



World Health Organization

# Working Together for Healthier Nation



## ANNUAL REPORT 2018

WORLD HEALTH ORGANIZATION  
Country Office, Mauritius

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## Abbreviations and Acronyms

AFRO	WHO Regional Office for Africa
AMR	Antimicrobial resistance
ARCC	African Regional Certification Commission for Polio Eradication
cMYP	Comprehensive Multi-year Plan
CVDs	Cardiovascular diseases
DTP3	diphtheria-tetanus-pertussis vaccine, third dose
ESA	East and Southern Africa
EU	European Union
GPW 13	Thirteenth General Programme of Work
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HQ	Headquarters
HSS	Health system strengthening
HSSP	Health Sector Strategic Plan
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IST	Intercountry Support Team
JEE	Joint External Evaluation
KPIs	Key Performance Indicators
MACOSS	Mauritius Council for Social Services
MMR	Measles, mumps, and rubella
MoHQL	Ministry of Health and Quality of Life
NAP	National Action Plan
NCDs	Noncommunicable diseases
NGO	Nongovernmental organization
NHA	National Health Accounts
NIP	National Immunization Plan
NPP	National Preparedness Plan
NSRH	National Sexual and Reproductive Health
OOPs	Out-of-pocket spending
PHC	Primary health care
PHNO	Public Health Nursing Officer
PPS	Point Prevalence Survey
RHR	Reproductive Health and Research
RMNCAH	Reproductive, Maternal, New Born, Child and Adolescent Health
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
TAR	Tool for African Region Results
UN	United Nations
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VAC	Violence against Children
WCO	World Health Organization Country Office
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
WHO-PEN	WHO Package of Essential Noncommunicable Disease Interventions

## Message

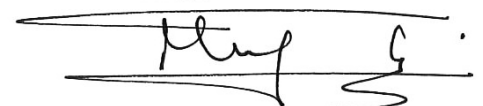
The World Health Organization Country Office in Mauritius (WCO Mauritius) is delighted to present its Annual Report for 2018 which highlights the major contributions made by WHO to improve the health of the Mauritian population, consolidate its health system, control its health expenditure, raise awareness and support diverse health and health-related sectors.

In 2018, WCO Mauritius played a pivotal role in ensuring access to health services, planning emergency preparedness and response and promoting a healthier population by addressing the socioeconomic determinants of health. The key outcomes include the first national assessment of health systems for better prevention and control of noncommunicable diseases; development of the National Health Accounts to generate evidence-based policies; development of the National Blood Policy; establishment of the influenza thresholds (seasonal and alert) in assessing the emergency preparedness and response priority. It also introduced the pioneering initiative of continuous multi-year planning for immunization; assessment for high-programme performance and implementation of best practices, which was unprecedented in Mauritius. The year 2018 also witnessed the launch of the voluntary, collaborative process of Joint External Evaluation (JEE) to assess Mauritius' core capacities under the International Health Regulations (IHR) (2005) to prevent, detect and respond to public health threats. WHO applauds the Ministry of Health and Quality of Life for reviewing its policies and aligning them with the WHO standards on all immunization campaigns to eliminate measles by 2030. Mauritius' accession to the WHO Protocol to Eliminate Illicit Trade in Tobacco Products showed the country's commitment to fighting the global tobacco epidemic as it prepares itself for the implementation of the plain packaging tobacco regulations which will be implemented in the near future.



WCO Mauritius maintains its leadership role in easing access to quality medical products and identifying and improving the social, economic and environmental determinants of health. It is committed to tackling noncommunicable diseases; issuing guidelines and advocating adherence to the International Health Regulations (IHR) 2005. The Organization perpetuates its role in providing assistance and facilitating sharing of expertise to achieve the Sustainable Development Goals (SDGs) and health-related Millennium Goals.

I would like to extend my gratitude to the Ministry of Health and Quality of Life, the Government, UN Agencies, bilateral and multilateral agencies, Embassies, the private sector, NGOs and other partners for their cooperation in tackling several pressing health issues in the course of 2018.



Dr Laurent MUSANGO

**WHO Representative in Mauritius**



## Introduction

WCO Mauritius has been a pillar of consistent support to the Government and population of Mauritius in three areas, namely sharing of expertise and best practices through policy dialogue for development of resilient health systems adapted to the unpredictability of the future; strategic support in building high-performance systems; and provision of technical and financial assistance.

This report sums up all the achievements made by WCO Mauritius in 2018. It is divided into the three strategic priorities set out in the Thirteenth General Programme of Work to achieve universal health coverage and attain the Sustainable Development Goals (SDGs) by 2030. It describes the efforts made by WCO Mauritius to facilitate access to quality health care by improving governance and strengthening its health system plans and policies, tackle NCDS and provide the population of Mauritius with better access to essential quality medicines and technology. This annual report also serves as a guide for improved emergency preparedness and response and addressing the numerous socioeconomic determinants of health. The numerous challenges have been clearly assessed with a clear vision of the way forward. Key Performance Indicators have been delineated for the African Region as a means of measuring performance at both the internal and country level for an advanced results-based management system.

Above all, this annual report shows the strategic partnership that has been forged with all key stakeholders to implement the various thrusts of GPW 13. WCO Mauritius is committed to creating more cohesive health systems, innovative academic prospects, and increased awareness on taking control of one's health with the use of up-to-date data and expertise.

## Mission

WHO's mission is to build a better and healthier future for people around the world, unite and share a strong commitment to achieve better health for everyone and strive to combat communicable and noncommunicable diseases.

## Vision

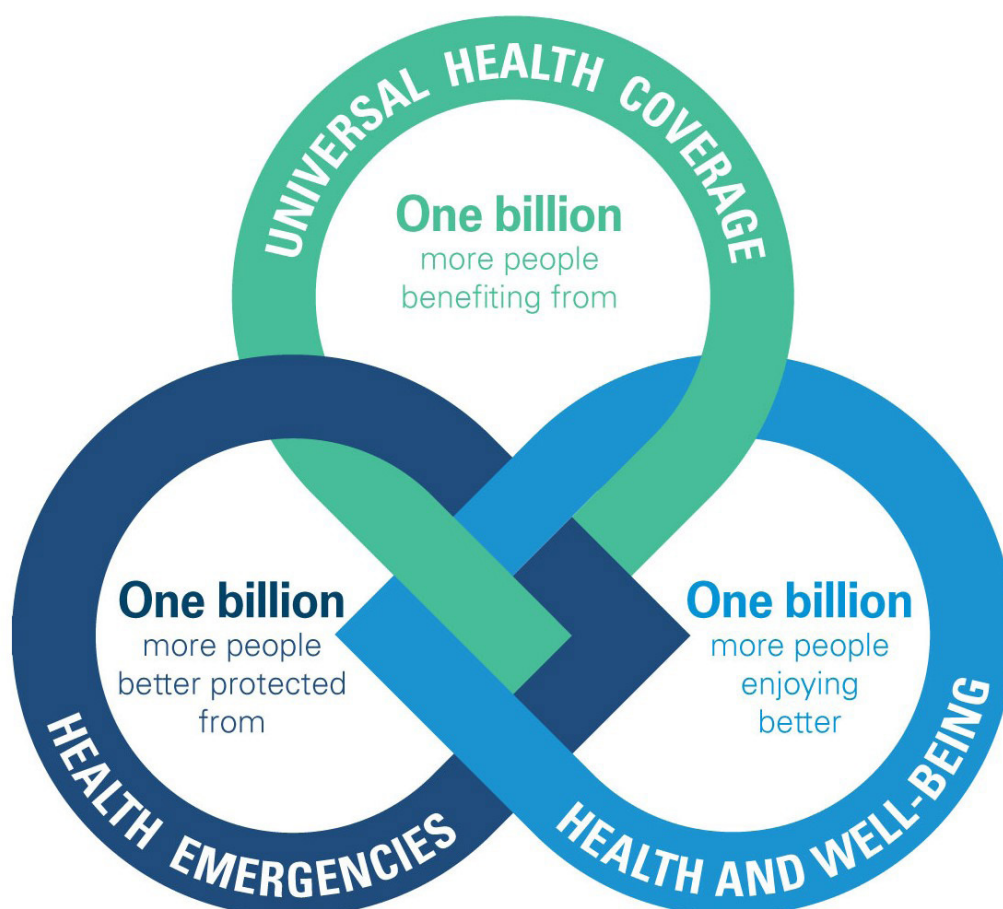
*"A world in which everyone can live healthy, productive lives,"*

the Vision of WHO as stated by **Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization.**

WHO's vision is to provide clear guidance to WCO Mauritius in choosing the appropriate courses of action with a view to achieving a healthier world.

## Global Plan of Work (GPW) 13

With a commitment to achieving SDG 3, which calls on all stakeholders to 'Ensure healthy lives and promote well-being for all at all ages,' WCO is implementing the AFRO Transformation Agenda that supported the country in realizing health-related Sustainable Development Goal targets. In order to step up efforts, WCO Mauritius harmonized the global strategies and action plans with standards. WCO Mauritius aims to bridge the health inequality gap that exists in Mauritius.

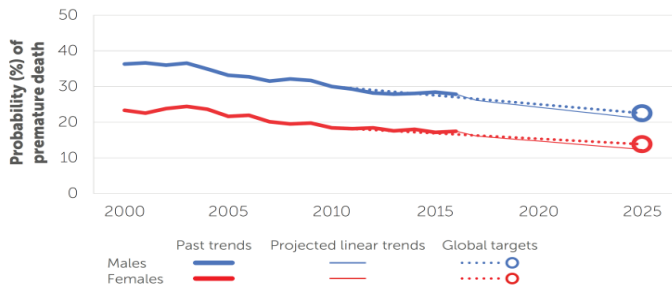


## Country profile

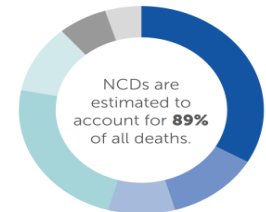
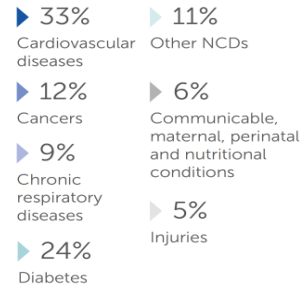
# MAURITIUS

