



HealthConnect

For better Social, Mental and Physical Wellbeing

September 2017

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**World Health
Organization**

MAURITIUS COUNTRY OFFICE

20 to 30 % of people having strokes in Mauritius are in the 30-40 age group

"Heart Diseases can be prevented". This was the main message at Dr A. G. Jeetoo Hospital, Port Louis, on Monday 2nd October, where the Minister of Health & Quality of Life, Dr the Honorable Anwar Husnoo, proceeded to the official launching of a series of activities in connection with the World Heart Day, celebrated on 29th September 2017.

Dr Anwar Husnoo urged parents to sensitise their children on the prevention of cardiovascular diseases and the need to adopt a healthy diet. *"We have noted that people are having heart attacks at a younger age. 20 to 30 % of people having strokes are in the 30-40 age group. This is very alarming. So, parents should provide guidance to their children. We should not transmit bad habits to the younger generation. For example, only 15 to 20 % of youths exercise regularly. We should bear in mind that cardiovascular diseases can be prevented,"* he stressed.

Dr Husnoo highlighted the following measures to prevent cardiovascular diseases and made an appeal to parents to lead by example by :

- adopting a healthy lifestyle : avoid fat and eat more fruits and vegetables;
- doing physical exercise;
- quitting smoking; and
- reducing alcohol consumption.

In Mauritius, heart disease is the leading cause of mortality, accounting for about 2 000 deaths in 2016. Moreover, the number of heart surgeries jumped from 650 in 2006 to 1 300 in 2016.

Dr Laurent Musango, WHO Representative in Mauritius, recalled that Mauritius is one of the countries having a high prevalence of non-communicable diseases. He hoped that the country will succeed in reversing this trend. According to him, the adoption of a healthy lifestyle by each individual can benefit the whole family. Not only it will help to reduce the risk of having non-communicable diseases, like diabetes, hypertension, heart disease and cancer but by quitting tobacco and reducing alcohol consumption, the family income can significantly improve.

It is estimated that about 17.5 million deaths worldwide are due to cardiovascular diseases. This accounts for 31% of overall mortality. According to Dr Musango, cardiovascular disease is one of the world's leading causes of deaths. However, there are other worrying figures concerning heart diseases:

- It is estimated that one person out of ten, aged between 30 and 70 years old, dies of a cardiovascular disease each year in the world.
- According to 2012 statistics, 7.4 million persons died of coronary heart disease and 6.7 million deaths were due to stroke.

However, 80% of deaths due to cardiovascular diseases can be avoided by intervening on the risk factors. This is one of the reasons why the World Heart Foundation chose the theme *"Share the power"* this year for the World Heart Day. The aim is to encourage people to share their knowledge and thus, sensitise others on the importance of adopting a healthy lifestyle. This is the only way to prevent cardiovascular diseases.

It is worth noting that WHO identified economical and efficient responses to fight against cardiovascular diseases, even in regions where resources are scarce. They are twofold: at individual level and community level. WHO recommends such combination of actions in order to reduce the high burden of cardiovascular diseases.

Interventions at community level comprise:

- comprehensive tobacco control strategies;
- healthy nutrition;
- regular physical exercise; and
- reduction of alcohol consumption.

At individual level, WHO recommends targeting people with a high cardiovascular risk, as well as those severely suffering from diabetes, high blood pressure and hypercholesterolemia.



Mr G. Gunesh, Senior Chief Executive of the Ministry of Health and Quality of Life, Dr. the Hon. Anwar Husnoo, Minister of Health and Quality of Life, Mrs. Roubina Jadoo-Jaunbocus, Parliamentary Private Secretary, and Dr Laurent Musango, WHO Representative in Mauritius.

40% of patients who had a myocardial infarction are in the 40-to-60-year-old group

In Mauritius, myocardial infarction is responsible for 4500 to 5000 cases of hospital admissions each year. The Ministry of Health & Quality of Life is conscious of the consistent pattern indicating a rejuvenation of heart diseases in the country.

According to Dr Nizam Domah, Head of the Cardiology Services at Victoria Hospital, Candos, between 20 to 30% of Mauritians hospitalised after a heart attack are between 30 and 40 years and 40% of patients who had a myocardial infarction are aged between 40 to 60 years old.

There are other bothering figures about cases treated at the Cardiac Unit of Victoria Hospital:

- between 200 and 250 patients are provided outpatient care per day.
- 30 to 50 cases are treated at emergency each day.
- about 15 patients seen by medical staff of this unit are hospitalised daily.

The main factors contributing to heart diseases are physical inactivity, poor nutrition, unhealthy lifestyle, diabetes, high blood pressure, obesity, high cholesterol level and smoking.

Cost of treatment : Rs 250 000 to Rs 350 000

For each patient suffering from heart diseases, Government spends an average of Rs 250 000 to Rs 300 000 for diagnostic and treatment, including angioplasty. For severe cases, where a bypass is required, the total expenditure can rise up to Rs 350 000 per patient.

