Doctors' consultations per person: 7,835

8.2.9 Secondary care services, including specialized services, are mainly provided at the QEH. All complicated cases which cannot be clinically managed in Rodrigues are referred to the main island of Mauritius. TABLE XL highlights some of the services provided by the QEH.

TABLE XL: Services Provided at Queen Elizabeth Hospital

• Accident & Emergency	• Dispensing of drugs
• Outpatient Clinics	• Dermatology
• Inpatient services	• Respiratory Medicine
• General Medicine	• Gastroenterology
• General Surgery	• Anaesthesia
• Geriatric medicine	• Gynaecology /Paediatric
• Social Care Services including therapy	• Imaging Facilities
• Infectious Diseases	• Intensive Care
• Orthopaedics/ Psychiatry	• Renal Dialysis
• Cardiology	• Prenatal and Postnatal
• NCD Clinics	• Laboratory Investigations

Human Resources for Health

8.2.10 The health institutions in Rodrigues are manned by a team of 20 Medical Health Officers, 8 Specialists, 2 dentists, 225 qualified nurses and midwives as well as other paramedical and manual workers. As such, there is one doctor for every 1,555 inhabitants, one dentist for 21,770 inhabitants and one nurse/midwife for every 195 inhabitants respectively.

8.2.11 While most of the paramedical workers and manual workers are Rodriguans, the medical and dental personnel who are on the establishment of the MOHW are posted to the island on a tour service basis. Their displacement allowances are paid from the budget of the Commission of Health and Others. The MOHW, at the request, of the Commission, provides technical support of specialists as and when required.

8.2.12 Specialists posted to Rodrigues work in general medicine, obstetrics, orthopedics, pediatrics and psychiatry. There are no NCD specialists in Rodrigues. TABLE XLI provides an overview of the number of patients seen by visiting teams of specialists between 2014 and 2019.

TABLE XLI: Attendances by Visiting Teams of Specialists, 2014-2019

Specialist\Year	2014	2015	2016	2017	2018	2019
Cardiology	527	436	584	709	766	594
Dermatology	375	440	482	448	522	513
ENT	1,026	1,224	1,193	1,175	1,748	1,317
Neurosurgery	106	107	126	151	214	85
Oncology	303	341	388	410	426	382
Ophthalmology	1,481	1,454	1,615	1,681	2,128	1,669
Oral Surgery	209	289	243	302	316	218
Orthodontics	390	454	372	392	209	361
Physical Medicine	179	213	275	291	351	388

Source: Health Records Reports

8.2.13 The demand for casualty services has remained extremely high in 2019, with more than 165,000 interventions, which include emergencies, despite the absence of specialized ambulatory and emergency care in Rodrigues. 11,152 patients were admitted at QEH, La Ferme and Mont Lubin in 2019. While the number of contacts made with the physiotherapy department has more than tripled over the past few years, there are still no qualified physiotherapists overseeing its activities.

8.2.14 TABLE XLII gives an indication of the number of attendances at health care institutions for the period 2014 to 2019.

TABLE XLII: Attendances at Main Public Health Service Points (2014-2019)

Department\Year	2014	2015	2016	2017	2018	2019
Casualty	101,989	111,648	110,294	110,600	122,277	167,076
Sorted Outpatient	40,288	40,619	45,055	43,336	48,951	46,791
Dental Health Services	17,053	15,751	16,874	17,963	17,542	15,264
Haemodialysis	3,540	3,582	3,440	3,752	4,157	19,813
Physiotherapy	3,894	4,179	5,438	5,860	5,834	5,229
Diet Clinics	2,335	2,487	2,133	3,860	4,402	4,427
Community Health Centres	51,047	57,348	45,233	44,700	45,093	43,886
Total Contacts	293,247	307,188	294,808	301,706	345,449	302,486
Average Daily Attendance	803	842	805	827	946	828

Source: Health Records Reports

Health Status

8.2.15 The overall health status of the people in Rodrigues has improved remarkably. Life expectancy at birth in Rodrigues was estimated at 74.0 years for men and 79.0 years for women for the year 2019. Mortality indicators are relatively low with a Crude Death Rate (CDR) of 6.1, an Infant Mortality Rate of 17.5 per 1000 live births and an Under 5 Mortality Rate of 19.9 per 1000 live births in 2019. IMR has shown an increasing trend from 14.6 in 2016 to 17.4 in 2019.There has been no maternal mortality in the island from 2016 to 2019.

Status of Progress on Sustainable Development Goal 3 (SDG3)

8.2.16 Rodrigues has made significant progress on the health-related SDG targets set for 2030. TABLE XLIII displays some of the key achievements related to SDG3 in Rodrigues.

TABLE XLIII: Progress on Sustainable Development Goal 3, Rodrigues

Under 5 Mortality Rate was 19.9 per 1,000 live births compared to the Global Target of 25.
No Maternal Death reported from 2016 up to 2019 compared to the Global Target of 70.
Number of new HIV infections was 15 in 2019.
Tuberculosis Incidence was low (4 new cases in 2019).
No Malaria cases.
For every 10,000 population, Rodrigues has a workforce of 7.5 doctors in 2019, ratio as compared to the WHO recommended ratio of 16.1.
For every 10,000 population, Rodrigues has 46.0 nurses in 2019 as compared to the WHO recommended ratio of 26.3.
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis is close to 100%

Communicable Diseases and Coronavirus (CoVID-19)

8.2.17 Most of the infectious diseases including the common diseases of childhood have been successfully controlled or eliminated in the island. Rodrigues has not recorded any case of the new pandemic coronavirus disease (CoVID-19). A strong surveillance system is in place for communicable diseases. Preparedness and Response Plans for epidemic prone diseases, including new emerging diseases such as the coronavirus disease and resurgence of past diseases, such as dengue, chikungunya, zika virus disease, malaria, A H1N1, Ebola, Mers Co-Virus disease and plague are being also implemented in Rodrigues.

8.2.18 Because no case was detected, the island of Rodrigues is at the stage 1 of the classification of WHO for the CoVID-19 epidemic. To sustain this result, all passengers coming from abroad, including from the main island of Mauritius are quarantined. The surveillance system has been strengthened and PCR tests are undertaken. The health system, including isolation facilities has been consolidated to respond to positive cases, if any.

Reproductive, Maternal, Neonatal and Child Health and Adolescent Health

8.2.19 Rodrigues has already achieved the SDG 3 targets of maternal and child mortality as indicated in TABLE XLIV below.

TABLE XLIV: SDG 3 Target on Maternal and Child Mortality, 2017-2019

	2017	2018	2019
Maternal Mortality Ratio	0	0	0
Under 5 Mortality Rate	21.0	19.7	19.9

Vaccination

8.2.20 Vaccination services are available free of cost and 98 % of the 12-month-old population in the island have received at least one dose of measles vaccine. Vaccination coverage is better that Mauritius primarily due to involvement of community health agents.

Access to Quality Medicine and Health Technologies

8.2.21 Availability, accessibility and affordability of quality health products remain critical to ensure UHC. Access to medical products and medical technologies is acknowledged as a human right, in view of the fact that, it is a significant component of the two rights contained in the International Covenant on Economic, Social and Cultural Rights (ICESCR), namely, the right to health (Article 12) and the right “to share in scientific advancement and its benefits” (Article 15(1) (b)) (UN General Assembly, 1996).

Intersectoral Collaboration

8.2.22 Several multi-sectoral actions have been taken by different Commissions to encourage NCD prevention and control. A health card for the elderly is being used to increase cooperation between the health sector and the social security sector. The governance of the health sector in Rodrigues has been strengthened by the recent setting up of a multi-sectoral committee in December 2017, chaired by the Commissioner for Health and Others. This multi-sectoral committee has received the support of several Commissions.

Healthcare Financing

8.2.23 Healthcare services, as it is the case in the main island of Mauritius are provided, free of any user cost, in the island of Rodrigues. Total Public Expenditure on Health has increased from Rs 306 million in 2014 to reach Rs 402 million in FY2018/2019, representing an increase of 31%. Capital expenditure has increased by 94%, that is, from Rs 33 million in FY 2018/19 to Rs 64 million for the current FY 2019-2020.

8.2.24 According to the NHA Report 2017, Total Health Expenditure in Rodrigues was estimated at Rs 478 million in the year 2016. Gross Capital Formation amounted to approximately Rs 32 million in 2016. Per capita spending on health increased from Rs 9,911 in 2014 to Rs 11,277 in 2016, representing an increase of 13.78%.

Governance

8.2.25 Good governance and stewardship are pre-requisites for responding to the legitimate expectations of the population and improving health. Stewardship requires vision and influence at the level of the decision makers and top management to guide, monitor and evaluate the working and development of the nation's health strategies and actions.

8.2.26 According to the WHO, governance in the health sector refers to a wide range of steering and rule-making related functions carried out by Governments/decisions makers as they seek to achieve national health policy objectives that are conducive to Universal Health Coverage.

8.2.27 The Rodrigues Commission for Health and Others, under the RRA and through the MOHW, is responsible for policy formulation, resource mobilization, capacity building and overall supervision of the health agenda in the island.

Major Challenges

Demographics

8.2.28 Rodrigues is facing the challenges of an ageing population similar to that in the main island of Mauritius. The old age dependency ratio in Rodrigues has increased from 104.5 to 124.9 per 1,000 residents over the past 10 years. This is mainly due to an increase in life expectancy and a decrease in the fertility rate, resulting in a higher proportion of the elderly and a lower proportion of children in the population.