2016 TOTAL POPULATION: 1 262 000  
2016 TOTAL DEATHS: 10 000

### RISK OF PREMATURE DEATH DUE TO NCDs (%)



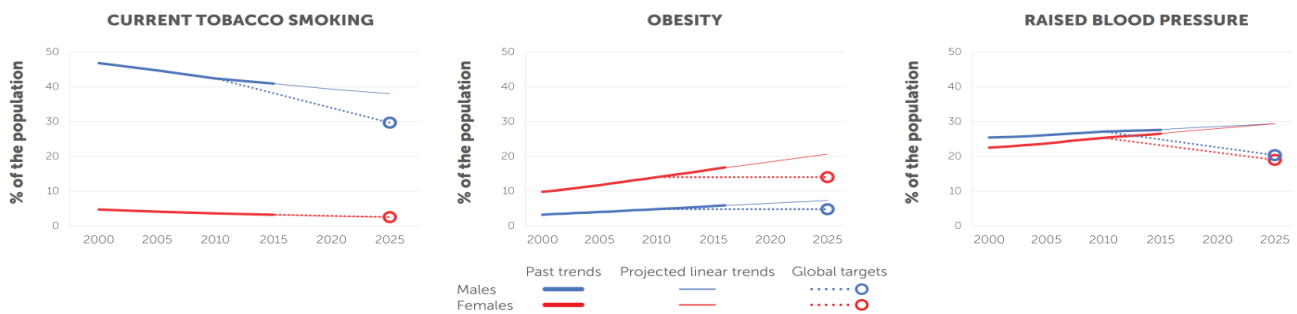
### PROPORTIONAL MORTALITY



### 2 500 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

MORTALITY	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
<b>Premature mortality from NCDs</b>	✓	Total NCD deaths	2016	4 800	4 100	8 900
		Risk of premature death between 30-70 years (%)	2016	28	17	23
<b>Suicide mortality</b>	-	Suicide mortality rate (per 100 000 population)	2016	-	-	8
<b>RISK FACTORS</b>						
<b>Harmful use of alcohol</b>	x	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	6	1	4
<b>Physical inactivity</b>	x	Physical inactivity, adults aged 18+ (%)	2016	27	31	29
<b>Salt/Sodium intake</b>	x	Mean population salt intake, adults aged 20+ (g/day)	2010	15	13	14
<b>Tobacco use</b>	x	Current tobacco smoking, adults aged 15+ (%)	2016	41	3	21
<b>Raised blood pressure</b>	x	Raised blood pressure, adults aged 18+ (%)	2015	28	27	27
<b>Diabetes</b>	x	Raised blood glucose, adults aged 18+ (%)	2014	14	15	14
<b>Obesity</b>	x	Obesity, adults aged 18+ (%)	2016	6	17	12
		Obesity, adolescents aged 10-19 (%)	2016	3	5	4
<b>Ambient air pollution</b>	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
<b>Household air pollution</b>	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	7

### SELECTED ADULT RISK FACTOR TRENDS



### NATIONAL SYSTEMS RESPONSE

<b>Drug therapy to prevent heart attacks and strokes</b>	x	Proportion of population at high risk for CVD or with existing CVD (%)	-	...
		Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	...
		Proportion of primary health care centres reported as offering CVD risk stratification	2017	None
		Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	Yes
<b>Essential NCD medicines and basic technologies to treat major NCDs</b>	x	Number of essential NCD medicines reported as "generally available"	2017	10 out of 10
		Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

... = no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

## Forging a strategic partnership with key stakeholders

Partnership building was at the core of all strategies for 2018. WCO Mauritius engaged with stakeholders from all sectors including national and international agencies, the government, parliamentarians, the private sector, nongovernmental organizations (NGOs) and civil society to achieve progress in all spheres during the year. The forging of a strategic partnership helped in tackling issues relating to health financing and health system strengthening in a cohesive and efficient manner. Above all, WHO worked in a collective framework to achieve WHO's goals and objectives and promote a coordinated and integrated approach to health.



*Working in partnership with the Ministry of Health and Quality of Life and European Union in view of tackling health financing and health system strengthening in a cohesive and efficient manner*

### Development Partners Group

WCO Mauritius is part of the Development Partners Group (DPG) which has adopted the crucial role of a secretariat in this collaborative venture. The DPG brings together all United Nations (UN) Agencies and bilateral and multilateral organizations. It offers a platform where all partners share information on each of their respective activities to avoid duplication of projects. The main activities include mapping of projects, initiatives and budget. The most significant purpose of being part of the DPG is to work collectively in a coordinated manner to achieve the national health goals set by the country. The DPG is chaired by the UN Resident Coordinator for Seychelles and Mauritius.



*Promoting collective framework to achieve WHO's goals and objectives and ensuring a coordinated and integrated approach to health*

### The European Union

WCO Mauritius and the European Union (EU) discussed areas of collaboration and gained heightened understanding on available support and ways in which WHO, the Ministry of Health and Quality of Life (MoHQL) and the Mauritius Council for Social Services (MACOSS) could pool resources to promote health in the country. The development of a Joint Action Plan will be a milestone in building partnership with NGOs as highlighted in the Government of Mauritius' Vision 2030, the country's Health Sector Strategic Plan and WHO GPW13. One of the positive outcomes of such initiative is the EU agreement in supporting NGOs in Mauritius through the Joint Action Plan as from 2019.



*European Union collaborating closely with World Health Organization, Ministry of Health and Quality of Life and Mauritius Council for Social Services (MACOSS) to support the implementation of the Joint Action Plan on Health.*



## The World Bank

The World Bank Country Representative for Mauritius and Seychelles and WHO Country Representative explored the array of support and collaboration from their respective organizations in August 2018 during a meeting at WCO Mauritius. Two areas for future collaboration were identified, namely monitoring and evaluation of Key Performance Indicators (KPIs) for the implementation of Mauritius Vision 2030 and the data analysis of the national household survey to measure poverty impact on health expenditure. The WHO and World Bank Representatives both agreed on reviewing the methodology used by each agency to avoid duplication of work and promote complementarity. Other matters relating to outbreaks as well as traffic accidents and drug use in Mauritius were also discussed.



*Mr Erik von Uexkull, World Bank Country Representative for Mauritius and Seychelles and Dr Laurent Musango, WHO Representative in Mauritius promoting a complementary approach in the support provided to Mauritius*

## The United Nations Development Programme

The business model for sharing common services regarding Information Technology (IT) Maintenance services was reviewed to optimize operational costs. Over the last six years, the United Nations Development Programme (UNDP) and WHO have been outsourcing IT Maintenance services jointly. However, with the recruitment of a full time IT Assistant at UNDP in August 2018, it becomes easier to pool resources and share the cost between both the UNDP and WHO.

## The Embassy of the United States of America (USA)

Discussions are ongoing among the United States Ambassador Extraordinary and Plenipotentiary to the Republic of Mauritius and the Republic of Seychelles and WHO Representative in Mauritius for reviewing of collaboration options to support Mauritius. Contrary to other countries, the technical agency of the United States of America represented by the United States Agency for International Development (USAID) is not present in Mauritius. Hence, discussions centered on a direct collaboration between the U.S. Embassy and WHO. Both organizations discussed ways and means of providing joint support to Mauritius regarding climate change, capacity-building and experience sharing between Mauritius and the USA. Both WHO and the U.S. Embassy agreed to facilitate implementation of this joint activity.



## The Embassy of Japan

The WHO Representative in Mauritius, United Nations Resident Coordinator and UNDP Representative in Mauritius participated in a seminar at the Japanese Embassy in Mauritius to learn from Japan's experiences in addressing the 'Challenges of Social Welfare, Long-term Care and Insurance System'.

Mauritius is at an advanced stage of the epidemiological transition from communicable diseases to noncommunicable diseases due to an ageing population with increased life expectancy, a low mortality rate and low fertility rate below replacement level. The demographic changes in the population of Mauritius are expected to follow a very similar track to that of Japan. Indeed, in Japan, according to a 2012 projection, the elderly population rate (persons aged 65 years or older) is expected to reach 31.6% in 2030. Collaborative actions are being explored through global partnership and the sharing of Japan's experiences to address issues of ageing in Mauritius. The Japanese Government has been providing support to the country since April 2018 by sponsoring a Japanese Professional Officer (JPO) who has been providing technical assistance in priority action areas.

### The Government of France

The Government of France is supporting Mauritius in its NCD Prevention and Control Programme. The total project fund amounts to €110 000. The France-funded project will support capacity-building of NCD personnel, development of an Integrated NCD Action Plan and promote a multisectoral NCD approach with NGOs and the civil society as key stakeholders in the implementation of the project.

### The IAEA and IARC

WHO has a long-standing collaboration with the IAEA and IARC in conducting joint impact review missions with a view to assessing national comprehensive cancer control capacities. These reviews are based on a bottom-up process that responds to member States' priorities and subscribes to the global strategy to strengthen comprehensive cancer prevention and control. A first impact review mission was conducted in December 2018 to evaluate the country's cancer control capacity in the areas of cancer control planning, cancer information, prevention, early detection, diagnosis and treatment and palliative care. The review mission also provided an opportunity to assess the needs and capacity for an effective implementation of the country's radiation medicine programme as a component of a comprehensive National Cancer Control Programme (NCCP).



*Dr Laurent Musango, WHO Representative in Mauritius discussing the role of NGOs in the prevention and control of NCDs with APSA NGO.*

### Collaborating with academia

#### The University of Mauritius

In order to **sensitize young people to NCD Prevention**, 'Progress Monitor in the world and in Mauritius' was addressed as a topic to students during a 'Knowledge-Sharing Talk', at the University of Mauritius in August 2018. The students were sensitized to the national NCD burden and the importance of adopting a healthy lifestyle to prevent the onset of NCDs. WCO Mauritius emphasized



*Mr A. Nundoochan, NPO Operations intervening during 'Knowledge-Sharing Talk' on NCD Prevention and the importance of adopting a healthy lifestyle at the University of Mauritius*

on the alarming upsurge in noncommunicable diseases, namely diabetes, cardiovascular diseases, respiratory diseases and cancer in the country.

To **Promote Health Research in the country**, WCO Mauritius and the University of Mauritius have formalized a collaborative working relationship. Against this backdrop, the University of Mauritius and WCO Mauritius have reviewed health research priorities for the country. A situational analysis will soon be initiated with a view to identifying appropriate strategies that will foster a culture of continuous improvement of the quality of health care in the country as both organizations finalize the health topics for future research.

### Revamping of the school health club to prevent NCDs

The Ministry of Education and Human Resources, Tertiary Education and Scientific Research in collaboration with WCO Mauritius and the MoHQL are working on a project to revamp school health clubs at secondary school level in the country. The aim is to promote the adoption of a healthy lifestyle at a very young age to thwart NCDs. A training programme was developed for school health club focal points, so that they can better sensitize students to NCDs and their risk factors. A poster and short video competition have been conceptualized while an expression of interest was sent to all private and public secondary schools. The activities will be implemented in the next school calendar year.

### Collaborating with NGOs, the civil society, communities and the public at large

WCO Mauritius collaborated with the Mauritius Council of Social Services (MACOSS), an umbrella organization that brings together approximately 400 NGOs in Mauritius with a view to preparing an inventory/mapping of all 77 NGOs working in the health sector. NGOs are categorized into six areas of work, namely Diabetes, NCDs, Sexually Transmitted Diseases, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), Dependencies and Outbreaks. After completion of the mapping, the stakeholder compendium was published. A joint action plan is being prepared and will be sent to all partners once completed

WCO Mauritius supported VISA, an NGO working on Tobacco control, in its research undertaking to understand the impact of tobaccotaxation on tobacco prevalence. The study was conducted in collaboration with the University of Cape Town, University of Mauritius, VISA, Cancer Research UK and WHO/FCTC.



*Dr L Musango, WHO Representative (centre) discussing tobacco taxation with representatives from VISA NGOs, University of Mauritius and University of Cape Town*

### Collaborating with the private sector

The WHO Representative in Mauritius participated in the AfrAsia Bank Sustainability Summit to provide guidance on measures businesses can adopt to play a significant role in driving the sustainability agenda. The objective of the summit was to focus on the contributions of businesses and other professionals to put forward concrete examples illustrating how collaboration among different organizations is driving local impact on the SDGs. One of the measures would be to incorporate the SDGs into their corporate strategies. The WHO Representative participated in a panel discussion and made a presentation on “Climate change and Health: how the private sector can contribute to achieve the SDGs”



## Section 1

### Universal health coverage/Life Course



#### National Blood Safety Policy formulation

The first National Blood Safety Policy was developed in 2018 to ensure that an adequate supply of safe and effective blood products and related medical services are appropriately used for the benefit of all patients in Mauritius. The National Blood Safety Policy jointly formulated by the MoHQL and WHO was reviewed and finalized by concerned stakeholders during a workshop. The drafts of the strategic action plan and standards for national blood transfusion services are currently being examined by the Ministry. The Government has shown good will and great commitment in adhering to WHO principles and priorities for keeping blood related issues among its health strategic goals.



