



**World Health
Organization**

**BIENNIUM REPORT
2016 | 2017**

**WHO COUNTRY OFFICE
MAURITIUS**





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Foreword

The World Health Organization (WHO) Country Office of Mauritius is pleased to share its biennial report which provides a snapshot of the myriad of activities that WHO undertook to improve the health of the population and of the nation's health system during the period of 2016 to 2017. This report highlights the challenges and lessons learnt as we look towards biennium 2018-2019.

The 2016-2017 biennium has been highly productive whereby the health sector, under the stewardship of the Ministry of Health and Quality of Life (MOHQL) assisted by the WHO, fully delivered on the national promises and expectations. Mauritius has progressed substantially in its health status with respect to communicable diseases while maternal and child health has improved significantly

over the past few decades. HIV prevalence estimated at 0.80% in 2015 remained under control during 2016 and 2017. A National Action Plan (NAP) for HIV/AIDS covering the period 2017–2021 has been endorsed and aims to meet the UNAIDS 90-90-90 treatment targets. The health gains achieved in Malaria and Schistosomiasis elimination were preserved through efforts made to prevent the reintroduction of these diseases.

Mauritius has a well-established Non-Communicable Diseases (NCD) surveillance system with population based surveys carried out every five years. The last NCD Survey released in 2016 revealed that the prevalence of Type 2 Diabetes has stabilized for the first time in almost 30 years, notable progress given Diabetes is estimated to account for at least 20% of the national disease burden.

The biennium also witnessed salient WHO strategic and programmatic guidance realization within the health sector. The first National Action Plan combatting Antimicrobial Resistance (AMR) was developed and validated. With the impetus and technical assistance of WHO, the first national assessment of health systems to identify challenges and opportunities to improve NCD outcomes was initiated. In addition, with a view to promoting accountability through tracking and monitoring of health expenditures in the pursuit of Universal Health Coverage (UHC), the institutionalization of National Health Accounts (NHA) is in progress. The findings are expected to inform the development of the first National Integrated NCD Action Plan and the new Health Sector Strategic Plan covering the period 2018-2022. It is difficult to capture all that WCO realized in the last biennium but this report tries to summarize the most significant contributions of WHO.

The eventful biennium was marked by the visit of the UN Secretary General (May 2016); the hosting of the retreat of WHO Directors of Programme Management and Directors Administration and Finance from all five global regions (April 2016); and the holding of a Global Forum on NCDs, preceded by the African Regional Dialogue on NCDs (October 2016).

We recognize and congratulate the Government of Mauritius for the measures taken to set up a multi-sectoral NCD steering committee as well as sustaining the inter-sectoral mechanism to ensure an integrated and coordinated response for the prevention and control of non-communicable diseases. In addition, we applaud the Government of Mauritius for prioritizing the health sector in the national budget allocation as well as in the implementation of regional and global health commitments.

We would like to express our sincere gratitude to the MOHQL for its strong collaboration with the WCO of Mauritius, as well as to UN Country Team members, development partners, local Non-Governmental Organisations (NGO), research institutions and the private sector for their support during the biennium. Undoubtedly, we will pursue our efforts for a strengthened collaboration in the future.

WCO Mauritius is committed to provide both technical and financial support, build capacity according to the 2018-2019 action plan developed and agreed, following close interactions with the MOHQL. WHO will fulfil its role of leadership in the health sector to ensure that all stakeholders are working in an integrated and coordinated manner for the wellbeing of the Mauritian population. It will also ensure the implementation of regional and global commitments including Africa Regional Office (AFRO) transformation Agenda, Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) and International Health Regulations (IHR) among others.