8.2.29 The number of people aged 60 years and above which was 2,967 in 2000 increased to 4,206 in 2011 and to 5,591 by mid-2019. TABLE XLV shows the trend in life expectancy of the population in Rodrigues from 1981-2018.

TABLE XLV: Life Expectancy by Age and Sex at each Census, 1981 – 2018

	1981 - 1985	1988 - 1992	1998 - 2002	2009-2013	2014-2018
Male	64.47	66.23	70.16	72.63	71.2
Female	68.95	72.76	76.09	78.29	77.7

Source: Digest of Statistics on Rodrigues, Statistics Mauritius, Ministry of Finance, Economic Planning and Development

Primary Health Care Services

8.2.30 Challenges related to PHC in Rodrigues are similar to those in the main island of Mauritius. These challenges include amongst others, continuity of care, standards package delivery record systems and coordination among providers of care and services. Most of the health infrastructures accommodating CHCs are old and cannot respond to the increasing demand of services. These CHCs need renovation and upgrading. There is also need for strengthening quality assurance processes and strengthening role of community health agents for timely diagnosis, referral and compliance to treatment.

Hospital and Allied Services

8.2.31 In Rodrigues, most of the challenges in respect to hospital and allied services are similar to those in Mauritius. However, the key challenges, in the island, remain the provision of services by specialists and an inadequate coordination mechanism for specialized care between Mauritius and Rodrigues as well as the non- availability of traditional medicine services.

8.2.32 The quality of care provided in some departments, for example, in the pharmacy and physiotherapy departments has some weaknesses. In addition, although domiciliary visits are organized by both the Commission for Health and Others and the Commission for Social Security, an explicit mechanism to provide palliative care is not in place. Furthermore, there are no emergency services (SAMU) to provide pre-hospital emergency medical treatment and stabilize critical emergencies on site.

8.2.33 The private health sector in Rodrigues is almost non-existent, with only two private pharmacies operating in Port-Mathurin. Many Rodriguans travel to Mauritius and other parts of the world for treatment in the private sector.

8.2.34 A Master Plan for Hospital Services has been developed and will focus on expansion of secondary care facilities in Rodrigues in a holistic approach.

Community Empowerment

8.2.35 The Commission for Health and Others, in collaboration with other Commissions, NGOs, “Agents de Santé Communautaire” and other private partners, including the media, is implementing several health promotion programmes to improve the health literacy of the community and to raise community awareness on disease prevention.

8.2.36 Training has been carried out for community health agents to empower them to sensitize the community on prevention and early detection of diseases, including the screening for early detection of NCDs and their risk factors. Community Health Agents carry out screening for diabetes, obesity, high blood pressure, vision defects and breast and cervical cancer in the community.

8.2.37 Major challenges include the tracking of high risk NCD cases, the undertaking of opportunistic screening, education on service navigation and the level of quality of services, especially the dispensing of generic medicines. For community engagement in self-care and decision making, there is the need to set up peer to peer groups and Local Health Committees.

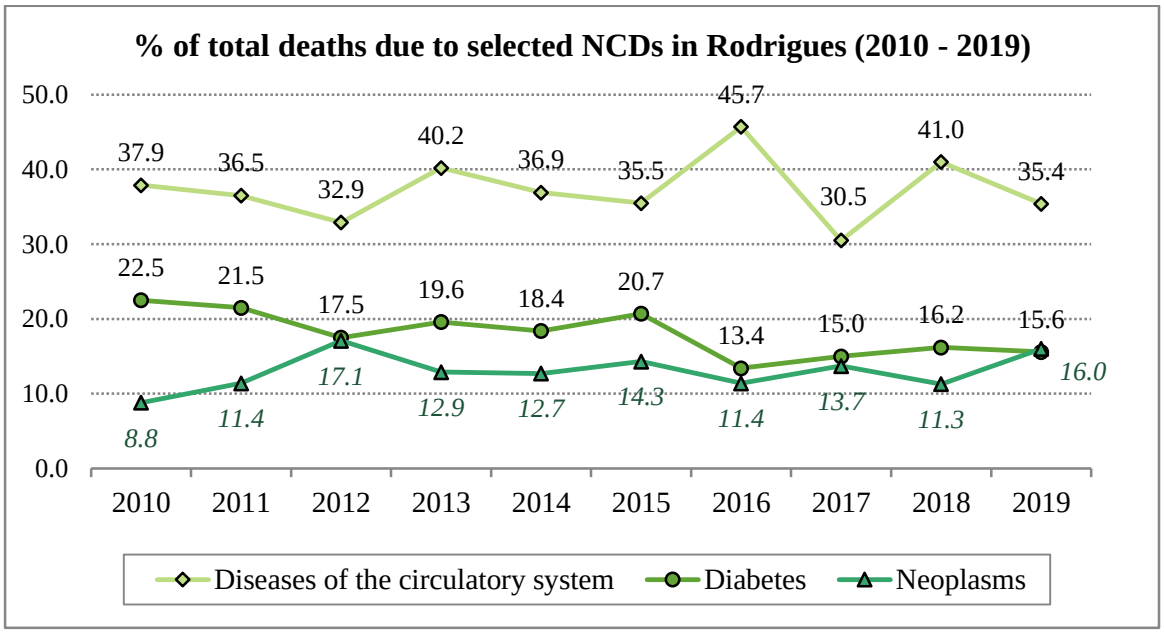
Quality Healthcare

8.2.38 Improving the quality of services provided to the population is one among the main objectives of the current Strategic Plan. While clinical guidelines to manage NCDs do exist, they are hardly used due to poor awareness and dissemination among medical staff. This implies that the quality of services provided to health consumers varies among health delivery institutions and healthcare providers.

Non-Communicable Diseases

8.2.39 Diseases of the circulatory system, which include, cerebrovascular, (including hypertension and heart conditions) as well as diabetes mellitus and cancer are the leading causes of deaths in the island. In 2019, these non- communicable diseases were responsible for almost 67% of all deaths in Rodrigues. FIGURE V indicates the trends in mortality rate due to non- communicable diseases from 2010 to 2019.

FIGURE V: Trends in Selected NCDs in Rodrigues



Source: Health Statistics Annual Reports

Mental Health

8.2.40 The Psychiatric out-patient clinic comprises 2,882 patients who are conveyed for clinic at Queen Elizabeth (1,500), Mont Lubin Area Health Centre (1,157) and La Ferme Area Health Centre (225)

Substance Use

8.2.41 In 2019, the number of patients admitted in CRAC rehabilitation centre were 26, out of which 10 for alcohol addiction problems and 16 for drug addiction.

Alcohol

8.2.42 The same regulations enforced in Mauritius have been rolled out in Rodrigues. These regulations include high taxes, ban on advertisement and promotion and restrictions on availability of alcohol in the retail sector. The allowed blood alcohol tolerance level for driving is 0.05%. Sobriety checks are often carried out among drivers. There are brief psychosocial interventions for persons displaying hazardous and harmful alcohol use.

Nutrition

8.2.43 Rodrigues has consistently adopted the same National Nutrition Plans and Policies as Mauritius. However, surveys indicate the unwillingness of many Rodriguans to change their food habits. This remains a major challenge to reduce the prevalence of NCDs and to foster good health habits among members of the community. In 2013, taxes were introduced on soft drinks and sugar sweetened non-alcoholic beverages (3% per gram of sugar) to encourage and promote alternatives such as water.

Physical Activity

8.2.44 The significant improvements in physical activity suggest that strategies from the National Plan to Enhance Physical Activity (2011-2014) through advocacy and capacity-building are being successfully implemented.

Health Promotion

8.2.45 There is no Health Promotion and Education Unit in Rodrigues. The small NCD team based at QEH and operating in AHCs and CHCs is also involved in screening activities and improving clinical management of NCDs. Major outreach activities are occasionally organized in collaboration with other organizations, such as the AIDS unit or NGOs.

Cardiovascular Diseases

8.2.46 Electrocardiograms are performed in QEH and the two AHCs for patients, while echocardiography is done during the visits of cardiologists from Mauritius every few months. Patients with Acute Coronary Syndrome receive Thrombolytic Therapy at QEH, whereas, medication such as heparin, beta-blockers, ACE inhibitors and statin are available in most health centers.

8.2.47 A local faith-based organization provides biofeedback stress tests as part of a wider range of alternative therapies and services. Treatment for patients with both diabetes and hypertension is at the medical practitioner's discretion, in view of the fact, that existing guidelines are not available and therefore not applied.

8.2.48 The HPV vaccines for the prevention of cervical cancer in girls aged 9-13 were introduced in 2016. The Rodrigues Cervical Cancer Screening Project was launched in October 2017. This Project aims at screening sexually active women aged 30 to 60 for the early detection of cancer and for the promotion of preventive medicine. Chemotherapy is the only form of treatment available in Rodrigues. Cases requiring more complex treatment such as radiotherapy and surgery are referred to Mauritius.

Communicable Diseases and Coronavirus (CoVID-19)

8.2.49 Resurgence of past contagious diseases, emergence of new diseases such as the new pandemic coronavirus disease (CoVID-19), neglected tropical diseases and anti-microbial resistance are threats to the island.