The need for blood in Mauritius is continuously on the rise due to the high prevalence of noncommunicable diseases, especially cardiovascular diseases and cancer. The implementation of the National Blood Safety Policy will be a milestone and a step forward in ensuring safe and effective blood supply as the blood donor pool gradually shrinks. The NCD burden coupled with the demographic challenge of an ageing population are the main causes of such a situation.

*Dr Hon A. Husnoo, Minister of Health and Quality of Life (left), Mr Gunness, Senior Chief Executive of the Ministry and Dr L. Musango, during the official launching of the workshop to mark the World Blood Donor's Day 2018*

93% of blood collected in Mauritius is voluntary and non-remunerated



## National assessment of health system challenges and opportunities for better noncommunicable disease outcomes

The National assessment of health system challenges and opportunities for better NCD outcomes, a joint initiative of the World Health Organization, European Union and MoHQL, was successfully completed in 2018. This assessment which was initiated in 2017 was aimed at identifying the strengths and weaknesses of the current health system to develop future policies and actions needed to tackle the extensive disease burden sprouting from NCDs. The findings and policy recommendations of the National assessment of health systems are under implementation.



*Wide range of stakeholders participating in the validation of the National Health System Assessment Opportunities for better NCD Outcomes*

The national assessment, funded by the European Union and the Grand Duchy of Luxembourg and implemented by WCO Mauritius, has been carried out under the project called 'Health Systems Strengthening for Universal Health Coverage.

The report on the National assessment of health systems provides evidence for developing the Health Sector Strategic Plan (HSSP2019–2023) and drafting the integrated national NCD action plan. The outcomes of the assessment will also be used at regional and international levels for sharing of the country's experience on NCDs. Mauritius, being the first African country to undertake such an assessment, will serve as model for other countries which are battling a similar disease burden.

## Engaging stakeholders through societal dialogue

As part of the National assessment of health systems initiative, and within the spirit of making people equal partners in planning, developing and monitoring health care to meet their needs, the process for establishing 'societal dialogue for health,' with concerned stakeholders was initiated by the MOHQL and WCO Mauritius. Several high-level policy dialogue meetings and training workshops were held to sensitize stakeholders to methods and processes for community engagement and roadmap development. Seeking the engagement of all stakeholders, namely patients, families and the community at large was identified as crucial lacunae at this stage. Societal dialogue for health is innovative governance for developing a new national health policy and strategic plan.



*Participation of key stakeholders including Government, population, civil society and NGOs in the Societal Dialogue workshop to ensure inclusiveness and involvement of all of them*



## Developing the National Health Sector Strategy Plan

The extensive participatory approach for diagnosing Health Systems Strengthening (HSS) challenges was adopted since 2018 to allow engagement and participation of a larger-scale population in the development of the National Health Sector Strategy Plan (HSSP) for 2019–2023. Participatory approach ensures inclusiveness and involvement of all stakeholders including the Government, population, civil society, UN agencies, media, academia, NGOs, bilateral and multilaterals agencies. It anchored the national health sector with a framework based on participation, analysis and evidence. The key evidence generated through the national health system assessment will inform the HSSP. The implementation of the next steps will yield long-term benefits in achieving the ‘health-for-all’ target. The HSSP will be aligned with the Government Vision 2030, Government Programme of work, and GPW13.

## Health Financing: National Health Accounts to measure health care spending

WCO Mauritius jointly collaborated with the MoHQL to develop National Health Accounts. The Mauritius National Health Accounts Report (NHA) 2017 revealed local expenditures on the classification of diseases for the first time. The levels and structure of health-care spending vis-a-vis the general health status of the population in a period of one year were investigated. The NHA report launched during a workshop in 2018 confirmed that public health institutions are the main providers of health-care services to the population of Mauritius. It also showed the high correlation between per capita spending on health and the general health status of the population.

- **NCD expenditure in Mauritius:** Rs. 16.5 billion that is 66.52% of total health expenditure
- **Funds spent on Prevention activities is low:** less than 1% of total health expenditure

This important tool is used to refocus the country’s efforts on primary health care (PHC) strengthening. It also helps in identifying ways of reducing out-of-pocket expenditure to meet the global commitment to universal health coverage and advocating adjustment in the distribution of available funds. The NHA will help to identify new reforms to mitigate the challenges pinpointed and serve as reference material for UN agencies, bilateral and multilateral organizations and NGOs in financial and technical support planning.

According to NHA 2017, funds spent on NCD Prevention activities were very low, that is 1% of total health spending and were not commensurate with the magnitude of the noncommunicable diseases epidemic. In addition, household out-of-pocket (OOP) expenditure on health is continuously on the rise in Mauritius despite the provision of free health-care services to the public. This situation requires action as OOP is known to have a negative impact on household living standards.



*Permanent Secretary, Mrs L.D. Luckheenarain receiving a copy of the NHA Report from the Minister of Health and Quality of Life, Dr A. Husnoo*

During the opening of the NHA dissemination workshop, WCO Mauritius reiterated its commitment and support through the three levels of the Organization, namely WHO Headquarters (HQ) in Geneva, WHO/AFRO and WCO Mauritius for institutionalizing the NHA in Mauritius and implementing the recommendations therein.

### Overview of Mauritius health-care expenditure for 2016

Government	Rs 11.30 billion
Private stakeholders	Rs 13.98 billion
Households only	Rs 11.95 billion
Private health insurance companies	Rs 1.50 billion
Nongovernmental Organizations	Rs 144.50 million
Foreign donors	Rs 6.45 million
Total health-care expenditure	Rs 25.30 billion
Health-care spending per person	5.38% of GDP (Rs 20 023)

Source: NHA Report 2017

### Devising an Immunization multi-year plan for Mauritius

An assessment was conducted in August 2018 to identify the assets and gaps of the health system with a view to devising a Comprehensive Multi-year Plan for immunization (cMYP) for Mauritius. The methods of strengthening the system through best practices to improve its quality and efficiency were proposed as the way forward. The assessment review carried out during a four-day workshop revealed that Mauritius has had an advanced national immunization programme in place over the past two decades.



*Training of key stakeholders on the strengthening of the national budgeting and planning for immunization*

The assessment also acted as a guide to sustain high-programme performance by:

- increasing immunization coverage of vaccines to 95% at the national level and 85% at the district level (in every district) by 2023;
- ensuring adequate human resource capacity at all levels of the National Immunization Plan (NIP) through training of health professionals, assignment of relevant managers to strategic sectors, for instance recruiting a Public Health Nursing Officer for Rodrigues;
- introducing new vaccines and technologies to enhance disease prevention and curb outbreaks;
- revamping and sustaining an effective surveillance system that meets all indicators by 2023; and
- setting up a well-established and optimal cold-chain system: refrigerated storage and distribution of vaccines that meet current and future requirements of NIP.

The Comprehensive Multi-year Plan (cMYP) for Immunization Workshop was facilitated by experts from the WHO Intercountry Support Team for Eastern and Southern Africa and WHO Regional Office for Africa. Such a platform enables health professionals to gain increased knowledge on the cost implications of new vaccines. The support of external technical experts also facilitated advocacy with the Ministry of Finance and other partners for resource mobilization for immunization WCO Mauritius reiterated the support of the Organization at country, regional and headquarter levels to Mauritius



during the opening of the assessment workshop. It also highlighted that the beneficiaries are not only individuals but also communities, and entire populations; the eradication of smallpox is a case in point. The WHO Representative in Mauritius maintained that immunization is one of the safest and most cost-effective health interventions in thwarting illnesses, disabilities and deaths from vaccine-preventable diseases for infants and older people.

### Human papillomavirus vaccine introduced to protect against cervical cancer

Mauritius introduced the human papillomavirus vaccine (HPV) as part of its Cervical Cancer Prevention Programme in 2016. Girls aged 9 years old are being targeted with a view to reducing their risks of developing cervical cancer in adulthood. Estimated HPV vaccination coverage in 2018 was 79% (first dose targeting girls of aged 9 year old) and 67% (second dose targeting girls aged 13 years old).

### Introduction of new hexavalent vaccines for better protection of babies

Mauritius launched the new hexavalent vaccine for babies in 2018. This six-in-one vaccine offers more protection to babies against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, haemophilus influenza type B and hepatitis B. The injection of four instead of 10 vaccines offer more protection to babies against the six deadly diseases. This new compliant vaccine decreases the risk for babies to develop fever, redness and other side effects. Mauritius is the second country in Africa to freely offer the new hexavalent vaccination to babies after South Africa. WCO Mauritius' support has enabled the country to better protect babies and save lives.



*The launching of the new hexavalent vaccine in Mauritius in December 2018*

### Eliminating measles

Based on advice provided by WCO Mauritius, the MoHQL reduced the ages for taking the first and second doses of MMR to nine and 17 months respectively. The Ministry was also guided by information gathered during the measles outbreak and acted in accordance with the WHO standards for all immunization campaigns with a view to eliminating measles by 2030. The revised vaccination schedule for measles, mumps and rubella (MMR) reduced the age for inoculation of the second dose from 5 years (school entry) to 2 years in June 2019 and yet again to 17 months in November 2019. The implementation of the amended vaccination schedule will enable the country to eliminate the emergence and proliferation of highly contagious diseases including measles.

### Poliovirus containment

Mauritius has already submitted its polio-free status documentation to ARCC, as well as the Phase 1a poliovirus containment report for absence of wild and vaccine-derived poliovirus type 2 in 2015. Indeed, the last case of indigenous circulating wild and vaccine-related polioviruses in Mauritius dates back to 1967.

The Sixty-eighth World Health Assembly in May 2015 adopted the third edition of the global action plan (GAP III) to minimize poliovirus facility-associated risk through the safe handling and containment of polioviruses and potentially infectious materials. GAP III establishes the long-term goal of minimizing the risk of facility-associated poliomyelitis. GAP III applies to all facilities that handle and store poliovirus infectious and/or potentially infectious materials (PIM).



Considering the risks associated with these materials in a polio-free world, WHO fielded a first mission to strengthen technical capacities in the implementation of the PIM Guidance by providing training, updating the list of facilities and supporting the MoHQL for in-country identification of facilities that may handle and store potentially infectious poliovirus samples.

### **Support knowledge, attitudes, beliefs and practices: study on breastfeeding**

WHO Representative supported the launch of the study report on Knowledge, Attitudes, Beliefs and Practices of Breastfeeding in February 2018 in Mauritius. It is a very important advocacy tool for the formulation of policies on breastfeeding in the country. The report revealed that only 39% of 480 babies covered by the study were exclusively breastfed during their first four months. During the occasion, WHO emphasized on the fact that nothing can replace breast milk and breastfeeding remains the safe, sound, and sustainable way to feed an infant.