"An efficient system"

"We have a well-functioning and efficient system," rejoiced Ram Nookadee, secretary of the NGO Heart Foundation. According to him, patients with heart diseases enjoy quality care in Mauritius. "Actually, all our hospitals have either a Cardiac Centre or Cardiac Unit," he said.

For Mr Nookadee, sensitisation is of the essence. He recalled that "La Route du Coeur", a program initiated by the Heart Foundation, visits a region each month to sensitise the public on cardiovascular diseases.



Hon. Dr. A. Husnoo, the Minister of Health and Quality of Life setting the example

Tips for a healthy heart

- Start physical exercise at an early age
- Eat healthy foods
- Stop tobacco if you are a smoker and never start smoking if you are a non-smoker
- Regulate your blood sugar level or blood pressure if you suffer from diabetes or hypertension

Do you know?

Cardiovascular diseases constitute a set of disorders affecting the heart and blood vessels, comprising:

- coronary heart diseases (the blood vessels supplying the heart are affected)
- cerebrovascular disease (the blood vessels supplying the brain are affected)
- peripheral arterial disease (the blood vessels supplying the arms and the legs are affected)
- rheumatic heart disease (the cardiac muscle and heart valves are affected)
- Congenital heart defects malformations (heart deformities as at birth)
- deep vein thrombosis and pulmonary embolism (a blood clot forms in one of the deep veins of the legs and can migrate to the heart or the lungs)

Hence, a healthy lifestyle should be adopted at an early stage to protect one's heart from cardiovascular diseases.

- « *Les maladies du cœur sont évitables.* » Tel était le message principal à l'hôpital Dr. A.G. Jeetoo, Port Louis, lundi où le ministre de la Santé et de la Qualité de la vie a procédé au lancement d'une série d'activités en lien avec la Journée mondiale du cœur, célébrée le 29 septembre 2017.
- Le Dr Anwar Husnoo a dit constater un rajeunissement des personnes atteintes de maladies cardiovasculaires. « *Parmi les personnes qui ont des crises cardiaques, 20 % à 30 % sont âgées entre 30 et 40 ans* », a-t-il précisé.
- Il a aussi exhorté les parents à sensibiliser leurs enfants sur les maladies cardiovasculaires. « *Il ne faut pas que nous transmettions nos mauvaises habitudes à cette nouvelle génération. Il faudrait aussi les sensibiliser sur l'importance d'une bonne alimentation et les dangers causés par la cigarette* », a-t-il déclaré.
- Le Dr Laurent Musango, représentant de l'OMS à Maurice, a rappelé que Maurice figure parmi les premiers pays en ce qui concerne les maladies non-transmissibles. Il a exprimé le vœu que le pays inverse cette tendance.
- Le nombre de décès imputables aux maladies cardio-vasculaires dans le monde est estimé à 17,5 millions, c'est-à-dire 31% de la mortalité totale. Elles constitueraient ainsi la première cause de mortalité dans le monde.
- On estime que 7,4 millions des décès sont dus à une cardiopathie coronarienne et 6,7 millions à un Accident Vasculaire Cérébral (AVC) (chiffres de 2012).
- Il est estimé qu'une personne sur 10, âgée entre 30 et 70 ans, meurt d'une maladie cardiovasculaire tous les ans.
- Le thème choisi cette année par la Fédération mondiale du cœur est « *Partager le pouvoir* ».
- L'objectif est d'encourager les gens à partager leurs connaissances avec les autres afin de les sensibiliser sur le mode de vie à adopter en guise de prévention des maladies du cœur.
- Pour réduire la prévalence des maladies cardiovasculaires, l'OMS recommande des interventions autant à l'échelle individuelle qu'à celle de la population. Dans la première catégorie, l'OMS préconise, entre autres, des stratégies complètes de lutte antitabac, une alimentation saine, la pratique régulière d'activités physiques et la réduction de l'usage nocif d'alcool.
- Pour ce qui est des interventions individuelles, l'OMS propose de cibler les personnes présentant un risque cardiovasculaire total de moyen à élevé ainsi que celles présentant des facteurs de risque (diabète, hypertension et l'hypercholestérolémie) qui dépassent les seuils recommandés.
- Entre 4 500 et 5 000 patients sont hospitalisés chaque année à Maurice pour cause d'infarctus du myocarde (crise cardiaque).
- Chaque jour, la Cardiac Unit de l'hôpital Victoria à Maurice reçoit en moyenne 200 à 250 patients en consultation externe. Quant au nombre de cas vus aux urgences de cette unité, il varie entre 30 et 50 quotidiennement. Une quinzaine de patients sont hospitalisés.
- Pour chaque patient, l'État mauricien dépense en moyenne entre Rs 250 000 et Rs 300 000 pour le diagnostic et le traitement, qui va jusqu'à l'angioplastie (pontage coronarien). Pour les cas les plus graves, où la chirurgie est requise, la somme dépensée s'élève jusqu'à Rs 350 000.