Health through the Life Course

Maternal Health

8.2.50 Main challenges include the early registration for antenatal care, ensuring continuity of ante natal examination and high quality intra natal care by a specialist, timely diagnosis of developmental anomalies and management of high risk pregnancies such as mothers with gestational diabetes and pregnancy induced hypertension and Sexually Transmitted Infections (STIs).

Child Health

8.2.51 There is good coverage of the school health programme. Controlled cash gift vouchers ensure good access and demand for child health services. However, there is need to strengthen the post-natal care through integrated delivery of vaccination and well-baby clinics, to sensitize communities and to improve the knowledge and skills of teachers for timely identification of health problems and appropriate referral.

Vaccination

8.2.52 There are no major challenges in the implementation of the Expanded Programme of Immunization. However, there is a need to ensure high coverage for Hepatitis B and HPV vaccination. The island currently does not have an International Vaccination Center for people travelling abroad.

Adolescent Health

8.2.53 Teenage pregnancy continues to be a significant issue affecting families, schools and health of the teenage mothers and their babies. Family planning services need to be re-addressed as the service coverage is on the decline. There is rising burden of STIs such as syphilis and gonorrhea in the island.

Cancers of Sexual and Reproductive Tracts

8.2.54 Incidence of breast cancer in female is 34.8% followed by colorectal cancer 12.2% and cancer of the cervix 6.7%. According to the International Agency for Research on Cancer (IARC) predictions (Globocan 2012), it is expected that in 2025 there will be 2,051 new cases of female cancers of which 1,028 will be in women aged 65 years and above.

Elderly care

8.2.55 The elderly population is vulnerable to both communicable and NCDs. There is an increasing burden of common geriatric health problems associated with NCDs as well as sexual dysfunction, menopause, andropause, seasonal influenza and elderly abuse.

Emergency Preparedness and Response

8.2.56 Rodrigues, as it is the case in Mauritius, has high-quality human, veterinary and environmental health services. Besides, the island has maintained a strong record of responding rapidly and effectively to several public health threats. Some of the pressing challenges that have come forth in the IHR-JEE Evaluation Report of 2018 and internal reviews, include the review of legislation, regulations and procedures, development of relevant guidance for IHR, preparation of Standard Operating Procedures (SOPs), Memorandum of Understanding (MOUs) and agreements for better stakeholders' engagement, conducting simulation and table top exercises and allocation of a dedicated budget for IHR to respond to future public health threats.

Health Information System

8.2.57 Health Information System (HIS) has four key functions, namely data generation, compilation, analysis and synthesis, communication and use for better decision-making. The HIS in Rodrigues is largely manual and very often non-retrievable and non-transferable. NCD registries are not appropriately designed for detailed analysis, and analysis of survey and routine data is limited. Data collected is also not used for strategic planning and monitoring.

Human Resources for Health

8.2.58 Apart from major challenges around training and skill development of health professionals, the perennial problem of continuous availability of specialist and primary care physicians remain persistent in Rodrigues. Other challenges include effective HRH planning and the implementation of a clinical quality appraisal system.

Quality Medicine

8.2.59 Rodrigues is facing several weaknesses in this sector, including the policy on quarterly supply of medicines affecting shelf life and stock availability. A paper-based inventory management system does not facilitate real time monitoring of the availability of medicine and their use at health facility levels. Besides, the system requires more time for indent of medicines. The non-existence of a Drug and

Therapeutic Committee and Pharmaco Vigilance Unit testify a gap in regulatory and monitoring bodies for the quality, availability and price of medication as well as for ethics and complaints.

Imaging Services

8.2.60 The main challenges are to ensure skilled staff in Rodrigues for the use and maintenance of medical equipment, timely reporting of imaging results and replacement of high-tech medical equipment which have crossed their shelf life.

Laboratory Services

8.2.61 Main challenges include timely reporting of results and loss of results mainly due to an outdated laboratory information system. There is no pathologist to support timely diagnosis and management of cancers. The regional blood bank provides blood and blood products to all health institutions in the island, but advance testing such as Nucleic Acid Test (NAT), quality assurance and blood component separation function are not available.

Intersectoral Collaboration

8.2.62 There is a distinct need for the setting up of a Council, at the level of the Chief Commissioner's Office, to promote intersectoral collaboration between Government, the civil society, NGOs, donor agencies and the private sector.

Catastrophic Expenditure on Health

8.2.63 The Report of the Survey on Household Out-of-Pocket Expenditure on Health undertaken in 2015 indicates that catastrophic expenditure on health among the population in the island of Rodrigues was 1.2%.

8.3 Strategic Priorities 2020-2024

Most of the Strategic Goals and Objectives for Mauritius will be applicable for the island of Rodrigues. Only strategic priorities, wherever applicable, based on the specificities of Rodrigues, are highlighted in the sections below.

8.3.1 Integrated Primary Health Care Services

Strategic Goal 1: Improve access to quality patient-centred services at the primary health care level

Strategic Objective	Strategic Action
Strategic Objective 1.1 Establish a strong gatekeeper mechanism at the primary healthcare level.	▪ Develop and implement a Master Plan on Primary Health Care Services. ▪ Decentralize dialysis services to AHC. ▪ Upgrade diagnostic facilities at PHC level. ▪ Formulate a National Food Safety Action Plan. ▪ Standardize the package of PHC services. ▪ Strengthen logistics for HIV and NCD Screening.
Strategic Objective 1.2 Sustain universal access to PHC services.	▪ Recruit and build the capacity of required health personnel. ▪ Upgrade existing CHCs. ▪ Convert existing AHCs into modern mediclinics with in-patient/day care facilities. ▪ Develop protocols and guidelines for treatment of common diseases.
Strategic Objective 1.3 Ensure provision of coordinated people centered services.	▪ Develop a Roadmap for the Family Doctor Scheme (FDS). ▪ Develop a Patient Charter for PHC services. ▪ Recruit and train health personnel for the FDS.

TABLE XLVI: : MONITORING INDICATORS (Integrated PHC Services)

Indicator	Baseline 2019	Target 2024	Data Source
National Food Safety Action Plan formulated	0	1	Published report
Dialysis Services decentralized	0	1	Budget estimates
Master Plan on PHC developed	0	1	Published report
Number of AHCs and CHCs upgraded	2	5	Budget Estimates
Number of Family Doctor recruited and trained	2	5	HR Report

8.3.2 Community Empowerment

Strategic Goal 2: Improve health outcomes through community empowerment

Strategic Objective	Strategic Action
Strategic Objective 2.1 Improve uptake of health services by the community.	▪ Strengthen community participation for HIV and NCD screening programs and health promotion. ▪ Develop IEC strategies with key stakeholders. ▪ Set up dedicated HIEC structure to promote health. ▪ Create dashboards or web pages for dissemination of evidenced based information and for prevention of diseases and health promotion.
Strategic Objective 2.2 Enhance active community involvement in health.	▪ Strengthen roles of "Agents de Santé Communautaire" in health prevention and promotion activities. ▪ Set up Local Health Committees. ▪ Establish a Registry of NGOs.

TABLE XLVII: MONITORING INDICATORS (Community Empowerment)

Indicator	Baseline 2019	Target 2024	Data source
IEC Strategy developed	0	1	RRA Report
HIEC Unit established	0	1	RRA Report
Screening coverage for NCDs	30%	>75%	NCD Secretariat
% CHA trained and certified as per new modules	0	>90%	Commission for Community Development

8.3.3 Hospital and Allied Services

Strategic Goal 3: Benchmark the provision of high quality and safe hospital services in line with international best practices

Strategic Objective	Strategic Action
Strategic Objective 3.1 Harmonize and Improve the standard of care.	▪ Strengthen services at the Accident/Emergency Department. ▪ Introduce staggered appointments to reduce waiting time. ▪ Introduce shift system. ▪ Improve coordination across providers between Mauritius and Rodrigues for effective follow-up of patients. ▪ Ensure availability of specialist through long term posting.
Strategic Objective 3.2 Develop hospital infrastructure for enhanced services, including specialized services.	▪ Implement Phase I of the Master Plan for Queen Elizabeth Hospital. ▪ Set up pre-hospital emergency services. ▪ Introduce palliative care. ▪ Mainstream traditional medicine. ▪ Set up special services for emergency cases.
Strategic Objective 3.3 Enhance health workers' skills to deliver quality services.	▪ Set up Case Management Team of specialists for better team based approach. ▪ Strengthen capacity building of all medical and paramedical personnel.

TABLE XLVIII: MONITORING INDICATORS (Hospital and Allied Services)

Indicator	Baseline 2019	Target 2024	Data Source
Phase I of the Master Plan for Queen Elizabeth Hospital implemented	0	100%	Master Plan Report
QEH with Alternative Medicine Unit	0	1	Commission for Health and others
SAMU Services established	0	1	SAMU Report
Shift system and staggered appointment introduced	0	Yes	HR report Commission for Health and Others
Proportion of eligible cases reviewed by management team	0	100%	Commission for Health and Others

8.3.4 Quality Healthcare

Strategic Goal 4: Improve service excellence for the provision of safe and compassionate care

Strategic Objective	Strategic Action
Strategic Objective 4.1 Ensure provision of standardized health services in all health institutions.	▪ Develop appropriate protocols and guidelines for clinical management of diseases. ▪ Implement guidelines and protocols through training, dissemination and supportive supervision mechanism. ▪ Develop protocols for emergency evacuation.
Strategic Objective 4.2 Improve Infection Prevention and Control (IPC) Program measures in all healthcare institutions.	▪ Set up functional IPC Committee at QEH. ▪ Implement guidelines on IPC in all healthcare institutions. ▪ Regular monitoring of nosocomial infections.
Strategic Objective 4.3 Build capacity of staff on patient centered care.	▪ Training and capacity building of all health workers on effective patient customer care communication.