*Dr Hon. A. Husnoo, Health Minister handing over a copy of the study report on breastfeeding to Dr L. Musango, WHO Representative in Mauritius*

### **Improving reproductive, maternal, newborn, child and adolescent health**

#### **Implementation of the National Sexual and Reproductive Health Strategy and Plan of Action 2018–2021**

Mauritius started implementing its 2018–2021 National Sexual and Reproductive Health Strategy (NSRH) Action Plan as from December 2018. The four-year NSRH Action Plan is aimed at meeting the different challenges people face at various stages in their lives through comprehensive sexuality education, family planning, antenatal care, safe delivery care, postnatal care and services. A systematic implementation of the national action plan on SRH will improve early diagnosis and treatment of reproductive tract cancers among women (breast and cervical cancer), thus contributing to the achievement of Sustainable Development Goal 3. The SRH national action plan will, among others, address the numerous societal, legal and cultural barriers, and ease access to existing NSRH programmes and services. The draft action plan was reviewed by the technical team at the WHO Regional Office and the Intercountry Support Team for East and Southern Africa (IST/ESA), and WCO Mauritius to ensure its alignment with the global SRH strategies developed by WHO before its finalization and approval by the Government of Mauritius.

#### **RMNCAH policy survey**

WCO Mauritius coordinated the Global Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy Survey undertaken by the Departments of Maternal, Newborn, Child and Adolescent Health and Reproductive Health and Research at WHO. The findings of the survey will enable Mauritius to track progress made in incorporating the WHO recommendations into national RMNCAH policies, strategies and it also provides a mechanism to monitor progress towards achieving the objectives of the Global Strategy for Women's, Children's and Adolescents' Health and the Sustainable Development Goals.

## Section 2

### Universal health coverage / Tackling noncommunicable and communicable diseases



#### Intensifying national NCD prevention and control campaigns

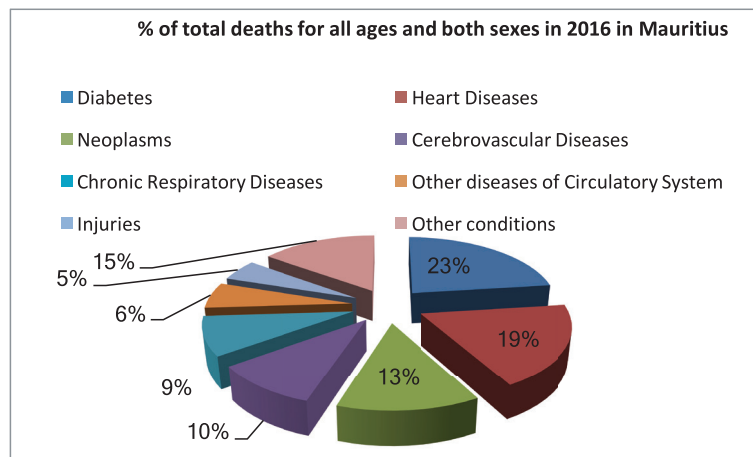
NCD has been placed high on the agenda of the Government of Mauritius, specifically by the Prime Minister who is leading the national NCD prevention and control campaigns in the country.

The Prime Minister, Honourable Pravind Kumar Jugnauth showing great personal commitment and leadership during the ongoing national NCD campaigns carried out since 2017 by emphasizing that, "health is a priority for my government as the country committed itself to reducing the prevalence of NCDs by 25% in 2025 at the United Nations Assembly in 2018".

A series of NCD sensitization campaigns were organized by the Honourable Minister of Health and Quality of Life in the presence of the WHO Representative in Mauritius. The national NCD Prevention and Control programme is aimed at sensitizing the public to NCD risk-related factors, complications and prevention. It comprises a series of activities, namely screening for NCDs, breast and cervical cancer, vision, cholesterol, as well as providing counselling and health education. The MoHQL is raising awareness on the need to practise physical activities, including aerobic dancing, yoga, tai-chi, zuba, walking, cycling, among others. Focus is also laid on healthy eating through food exhibition and counselling provided by health professionals.



*Dr Hon A. Husnoo, Minister of Health and Quality of Life (right), Hon A. K. Gungah, Minister of Industry, Commerce and Consumer Protection Dr L. Musango, WHO Representative in Mauritius, Mrs M. Mudaliar, Permanent Secretary and Dr Ori, Director Health Services during the launching of NCD Prevention Programme in September 2019*



Data source: Health System Assessment report 2018

Fig. 2: Cardiovascular diseases and diabetes mellitus are the first two principal causes of mortality followed by cancer.

During the different campaigns, the importance of early detection of NCDs such as diabetes, hypertension and cancer to prevent their related complications was highlighted. The rapid changes in diets as well as lifestyles due to industrialization, urbanization, economic development and market globalization over the past decade are attributable to the high rate of NCD morbidity and mortality. Inappropriate dietary patterns, decreased physical activities, increased tobacco use, and a corresponding increase in diet-related chronic diseases are the resulting drastic lifestyle consequences faced by the country.

The Mauritian population was encouraged to seize the opportunity of free screening programmes to know their health status and take necessary precautionary measures to stay in good health. According to several national NCD surveys conducted since 1987, unhealthy food habits, sedentary lifestyles and lack of physical activity are the main causes of NCDs in Mauritius. Sensitization campaigns aim to promote a healthy lifestyle which includes the practice of physical activity on a regular basis and the adoption of a healthy and balanced diet. A change in lifestyle will help to reduce the national prevalence of major NCDs such as diabetes, hypertension, cardiovascular diseases, cancer and respiratory diseases.



Ongoing screening programme for early detection of NCDs and their risk factors among the population

The rise in the number of cancers is of great concern. In 2017, there were 2500 new cases, 1500 in females and 1000 in males, with breast cancer topping the list. Appropriate actions need to be implemented to reduce the high prevalence of modifiable risk factors associated with NCDs in order to bring down the 23% NCD-related premature deaths in Mauritius. The development of an integrated NCD action plan is thus crucial in developing strategies that are in line with the WHO Global NCD Action Plan to scale down the figure to 6.9% by 2030.



## Supporting the national fight against diabetes

A series of activities was launched in November 2018 to commemorate World Diabetes Day. The event focused on the theme, 'The Family and Diabetes' to highlight the role of the whole family in the prevention and control of diabetes. Two special songs 'Kombat Diabetes' in Creole and one in Bhojpurī sponsored by the Diabetes Foundation Mauritius, an NGO working on the prevention and control of diabetes, were launched on this occasion to raise awareness among the population. Short TV spots using cartoons, NCD Campaign logo, NCD mascot and social media communications developed by the MoHQL were also launched. The MOHQL will implement an innovative approach to prevent diabetes in the country using mobile technology after pilot testing of the programme. Initially, regular weekly text messages will be sent to some 400 people with prediabetes to remind them of the need to adopt a healthy lifestyle to prevent diabetes. The programme will be evaluated after a period of one year and then extended to all those with prediabetes.



*Sensitizing on Healthy eating during World Diabetes Day 2018*

The WHO Representative in Mauritius, Dr L. Musango, making an appeal to the Mauritian population, "to optimize the use of free health facilities available throughout the country and take every measure necessary to control diabetes and not be controlled by it".

According to the Minister of Health, type 2 diabetes is responsible for more than 4000 deaths annually in the country and it is a major concern for Mauritius. Indeed, the number of persons with diabetes has been rising since 1980 and currently, about 250 000 people have diabetes while some 200 000 others have prediabetes. There is an urgent need to address the high prevalence of the NCD risk factors in the country such as unhealthy diet, lack of physical activity, obesity, alcohol abuse and tobacco use in order to curb the prevalence of diabetes and other noncommunicable diseases. The Government of Mauritius is committed to combating NCDs which are having heavy social, health and economic impacts. This is mirrored in the country's spending on NCDs which amounts approximately to Rs 9 billion every year.

The WHO Representative in Mauritius pointed out that diabetes prevalence has been rising more rapidly in middle- and low-income countries. He highlighted that diabetes is a major cause of blindness, kidney failure, heart attack, stroke and lower limb amputation. He added that people can prevent diabetes by adopting a healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use. It was worth noting that the number of people with diabetes in the African Region increased from 4 million in 1980 to 25 million in 2014 due to an ageing population, negative lifestyle changes which comprise unhealthy diet and lack of physical activity. The health services in Mediclinics are in the process of being reorganized in order to provide the necessary assistance to people with diabetes and prevent complications due to NCDs.



*Mobilizing the whole society in view of preventing NCDs and their risk factors*



## National Cancer Prevention and Control Programme Observing World Cancer Day

Cancer is the third cause of death in Mauritius. In 2016, 1265 people died due to Cancer. It is imperative to implement policy changes in line with the country's commitment to reducing premature mortality from NCDs by 25% in 2025. WCO Mauritius expressed its commitment to supporting and guiding the country towards the provision of access to quality cancer care for all.

On World Cancer Day 2018, the WHO Representative called upon the Minister of Health to pay special attention to the management of cancer among children, adolescents and young people with specific needs. Cancer when detected early is easier to treat with less expensive, invasive medications and technologies. WCO Mauritius encourages the Mauritian population to make healthy choices and reduce the risk factors associated with cancer such as overweight, lack of physical activity, tobacco consumption, alcohol abuse and low intake of fibres. Special screening programmes on breast and cervical cancer were scheduled at national level. Sensitization campaigns were held throughout the island to raise awareness on the importance of adopting a healthy lifestyle. The role and responsibilities of the government, ministries, community, civil society and population in the prevention of cancer was emphasized with special focus on the theme of 2018, 'We Can, I Can.'



*Dr Laurent Musango, WHO Representative in Mauritius making an appeal to the population to make optimum use of the health facilities for better health*

## Breast cancer awareness campaign week

Specialized medical officers sensitized the community to cancer prevention and the importance of self-examination to detect breast cancer through live television and radio programmes and in print media. Throughout the Breast Cancer Week, women were encouraged to carry out regular breast self-examination to detect any changes occurring in their breasts.

Around 1500 new cases of breast cancer are registered every year in Mauritius while some 350 women die yearly due to breast cancer. Breast cancer is the most frequent cancer among women, representing about 11% of all new cancer cases and 23% of all female cancers in the world. There are about 1.38 million new cancer cases of all new cancer cases worldwide. The number of cases is expected to rise to 2.1 million by 2030 if no immediate actions are taken to prevent and treat the disease. Age standardized breast cancer incidence rate (ASR) was the highest in Africa (63.6 per 100 000). It is reported that 80% of all breast lumps found through breast self-examination do not turn out to be cancerous. Hence, the importance of early detection and treatment of breast cancer to reduce suffering and save lives.



*Dr Hon A. Husnoo, Health Minister emphasizing on the importance of promoting breastfeeding during the marking of the Breastfeeding Week in Mauritius in 2018*

## Fostering mental health

The Government of Mauritius is working on a national prevention campaign to address the mounting issue of drug consumption in the country. Resources were deployed in 2018 to strengthen the prevention programme in order to further sound the alarm on the dangers of drugs and alcohol abuse

including prevention of tobacco consumption and alcohol-associated suicide. Addressing mental health is critical for the Government of Mauritius as some 1000 young people aged up to 23 years were admitted to regional hospitals and the Mental Health Care Centre in 2017 due to complications related to consumption of synthetic drugs.

World Mental Health Day was an opportunity to stress on the need to address the physical, mental and social aspects of health. A cultural programme and exhibition were held at the Brown Sequard Mental Health Care Centre in October 2018 on the theme 'Young people and mental health in a changing world.' The population was sensitized to the rapidly evolving use of technology that has both positive and negative impacts on people, especially the young ones.



*The quality of the cultural programme and yoga demonstration presented by the patients and staff of the Mental Health Care Centre captured the attention of all those present*

WCO Mauritius supported the national event and expressed the Organization's commitment to provide full support to Mauritius to address all issues pertaining to mental health. Most mental health cases go undetected and untreated, with serious long-term consequences. In 2017, 13% of the 492 young people aged below 18 years were tested at the Mental Health Care Centre in Mauritius for the first time for drug addiction and 7% of them for depression.