WORLD HEART DAY



THE ROLE OF THE COMMUNITY IN SUICIDE PREVENTION

“What role can the community play in the prevention of suicide?” This was the theme of a workshop held at Gold Crest Hotel on 10th September 2017, on the occasion of World Suicide Prevention Day

Both the Minister of Gender Equality, Child Development and Family Welfare, Mrs Fazila Jeewa-Daureeawoo, and the WHO Representative in Mauritius, Dr Laurent Musango, laid emphasis on the important role that the community can play in suicide prevention. This is the reason why the theme of World Suicide Prevention Day 2017 is: *“Take a minute, change a life”*.

Minister Jeewa-Daureeawoo urged the Mauritian population to devote more time and greater attention to people who are prone to committing suicide, but also to protect and help those who are in need. *“It is only through communication that the suffering of people with suicidal tendencies can be relieved,”* she explained during the opening ceremony of the workshop.

Suicide is a serious public health problem. In Mauritius, according to statistics, 6 out of every 100 000 persons are victims of suicide. For 2016, 66 persons took their own lives. Worldwide, it is estimated that about 800 000 people commit suicide each year. This amounts to one person every 40 seconds and around 2 000 per day. However for each suicide case, there are around 20 attempts at suicide.

Statistics also showed that: (i) 78% of suicides occur in low and middle-income countries; (ii) suicide is the second leading cause of death among people aged 15 to 29 year-old globally and the second cause of death among 15-19 year-old girls; (iii) suicide rates are highest among people aged 70 or over in almost all regions of the world and; (iv) the most common methods of suicide are pesticide poisoning, hanging and firearms. In addition, it is estimated that suicide rates tend to be underreported because of weak surveillance systems and the fact that suicide are sometimes wrongly attributed to accidental deaths and crimes in some countries.

For all the reasons cited above, and given the number of people suffering in silence, WHO declared suicide a health priority in 2014. The objective was to sensitize on the issue and help countries to put suicide on top of their lists of priorities.

During the workshop, the various speakers insisted that suicide is preventable if risk factors are identified. These include: previous suicide attempts, harmful use of alcohol, mental disorders, financial loss, chronic pain, discrimination, sense of isolation, abuse, violence and conflictual relationships. Minister Fazila Jeewa-Daureeawoo highlighted the need to act at individual, community and national levels.

Dr Laurent Musango praised the efforts made by the Mauritian government to work towards an integrated and coordinated approach for the prevention of suicide. He insisted that this struggle required the active engagement of all concerned stakeholders. *“For suicide prevention efforts to be effective, collaboration between multiple sectors of society, both public and private, including health and non-health sectors is essential,”* he insisted.

It is worth noting that Life Plus, the suicide prevention unit of the State, operates a 24 hour hotline. Life Plus functions under the aegis of the Ministry of Gender, Child Development and Family Welfare and organises community talks on Positive Living, Stress Management and Suicide Prevention. Moreover, the psychiatric department of the Ministry of Health & Quality of Life has been decentralised a few years back. Actually, patients suffering from depression and those having suicidal tendencies, are being looked after in all regional hospitals.

Depression

According to Dr Ameenah Sorefan, Consultant in charge of the Brown Sequard Mental Health Care Centre, 25% of all psychiatric patients suffer from depression.

Caution advised

José Émilien, chairman of Befrienders, a suicide prevention NGO, advised caution regarding the figures on suicide in Mauritius. According to him, *“some suicide cases are still disguised as accidents by families by fear of what people will say.”*

LE RÔLE DE LA SOCIÉTÉ DANS LA PRÉVENTION DU SUICIDE

• «*Quel rôle peut jouer la communauté dans la prévention du suicide ?*» Tel était le thème d'un atelier de travail à l'hôtel Gold Crest le 10 septembre 2017, où le monde célèbre la Journée mondiale de la prévention du suicide. Le thème cette année est : «*Prenez une minute, changez une vie*».

• Mme Fazilla Jeewa-Daureeawoo, ministre de l'Égalité des genres, du Développement de l'enfant et du Bien-être de la famille, a fait un appel à la population pour consacrer davantage de temps et d'attention aux personnes en détresse et celles ayant des tendances suicidaires. Ce n'est que par la communication, dit-elle, que leur souffrance peut être allégée.

• À Maurice, le taux de suicide est de 6 sur 100 000 personnes. Rien qu'en 2016, 66 cas ont été enregistrés. Mais José Émilien, président de Befrienders, ONG qui œuvre pour la prévention du suicide, conseille la prudence au niveau des chiffres. Certains cas de suicide, a-t-il souligné «*sont aujourd'hui encore maquillés en accidents par des familles*».

• Dans le monde, il est estimé que 800 000 personnes ont recours au suicide chaque année. Cela représente un cas de suicide toutes les 40 secondes et 2000 cas par jour. Il est aussi estimé que pour chaque cas de suicide, il y a 20 tentatives de suicide.

• Les statistiques montrent aussi que : 78% des suicides surviennent dans des pays à bas ou moyens revenus ; le suicide est la seconde

plus importante cause de décès chez les personnes âgées de 15-29 ans dans le monde et chez les filles de 15-19 ans ; le taux de suicide est plus fort chez les personnes âgées de plus de 70 ans dans presque toutes les régions du monde.