Laurent Musango
**WHO Representative
 Mauritius**



Acronyms

AfDB	African Development Bank	MSM	Men having Sex with Men
AFRO	Africa Regional Office	MOSS	Minimum Operating Security Standards
AIDS	Acquired Immunodeficiency Syndrome	NAP	National Action Plan
AMR	Antimicrobial Resistance	NCD	Non Communicable Diseases
ART	Anti- Retroviral Therapy	NEP	Needle Exchange Programme
BCP	Business Continuity Plan	NGO	Non-Governmental Organisation
bOPV	bivalent Oral Polio Vaccine	NHA	National Health Accounts
CHV	Community Health Volunteers	OoPE	Out of Pocket Expenditure
DaO	Delivering as One	OST	Opiate Substitution Therapy
DFC	Direct Financial Cooperation	PB	Programme Budget
EPI	Expanded Programme on Immunization	PLHIV	People Living with HIV
EU	European Union	PWID	People Who Inject Drugs
ESA	East and Southern Africa	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
FCTC	Framework Convention on Tobacco Control	SIDS	Small Island Developing States
FSW	Female Sex Workers	SRH	Sexual and Reproductive Health
GAP	Global Action Plan	STI	Sexually Transmitted Infections
GYTS	Global Youth Tobacco Survey	TB	Tuberculosis
HAPT	Health Accounts Production Tool	tOPV	trivalent Oral Polio Vaccine
HCT	HIV Counselling & Testing	UHC	Universal Health coverage
HPV	Human Papilloma Virus	UN	United Nations
HSS	Health System Strengthening	UNESCO	UN Educational, Scientific and Cultural Organization
IDF	International Diabetes Federation	UNFPA	United Nations Population Fund
IFG	Impaired Fasting Glucose	UNODC	United Nations Office on Drugs and Crime
IGT	Impaired Glucose Tolerance	UNRC	United Nation Resident Coordinator
IHR	International Health Regulations	UNSG	United Nation Secretary General
IOC	Indian Ocean Commission	USAID	United States Agency for International Development
IPV	Injectable Polio Vaccine	WBG	World Bank Group
IST	Intercountry Support Team	WCO	WHO Country Office
IVD	In Vitro Diagnostics	WHO	World Health Organization
KPI	Key Performance Indicator		
MDG	Millennium Development Goal		
MDR	Multi Drug Resistance		
MOHQL	Ministry of Health and Quality of Life		



1. Introduction

This biennial report presents the World Health Organization's (WHO) major achievements and challenges in the health sector with regards to six categories: Communicable Diseases Control; Non-Communicable Diseases Control; Promoting Health through the Life-Course; Strengthening Health Systems; Emergency Preparedness, Surveillance and Response; and Corporate Services and enabling functions. Through these six categories the WCO Mauritius has been supporting the Government of Mauritius by providing technical assistance as well as capacity building of national partners, specially the Ministry of Health and Quality of Life to consolidate and advance health gains among the population.

The Transformation Agenda was launched by the WHO Secretariat in the African Region by regional director Dr Matshidiso Moeti, in May 2015, with the objective of bolstering and accelerating reforms. Central to the Transformation Agenda is the pursuit of material change across four key areas: pro-results values; smart technical focus; responsive strategic operations; and effective communications and partnerships. WCO Mauritius vehemently subscribes to the Transformation Agenda to deliver "the WHO that the staff and stakeholders want". WCO Mauritius has endeavoured to reform all four key areas of the Agenda by cultivating values such as accountability and transparency, optimising technical capabilities and being a responsive office which builds solid partnerships and communicates its efforts and actions effectively.

WCO Mauritius aligned its strategic work around the public health priorities of the Government of Mauritius emerging from a bottom-up identification of priorities initiated prior to the biennium. Translation of global commitments into actions at the country level was a key focus for the WHO secretariat, including implementation of the Sustainable Development Goals, Universal Health Coverage, prevention and control of NCDs and the WHO Framework Convention on Tobacco Control (FCTC).

Encouragingly, a national process for policy dialogue on building an integrated and resilient health system was initiated and gained momentum with the valued technical and financial support of the EU/LUX UHC Partnership. As the burden of diseases is heavily skewed towards NCDs, a first national assessment of health system to identify challenges and opportunities to improve health outcomes was initiated in Mauritius and Rodrigues.

WHO technical support leveraged the development of the first National Action Plan combatting antimicrobial resistance. In addition, WHO supported the MOHQL to build critical capacity to track and monitor expenditures, within the efforts to institutionalise National Health Accounts (NHA) by 2020.

The biennium also marked the continuation of the activities in the margin of commitments within the Polio Eradication and Endgame Strategic Plan 2013–2018. This comprised strengthening routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of oral poliovirus vaccine, certification of eradication and containment of residual live polioviruses.





2. Country Profile

The Republic of Mauritius is located in the Indian Ocean and has a total land area of 2040 km² which consists of a main island and a group of small islands, including Rodrigues and Agalega. Table 1 below indicates some of the Key Population demographics and vital statistics estimates for 2016

Table 1

Key Population Demographics and Vital Statistics Estimates for Year 2016		
Estimated mid-year population (M.Y.P)	1,221,213 inhabitants	
Mid-year population density	655 per square km	
Crude birth rate	10.1 per 10 ³ M.Y.P	
Crude death rate	8.1 per 10 ³ M.Y.P	
Still birth rate	9.4 per 10 ³ total births	
Infant mortality rate	11.6 per 10 ³ live births	
Under-five mortality rate	13.2 per 10 ³ live births	
Maternal mortality ratio	0.49 per 10 ³ live births	
Life expectancy at birth	Male	71.1 years
	Female	77.8 years
Immunization coverage (excluding private sector) against:		
Tuberculosis	86.3 per 100 surviving infants	
Measles, Mumps, Rubella	81.6 per 100 surviving infants	
Diphtheria, Whooping cough, Polio, Tetanus, Hepatitis B & HIB (3rd dose)	84.3 per 100 surviving infants	
Maternal and Child Health		
Births attended by qualified personnel (%)	99.8	
Live births with a birthweight of less than 2.5 kg (%)	17.2	
Total fertility rate	1.40	
Net Reproduction rate	0.70	
Causes of Death – ICD 10	% of total deaths	Disease specific death rate per 10,000 M.Y.P.
Circulatory system	35.2	28.6
Endocrine, nutritional and metabolic disorders	24.1	19.6
Neoplasm	12.8	10.4
Respiratory system	8.9	7.2
Injury and Poisoning	5.0	4.1
Incidence of reported infectious diseases* (per 100,000 M.Y.P.)		
Tuberculosis	9.7	
Malaria	2.0	
HIV/AIDS	25.2	