### World Heart Day: an opportunity to promote lifestyle changes

'My Heart, Your Heart', was the theme chosen by the World Heart Federation on World Heart Day 2018. On that day, the MoHQL, in collaboration with WCO Mauritius, launched a campaign comprising a poster and pamphlet on salt reduction. The population was sensitized to the need of salt intake reduction to prevent cardiovascular diseases. Empowerment sessions were held for patients while further capacity-building of medical and paramedical staff was provided during educational sessions which are still ongoing.



*Launching of the poster and pamphlet on salt reduction by Dr Hon. A. Husnoo, Minister of Health and Quality of Life and Dr L. Musango in the company of high officials of the Ministry*

WCO Mauritius capitalized on the 'World Health Day,' to reflect on the alarming rate of cardiovascular deaths which can be prevented by modifying one's lifestyle. Lifestyle changes include eating more fruits and vegetables, and cutting down on fat, sugar and salt, practising regular physical activity to avoid overweight and stress, quitting smoking and avoiding excessive intake of alcohol.

Heart disease is a leading cause of death, with an average of 1850 deaths annually in Mauritius. In 2017, 122 970 outpatients were enrolled in cardiology with 504 open heart surgeries, 553 vascular surgeries and 4157 angiograms.

## Addressing the lack of data on oral health

The first phase of the oral health survey kicked off with the training and calibration of clinical dental examiners at regional hospitals in September 2018. The new oral health survey would address the lack of updated oral health data for policy decisions. Survey findings will enable the development of strategies to address the challenges in oral health and alignment of actions with the WHO Regional Oral Health Strategy in the African Region 2016–2025. Oral health data will be collected in children aged five, twelve and fifteen years old including working adults aged 35–44 years in Mauritius and Rodrigues during the survey. For adults aged 65–74 years, an adult cluster will be randomly chosen around the country to include the distinct characteristics of the population. As emphasized by WHO, oral health is a key indicator of overall health, well-being and quality of life. There is a pressing need for fresh data as the last national oral health survey in the country was conducted in 2001.

## Validation of the first National Leprosy Annual Plan

In November 2018, the MoHQL validated its first annual plan 2019–2020 for the elimination of leprosy transmission. Contact tracing, prophylaxis measures, Information, Education and Communication (IEC) campaigns and professional training are measures that need to be put in place by the country to eliminate the risk of developing the disease from close contacts. To this end, WCO Mauritius, the MoHQL and the dermatology department pooled forces to carry out resource mobilization to fully implement the annual plan for the elimination of leprosy in the country. It is worth recalling that the incubation period for leprosy spans up to 20 years due to unhygienic living conditions. To date, all screenings and treatments are provided free of charge in the Outpatient Department (OPD)/Skin Unit in the country. Although Mauritius is one of the leprosy low burden countries in the African Region, one or two new cases are confirmed every year, particularly from affected communities and migrant workers.

## Human immunodeficiency virus (HIV)

WCO Mauritius participated in the three-day 17th Colloquium on HIV/AIDS Indian Ocean in November 2018. The colloquium contributed to reinforce HIV/AIDS-related partnerships among stakeholders and promote harm-reduction strategies at regional level. Representatives from the five countries of the Indian Ocean, namely Comoros, Madagascar, Mauritius, Reunion and Seychelles shared information and experiences on issues pertaining to HIV/AIDS and updated their knowledge on the management of HIV infection. The best practices and experiences of the countries were also shared among health personnel and the civil society.

## World AIDS Day 2018: reflecting on progress made

World AIDS Day 2018 was marked by a half-day screening programme held in December by the MoHQL. Awareness on AIDS prevention and treatment was raised among the population. The activity focused on the 'know your status' campaign aimed at enabling individuals to know their HIV status. It was an opportunity for all stakeholders to reflect on the progress achieved at the local level in treating people living with HIV/AIDS. A decrease in the number of injecting drug users (IDUs) which is part of the community of people living with HIV (PLWH) was confirmed by the MOHQL in 2018.

Prévention, Information et Lutte contre Le SIDA (PILS), an NGO working on the prevention of HIV/AIDS, intensified its sensitization campaign for World AIDS Day 2018. People with risky behaviours were encouraged to know their status. The WHO Representative in Mauritius attended the programme and expressed his appreciation on the work that was being carried out by NGOs in the health sector.



## Section 3

### Promoting a healthier population



#### Accession to WHO Protocol to Eliminate Illicit Trade in Tobacco Products

The Republic of Mauritius' accession to the WHO Protocol to Eliminate Illicit Trade in Tobacco Products: a reflection of the country's great political commitment to combat the tobacco epidemic

The Republic of Mauritius acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products on 26 June 2018. The country was among the first 40 countries to enable the Protocol's timely entry into force to convene the first session of the Meeting of the Parties to the Protocol (MOP1) in October 2018 in Geneva.

The Minister of Health and Quality of Life, The Honourable Dr Anwar Husnool, declared that the accession of the Republic of Mauritius to this Protocol "proudly demonstrated the country's commitment and unflinching support to the international community in their relentless strive to eliminate all forms of illicit trade in tobacco products."

Mauritius benefited from the technical assistance of WHO HQ and WHO/AFRO experts with a view to creating national awareness on the WHO Protocol to Eliminate Illicit Trade in Tobacco Products. WCO Mauritius also supported advocacy with key stakeholders including the Mauritius Revenue Authority, Ministry of Commerce and Industry, Ministry of Foreign Affairs, Ministry of Agro-Industry and National Agricultural Products Office (NAPRO) and the Attorney General's Office to discuss implementation issues related to the Protocol. In addition, WHO developed the capacity of officers from the Attorney General's office, Mauritius Revenue Authority and Ministry of Health and Quality of Life in eliminating illicit trade in tobacco products.



## Getting ready for tobacco plain packaging

WCO Mauritius provided high legal expertise to the MoHQL technical team in December 2018 to finalize the draft tobacco plain packaging regulations. Advocacy meetings were held with key stakeholders, namely the Ministry of Foreign Affairs and International Trade, Industry Property Office, Consumer Affairs and Metrological Unit, Ministry of Agro-Industry, National Agricultural Products Regulatory Office (NAPRO) and Attorney General’s Office to discuss implementation issues relating to plain packaging of tobacco products and share Australia’s experience on the issue. WHO legal expertise contributed significantly in raising awareness on plain packaging as a strong tobacco control policy to fight the global tobacco epidemic among policy makers and other key stakeholders.



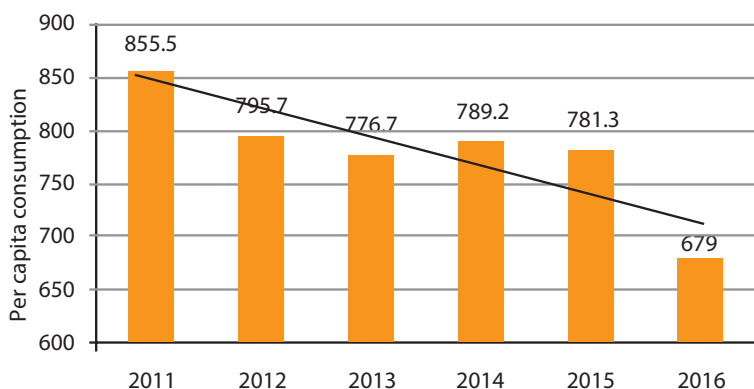
*Unveiling of the new set of pictorial health warnings for tobacco packages during World No-Tobacco Day 2018*

WHO also supported the drafting of the new strengthened tobacco regulations based on available guidelines to address new emerging tobacco issues such as cross-border advertising and promotion, flavoured and smokeless tobacco, electronic cigarettes, among others. The new tobacco regulations will also strengthen enforcement of the legislation to better protect the population from the harmful effects of tobacco.

## World No Tobacco Day: unveiling of new pictorial health warning

The Health Minister unveiled the new set of pictorial health warnings for cigarette packages during World No Tobacco Day 2018 held at the Mauritius Broadcasting Corporation. It was vital to incorporate the media as a key stakeholder into the fight against tobacco, given its critical role in sensitizing the population to the dangers of tobacco and in promoting anti-tobacco messages among the population. The strong correlation between tobacco consumption and cardiovascular diseases was highlighted by different speakers to sensitize the population and the media to ‘Tobacco and Heart Diseases’, WHO’s campaign theme for 2018. Mauritius was applauded by the WHO Representative for its strong tobacco control policies and measures since it ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004. WCO Mauritius encouraged the country in its efforts to strengthen the existing policies and legislation.

*Fig. 5: A decline in yearly per capita cigarette sticks consumption 2011–2016*



Source: National Assessment of Health Report 2018

The first set of warnings on cigarette packages was implemented in 2009 in Mauritius and since then, there has been no rotation of the warnings as recommended by WHO for them to remain effective. The MOHQL is now considering the implementation of the new set of pictorial health warnings and tobacco plain packaging regulations altogether, for more impactful reduction in the prevalence of smoking. Strong pictorial and text messages on tobacco product packages are very effective in educating smokers on the harmful effects of smoking and act as a deterrent to smoking initiation among young people.



*NCD Screening programme held at the Mauritius Broadcasting Cooperation during the celebration of the World No-Tobacco Day 2018*

The strong tobacco policies and measures implemented so far have triggered a decrease in the prevalence of smoking among people aged 20–74 from 21% in 2009 to 19% in 2015 as shown by the Mauritius Noncommunicable Diseases Survey 2015. According to the Mauritius Revenue Authority, the importation of cigarettes in Mauritius also dropped from 1.3 billion cigarette sticks in 2009 to 992 million sticks in 2017.

## **Contributing to the Global status report on Violence against Children**

WCO Mauritius worked closely with the MOHQL to complete the WHO online internet-based survey which was aimed at collecting data on Violence against Children (VAC). Quality data collection was imperative for the publication of the Global status report on VAC. A consensus meeting with key stakeholders including the Ministry of Gender, Child Development and Family Welfare, Ministry of Social Security, the Ombudsperson for Children and the Mauritius Police Force was conducted in December 2018 to validate data. Policies and strategies will be developed to address VAC in the country once the findings of the report are published.

## **Prescription of physical exercise to prevent and control NCDs**

National efforts are being deployed to tackle NCDs to reduce sufferings and save lives. During the national sensitization campaign on NCDs in November 2018, the Minister of Health announced a new and innovative measure consisting in the prescription of physical activity for people with NCDs as part of their treatment. The MOHQL is also promoting a patient-centred approach in the public health system focusing on quality health care. WCO Mauritius fully supported the NCD initiatives taken so far to improve health care in the country. WHO advocated an integrated approach to NCDs during regular meetings as well as at special world health events.

## **Launching of the National Sports and Physical Activity Policy 2018–2028**

A National Sports and Physical Activity Policy was launched for the first time by the Ministry of Youth and Sports in October 2018 to foster a culture of physical activity and sports among young people and the general population to reduce the NCD burden. The 10-year Policy shows the commitment of

the Government of Mauritius in promoting a sports culture for a healthier nation and in encouraging promising athletes to achieve excellence through a comprehensive development plan. WCO Mauritius participated in the workshop jointly organized by the MoHQL and Ministry of Youth and Sports in December 2018 to debate on the implementation of the 'exercise prescription' measure as part of the National NCD Prevention and Control Programme in Mauritius. Physical inactivity is a well-known risk factor to NCDs. The WHO/MOHQL National assessment of health systems challenges and opportunities for better noncommunicable disease outcomes report 2018, recommended the promotion of physical activity to reduce NCDs in the country.