• Notons que le taux de suicide est souvent en deçà de la réalité à cause d'un système de surveillance peu rigoureuse et le fait que beaucoup de cas de suicide sont encore attribués à tort à des accidents. Pour les raisons mentionnés ci-dessus, l'OMS avait estimé que le suicide était une priorité de santé publique en 2014.

• Pour les intervenants à l'atelier de travail, le suicide peut être prévenu si les facteurs de risque sont identifiés. Par exemple, des précédentes tentatives de suicide, l'usage nocif d'alcool, des troubles mentaux, des problèmes de finance, les relations conflictuelles.

• Le Dr Laurent Musango, représentant de l'OMS à Maurice, a salué les efforts du gouvernement mauricien pour œuvrer vers une approche concertée et intégrée concernant la prévention du suicide. Ce combat, a-t-il souligné, requiert l'engagement de toutes les parties concernées, qu'elles soient du public ou du privé et qu'elles opèrent dans le secteur de la santé ou pas.

• Notons que le Life Plus, l'unité du gouvernement œuvrant pour la prévention du suicide, dispose d'un service d'écoute 24/7.



Dr Laurent Musango (right), WHO Representative in Mauritius, and Hon. F. Jeewa-Daureeawoo, Minister of Gender Equality, Child Development and Family Welfare, launching a poster on Suicide Prevention

Country members to reinforce their national programmes

According to the WHO Global Report 2017, 325 million people were living with a chronic infection caused by Hepatitis B or C across the world by the end of 2015 and 70 million people were from the African region. It is estimated that the disease caused more than 136 000 deaths in Africa in 2015.

This report also indicates that only 9% of the persons who had Hepatitis B and 20% of those who had Hepatitis C were tested and diagnosed. Also, only 8% of those suffering from Hepatitis B and 7% of those suffering from Hepatitis C were treated in 2015.

The international community is being exhorted in the United Nation's 2030 Agenda for Sustainable Development Programme to take actions to combat hepatitis and adopt an inclusive approach to promote equity and free universal health care.

In May 2016, WHO presented the first global health strategy to the World Health Assembly which is targeted at eliminating viral Hepatitis. Member States of the African Region have adopted an Action Plan (2016-2020) to assist countries in implementing this strategy. *"It is expected that country members reinforce their national programmes by including services to fight against hepatitis through a public health approach enhancing screening and access to treatment,"* said Dr Laurent Musango.

Civil societies and the private sector are expected to play an active role by sensitising public opinion on the subject, advocating for the allocation of sufficient funding for the fight against the disease and supporting country members as far as treatment and prevention are concerned.

It is worth noting that the majority of persons suffering from viral hepatitis are unaware that they have the disease. In the African region, very few have access to screening services and treatment. The main objective is to eliminate viral hepatitis by 2030. But this objective cannot be attained without a collective mobilisation. Viral hepatitis is a major global health problem which needs urgent actions such as:

- immunisation of infants against Hepatitis B;
- prevention of maternal transmission of Hepatitis B;
- ensuring blood transfusion safety;
- enhancing safety measures in health centres for administration of injections;
- introduction of complete harm reduction services for intravenous drug users to prevent transmission of Hepatitis B and C; and
- treatment of Hepatitis B and C

• D'après le rapport mondial de l'OMS 2017, 325 millions de personnes vivaient avec une infection chronique causée par l'hépatite B ou l'hépatite C à la fin de l'année 2015. Près de 70 millions d'entre eux sont de l'Afrique.

• Il est estimé qu'en 2015, la maladie a causé plus de 136 000 décès rien qu'en Afrique.

• Le rapport de l'OMS 2017 montre aussi qu'à la fin de 2015, seulement 9% des personnes ayant une infection due au virus de l'hépatite B et 20% de celles touchées par celui de l'hépatite C ont été testées et diagnostiquées. Parmi celles diagnostiquées pour l'hépatite B, 8% étaient sous traitement. Et pour l'hépatite C, 7% seulement sont traités.

• Le Programme de développement durable à l'horizon 2030 demande à la communauté internationale de combattre l'hépatite, et d'adopter des approches inclusives favorisant l'équité et la couverture sanitaire universelle afin que personne ne soit laissé pour compte.

• En mai 2016, l'OMS a présenté à l'Assemblée mondiale de la Santé la première stratégie mondiale du secteur de la santé contre l'hépatite virale. Elle est centrée sur son élimination. Les États membres de la région africaine ont adopté un Plan d'Action (2016-2020) pour assister les pays à mettre en œuvre la stratégie mondiale.

• Les pays sont appelés à renforcer leurs programmes nationaux en y introduisant des services de lutte contre l'hépatite au moyen d'une approche de santé publique universelle et en développant rapidement des services de dépistage et de traitement.