TABLE XLIX: MONITORING INDICATORS (Quality Healthcare)

Indicator	Baseline 2019	Target 2024	Data Source
Protocols and guidelines for clinical management of diseases developed and made applicable	0	1	Annual Health Statistics Report
Protocols for emergency evacuation developed	0	1	Commission for Health
IPC committee established at QEH	0	1	Commission for Health
Proportion of staff trained in PCC communication strategy	0	>80%	HR training report

8.3.5 Maternal Health

Strategic Goal 5: Sustain a zero level of Maternal Mortality Ratio per 100,000 live births

Strategic Objective	Strategic Action
Strategic Objective 5.1 Strengthen measures for improving the access to ANC and post pregnancy child care.	▪ Undertake policy reviews in collaboration with responsible institutions for time off for ANC clinics, breastfeeding and maternal leave for six months. ▪ Advocate with the responsible Commissions/Institutions and employers for a policy on attendances for ante natal care and breastfeeding. ▪ Sensitize potential mothers on ANC including breastfeeding practices.
Strategic Objective 5.2 Build capacity for provision of quality maternal services.	▪ Conduct pre-and in-service training for all concerned healthcare staff. ▪ Develop guidelines and protocols on maternal care.

TABLE L: MONITORING INDICATORS (Maternal Health)

Indicator	Baseline 2019	Target 2024	Data Source
Proportion of mothers who have first ANC attendances in first trimester	48%	100%	Commission for Health

8.3.6 Emergency Preparedness and Response, including Communicable Diseases and CoVID-19

Strategic Goal 6: Improve health security through a sustainable, effective and efficient national surveillance, response and recovery system

Strategic Objective	Strategic Action
Strategic Objective 6.1 Strengthen governance for the implementation of the International Health Regulations.	▪ Strengthen the notification system. ▪ Reinforce the Public Health Unit with HRH.
Strategic Objective 6.2 Build a robust and effective real time surveillance system.	▪ Develop DHIS2 with support from MOHW and WHO. ▪ Strengthen screening for CoVID-19 and other communicable diseases.

TABLE LI: MONITORING INDICATORS (Emergency Preparedness and Response, including Communicable Diseases and CoVID-19)

Indicator	Baseline 2019	Target 2024	Data Source
DHIS 2 established for case detection and active surveillance of all major notifiable diseases	0	1	RRA Report
No of CoVID-19 tests effected	0	45,000	Annual Health Statistics Report
Rapid Response Team in place	NA	1	RRA Report

8.3.7 Health Information System

Strategic Goal 7 : Generate sound and reliable information at all levels of the health system in a holistic approach for better decision-making

Strategic Objective	Strategic Action
Strategic Objective 7.1 Make extensive use of ICT as an enabler to deliver effective, efficient and timely healthcare services.	▪ Implement E-Health Project at QEH and the two AHCs. ▪ Extend E-Health Project to CHCs. ▪ Set up a data collection and management systems to develop and disseminate regular reports. ▪ Establish MOUs with Research Institutions.

TABLE LII:MONITORING INDICATORS (Health Information System)

Indicator	Baseline 2019	Target 2024	Data Source
E-health Project at QEH and the two AHCs implemented	0	100%	Budget Estimates
Review report disseminated every quarter to health facilities	0	100%	Digest of Statistics Rodrigues
MOUs with Research Institutions established	0	1	Commission for Health

8.3.8 Human Resources for Health

Strategic Goal 8: Sustain service availability of a knowledgeable and skilled health workforce

Strategic Objective	Strategic Action
Strategic Objective 8.1 Ensure that a dedicated health workforce is available to accelerate progress towards universal health coverage.	▪ Build capacities in different areas of specialization and undergraduate courses for candidates from Rodrigues. ▪ Upgrade the existing post of Health Director to that of Regional Health Director. ▪ Strengthen the department of Commission for Health and Others by recruitment of additional technical staff.

TABLE LIII: MONITORING INDICATORS (Human Resources for Health)

Indicator	Baseline 2019	Target 2024	Data Source
Rodrigues MHOs enrolled in specialized courses	3	10	HR Report
No of scholarships awarded to students for pursuing undergraduate medical courses	2	10	Commission for Education
Post of Health Director upgraded to Regional Health Director	0	1	HR Report
Additional Technical staff recruited	12	15	HR Report

8.3.9 Access to Quality Medicine, Vaccines and Health Technologies

Strategic Goal 9: Ensure sustainable access to affordable, safe, cost effective and quality medicine and health technologies

Strategic Objective	Strategic Action
Strategic Objective 9.1 Strengthen the procurement, storage and distribution process of medicine and health technologies.	▪ Set up an effective warehousing facility. ▪ Implement Health Technologies Information Management. System, with a linkage system to Electronic Medical Records. ▪ Review Procurement and indent policy regularly. ▪ Undertake an auditing of medical equipment. ▪ Replace old and obsolete medical equipment.
Strategic Objective 9.2 Assure quality and safe medicines, vaccines and health technologies.	▪ Strengthen logistics for effective cold chain. ▪ Set up an International Vaccination Centre. ▪ Undertake NAT testing for Blood bank. ▪ Facilities for blood component preparation. ▪ Implement a laboratory quality assurance programme.
Strategic Objective 9.3 Strengthen partnership for EPI.	▪ Involve "Agents de Santé Communautaire" in the EPI.
Strategic Objective 9.4 Review and develop new policy and regulatory framework for medicine, medical products, blood products and laboratory services.	▪ Reinforce and set up regulatory system for vigilance and monitoring.

TABLE LIV: MONITORING INDICATORS (Access to Quality Medicine, Vaccines & Health Technologies)

Indicator	Baseline 2019	Target 2024	Data Source
Pharmacovigilance set up	0	1	Commission for Health
% of samples NAT Tested	0	100%	NBTS
QEH Lab –with 5 star SLIPTA rating	0	1	Annual Health Statistics Report
Medical equipment audited.	0	100%	Audit Report
Old and obsolete medical equipment replaced	90%	100%	Biomedical Engineer Technician Report

8.3.10 Healthcare Financing

Strategic Goal 10: Sustain an adequate provision of financial resources to accelerate progress towards universal health coverage

Strategic Objective	Strategic Action
Strategic Objective 10.1 Ensure equitable and sustainable healthcare financing.	▪ Increase the budget allocated for health to make further progress towards attaining SDG 3, including UHC. ▪ Allocate more financial resources to health promotion activities. ▪ Solicit additional financial support from multilateral agencies.
Strategic Objective 10.2 Improve cost-effective utilization of resources.	▪ Institutionalize the Cost Centre Project. ▪ Institutionalize NHA. ▪ Undertake periodic surveys on Household Out-Of-Pocket Expenditure on Health, including catastrophic expenditure on health. ▪ Recruit the services of a Health Economist on a contractual basis.

TABLE LV: MONITORING INDICATORS (Healthcare Financing)

Indicator	Baseline 2019	Target 2024	Data Source
Allocation to NCD and health promotion increased	0.8 Million	1 Million	Budget Estimates
Cost Center Report institutionalized	1	4	National Health Accounts Report

8.3.11 Intersectoral Collaboration

Strategic Goal 11: Consolidate collaboration between public and private stakeholders

Strategic Objective	Strategic Action
Strategic Objective 11.1 Improve intersectoral collaboration.	▪ Set up a Council at the highest level comprising representatives of other Commissions, NGOs, members of community and the representatives of the private sector. ▪ Establish a Registry of NGOs.

TABLE LVI: MONITORING INDICATORS (Intersectoral Collaboration)

Indicator	Baseline 2019	Target 2024	Data Source
Council at highest level has been set up	0	1	Rodrigues Regional Assembly
Registry of NGOs established	0	1	Commission for Health

8.3.12 Governance

Strategic Goal 12: Strengthen the stewardship role of the Commission of Health and Others

Strategic Objective	Strategic Action
Strategic Objective 12.1 Sustain the provision of free healthcare services and improve cost-effective utilization of resources through improved leadership and good governance.	▪ Revisit the management structure of the Commission for Health and Others in order to cope with increasing workload. ▪ Establish a High Level Committee that oversees the implementation of the HSSP 2020-2024. ▪ Establish an Efficiency Management Committee. ▪ Develop an effective auditing mechanism. ▪ Implement Anti-Corruption Framework in line with international best practices.

TABLE LVII: MONITORING INDICATORS (Governance)

Indicator	Baseline 2019	Target 2020	Data Source
High Level Committee for implementation of HSSP 2020-2024 established	0	1	Government's approval
Efficiency Management Committee set up	0	1	Commission for Health and Others

9. Agalega

9.1 Agalega consists of two islands (North Island and South Island). The twin islands have a combined land area of 2600 hectares (70 km^2). The North Island is 12.5 km long and 1.5 km wide and South Island is 7 km long and 4.5 km wide.

9.2 The islands which lie 1100 km (700 miles) north of Mauritius have a combined population of 300. The capital 'Vingt Cinq Village' is located in the North Island and has landing strip. The highest point of the islands is at Colline D'Emerez (North Island). One of its main exports is coconut (Cocosnucifera) and its derivatives.