*Dr Laurent Musango, WHO Representative in Mauritius participating in the workshop on implementation of exercise prescription in Mauritius in December 2018*

## Assessing the current Nutrition Information System

A scoping assessment was conducted by WCO Mauritius in collaboration with the MoHQL and WHO IST/ESA in October 2018 to identify the strengths and weaknesses of the current Nutrition Information Systems (NIS) in Mauritius with a view to improving the system. A desk review of the different data collection tools was conducted, and a minimum set of core indicators were identified to track nutrition targets and nutrition intervention coverage during technical meetings. Most of the data needs for these indicators were generated through the population-based surveys. Indicators were developed in line with the standardized global monitoring and evaluation framework.



*Dr Hana Bekele from WHO IST/ESA (right) supporting the Nutrition Team during the scoping mission in October 2018*

The assessment of the NIS will enable the country to weigh the magnitude of all forms of malnutrition, improve the availability of information on coverage and impacts of interventions, and provide evidence to guide development of relevant nutrition policies and programmes to meet the needs of the population. According to the National Nutrition Survey carried out in 2012 and National NCD Survey of 2015, 15.4% of children in the 5–11 year age group were underweight while 11.9% were overweight and 9.9% were obese. With regard to the 12–19 year age group, 17.1% were underweight, 9.5% were overweight and 8.9% were obese. An appropriate NIS will guide the country in addressing health issues related to nutrition, especially obesity and its high rates of overweight among adults.



## Section 4

### Antimicrobial resistance



#### Reducing the prevalence of antimicrobial resistance

Mauritius is one of the three countries selected by WHO to participate in the Antimicrobial Resistance (AMR) Consumption Monitoring and Point Prevalence Survey (PPS) on Antibiotics Use in hospitals. In January 2018, officers from the MoHQL as well as other ministries were trained on WHO methodologies, data collection and analysis activities based on standards to curtail AMR during a four-day workshop jointly organized by the MOHQL and WCO Mauritius. The implementation of the strategic objectives set out in the Mauritius National Action Plan (NAP) on Antimicrobial Resistance (AMR) 2017–2021 was developed by participants during the workshop.



*Training Workshop on Antimicrobial Resistance (AMR) Consumption Monitoring and Point Prevalence Survey (PPS) on Antibiotics Use*

The National Action Plan on AMR, approved by the Government of Mauritius in August 2017, was aimed at reducing the prevalence of antibiotic resistance in Mauritius. It also helped to achieve the overall goal of the WHO Global Action Plan on antimicrobial resistance adopted in 2015 by all Member States, including Mauritius. One of the important pillars of the AMR Action Plan is the monitoring of consumption and use of antimicrobials.

## The Point Prevalence Survey at regional hospitals

The Point Prevalence Survey (PPS) was jointly conducted by WHO and the MOHQL in 2018 with a view to adjusting the use of antibiotics and mitigating the abuse of antibiotics leading to AMR. The findings of the PPS clearly showed the trend of commonly used antibiotics for specific diagnosis and their associations with indications. The 2018 PPS report recommends the development and support of therapeutic guidelines to optimize antibiotics use in the country. Technical support from WHO enabled the conduct of the PPS at Jeetoo Hospital. Conduct of the PPS is also planned in other regional hospitals to obtain a more accurate representation of antibiotic consumption on a national scale. The investigation would be completed by the end of 2019.



*Dr Munbodh, Regional Public Health Superintendent addressing the participants during the training on the Pilot study on Point Prevalence survey on Antibiotic use in hospitals*



*Participants attending the JEE workshop in September 2018*



## Section 5

### Health emergencies preparedness



#### Joint External Evaluation (JEE) to assess the country's core capacities under IHR (2015)

The Government of Mauritius collaborated with a team comprising experts from other governments (Canada, Eswatini, Nigeria, Rwanda, and Seychelles). The FAO, UNITAR and WHO are to jointly evaluate the capacity of the country under the International Health Regulations (IHR)2005 to prevent, detect, and rapidly respond to public health threats whether occurring naturally or due to deliberate or accidental events.

Following a coordination mission from WHO/AFRO in September 2018, the fully-fledged JEE mission was implemented in October 2018. An intersectoral committee spearheaded by the MOHQL and comprising the Ministry of Health and other core sectors (Ministries of Agro-Industry, Environment, Labour, Radiations Protection Authority and Airports Authority) was constituted to assist the JEE mission. Based on the satisfactory JEE indicator scores, the mission concluded that Mauritius has made substantive achievements as it strives to fully implement IHR (2005). In almost all the technical areas, the country is poised to achieve a very high level of implementation in a very short term. Further to recommended priority actions for each of the 19 technical areas assessed, the JEE Mission flagged five overarching thematic areas, which require strong and high-level commitment. These include reviewing existing national legislation, regulations, and developing relevant policy, regulations, and guidance to facilitate implementation of IHR (2005); strengthening multistakeholder engagement through relevant and appropriate SOPs, MOUs, and agreements for advancing a robust One Health agenda; and reinforcing the surveillance system.



## Consolidating Integrated Disease Surveillance and Response

The e-surveillance system based on District Health Information Software 2 (DHIS2) was jointly launched by WCO Mauritius and the MOHQL in 2018 with a view to restructuring the information flow and decision-making process within national surveillance systems. As Mauritius completed its first Joint External Evaluation, the country vowed to develop and adapt its first Integrated Disease Surveillance and Response (IDSR) Technical Guidelines accordingly. WCO Mauritius supported the MoHQL for corroboration and establishment of the software guidelines.



*Dr Laurent Musango, WHO Representative in Mauritius and Dr Hon Anwar Husnoo (Centre) with participants attending the Joint External Evaluation workshop in 2018*

## Updating the National Preparedness Plan

The National Preparedness Plan (NPP) was updated as the country faced real threat of malaria, chikungunya and Zika outbreaks in 2018. WCO Mauritius, the MoHQL and Government of Mauritius pooled their efforts to strengthen the response of the country in reducing the risks of vector-borne outbreaks and the spread of infectious diseases. There was a high risk of vector-borne disease outbreaks such as chikungunya, dengue, malaria, and Zika after heavy rains in Mauritius in February 2018. WCO Mauritius provided updated information on vector-borne diseases to the MoHQL for sharing with key stakeholders during outbreak crisis.



*National steering committee meeting chaired by Dr Hon A. Husnoo, Health Minister in January 2018 during outbreak crisis*

The implementation of the NPP in a coordinated and integrated manner by all key stakeholders, including the civil society, media and the community at large, was a success in mitigating the devastation impact of vector-borne diseases. The role and function of each stakeholder was well defined to ensure smooth surveillance and minimize duplication, redundancy or contradictory activities.

The coordinated approach to address communicable diseases and the numerous challenges faced by the country during heavy rains paid dividends. Stagnant water was eliminated to reduce the risks of water-borne disease and infectious diseases outbreaks such as gastroenteritis and conjunctivitis. The elimination of all possible breeding grounds for mosquitoes and stagnant water was a tedious job tackled by joint actions. The limited number of field workers, health inspectors and health surveillance officers required extra efforts to accelerate interventions and prevent mosquitoes from propagating.

It was also a demanding endeavour grappling with the clean-up activities and extended larviciding and fogging exercises in different priority areas. Cleaning of the huge areas of bare lands and wastelands in different regions of the Island was critical in eliminating the proliferation of mosquitoes.

### Mitigating influenza cases

The Influenza Sentinel Surveillance draft protocol was developed in 2018 to improve the quality and quantity of both epidemiological and virological data. Case definitions as recommended by WHO were incorporated into the protocol to standardize the scope of targeted cases. Laboratory sampling and processing procedures were also clearly defined to improve the reliability of the virological data.



Technical officers in the MoHQL were trained in developing influenza thresholds during a three-day workshop facilitated by WHO HQ experts. This training informed participants on the global influenza surveillance and response system and the methodology used in threshold development. Intensive analysis and discussion on the appropriateness of potential thresholds took place during the training.

The validation of the first set of influenza thresholds (seasonal and alert) to monitor influenza seasonality and an unusual surge of cases were then settled.

Fig. 4 below shows the influenza activities against two thresholds, namely: 1) seasonal; and 2) alert. For instance, the activities in 2018 (light blue line) fluctuated around the seasonal threshold (green dash line). The fluctuation lasted for a relatively longer period compared to previous years, precisely, from week 7 to 42, although the peak was not clearly visible.

### Alleviating measles outbreak

In 2018, there was an upsurge in measles outbreak in the world putting babies, children and young people at risk and undoing the progress made so far to eliminate the disease.

Mauritius had historically low levels of measles cases and no case was reported from 2010 to 2017. This landmark decline was achieved through the steady efforts made to vaccinate all children against measles. However, in May 2018, Mauritius experienced its first outbreak after the last registered case in 2004. From March to December 2019, 1391 measles cases were reported including four deaths among patients with unknown vaccination status, representing an incidence rate of 110 per 100 000 inhabitants and case fatality rate of 0.29%. At the peak of the measles outbreak in June 2019, 88 cases were notified but there has since been a gradual declining trend with only an average of 15 cases reported weekly in December 2018.

The case-based measles surveillance elimination mode has been established and the MoHQL has joined the WHO network surveillance by sharing a weekly surveillance data as expected of Member States. In accordance with IHR Guideline 2005, WHO is being notified promptly in case of outbreaks and related events.



## Strengthening communication with our stakeholders



Communication is known to be the glue that binds an organization. The WHO Communication Framework recognizes that effective, integrated and coordinated communication is fundamental in achieving WHO’s goal in building a better and healthier future for people all over the world.

In line with WHO’s communication goal, WCO Mauritius developed a draft communication strategy to communicate in an effective, integrated and coordinated manner. It aims to provide information, advice, and guidance to its key stakeholders with a view to prompting action that would protect and promote health in the country, region and world on a regular basis. In 2018, the broadcast media, namely television, radio – both public and private – and the print media, were effective means of communication used by WCO Mauritius to clarify health issues, reassure the population and instil a sense of confidence in the population at large, especially in times of communicable disease outbreaks. WCO Mauritius earned media coverage during major health events. With a view to staying connected with our stakeholders, WCO produced e-newsletters and press releases for wide dissemination and information sharing on the implementation of health programmes and activities. WCO ensures that information on the current health situation of the country and health-emerging issues are shared with all stakeholders to keep them informed.

### Press Releases:

<https://www.afro.who.int/countries/mauritius>

<https://www.afro.who.int/countries/news?country=42>





## Newsletters:

- <http://whomauritius-whoafroccmaster.newsweaver.com/mauritiusnewsletter/1ot910h20iy>
- <http://whomauritius-whoafroccmaster.newsweaver.com/mauritiusnewsletter/1uin1tw863w>
- <http://whomauritius-whoafroccmaster.newsweaver.com/mauritiusnewsletter/1wfns5dibab>
- <http://whomauritius-whoafroccmaster.newsweaver.com/mauritiusnewsletter/orb5zqa7wt9>



World Health Organization  
Country Office Mauritius  
HEALTHconnect Newsletter | 20 April 2018

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**Contrôle de Santé** 旅客検査

Dear Readers,  
Welcome to the third HEALTHconnect Quarterly Newsletter from World Health Organization (WHO) Country Office, Mauritius, in electronic version for the first time. This issue covers health events, activities and programmes implemented in the Republic of Mauritius with the support of the WHO from October to December 2017. It also covers some soft news, including country visit, meetings, study tour and staff events.