• Plusieurs mesures sont préconisées par l'OMS pour combattre les hépatites. Parmi, la vaccination des nourrissons contre l'hépatite B, la prévention de la transmission mère-enfant de l'hépatite B, la sécurité de l'approvisionnement en sang, l'introduction de services complets de réduction de risques parmi les consommateurs de drogues injectables et le traitement de l'hépatite B et C.

• L'objectif est d'éliminer l'hépatite virale d'ici 2030, mais il ne sera pas atteint sans une mouvance collective.



The WHO Representative in Mauritius, Dr Laurent Musango, was invited as Chief Guest at the 22nd Convocation Ceremony of the University of Technology, Mauritius (UTM), held on 19th September 2017.

During his address, Dr. Musango highlighted *“the importance of partnership with all sectors in view of achieving the sustainable development goals including universal health coverage”*. The participation of the WHO Country Office in the Convocation Ceremony was a means to engage human resources beyond the health sector. During the Convocation Ceremony, the postgraduate and MBBS students of the affiliated medical colleges and business management were conferred Doctor of Medicine, Master of Surgery, Bachelor of Medicine and Bachelor of Surgery, among others.

Dr. Sharmila P. Seetulsingh-Goorah, the Director General of the University of Technology, Mauritius was the first to address the assembly. She reiterated her commitment in ensuring that the University of Technology delivers quality education.

Being himself a teacher and former Dean of School of Public Health in his country of origin, Rwanda, Dr Musango expressed his excitement in participating in the ceremony. He cited Stephen Covey who stated that ‘effective people lead their lives and manage their relationships according to principles – natural law governing values that are universally valid’. The graduands were encouraged to develop new skills through continuous learning. He also pointed out that health professionals need to be service-oriented and develop a sense of contribution in whatever they do.

Dr Musango emphasized the importance of ensuring privacy and confidentiality of patients as mentioned in the Hippocratic Oath *‘to treat the ill to the best of one’s ability, to preserve a patient’s privacy/confidentiality which is one the most important pillars of medicine which can create bonding of trust between health workers and the patient and to teach the secrets of medicine to the next generation’*.

Dr Musango recalled that NCDs constitute the core burden of diseases in many of the graduands home countries namely South Africa and India. He stressed on the fact that *“more than 16 million premature deaths under the age of 70 years are caused by NCDs in the world”*. He concluded by saying that as new health professionals, everyone can contribute significantly in promoting interventions to reduce NCD risk factors and in strengthening the health systems to address NCDs and their risk factors, namely tobacco, alcohol, physical inactivity, unhealthy diet and obesity.

World Health Organization Country Office encourages partnership with all sectors, including non-health sectors in view of achieving the sustainable development goals. Working closely with the tertiary educational institutions is essential to attain the targets. It is to be highlighted that the University of Technology, Mauritius, Winner of the Africa Education Leadership Award in 2016, is recognized by the Medical Council of Mauritius in delivering quality education. Further collaboration between the University of Technology, Mauritius, the Ministry of Health and Quality of Life and the WHO Country Office will be developed in the coming months particularly in using Mobile health (mHealth) approach as one of the strategies to combat Non-Communicable Diseases (NCDs).

- Le représentant de l’OMS à Maurice était l’invité d’honneur de l’Université de Technologie, Maurice (UTM) à la 22e Cérémonie des remises de diplômes de docteur en médecine, maîtrise en chirurgie, licence en médecine et licence en chirurgie. L’événement s’est tenu le 19 septembre 2017 au siège de l’UTM.

- Dans son discours, le Dr Laurent Musango a souligné l’importance d’un partenariat entre tous les secteurs, même hors santé, en vue d’atteindre les objectifs de développement durable, dont la couverture de santé universelle. Il a aussi mis l’accent sur l’importance du respect de la confidentialité comme stipulé dans le serment d’Hippocrate.

- Les maladies non-transmissibles, a indiqué le Dr Musango, représentent un fardeau pour des pays comme l’Afrique du Sud, l’Inde et Maurice, d’où sont issus ceux qui ont obtenu leur diplômes. *« Les maladies non-transmissibles sont responsables de plus de 16 million de décès prématurés dans le monde, c’est-à-dire avant 70 ans »*, a-t-il précisé, avant d’inviter les diplômés, en tant que nouveaux professionnels de santé, à contribuer de manière significative à la réduction des facteurs de risque (tabagisme, alcool, sédentarité, mauvaise alimentation et l’obésité) et au renforcement des systèmes de santé.

- Soulignons que l’UTM, le ministère de la Santé et de la Qualité de la vie et l’OMS Maurice collabore aussi dans le développement d’une approche de santé mobile en tant qu’outil visant à lutter contre les maladies non-transmissibles.



Professor (Dr) T. Bahorun, G.O.S.K., President of UTM Board of Governors, Dr M. M. Saahir Boolaky, newly awarded Doctor of Medicine in Anesthesiology, Dr Laurent Musango WHO Representative in Mauritius and Dr Sharmila Seetulsingh-Goorah, Director General of the University of Technology.

With a prevalence of 22.8% in 2015, Mauritius is ranked by the International Diabetes Federation as number 1 in Africa and third in the world as far as diabetes is concerned.