9.3 On the overall the health status of the people of Agalega is good and is comparable to that of the population in the main island of Mauritius.

9.4 Health services are provided to the population of Agalega, free of any user fee, through a network of two health centres. One of the health care delivery institutions is located in the North of the island with a catchment area of 200 people. The second provider of health services is found in the South of Agalega and cater for 100 inhabitants. The health manpower posted to Agalega comprises one medical officer, two nursing officers and support staff.

9.5 In 2018, there were 5,279 outpatient visits for general consultation at the two health centres. In addition, dental services are provided once in every 3 months. In 2018, there were 275 admissions and 83 cases were referred for further treatment, including surgeries and follow-up, in the main island of Mauritius. Under existing arrangements, pregnant women have to come to Mauritius in their fifth month of pregnancy for delivery.

9.6 TABLE LVIII below gives an indication of the number of some of the healthcare activities at the two health centres for the year 2018.

TABLE LVIII: Ambulatory Health Care Services, Agalega, 2018

Ambulatory Care Services	
General Consultation	4,663
Consultation for Non-Communicable Diseases	416
Antenatal Care	47
Family Planning Services	153
Dental Services	210
Vitals	4,073
Dressing	1,349
ECG	283
Vaccination	149

Challenges

9.7 Non- Communicable Diseases, including diabetes, high blood pressure, respiratory tract infections, fish bites, alcohol dependency, trauma and psychiatric disorders are common among the adult population and remain the main causes of attendances and admissions in the island.

Strategic Priorities 2020-2024

In view of the fact, that inhabitants of Agalega are referred for further treatment and other healthcare services in the main island, they will benefit from improved services in the public health institutions of Mauritius.

Strategic Goal 1: Further enhance the health status and well-being of the people of Agalega

Strategic Objective	Strategic Action
Strategic Objective 1.1 Improve the provision of medical services.	▪ Provide appropriate medical technology to improve medical services and provide additional services. ▪ Undertake a feasibility study for the setting up of a community hospital. ▪ Extend telemedicine facilities.
Strategic Objective 1.2 Further improve the quality of life and well-being of the people.	▪ Strengthen health promotion activities to reduce the prevalence of NCDs. ▪ Promote school health activities. ▪ Further strengthen surveillance system for communicable diseases, including CoVID-19.

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TABLE LIX: MONITORING INDICATORS (Agalega)

Indicator	Baseline 2019	Target 2024	Data Source
Telemedicine facilities extended	0	100%	MOHW
Feasibility study on community hospital conducted	0	1	HEU
Surveillance for communicable diseases, including CoVID-19 strengthened	NA	100%	CDU

10. Cost Implications

Mauritius

10.1 Health status is highly correlated with macroeconomic conditions such as per capita income, working conditions, productivity, economic growth and prosperity.

10.2 HSSP 2020-2024 proposes ambitious actions and projects to provide improved quality of healthcare services to the population. Estimated Recurrent Budget of HSSP 2020-2024 is linked to the Recurrent Budget of the MOHW and of the Commission for Health and Others for the period 2019-2020 to 2022-2023.

10.3 Capital expenditure of HSSP 2020-2024 have been estimated in line with the Public Sector Investment Programme (PSIP) for the period FY 2020-2021 to FY 2024-2025. TABLE LX gives an indication of the estimated budget for the public health sector in the Republic of Mauritius, including Rodrigues and Agalega for the period 2020 to 2024.

TABLE LX: Estimated Budget of the Public Health Sector 2020-2024, Republic of Mauritius

Description	Project Value/ Estimates (Rs. 000)	FY 2019/2020 Revised Estimates (Rs. 000)	FY 2020/2021 Estimates (Rs. 000)	FY 2021/2022 Indicative Estimates (Rs. 000)	FY 2022/2023 Indicative Estimates (Rs. 000)	FY 2023/2024 Indicative Estimates (Rs. 000)
Estimated Total Recurrent Expenditure	55,011,431	11,261,036	10,612,761	10,936,330	11,013,830	11,187,474
Estimated Total Capital Expenditure	12,701,060	2,235,000	1,739,400	3,108,500	2,966,500	2,651,660
TOTAL EXPENDITURE	**67,712,491**	**13,496,036**	**12,352,161**	**14,044,830**	**13,980,330**	**13,839,134**

10.4 As indicated in TABLE LX, an estimated amount of Rs. 67.7 billion will be required for the provision of healthcare services in the public sector and the implementation of strategic actions of the HSSP 2020-2024 in the Republic of Mauritius, including Rodrigues and Agalega.

10.5 HSSP 2020-2024 comes with approximately 335 strategic actions, out of which 54.7% will require no additional funding and will be implemented with existing financial resources of the MOHW. 16.1% of the activities are related to the implementation of capital projects and which are in line with the PSIP for the period FY 2020-2021 to FY 2024-2025. Technical and financial support will be sought from donor partners, including the WHO and the European Union to fund the remaining 29.2% of the strategic actions.

11. Implementation

11.1 The Implementation Plan sets out steps for the smooth and successful implementation of the actions across the strategic priority areas of HSSP 2020-2024. Different units/ departments of the MOHW will be responsible to implement the strategic actions within specific delivery time frames for evaluation and monitoring.

11.2 After the adoption of HSSP 2020-2024, the MOHW will lead the implementation of the Five-Year Plan through a coordinated effort by involving various stakeholders, such as other Ministries, the private sector, NGOs, development partners and the civil society. Overall coordination will rest with the MOHW.

Ministerial Committee

11.3 The implementation of HSSP 2020-2024 shall receive commitment at the highest level through the setting up of a Ministerial Committee, chaired by the Minister of Health and Wellness. The Ministerial Committee will oversee progress on the implementation of the Strategic Plan. The Committee shall meet at least once on an annual quarterly basis to address any policy issues. This Committee will play a key role in ensuring timely implementation of the strategic priorities and oversee overall progress achieved.

11.4 It is also recommended that the Minister informs Cabinet through half yearly reports on the status of progress made on the implementation of strategic actions. Monitoring will also be carried out from feedback received from the ultimate beneficiaries, that is the patients, based on regular independent surveys.

Expert Working Group/Thematic Working Groups

11.5 The EWG and TWGs are coordination mechanisms for operationalizing the HSSP 2020-2024 through development of action plans.

11.6 Once operational plans are developed, different units/ departments of the MOHW, under the supervision of respective Directors Health Services and Deputy Permanent Secretaries, will be responsible to implement the strategic actions within specific delivery time frames and for evaluation and monitoring, ensuring collaboration with development partners, NGOs, FBOs and CSOs working in the concerned areas.

11.7 The main objective of the EWG is to support and advise the Ministerial Committee in the implementation of strategic priorities. It will be responsible to review assessment reports and submit recommendations to the Ministerial Committee. Detailed TORs of the EWG are at ANNEX X.

11.8 TWGs, comprising various stakeholders, from both the public and private sectors, will meet regularly on a quarterly basis and will operate as per their TORs at ANNEX X. They will be mainly responsible for monitoring and evaluation, identifying bottlenecks and proposing remedial measures. The TWGs will report to the EWG.

Secretariat

11.9 A Secretariat will be designated to coordinate the activities of the Ministerial Committee, the EWG and the TWGs, including their meetings, conduct annual reviews and mid-term and end term evaluation. This Secretariat will also be responsible for collating the reports for Ministerial Committee meetings, preparing briefs for Ministerial Committees and communicating decisions of the Ministerial Committee to the EWG and all the TWGs for timely actions.

11.10 The Health Economics Unit (HEU) will be responsible for regularly reviewing the TORs for annual reviews, ensuring implementation of monitoring and evaluation plans, including conduct of annual reviews. The HEU, in collaboration with the PIU, will support the implementation of all infrastructural and non- infrastructural projects and will also monitor progress towards outcomes and targets of the HSSP 2020-2024.

12. Monitoring and Evaluation of HSSP 2020-2024

12.1 The main direction is to develop an efficient monitoring and evaluation systems (M & E) that will provide high quality and timely evidence during the implementation of HSSP 2020-2024 and that regularly feeds into strategy reviews, annual planning, continuous learning and decision making for resource allocation across priorities.

12.2 Progress and performance of the Five-Year Plan will be monitored and evaluated through a joint country led team with the following:

- strengthened structures and coordination mechanisms,
- a defined monitoring and evaluation framework through a selected set of indicators baselines and targets,
- strengthened information systems,
- strengthened capacity for data collection, management and analysis, and
- well-articulated mechanisms for review and action.

12.3 A National Health Data Observatory will guide accessibility to and compatibility with the different data sources as well as linkages with programs or systems that have different M&E systems.

Components of the Monitoring and Evaluation

12.4 The responsibility of the MOHW will be as follows: -

- Overall co-ordination of monitoring and evaluation of the HSSP 2020-2024, guided by the Ministerial Committee, coordinated by an appropriate Secretariat and led by respective directorates and units.
- Ensuring a participatory approach involving all stakeholders in undertaking reviews, sector performance assessment and evaluations.
- Undertaking Joint annual reviews which will be linked to improvement in service delivery, annual budgetary exercises and the planning cycle.
- Undertaking a Joint Assessment of National Health Strategies (JANS) as a part of Mid-term Review of the HSSP 2020-2024.
- Monitoring and evaluating with the key indicators across the results framework (output, outcome and impact). These indicators reflect the country's commitment to SDGs, Vision 2030 and regional reporting requirements.