Key findings of Non-Communicable Diseases (NCD) Survey 2015

Diabetes

- 20.5%: adults aged 20-74 years had type 2 diabetes
- Ratio of known diabetes to newly diagnosed diabetes: approximately 2:1.
- Estimated 257,442 of diabetic in the age 25 and 74 years
- Standardised prevalence of diabetes in adults 25-74 in 2015: 22.8%
- Prevalence of pre-diabetes (IGT/IFG):19.4%

Hypertension

- Prevalence of hypertension: 28.4%
- Blood pressure lowering medication taken by adult population: 15.0%.
- Among those with treated hypertension, 70.6% continued to have elevated blood pressure

Overweight/Obesity

- 19.1% (11.9% : men and 25.6%: women) are obese
- Prevalence of overweight: 35.2% (38.2%:men and 32.6%:women)
- Estimated 398,417 people between 25 and 74 years of age are overweight /obese in Mauritius

Prevalence of modifiable risk factors for NCDs

Lipids (abnormal cholesterol other blood fats)

- Prevalence of elevated total cholesterol (≥ 5.2 mmol/l) was 44.1%

Smoking

- Prevalence of current smoking was 19.3% (3.9% :women and 38.0% men)

Physical Activity

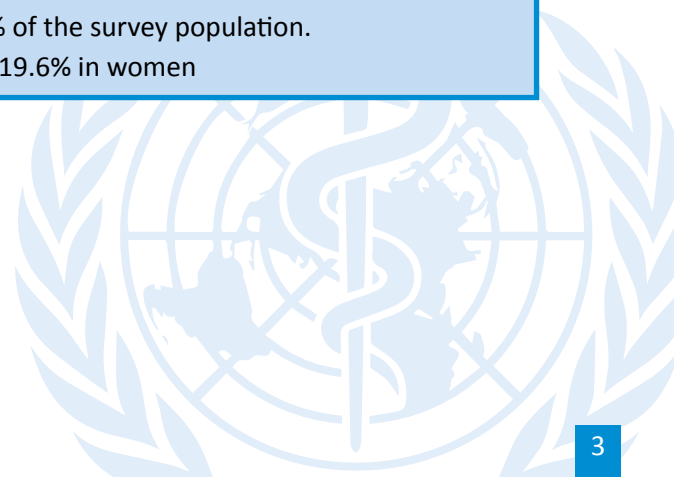
- 23.7% of Mauritian adults aged 25-74 years reported undertaking sufficient physical activity.

Alcohol Consumption

- 52.8% Mauritian population (41.0%: women and 66.2%: men) were consuming alcohol.