Dr Anwar Husnoo, Minister of Health & Quality of Life, stressed on the importance of taking actions to reverse the trend. He was participating in the opening ceremony of a three-day International Conference on diabetes and associated diseases at the Intercontinental Mauritius Resort, Balaclava, on 28th July 2017.

The conference was organised by the Dasman Diabetes Institute from Kuwait, the World Community on Prevention of Diabetes Foundation from Spain, the Diabetes Foundation Mauritius, and the Ministry of Health and Quality of Life. More than 200 diabetes experts participated in this event. The participants were from the public and private sectors, tertiary institutions and non-governmental organisations.

During the conference, current issues and best practices for management, prevention and control of diabetes and its complications were discussed. Health professionals stressed on the importance to build strategic alliance. At the end of the conference, a Mauritius Call to Action was adopted. It pinpoints strategies and commitments which are required for designing and implementing programs on NCDs prevention and control.

World Health Organization (WHO) estimated that diabetes is classified as a pandemic which affects all countries. The number of people with Type 2 diabetes in the 20-79 age group is estimated worldwide at 415 million. In the African region, the prevalence of diabetes in adult population was 7.1% in 2014. This figure is expected to double by 2025. In addition, in 2015, diabetes placed a staggering economic burden of USD 19.45 billion on African economy. This is expected to rise to USD 59 billion by 2030 if the trend is not reversed.

In Mauritius, the National NCD Survey 2015 showed a few positive signs: halt in the rise of diabetes, decrease in the prevalence of hypertension, decrease in the prevalence of smoking and an increase in the number of people undertaking sufficient physical activity.

- La prévalence du diabète à Maurice était de 22,8% en 2015. Le pays était classé premier en Afrique et troisième dans le monde.
- Il y a une nécessité, selon le Dr Anwar Husnoo, ministre de la Santé et de la Qualité de la vie, à renverser cette tendance. Il participait à une conférence internationale de trois jours sur le diabète et ses complications à l'hôtel Intercontinental, Balaclava, le 28 juillet 2017.
- Cet événement a vu la participation d'environ 200 experts du diabète. Les participants étaient issus des secteurs publics et privés, d'institutions tertiaires et d'ONGs.
- Les experts ont fait un état des lieux de la situation et ont discuté des progrès enregistrés en ce qui concerne la gestion, la prévention et le contrôle du diabète et de ses complications. Ils ont aussi mis l'accent sur l'importance de bâtir une alliance stratégique.
- À la fin de la conférence, un Appel à l'action a été adopté. Il identifie les stratégies et les engagements nécessaires au développement et l'implémentation des programmes sur le contrôle et la prévention des maladies non-transmissibles.
- L'Organisation mondiale de la santé (OMS) considère le diabète comme une pandémie qui affecte tous les pays du monde. Le nombre de personnes ayant le diabète de type 2 dans la tranche des 20-79 ans est estimé à 415 millions.
- Rien que pour la région africaine, la prévalence du diabète au sein de la population adulte était de 7,1% en 2014. Ce chiffre devrait doubler en 2025.
- En 2015, le fardeau économique du diabète sur l'économie africaine s'élevait à US\$ 19,45 milliard. Il est estimé que ce montant va grimper à US\$ 59 milliards en 2030 si la tendance n'est pas renversée.
- À Maurice, la National NCD Survey 2015 a montré quelques signes encourageants : frein à l'augmentation du taux de diabète, baisse du taux de prévalence de l'hypertension, idem concernant le tabagisme et une hausse du nombre de personnes qui font suffisamment d'activité physique.



More than 200 experts on diabetes participated in the conference.

Research projects to encourage the development of mobile applications to support diabetic patients

The University of Mauritius (UoM) has embarked on two ambitious projects which could benefit diabetic patients in the management and control of their disease. Led by Dr Kavi Kumar Khedo, Associate Professor of the Faculty Digital Technologies of the UoM, a group of students is working on the development of a smart system, in the form of a smart watch, which would allow diabetic patients to monitor almost constantly their blood sugar level. According to Dr Kavi Kumar Khedo, this device could replace, in the long term, the classical glucometer which patients actually use.

The second project concerns the setting up of a mobile application to better monitor the calorie intake from food and the calorie output through routine activities and physical activity. *"Thanks to this mobile application, diabetic patients will be able to better control their glycaemia level by ensuring that there is a balance between their calorie intake and energy output"*, explains Dr Kavi Kumar Khedo.

A presentation of the projects was made by Dr Khedo in the presence of Dr Meera Manraj, Head of the department of Medicine of UoM at the WHO Country Office on the 12th September 2017. Dr. Laurent Musango, the WHO Representative in Mauritius expressed his appreciation in this new initiative of the University of Mauritius. He proposed to seek technical support from WHO Regional Office to assist Dr Khedo and his team. It is to be noted that these two projects are being financed both by the University of Mauritius and the Mauritius Research Council.