12.5 National Health Observatory: With the implementation of E-Health, a single interoperable system linking all the components of strategic priorities will be established to coordinate and link different sources of data. A meta data-standard will be developed to establish clear definitions of indicators and ensure all data sources are aware of the required information and how it needs to be generated. Standard Operating Procedures (SOPS) and guidelines to guide data management and sharing at all levels will be updated and / or revised.

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MOHW (2020) Operational Plan of the Ministry of Health and Wellness On Novel Coronavirus (CoVID-19)

ANNEX I

COMPOSITION OF STEERING COMMITTEE

NAME	DESIGNATION
Mr C. Bhugun	Senior Chief Executive **(Chairperson)**
Mrs D. Allagapen	Permanent Secretary
Mrs C. Jhowry	Permanent Secretary
Mr D. Dassaye	Deputy Permanent Secretary
Mr. G.K.R Ramrekha	Deputy Permanent Secretary
Mrs R. D Bissesur	Deputy Permanent Secretary
Mrs. N.D Kinnoo	Deputy Permanent Secretary
Mr R. Nursing	Deputy Permanent Secretary
Mr. S.Ramasawmy	Deputy Permanent Secretary
Dr S. Ramen	Director General Health Services
Dr. B. Ori	Director Health Services
Dr R. K Domun	Director Health Services
Dr (Mrs) M. Timol	Director Health Services
Dr. I.D.I Nawoor	Ag Director Health Services
Mr Y. Ramful	Lead Health Analyst
Mrs S. Ramjutton	Assistant Permanent Secretary
Dr. I. Ramdin	Ag. Director Dental Services
Dr. S. Kowlessur	Chief Health Promotion and Research Coordinator
Mr R. Dhoomun	Manager Financial Operations
Mr. N.Namah	Chief Hospital Administrator
Dr (Mrs) M. D. Soyjaudah	Acting Head, Aids Unit
Mr S. Lallmohamed	Lead Analyst, Ministry of Finance, Economic Planning and Development
Dr F. Shaikh	Technical Officer, WHO Local Office
Mr N. A. Fokeerbux	Assistant Permanent Secretary **(Secretary)**

ANNEX II

MEMBERS OF THE EXPERT WORKING GROUP

	Name	Responsibilities
1	Mr. Yogendr'nath Ramful Lead Health Analyst	Team Leader & Project Coordinator/Editor
2	Mr G. Ramrekha Deputy Permanent Secretary	Administrator (Part-time)
3	Dr. Sivalingum Ramen Director General Health Services	Technical Support
4	Dr. Sanjay Goorah Community Physician (Curative Section)	Technical Support
5	Dr. Nilesh Mohabeer Medical and Health Officer/Senior Medical and Health Officer	Technical Support
6	Dr. Mahmad Fazil Khodabocus Regional Public Health Superintendent	Technical Support
7	Mr Nitin Beerjbhookhun Management Support Officer	Support

ANNEX III

MEMBERS OF THE THEMATIC WORKING GROUPS

S.N	NAME	DESIGNATION
1.	Dr S. Ramen	Director General Health Services (**Chairperson, TWG 1 B**)
2.	Dr. B. Ori	Director Health Services (**Chairperson, TWG 1 A**)
3.	Mr R.K Bunjun	Deputy Permanent Secretary (**Chairperson, TWGs 4 and 8)**)
4.	Mr D. Dassaye	Deputy Permanent Secretary (**Chairperson, TWG 5**)
5.	Dr V. Gujadhur	Director Health Services (**Chairperson, TWG 2**)
6.	Dr. I.D.I Nawoor	Ag Director Health Services (**Chairperson, TWG 7**)
7.	Mr. Y. Ramful	Lead Health Analyst (**Chairperson, TWG 9**)
8.	Dr. S. Kowlessur	Chief Health Promotion and Research Coordinator **(Chairperson, TWG 3)**
9.	Mr S. Ramphul	Director Pharmaceutical Services (**Chairperson, TWG 6**)
10.	Mrs. N. Kinnoo	Deputy Permanent Secretary
11.	Mr R. Nursing	Deputy Permanent Secretary
12.	Mr G. Ramrekha	Deputy Permanent Secretary
13.	Dr S. Manraj	Director, Laboratory Services
14.	Dr R. K Domun	Director Health Services
15.	Dr. M. Timol	Director Health Services
16.	Dr. B. R. Kinnoo	Director Dental Services
17.	Dr. Ramdin	Ag. Director Dental Services
18.	Dr M. F Khodabocus	Regional Public Health Superintendent
19.	Dr. (Mrs.) A. Poteeram	Regional Public Health Superintendent (SSRNH)
20.	Dr. D. S. Ritish Lutchumun	Community Physician (Flacq Hospital)
21.	Mr. S. Jhoty	Public Health Nursing Officer
22.	Miss. R. Tonta	Office Management Executive
23.	Mrs. S. Ramjuttun	Assistant Permanent Secretary
24.	Mr M. F Lallmahomed	Ag Director Nursing
25.	Dr D. Rughoobur	Medical Superintendent (J Nehru Hospital)
26.	Dr (Mrs) U.D Kowlessur	Medical Superintendent (Dr A G Jeetoo Hospital)
27.	Dr (Mrs) A. Beeharry-Panray	Medical Health Officer (Dr A G Jeetoo Hospital)
28.	Dr R. Goordoyal	Regional Health Director (J. Nehru Hospital)
29.	Dr (Mrs) R. Gopaul	Ayurvedic Medical Officer
30.	Mr S Jugroo	National Dialysis Coordinator
31.	Mr S.Monohur	Chief Health Records Officer
32.	Mrs N. Arjunan	Ag Assistant Permanent Secretary
33.	Dr D. Samoo	Director, SAMU Services
34.	Dr S. Goorah	Community Physician (Rapporteur)
35.	Dr G. Ayassamy	SAMU, Senior Emergency Physician
36.	Miss M. Emamboccus	Office Management Assistant
37.	Mr N. Beedassur	Chief Health Information Education and Communication Officer
38.	Mr J. Heecharan	Ward Manager
39.	Mr S. Dwarka	Public Health Nursing Officer
40.	Mrs A. Gokool	Senior Health Information Education and Communication Officer
41.	Mr S. Sheikmador	Community Health Care Officer
42.	Mr R. Bhunjun	Community Health Care Officer
43.	Dr (Mrs) Z. Suffee	Community Physician
44.	Mr A. Nookadee	Representative from MACOSS
45.	Ms. R. Yarroo	Management Support Officer
46.	Dr K Beedassy	Community Physician
47.	Dr A. Khoodoruth	NCD Coordinator
48.	Mr J. Sunkur	Chief Demographer
49.	Mr D. Boodhoo	Nursing Officer
50.	Mr L. Babajee	Nutritionist/Senior Nutritionist
51.	Mr A. Aubeeluck	Intern, Service to Mauritius Programme

ANNEX III (Continued)
MEMBERS OF THE THEMATIC WORKING GROUPS

52.	Mr M.Moheeputh	Manager Procurement & Supply (Drugs)
53.	Mr A. K.Gunasee	Manager Procurement & Supply
54.	Mr R. Bundhun	Principal Pharmacist
55.	Mr C. Narrainen	Regional Pharmacy Technician
56.	Mrs G. Seeneevassenpillay	Management Support Officer
57.	Dr (Mrs) A. Veeeratterapillay	Consultant in Charge, Radiology
58.	Mr Y. Oozeer	Regional Nursing Administrator
59.	Mr R. Caullachand	Regional Nursing Administrator
60.	Mr K Payneeandy	Biomedical Engineer
61.	Ms M. Beejadhur	Senior Public Health Nursing Officer
62.	Mrs A. Poonsamy	Senior Public Health Nursing Officer
63.	Mrs P. Rajanah	Principal Public Health Nursing Officer
64.	Dr P. Munbodh	Regional Public Health Superintendent
65.	Mr M. Bissessur	Regional Nursing Administrator
66.	Dr.(Mrs) J. Sonoo	Deputy Director Laboratory Services
67.	Mr. D. Bahadoor	Deputy Director (Statistics Mauritius)
68.	Mr. D. Gooljar	Principal Public Health and Food Safety Inspector
69.	Mr. N. Jeeanoody	Chief Health Statistician
70.	Mr. B. Doorgakant	Ag. Director Public Health and Food Safety
71.	Mr. G. R. Lallmahomed	Principal Health Records Officer
72.	Mrs. C. Martial	Statistician (Statistics Mauritius)
73.	Mr B. Unmeer	Senior Statistician
74.	Mr.S. Borthosow	Chief Information Officer
75.	Mr. Z. Bhugeloo	Manager Human Resources
76.	Mr. F. K. Yarroo	Manager Human Resources
77.	Mr. A. S. Bheekhoo	Assistant Manager Human Resources
78.	Mrs. P. Seetohul	Assistant Manager Human Resources
79.	Mrs. K. Bonavalee	Assistant Manager Human Resources
80.	Mr. A. S. Beeharry	Assistant Manager Human Resources
81.	Mrs. H. Ghoorun	Assistant Manager Human Resources
82.	Ms. Y. D. Ramkissoon	Regional Health Services Administrator
83.	Mr. H. Dahlia	Regional Health Services Administrator
84.	Dr. A. K. Pulton	Consultant, Obstetrics & Gynaecology
85.	Dr. D. C. Nuckchady	Specialist/Senior Specialist
86.	Dr. D. Madhoo	Community Physician
87.	Dr. N. Mohabeer	Medical Health Officer/Senior Medical Health Officer (Rapporteur)
88.	Dr. S. S. A. Mamoojee	Medical Health Officer/Senior Medical Health Officer
89.	Mr. N. K. Ramjaun	Senior Pharmacist
90.	Mrs. R. Nanhuck	Ag. Director, Mauritius Standards Bureau
91.	Mr. A. Rama	Manager Human Resources
92.	Mr. G. Legrand	Manager Financial Operations
93.	Ms. M. C. Kwan Yin	Office Management Executive
94.	Mrs. K. Torul	Research Officer (Ministry of Gender Equality and Family Welfare)
95.	Mr S. Bheekun	Ag. Chief Health Records Officer
96.	Mr S. Koonjul	Manager Financial Operations
97.	Mrs. C. Doobaly	Ag. Assistant Permanent Secretary
98.	Mrs K. Nothoo	Assistant Permanent Secretary (Ministry of Social Integration, Social Security and National Solidarity)
99.	Dr. (Mrs.) A. Sreekeessoon	Assistant Permanent Secretary (Ministry of Youth Empowerment, Sports and Recreation)
100.	Mr. R. Dhoomun	Manager Financial Operations
101.	Mr. A. Li Yuk Tong	Lead Analyst
102.	Mr. Najuraully Issoop	Chairman, Regional Health Advisory Board (Dr. A. G. Jeetoo Hospital)
103.	Mr. N. Cushmagee	Management Support Officer (Rapporteur)
104.	Mrs. N. J-Dulhunsing	Analyst/Senior Analyst
105.	Mrs. H. Bhunjun-Kassee	Analyst/Senior Analyst
106.	Mr. M. Peters	Analyst (Ministry of Finance, Economic Planning and Development) (Rapporteur)