**Keeping Mauritius Plague-Free**

Aware of the plague transmission risks and concerned about its potential health, social and economy impacts, the Government of Mauritius deployed all necessary resources for the:

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World Health Organization  
Country Office Mauritius  
HEALTHconnect Newsletter | 18 June 2018

SUBSCRIBE VISIT OUR WEBSITE FORWARD TO A FRIEND ARCHIVE PRINT ALL

Dear Readers,  
This new issue of HEALTHconnect, the quarterly newsletter of World Health Organization (WHO) Country Office, Mauritius, brings to you hard and soft news that marked the first three months of 2018. The major events include the holding of the WHO Third Global Conference on Climate Change and Health with the participation of nine Small Island Developing States (SIDS) members, World Cancer Day 2018 marked in February 2018, the introduction of the Recombinant vaccine for rabies for better protection and the pilot study carried out in Mauritius on the Antimicrobial Consumption Monitoring and Pilot Survey on Antimicrobial use in hospitals in Mauritius.

**SIDS agreed to leverage the existing regional mechanism to ensure that health and climate change is placed high on the agenda at all levels**

With you a good reading!

**Collaborating with NGOs, Civil Society, Communities and the Public**

WHO Country Office Mauritius is collaborating with Mauritius Council of Social Services (MCCOSS), an umbrella organization for NGOs in Mauritius in view of promoting the linking, clustering and subordination of all NGOs working in the health sector in the country. In this respect, a meeting was held between Dr L. Maccargo, WHO Representative in Mauritius and the chairman of MCCOSS to discuss progress made so far. It is to be noted that MCCOSS engages some 400 local NGOs in the country. The representative of the NGOs mentioned their request for technical support for capacity building and strengthening of partnerships. A draft concept note has been developed by the WHO country office Mauritius.

Dr Laurent Maccargo, WHO Representative in Mauritius, expressing his gratitude to the Government of Mauritius for hosting the important meeting on climate change and health during the opening of the conference.

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World Health Organization  
Country Office Mauritius  
HEALTHconnect Newsletter | 24 August 2018

SUBSCRIBE VISIT OUR WEBSITE FORWARD TO A FRIEND ARCHIVE PRINT ALL

**Determining the Influenza Threshold for appropriate decision making**

Dear Readers,  
Quarter Two of this year was marked by three world health day events, namely World Health Day, World No Tobacco Day and World Blood Donor's Day which provided the opportunity for special awareness raising at national level on the importance of Universal Health Coverage, Tobacco and Heart Diseases as well as safety and availability of blood. WHO supported the country in building capacity in view of determining the influenza threshold so that appropriate policy decisions are taken to protect the health of the people. The workshop on the National Health Accounts also took place in view of:

Every year during the winter season, there is an increasing number of cases of influenza in the country. This year, the influenza outbreak occurred in June and July and this raised the issue of determining the influenza thresholds for policy makers to take the

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World Health Organization  
Country Office Mauritius  
HEALTHconnect | 26 October 2018

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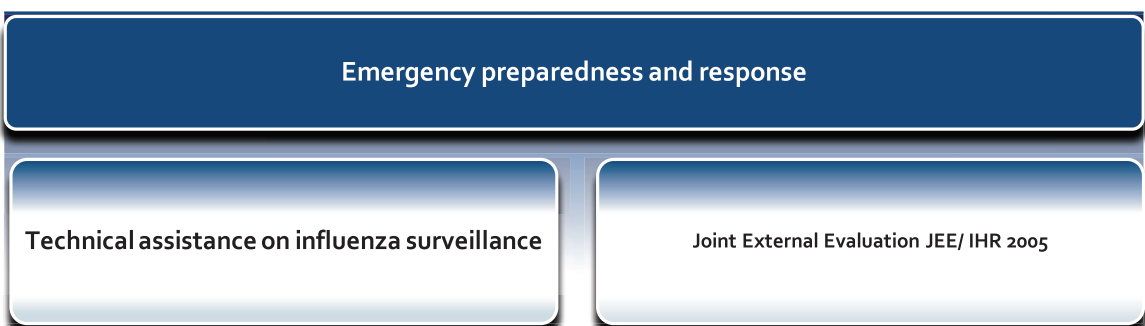
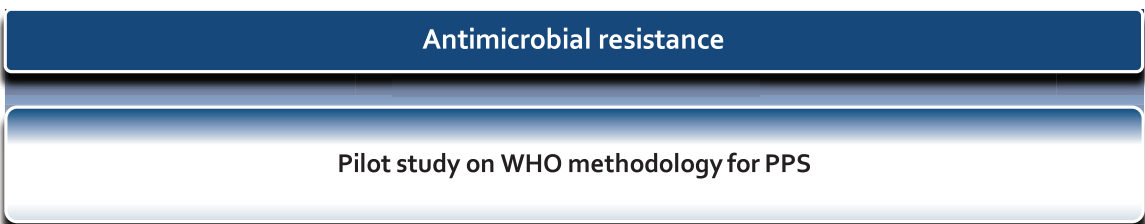
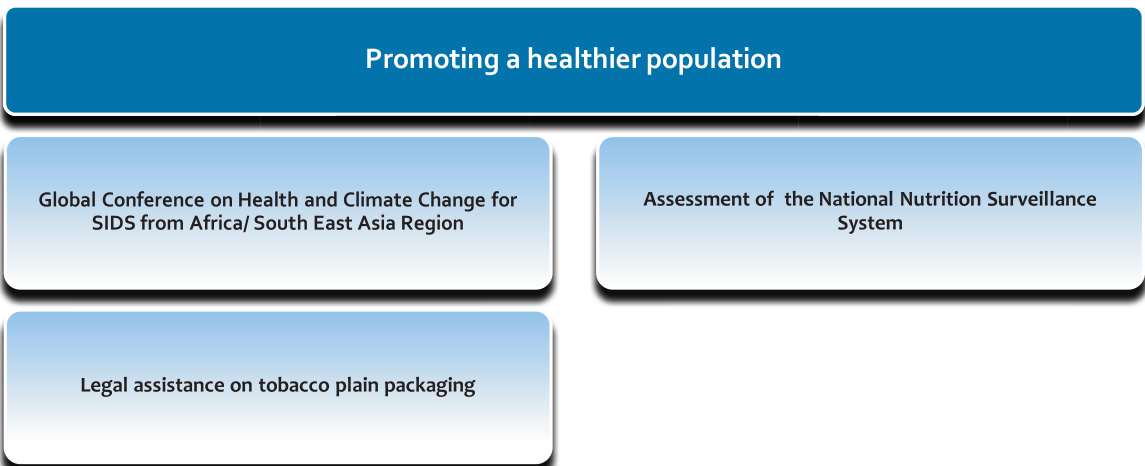
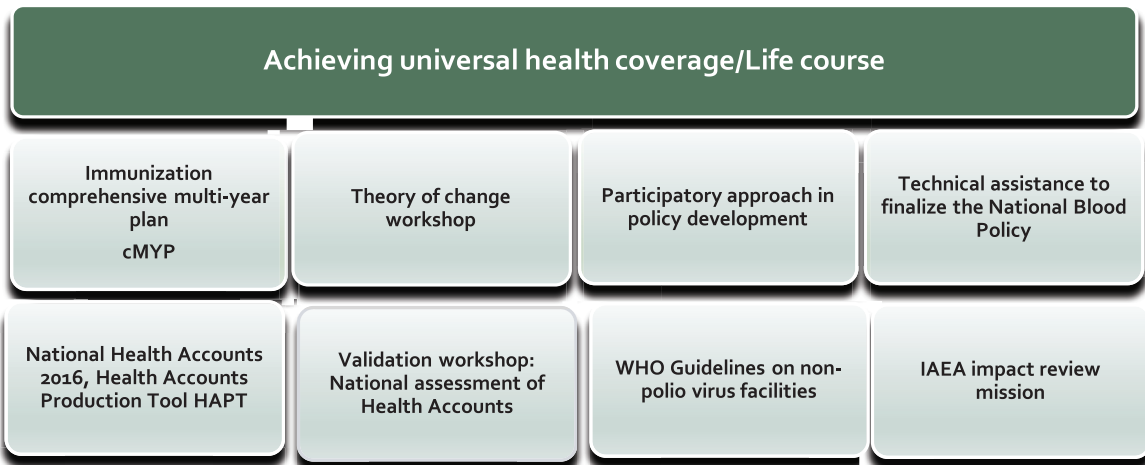
**Engaging stakeholders in Mauritius through Societal Dialogue**

Dear Readers,  
The objective of putting the stakeholders at the heart of the National Health Sector Strategy for further commitment was achieved through the societal dialogue workshop which took place in September 2018. A coalition was developed in view of finalizing the National Strategy on NCDs Action Plan and the Health Sector Strategy Plan. At the level of global partnerships, however, in achieving the environmental targets, the workshop has:

The prevalence of NCDs mainly diabetes, hypertension, cardiovascular diseases, cancer and respiratory diseases has increased over the past four decades. NCDs account for 80% of disease burden and 81% of mortality in 2015 in the

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## Capacity-building efforts



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## Corporate services and enabling functions

WCO Mauritius delivered on its responsibilities at national level through activities targeted at strengthening leadership and governance, fostering improved transparency, accountability and risk management and maintaining effective general management and administration.

Within the spirit of WHO/AFRO Transformation Agenda 2015–2020 and particularly leveraging responsive strategic operations, financing and resource allocation were regularly realigned with the country's priorities. Managerial accountability, transparency and risk management were ensured. The Internal Control Self-Assessment conducted annually since 2015 has contributed to better identify the strengths, weaknesses and adequacy of controls for continuous improvement. It also allowed priority setting of actions to strengthen the overall internal control environment. Effective mechanisms are in place to ensure that technical reporting (semi-annual monitoring, mid-term review and biennial evaluation of the Programme Budget) and accountability requirements (managerial and financial) are met in a timely manner.

In safeguarding its leadership role, WCO Mauritius continues to act as the trusted authority for policy and programmatic matters, and convener on priority public health issues for the MoHQL and national stakeholders. A functional review under the WHO/AFRO Transformation Agenda 2015–2020 was undertaken in 2018. The review facilitated the strengthening of WHO's country leadership capacity by ensuring that staff have the appropriate skills and competencies.

### Financials

WCO Mauritius performance in terms of financial implementation during the first half of the 2018–2019 country work plans fared well. The Programme Budget (PB) allocation for 2018–2019 was US\$ 2 583 500. However, total funds received amounted to US\$ 2 226 480, representing 86 % of the PB allocation. The source of funding for the Budget Centre is skewed towards flexible funds accounting for 86.32 % as compared to only 13.64% under voluntary sources.

Table A shows that the overall budget utilization rate is 97% varying between 92% and 99% across categories.



Table A: Budget utilization by category

Category	Allocated Budget USD	Planned Costs USD	% PC vs Allocated Budget	Funds Available USD	% Funds Available vs Allocated Budget	Utilization USD	Balance of Funds Available USD	% Utilization vs Funds Available
01	151,600	130,890	86%	158,982	105%	38,101	120,881	24%
02	545,400	482,293	88%	652,046	120%	199,378	452,668	31%
03	115,200	107,491	93%	41,500	36%	0	41,500	0%
04	371,650	365,951	98%	295,650	80%	195,127	100,523	66%
06	988,000	988,000	100%	1,003,200	102%	489,732	513,468	49%
10	43,000	43,000	100%	21,090	49%	7,577	13,513	36%
12	68,650	68,650	100%	44,012	64%	19,000	25,012	43%
50	300,000	0	0%	0	0%	0	0	
<b>Grand Total</b>	<b>2,583,500</b>	<b>2,186,275</b>	<b>85%</b>	<b>2,216,480</b>	<b>86%</b>	<b>948,915</b>	<b>1,267,565</b>	<b>43%</b>

A disaggregation of the budget utilization as shown in Table A revealed that activities accounted for 36% of funds utilized while staff costs accounted for 52%.