Dr L. Musango, WHO Representative in company of Dr M. Manraj, Head of the Department of Medicine and Dr K. K. Khedo, Associate Professor of the Faculty of Digital Technologies at the University of Mauritius

Dr Musango met the President of Autisme Maurice

Inform WHO Mauritius on the activities and services offered by Autisme Maurice! This was the objective of the president of this NGO, Mrs Géraldine Aliphon, who met the WHO Representative in Mauritius on 12th September 2017 at his office.

Autisme Maurice gives support to autistic children and their parents. The NGO manages an educational centre dedicated to autistic children, with the help of a fully qualified team. However, due to lack of funds, Autisme Maurice has been forced recently to close its diagnostic centre.



Mrs G. Aliphon, President of Autisme Maurice, Mrs R. Rangasamy from Imagine Communication and Dr L. Musango, WHO Representative

Géraldine Aliphon notified Dr Laurent Musango of the intention of Autisme Maurice to donate the medical equipment belonging to the diagnostic centre to the Ministry of Health & Quality of Life. This can help in the detection of new cases of autism. Moreover, this service, which Autisme Maurice can no longer sustain, will continue to be available.

- Dr Laurent Musango, le représentant de l'OMS à Maurice a rencontré Géraldine Aliphon, présidente d'Autisme Maurice, le 12 septembre 2017. Cette ONG propose plusieurs services, en termes de soutien et d'encadrement, aux autistes et à leurs parents. Autisme Maurice gère un centre éducatif dédié aux enfants autistes, avec le soutien d'une équipe qualifiée. Elle a aussi informé l'OMS que le centre de diagnostic de l'Autisme Maurice a fermé ses portes, faute de moyens. Géraldine Aliphon a fait part de l'intention d'Autisme Maurice d'offrir les équipements de ce centre de diagnostic au ministère de la Santé et de la Qualité de la vie. Cela, afin que le ministère poursuive le travail initié par l'ONG : détecter de nouveaux cas d'autisme.

Breast milk: the best nutritional choice for infants

The World Health Organisation marked the World Breastfeeding Week between the 1st and 7th of August. Breast milk, according to experts, is the best nutritional choice for infants. In fact, breast milk contains antibodies which protects baby against conditions such as gastroenteritis, diarrhea, asthma and other respiratory diseases, skin problems, diabetes and obesity.

According to Dr Aruna Surnam, Regional Public Health Superintendent at the Sir Seewoosagur Ramgoolam National Hospital, breastfeeding offers various other benefits to babies, mothers and the economy. She pointed out that:

- babies who are exclusively breastfed have a higher intellectual quotient;
- it helps avoid orthodontic problems;
- it reduces the risk of developing juvenile cancers and diabetes in the long term;
- breastfeeding moms have lesser risk of having breast and ovarian cancer as well as post-partum depression;
- breastfeeding moms lose pregnancy weight more easily; and
- babies who are exclusively breastfed up to 2 years fall ill less often and when this does happen, their medical condition is less serious, meaning less absence from work and less stress for the parents and less expenses for the State.

Dr Aruna Surnam added that research has showed that a significant portion of babies who died from the Sudden Infant Death Syndrome (SIDS) were not breastfed.

According to WHO Global Advisory 2017, only 43% of children aged 0-6 months are exclusively breastfed globally. The aim, according to Dr Laurent Musango, WHO Representative in Mauritius, is to reach at least 50% by 2025. In Mauritius, figures available date back to 2002. They show that only 21% babies up to 6 months are exclusively breastfed. Bina Bonomaully, breastfeeding counselor and chairman of the NGO Infant Best Feeding Initiative, believes that in Mauritius, there is a lack of information on breastfeeding as well as a lack of spousal support. According to the latter, there might be practical difficulty to continue breastfeeding after resuming work.

Dr Laurent Musango is of the view that a legal framework "to encourage and protect" breastfeeding is essential to increase breastfeeding rate in each and every country. WHO, he said, also recommends the implementation/extension of Baby-Friendly Hospital Initiative in health systems, the limitation of aggressive marketing campaigns of manufacturers of baby milk and paid maternity leave of 6 months.

• Comme chaque année, du 1er au 7 août, nous célébrons à Maurice la semaine de l'allaitement maternel. Une pratique, rappellent tous les experts, qui ne comporte que des bienfaits.

• Les anticorps contenus dans le lait maternel protègent le bébé contre plusieurs affections (gastroentérite, diarrhée, certaines maladies respiratoires comme l'asthme, problèmes de peau, diabète et obésité).

• D'autres avantages, selon le Dr Aruna Surnam, le *Regional Public Health Superintendent* à l'hôpital de Sir Seewoosagur Ramgoolam, à Pamplemousses, liés à l'allaitement maternel sont : (i) un quotient intellectuel plus élevé du bébé ; (ii) moins de problèmes au niveau de l'orthodontie ; (iii) moins de risque d'avoir des cancers juvéniles et de développer le diabète ; (iv) moins de risque d'avoir le cancer du sein et de l'ovaire, ainsi qu'une dépression post-partum et ; (vi) perte plus rapide du poids accumulé durant la grossesse.