ANNEX III (Continued) MEMBERS OF THE THEMATIC WORKING GROUPS		
107.	Mr P. Bolaky	Deputy Director Public Health and Food Safety
108.	Mr M. Teeluck	Epidemiologist
109.	Ms P. Seesurn	Management Support Officer (Rapporteur)

ANNEX IV

MEMBERS OF THE HSSP SECRETARIAT

NAME	DESIGNATION	RESPONSIBILITY
Mr Y Ramful	Lead Health Analyst	Chief Supervisor
Mrs H. Bhunjun-Kassee	Analyst/Senior Analyst	Supervisor
Mrs N. Jhuboo-Dulhunsing	Analyst/Senior Analyst	Supervisor
Mr N. Beerjbhookhun	Management Support Officer	Support
Ms V. Prayag	Office Management Assistant	Support
Mr Y Ramoo	Office Management Assistant	Support
Mrs G. Seeneevassenpillay	Management Support Officer	Support
Ms A Budloo	Management Support Officer	Support

ANNEX V

AREAS OF WORK FOR THEMATIC WORKING GROUPS

THEMATIC WORKING GROUP (TWG)	AREA OF WORK
TWG 1 Group A Group B	**People Centred Health Services** **Primary Health Care and Non-Communicable Diseases** **Hospital and Specialized Services including Traditional, Complementary and Alternative Medicines**
TWG 2	**Public Health Emergency Preparedness and Response**
TWG 3	**Community Empowerment**
TWG 4	**Health Management Information System**
TWG 5	**Health Workforce (Human Resources)**
TWG 6	**Access To Quality Medicine, Vaccines And Health Technologies**
TWG 7	**Quality Healthcare**
TWG 8	**Intersectoral Coordination For Good Governance**
TWG 9	**Sustained Healthcare Financing**

ANNEX VI

PACKAGE OF PHC SERVICES

Community Health Centres (CHC)	Area Health Centres (AHC)	Additional Services (Mediclinics)
▪ Diagnosis and treatment of common diseases and injuries ▪ Referral to hospitals ▪ Follow up of referrals from hospitals ▪ NCD Clinics ▪ Dispensing of medications ▪ Antenatal clinics ▪ Well baby clinics ▪ Cash gift scheme ▪ Immunisation ▪ Family Planning ▪ Health education ▪ Nutrition education & counselling	▪ All services provided at CHCs ▪ Dental Clinics ▪ School Health ▪ NCD Screening ▪ Diabetic clinics ▪ Specialist sessions ▪ Food Handlers	▪ All services provided at AHCs ▪ X Ray facilities Laboratory services

ANNEX VII

LIST OF HOSPITAL SERVICES

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

ANNEX VIII
OUTPUTS OF WHO GENERAL PROGRAMME OF WORK 13

GPW13 Output						
Goal	**1 billion more people benefiting from Universal Health Coverage**					
Outcome	**1.1.**	**Improved access to quality essential health services**	**1.2.**	**Reduced number of people suffering financial hardships**	**1.3.**	**Improved access to essential medicines, vaccines, diagnostics and devices for primary health care**
Output	1.1.1.	Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	1.2.1.	Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	1.3.1.	Improved access to essential medicines, vaccines, diagnostics and devices for primary health care
	1.1.2.	Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	1.2.2.	Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making	1.3.2.	Countries enabled to measure and monitor data on essential and priority health products to inform policy development
	1.1.3.	Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	1.2.3.	Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy	1.3.3.	Country and regional regulatory capacity strengthened and supply of quality-assured and safe health products improved
	1.1.4.	Countries enabled to ensure effective health governance			1.3.5.	Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices
	1.1.5.	Countries enabled to strengthen their health workforce				
Goal	**1 billion more people better protected from health emergencies**					
Outcome	**2.1**	**Countries prepared for health emergencies**	**2.3**	**Health emergencies rapidly detected and responded to**	**2.2**	**Epidemics and pandemics prevented**
Output	2.1.1	All-hazards emergency preparedness capacities in countries assessed and reported	2.3.1.	Potential health emergencies rapidly detected, and risks assessed and communicated	2.2.1	Research agendas, predictive models and innovative tools, products and interventions available for high- threat health hazards
	2.1.2.	Capacities for emergency preparedness strengthened in all countries	2.3.2	Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	2.2.2	Proven prevention strategies for priority pandemic/epidemic- prone diseases implemented at scale
	2.1.3.	Countries operationally ready to assess and manage identified risks and vulnerabilities	2.3.3	Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	2.2.3 2.2.4	Mitigate the risk of the emergence and re-emergence of high –threat pathogens Polio eradication and transition plans implemented in partnership with the Global Polio Eradication initiative
Goal	**1 billion people enjoying better health and well-being**					
Outcome	**3.1.**	**Determinants of health addressed**	**3.2.**	**Risk factors reduced through multi-sectoral action**	**3.3**	**Healthy settings and Health in All Policies promoted**
Output	3.1.2.	Countries enabled to address environmental determinants of health, including climate change	3.2.1.	Countries enabled to develop and implement technical packages to address risk factors through multi-sectoral action	3.3.1.	Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces
			3.2.2.	Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society		
Goal	**More effective and efficient WHO better supporting countries**					
Outcome	**4.1.**	**Strengthened country capacity in data and innovation**	**4.3.**	**Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner**	**4.2**	**Strengthened WHO leadership, governance and advocacy for health**
Output	4.1.1. 4.1.2	Countries enabled to strengthen health information1 and information systems for health,2 including at the subnational level, and to use this information to inform policy-making WHO Impact Framework and triple billion targets, global and regional health trends, Sustainable Development Goal Indicators, health inequalities and disaggregated data monitored	4.3.1 4.3.2	Sound financial practices and oversight managed through an efficient and effective internet control network Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery	4.2.1 4.2.2	Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communication and in accordance with the Sustainable Development Goals in the context of United Nations reform The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation

	4.1.3.	Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities and scale effective innovations sustainably	4.3.3	Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations	4.2.3	Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnership
			4.3.4	Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care	4.2.4	Planning, allocation of resources, implementation, monitoring and reporting based on country priorities, achieving country impact and ensuring value for money and the strategic priorities of GPW 13
					4.2.5	Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications
					4.2.6	"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored

ANNEX IX

LIST OF STAKEHOLDERS

S.N	Stakeholders
1	World Health Organization
2	Ministry of Health and Wellness (Policy makers, Senior Officers and Head of Units/Divisions, Staff involved in auxiliary services, preventive and curative care)
3	Parastatal bodies under the Ministry of Health and Wellness (Mauritius Institute of Health, Trust Fund for Specialized Medical Care, Cardiac Centre)
4	Other Ministries (Ministry of Finance, Economic Planning and Development, Ministry of Education, Tertiary Education, Science and Technology, Ministry of Youth Empowerment, Sports and Recreation, Ministry of Social Integration, Social Security and National Solidarity, Ministry of Gender Equality and Family Welfare, Ministry of Agro Industry and Food Security, Ministry of Housing & Land Use Planning)
5	Academic & Research Institutions (University of Mauritius, University of Technology, SSR Medical College)
6	Professional associations, councils & unions (e.g. Medical Council, Nursing Council)
7	NGOs namely Etoile d'Esperance, Association pour la Promotion de la Santé (APSA), Heart Foundation, Mauritius Council of Social Services (MACOSS), Ti Diams, Link to Life and Mauritius Heart Foundation
8	Representatives of civil society and religious & socio-cultural organizations.