Workplan Type	Planned Costs USD	Workplan Funding USD	% Workplan Funding vs Planned Cost	Award Budget USD	Utilization USD	% Utilization vs Workplan Funding
Activity	1,076,417	1,142,530	106%	922,849	410,140	36%
Staff	1,109,858	1,045,800	94%	857,100	538,775	52%
<b>Grand Total</b>	<b>2,186,275</b>	<b>2,188,330</b>	<b>100%</b>	<b>1,779,949</b>	<b>948,915</b>	<b>43%</b>

## Results management

### Managerial and Technical KPIs

According to **AFRO Managerial KPI Dashboard for WCO Mauritius** in Table B below, high performance of WCO Mauritius was noticeable in bank reconciliations, direct implementation of reports, management of awards, sound administrative management of purchase Orders, effective processing of direct financial corporation reports and apt Performance Management Development Systems for WCO Mauritius staff.

WHO/AFRO invested in defining and institutionalizing a robust Africa Results Framework with the introduction of Programmatic and Managerial Key Performance Indicators (KPIs).

- Managerial key performance indicators were initiated first and have already shown improvement in the internal effectiveness and efficiency of WHO/AFRO.
- Programmatic KPIs introduced afterwards have focused on driving the change in the capacities of WHO Country Offices to better serve Member States and become more responsive and fit for purpose.

As evidenced by **AFRO Managerial KPI Dashboard for WCO Mauritius** in Table B below, Mauritius performed well, achieving the Green Status for most of the indicators.

Table B: Managerial KPI Dashboard for WCO Mauritius

Indicator	Description	December 2018
<b>BANK1</b>	Bank reconciliations are completed within 10 working days of each month	Green
<b>BANK 2</b>	Bank reconciling items are cleared promptly	Green
<b>PAY 1</b>	Timely payment of invoices as evidenced by the number of days Accounts Payable invoices are on hold following receipt of the monthly GSM report	Yellow
<b>IMP 1</b>	Encumbrances past PO delivery dates	Green
<b>IMP 2</b>	OLD issues are avoided each month	Green
<b>IMP 3</b>	Direct implementation (DI) reports overdue	Green
<b>Award 2</b>	Awards closed within 3 months of award end date	Green
<b>DFC</b>	DFC reports are received, reviewed and authorized within 3 months of completion of activities	Green
<b>TVL</b>	Travel requests for non-nationals are issued more than 14 calendar days prior to the date of travel for international travel and 7 days for in-country and meeting participant travel	Yellow
<b>PMDS</b>	Performance Management Development Systems of staff up to date	Green

## Programmatic KPIs

The performance of WCO Mauritius according to the National Health Goal and WHO/AFRO KPIs is demonstrated in Annex 1. WHO/AFRO KPIs indicated high achievements in the implementation of WHO HIV treatment guidelines. Both KPIs indicated high performance in the use of WHO Package of Essential Noncommunicable Disease Interventions (WHO-PEN) for primary health care in low-resource settings protocol to manage NCDs, Tobacco Tax and WHO Tobacco recommendations acceptance status, National Health Accounts report status, development of the National RMNCAH plan and completion of the African Regional Certification Commission (ARCC) for Polio Eradication document. The WHO Tool for African Region Results (TAR) is the online platform for monitoring and reporting Programmatic and Managerial KPI performance data within WHO in the African Region.

*\*Please consult Annex 1 for tabulated results and indicators of TAR.*

## Challenges and way forward

Mauritius is at an advanced stage in its epidemiological transition. NCDs and injuries in Mauritius are estimated to account for 84% and 7% respectively of the total disease burden. Cardiovascular diseases are the main cause of death (33.2%) followed by diabetes (predominantly of type 2) and cancer responsible for 23.5% and 12.8% of total deaths, respectively, in 2016. To tackle these issues, there was an urgent need to identify challenges faced by the health system and prioritize action areas. It is now essential to address the issues concerning the delivery of primary health care services and make services more quality and people centric. This will enable the country to develop effective governance means and mechanisms to ensure provision of accurate care.

In spite of a plethora of agencies and nongovernmental associations actively engaged in NCD control and prevention, the focus was mainly on the control of risk factors. Little emphasis was placed on addressing the underlying social determinants of health. Initiatives for collaboration among actors are too often implemented on ad hoc or sporadic basis. The lack of synergy is due to the absence of an intersectoral mechanism that caters to all agencies under one roof. A lack of cross-sectoral processes for planning and monitoring of the exercises was also noticeable.

The NCD survey report 2015 urged, among others, the strengthening of interagency cooperation. To achieve this end, an NCD Steering Committee was set up in December 2017. However, not much has been achieved. Considering the above burden and high prevalence of NCDs and risk factors, it is imperative to establish efficient partnerships with NGOs and civil society as well as adopt an integrated and coordinated approach in tackling the national NCD burden. It is also primordial to synergize the strengths of the public and private sectors to meet all needs.

Mauritius has experienced subsequent outbreaks, namely influenza, measles and dengue in 2017, 2018 and 2019, respectively. The Island has also been exposed to the threats of communicable diseases pandemic from other countries such as the Ebola virus disease, Zika virus and Plague in 2013–2016, 2015–2016 and 2017 respectively. These outbreaks were due to climate change, growth in migration and elevated travel frequencies. To deal with this situation, streamlining the surveillance process from the date of entry into decision making is fundamental for a successful national preparedness and response strengthening. In the case of vaccine-preventable diseases, improving population coverage with the aid of information technology remains an effective measure to prevent future outbreaks.

AMR is an emerging public health issue in every corner of the world. Since AMR is associated with broader sectors moving freely in people, fisheries, animals, plants and the environment, leading to its rapid spread worldwide, it would not be adequate to have a simple approach. The baseline data on antimicrobial use and consumption in both human and other sectors as well as antimicrobial resistance data are essential to inform guidelines and policies.

An intersectoral approach at national level with strong political resolve could effectively trigger nationwide actions against several health issues. Technical collaboration between the public sector and non-State actors is renowned as being effective in generating relative weight to better address health issues that neither party could tackle adequately on its own. NCDs require development and support in implementing the National Integrated NCD Action Plan complementarily with a Joint Action Plan of NGOs working on diabetes, cardiovascular diseases, cancer and other NCDs. This process will in turn create a coordination mechanism to meet unmet needs for both the public sector and non-State actors.

The way forward will be guided mainly by organizing an orientation workshop with different NGOs, wherein participants can provide the results the project intends to achieve; strengthening NGOs' capacities to proactively engage in mutual partnership with the MoHQL and other partners; developing and implementing respective roadmaps for costed action plans 2019–2023; organizing a validation workshop with all stakeholders and finalizing the framework for monitoring and evaluating the action plan by all patrons.



**Annex 1: WHO Tool for African Region Results (TAR)**

	ID	Programme Area Code	KPI	WHO Country KPI
<b>COMMUNICABLE DISEASES</b>				
Region-wide KPI	2.1.1 – HIV	1.1 – HIV and hepatitis	Compliance with treatment related to 90-90-90	2015 WHO HIV treatment guidelines implementation status
<b>NONCOMMUNICABLE DISEASES</b>				
Region-wide KPI	2.2.1 – NCD Action Plan	2.1 – Noncommunicable diseases	Compliance at country level with WHO Global Action Plan for the prevention and control of NCD 2013–2020 objectives implementation	Status of multisectoral NCD prevention and control plan
Country-specific	2.2.2 – WHO PEN	2.1 – Noncommunicable diseases	% of health facilities using the WHO PEN	WHO PEN protocols acceptance status
Country-specific	2.2.4 – TOBACCO	2.1 – Noncommunicable diseases	Total tax on tobacco	WHO tobacco recommendations acceptance status
<b>FAMILY REPRODUCTIVE HEALTH</b>				
Region-wide KPI	2.3.1 – RMNCAH	3.1 – Reproductive, maternal, newborn,	Implementation of components of an	Status of development of the

ID	Programme Area Code	KPI	WHO Country KPI
	child and adolescent health	integrated RMNCAH plan (Reproductive, Maternal, Newborn, Children and Adolescent Health)	National RMNCAH plan
Region-wide KPI	1.5 – Vaccine-preventable diseases	% of infant population vaccine with DTP3	DTP3-related "annual operational action" plan status
<b>HEALTH SYSTEMS AND SERVICES</b>			
Region-wide KPI	4.2 – Person-centred integrated health services	Density of doctors, nurses and midwives in the population (out of 1000)	Human Resources for health strategic plans validation status
<b>Country-specific</b>	4.1 – National health policies, strategies and plans	National Health Accounts up-to-date	Annual National Health Account report status
<b>Country-specific</b>	4.2 – Person-centred integrated health services	National Health Workforce Accounts" up to date	Annual National Health Workforce Account report status
<b>WHO HEALTH EMERGENCIES</b>			
Region-wide KPI	12.2 – Country health emergency preparedness and the	IDSR implementation status at all levels	IDSR tools adapted and staff trained

ID	Programme Area Code	KPI	WHO Country KPI
	international health regulations (2005)	of the health system (Health facility, District and national levels)	
Region-wide KPI	12.2 – Country health emergency preparedness and the international health regulations (2005)	All the International Health Regulations (IHR) core capacities implemented	National action plans based on Joint External Evaluation (JEE)
<b>HEALTH PROMOTION AND DETERMINANTS</b>			
<b>POLIO</b>			
Region-wide KPI	2.7.1 – ARCC	ARCC certification	% of completion of the ARCC complete documentation
<b>EXTERNAL RELATIONS PARTNERSHIPS AND GOVERNING BODIES</b>			
Region-wide KPI	3.1.1 – Resource mobilization	N/A	Percentage of allocated budget mobilized
Country-specific	3.1.3 – Coordination	N/A	Chair or co-chair of at least one significant coordinating mechanism (CCM, partner forum)
<b>PROGRAMME &amp; MANAGEMENT DELIVERY</b>			
Region-wide KPI	3.2.1 – Budget	N/A	Budget centre



ID	Programme Area Code	KPI	WHO Country KPI
utilization	administration		utilization
Country-specific	3.2.2 – Financial Reports	6.4 – Management and administration	% of Budget centre reports submission status - Semi-annual monitoring 1 - Mid-term review - Semi-annual monitoring 2 - End of biennium
Country-specific	3.2.3 – Cooperation strategy	6.4 – Management and administration	N/A
COMMUNICATION	3.3.1 – Communication	6.5 – Strategic communication	Country Cooperation Strategy peer reviewed and assessed as satisfactory by the Review Committee composed of Technical Clusters, WR and WHO Headquarters
Region-wide KPI			Compliance with 3 key outputs: - develop an operational plan for a global communications

ID	Programme Area Code	KPI	WHO Country KPI
			strategy at WCO Mauritius; - develop a stakeholder database with a minimum number of stakeholders; - manage WCO Mauritius website and post updates
<b>HUMAN RESOURCES</b>			
Region-wide KPI	6.4 – Management and administration	N/A	Satisfactory assessment of WHO AFR staff
<b>AUDIT AND COMPLIANCE</b>			
Region-wide KPI	6.4 – Management and administration	N/A	Managerial KPIs: overall score at country level



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