• Selon l'OMS, dans le monde, seulement 43% des bébés âgés entre 0 et 6 mois sont allaités exclusivement au sein. L'objectif est d'augmenter ce taux à au moins 50% jusqu'en 2025.

• À Maurice, le taux d'allaitement maternel jusqu'à 6 mois était de 21 % selon les données de 2002.

• Le Dr Laurent Musango, représentant de l'OMS à Maurice, estime qu'un cadre légal pour « promouvoir et protéger l'allaitement maternel » est indispensable dans tous les pays pour accroître le taux d'allaitement maternel.

• Pour atteindre le taux de 50% d'allaitement exclusif au sein jusqu'à 6 mois, l'OMS préconise l'application/ extension de l'initiative d'hôpital adapté aux bébés dans les systèmes de santé, une limitation des campagnes agressives des fabricants de laits pour bébés et des congés maternité payants de six mois.



Promoting Baby-friendly Hospital Initiative in health system to encourage breastfeeding

The Ministry of Health and Quality of Life will soon introduce new regulations for a closer monitoring of medicines prescribed by traditional practitioners. This measure is in line with the recommendations of WHO with regards to traditional medicine. At present, the practice of traditional medicine in Mauritius is controlled by the Traditional Medicine Board which operates under the aegis of Ministry of Health & Quality of Life.

"We want to ensure that patients get quality care and quality medicines when they opt for traditional medicine," explained Dr Rhitambhra Gopaul, Head of the Ayurvedic Medicine Unit of Ministry of Health & Quality of Life. This unit runs five Ayurvedic clinics around the island, each of them treating about 70 patients on a daily basis. A sixth clinic will be operational soon. In Mauritius, the Human Service Trust NGO, was one of the pioneers in traditional medicine. It proposes Ayurvedic treatment since the 80s, through its three ayurvedic medicine centres.

It is good to note that the WHO recommends the regulation of traditional medicine in order to ensure good practices in this field. *"Just like conventional medicines, those used in traditional medicine should also be subject to clinical trials before being prescribed to patients. The quality and efficiency of these medicines should be guaranteed scientifically,"* stated Dr Laurent Musango, WHO Representative in Mauritius. He recalled that WHO encourages the inclusion of traditional medicine in the national health system of member states in order to attain universal health coverage, one of the objectives of sustainable development. WHO recommends the following measures depending on national priorities and capacity:

- the formulation of a national policy to monitor traditional medicine practitioners to ensure that patients obtain quality care. In Mauritius, this mission has been entrusted to the Traditional Medicine Board;
- the introduction of regulations for a strict monitoring of medicines used in traditional medicine;
- a thorough analysis of these medicines to ensure their efficiency in order to include them in the national list of essential medicines;
- the respect and preservation of traditional medicine and its promotion among the public;
- the reinforcement of communication between traditional and conventional medicine practitioners to encourage exchange of views; and
- the organisation of training sessions on traditional medicine for health professionals, medical students and researchers.

It is good to recall that following the World Health Assembly Resolution on Traditional Medicine in 2009, the strategy of WHO concerning traditional medicine for the period 2014-2023 was revised so that country members could adapt themselves to new challenges in this field. The main objective of this new strategy is to support health leaders to improve patient care and promote patients' autonomy.

- Le ministère de la Santé et de la Qualité de la vie viendra bientôt avec une loi pour un meilleur contrôle des médicaments utilisés dans la médecine traditionnelle.
- Le but est de protéger les patients en leur garantissant des produits efficaces et de qualité.
- Cette mesure est conforme avec le point de vue de l'OMS sur la question, qui estime que les médicaments utilisés en médecine traditionnelle devraient, tout comme ceux utilisés en médecine conventionnelle, être soumis à des essais cliniques rigoureux avant de pouvoir être prescrits aux patients.
- Pour ce qui est de la pratique de la médecine traditionnelle, elle est déjà règlementée à travers le Traditional Medicine Board.
- L'OMS recommande l'inclusion de la médecine traditionnelle dans le système national de santé des États membres.
- À Maurice, c'est le cas depuis 1992. En effet le pays compte cinq cliniques ayurvédiques. Chacune d'elle reçoit en moyenne 70 patients par jour. Une sixième clinique ayurvédique sera bientôt opérationnelle.
- C'est le Human Service Trust, une organisation non gouvernementale, qui a été un des pionniers de la médecine traditionnelle à Maurice. Il dirige aujourd'hui trois centres de médecine ayurvédiques et cultive aussi des plantes médicinales pour mieux répondre aux besoins des patients.
- C'est en 2009 que la World Health Assembly Resolution sur la médecine traditionnelle a été adoptée. Ce qui a débouché sur la remise à jour de la stratégie de l'OMS sur la médecine traditionnelle pour la période 2014-2023, afin de s'adapter aux nouveaux défis auxquels les pays font face dans ce domaine.





World Health Organization

WHO Leadership Priorities



Non-communicable disease



Access to medical products



Health-related Millennium Development Goals



The International Health Regulations (2005)



Universal Health Coverage



Social Economic and environmental determinants

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