ANNEX X

TERMS OF REFERENCE

STEERING COMMITTEE

The role of the Steering Committee is to:

- Take on the overall responsibility for the development and implementation of the Health Sector Strategic plan 2019-2023.
- Convene and provide a platform to all stakeholders including development partners, civil society and Private sector for dialogue, ownership and accountability of the HSSP-and the sustained development of the health sector.
- Provide supervision and guidance on broader policy directives to expert working group.
- Review and agree on the objectives, priorities/thematic groups suggested by the Expert working group.
- Convene joint reviews at least twice a year as per an established budget calendar; assess progress and disseminate related reports in a timely manner to the senior management of all stakeholders and the WHO.
- Discuss issues related to sector budgets and mobilizing of resources for the health sector in line with HSSP and Government Vision 2030.
- Institute the synergies in policy formulation, implementation through regular reviews.

Key roles and responsibility

Chairperson

It is the responsibility of the chairperson to,

- convene steering committee meetings and set the agenda in consultation with lead co-chair or secretary,
- ensure that all relevant stakeholders from government institutions, civil society organizations and the private sector are represented in the steering committee and in the expert Working Group,
- provide leadership for the development, operationalisation and update of the health sector strategy plan and the monitoring and evaluation framework,

- direct the expert working group to establish Sub working groups whenever required and as deemed appropriate,
- assign to the expert working group any other work as deemed appropriate,
- encourage participation and effective dialogue by all members in discussions,
- summarise decisions at the end of each meeting, and
- mobilize resources for the sector in line with Government national development agenda.

Co-Chair:

It is the responsibility of co-chair to,

- assist the chair with coordination-in all the functions listed above,
- replace the chairperson in case of absence or inability of the chairperson to attend a Steering Committee meeting, and inform the chairperson about the issues discussed and any decisions taken in the meeting, and
- support the chair in preparation of Joint reviews and dissemination of review reports.

EXPERT WORKING GROUP (EWG)

The Expert Working Group will:

- Have overall responsibility to develop, finalize and regularly update the health sector strategic plan in co -ordination with under the supervision of the steering committee.
- Coordinate activities within the sector and ensure alignment and harmonization to achieve sector outcomes
- Constitute the Technical sub-working groups and agree on the broader terms of reference for these groups.
- Review, discuss and synthesise the results across all the thematic/priorities and connect the comprehensive situational analysis with thematic priorities.
- Summarize the priorities and present it to steering committee for validation.
- Ensure that the priorities are costed and in line with the Government development agenda and PSIP.
- Present the updated sector strategy plan for approval by the steering committee.
- Prepare bi-annual joint reviews meetings including required background documents, status update on sector strategy implementation, budget reports and share it with all the members of steering committee during review meetings.

THEMATIC WORKING GROUPS (TWG)

Each Thematic Working Group (TWG) will be led by a Group Chair and will work under the guidance of a member of the Expert Working Group (EWG). The TWG will be, *inter-alia*, responsible to,

- play a key role in information review, coordination of various stakeholders and ensuring dialogue around the thematic area assigned to them and developing work plans, recommending policies and strategies around the thematic areas and submit reports to the EWG,
- support the EWG and the National Consultant in the implementation and review of sector specific policies and strategies,
- facilitate the alignment of all interventions with the Government Vision 2030, Sustainable Development Goals and Government priorities in the health sector,
- hold focus group discussions (with the group members and other persons or health professionals who may contribute positively), conduct key informant interviews or have other individual meetings to fill any information gaps and advance the triangulation process,
- visit health facilities to better understand the different perspectives through observations and interviews,
- identify the priorities for the health sector taking into consideration commitments under Government Programme 2015-2019, Vision 2030, the Three Year Strategic Plan 2018/2019-2020/2021 and Public Sector Investment Programme (PSIP) 2018/2019-2022/2023,
- identify the role of the private sector in the national health system and its contribution to attain targets related to Vision 2030 and the Sustainable Development Goal 3,
- assess the existing legislative framework governing the health sector and recommend improvements, thereon, in order to make it more responsive to the needs of the population and challenges facing the health sector,
- assess the human resource needs for implementing the health strategy,
- develop targets and outcomes for all programmes and sub-programmes of the Health Sector Strategy 2020-2024, and
- provide cost estimates for all activities identified.

In addition, TWG will be responsible to,

- implement policies and strategies of thematic priorities identified and agreed upon after the signing of HSSP,
- review all the available information related to outcomes, interventions and services for the thematic priorities assigned to them, and recommend policy and strategic directions on the basis of their knowledge, expertise and challenges identified during the reviews and
- support the EWG in the development of joint review reports to be conducted bi-annually and submit reports.

ANNEX XI

PROGRAMME-BASED BUDGET, MAURITIUS

RECURRENT EXPENDITURE/STRATEGIC PRIORITIES	Value/ Estimates/strategy/capital for 2020-2024	FY 2019/2020 Revised Estimates	FY 2020/2021 Indicative Estimates	FY 2021/2022 Indicative Estimates	FY 2022/2023 Indicative Estimates	FY 2023/2024 Indicative Estimates
Integrated Primary Health Care Services (PHC), School Health and Occupational Health	2,656,339	544,500	511,955	527,975	531,700	540,208
Community Empowerment	1,062,534	217,800	204,782	211,190	212,680	216,083
Hospital and Allied Services	7,969,012	1,633,500	1,535,865	1,583,925	1,595,100	1,620,622
Quality Healthcare	3,187,606	653,400	614,346	633,570	638,040	648,249
Non-Communicable Diseases and their Risk Factors, Mental Health and Substance Use and Addiction	10,625,350	2,178,000	2,047,820	2,111,900	2,126,800	2,160,829
Communicable Diseases:Vector-Borne, HIV and AIDS, Hepatitis C, Coronavirus (CoVID-19) and Food Safety	3,718,873	762,300	716,737	739,165	744,380	756,290
Health through the Life Course	5,843,941	1,197,900	1,126,301	1,161,545	1,169,740	1,188,455
Emergency Preparedness and Response	4,781,407	980,100	921,519	950,355	957,060	972,373
Health Information System and Health Research	1,593,801	326,700	307,173	316,785	319,020	324,124
Human Resources for Health	3,187,606	653,400	614,346	633,570	638,040	648,249
Access to Quality Medicine and Health Technologies	6,906,477	1,415,700	1,331,083	1,372,735	1,382,420	1,404,539
Healthcare Financing	531,267	108,900	102,391	105,595	106,340	108,041
Intersectoral Collaboration and Public Private Partnership, Governance and Medical Hub	1,062,534	217,800	204,782	211,190	212,680	216,083
TOTAL RECCURENT EXPENDITURE/Strategic Priorities	**53,126,744**	**10,890,000**	**10,239,100**	**10,559,500**	**10,634,000**	**10,804,144**
CAPITAL EXPENDITURE						
Capital Projects as per PSIP (FY 2019/2020 to FY 2023/2024)	**12,621,060**	**2,210,000**	**1,713,900**	**3,098,500**	**2,954,000**	**2,644,660**
TOTAL EXPENDITURE RECURRENT + CAPITAL	**65,747,804**	**13,100,000**	**11,953,000**	**13,658,000**	**13,588,000**	**13,448,804**

ANNEX XII

PROGRAMME-BASED BUDGET FOR RODRIGUES

RECURRENT EXPENDITURE/STRATEGIC PRIORITIES	Value/ Estimates/strategy/capital for 2020-2024	FY 2019/2020 Indicative Estimates	FY 2020/2021 Indicative Estimates	FY 2021/2022 Indicative Estimates	FY 2022/2023 Indicative Estimates	FY 2023/2024 Indicative Estimates
Integrated Primary Healthcare Services (PHC)	92,246	18,160	18,289	18,444	18,591	18,762
Community Empowerment	36,900	7,264	7,316	7,378	7,437	7,505
Hospital and Specialized Services	316,513	62,311	62,752	63,285	63,788	64,376
Quality Healthcare	110,694	21,792	21,946	22,132	22,309	22,514
Non-Communicable Diseases and Mental Health	368,981	72,641	73,155	73,775	74,362	75,048
Communicable Diseases	129,146	25,425	25,605	25,822	26,027	26,267
Health through the Life Course	202,940	39,953	40,235	40,576	40,899	41,276
Emergency Preparedness and Response	166,041	32,688	32,919	33,199	33,463	33,771
Health Information System and Research	55,347	10,896	10,973	11,066	11,154	11,257
Human Resources for Health	110,694	21,792	21,946	22,132	22,309	22,514
Access to Quality Medicine and Health Technologies	239,840	47,217	47,551	47,954	48,336	48,781
Healthcare Financing	18,447	3,632	3,657	3,688	3,718	3,752
Intersectoral Collaboration and Public Private Partnership, Leadership and Governance	36,900	7,264	7,316	7,378	7,437	7,505
TOTAL RECCURENT EXPENDITURE/Strategic Priorities	**1,884,687**	**371,036**	**373,661**	**376,830**	**379,830**	**383,330**
CAPITAL EXPENDITURE						
Capital Projects as per PSIP (FY 2019/2020 to FY 2023/2024)	**80,000**	**25,000**	**25,500**	**10,000**	**12,500**	**7,000**
TOTAL EXPENDITURE RECURRENT + CAPITAL	**1,964,687**	**396,036**	**399,161**	**386,830**	**392,330**	**390,330**