Depression

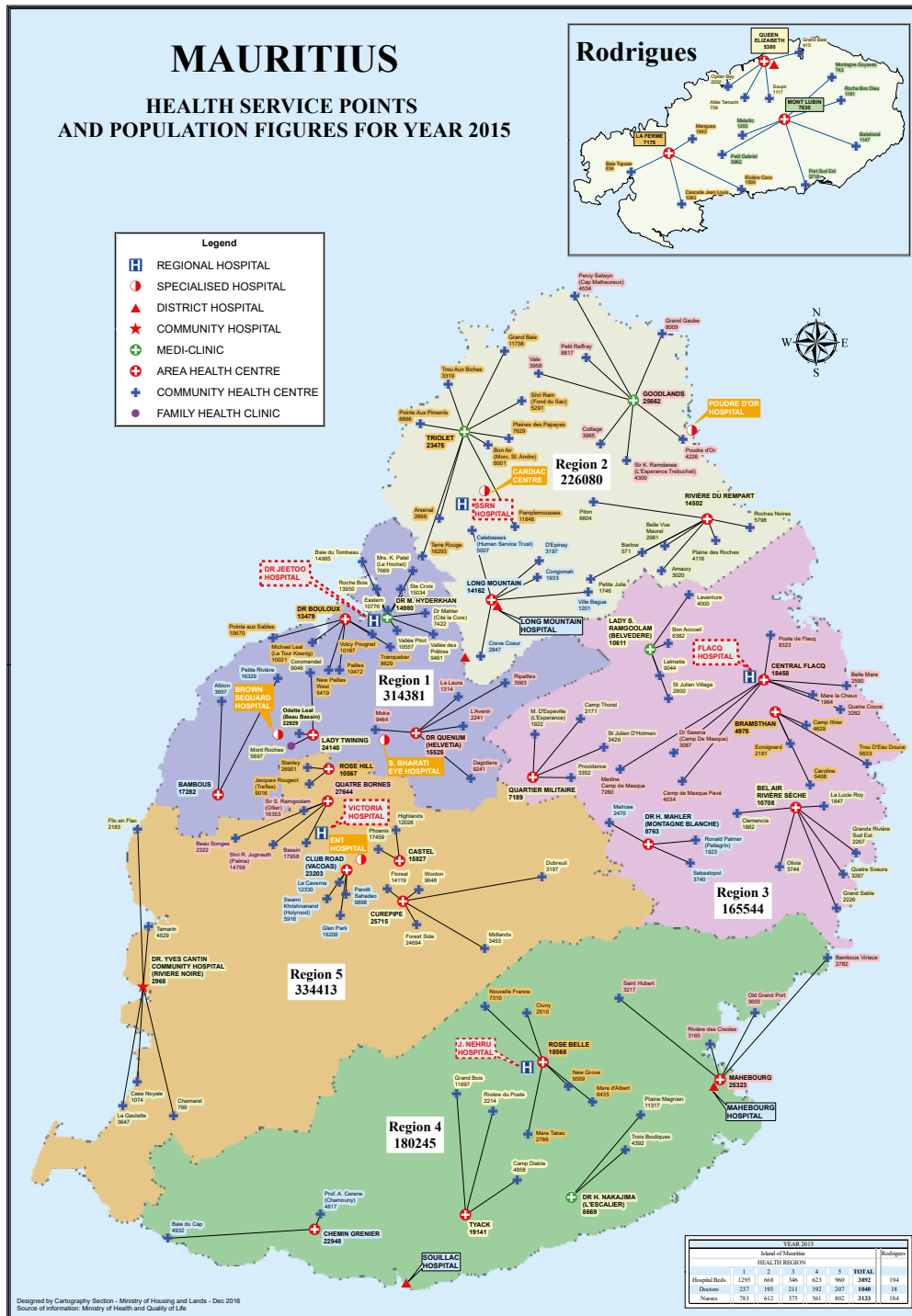
- Symptoms suggestive of depression were detected in 16.7% of the survey population.
- Prevalence of depressive symptoms was 13.1% in men and 19.6% in women





Health Care Delivery System

State-owned health institutions, which include hospitals and primary health care facilities, are the main providers of health care services to the Mauritian population. In 2015, approximately 72.8% of the population attended public health care delivery institutions for either outpatient or inpatient services. On the other hand, 27.2% of the population sought care and treatment from private health care providers.





A Primary Health Care (PHC) network is in existence in Mauritius which comprises 18 Area Health Centres, 116 Community Health Centres, 5 Medi-clinics, 2 Community Hospitals and other satellite PHC institutions. In 2016, 5,509,205 attendances were recorded as ambulatory attendances.

Secondary and specialized health care services in the public sector are delivered through two hospitals at the district level, five regional hospitals, three specialised hospitals (for chest diseases, eyes diseases and Ear, Nose and Throat diseases), a cardiac centre and a mental health care institution with a total bed capacity of 3,707 in 2016.

Private sector secondary and tertiary services are provided through 17 private hospitals with a bed capacity of 653. In addition, in 2016, there were 342 private pharmacies, and as at 2015, there were 20 private medical laboratories.

3. Building Partnerships and Resource Mobilization

3.1 Background: Political and Strategic Framework for Partnerships

1. The WHO Constitution and many World Health Assembly resolutions provide a clear mandate for collaboration and coordination with other organizations.
2. Active and broad partnerships are required to protect and promote health, and a core function of the WHO is to direct and coordinate these activities by promoting collaboration, mobilizing partnerships and stimulating different actors across sectors.
3. Partnership has been a crucial **objective** of the WCO work in strengthening health governance in the country. The WCO initiated actions in view of creating synergies among the different actors and encouraged the sharing of experiences. It also ensured that resources are used more efficiently, duplication is avoided and administrative constraints are reduced.
4. One of the crucial **roles of the WHO, as the United Nations specialized agency for health**, is the 'directing and coordinating authority on international health work' utilising the close relations with Member States as well as the WHO's longstanding neutrality and impartiality. The WCO has made substantial efforts to consolidate existing partnerships, whilst also creating new ones, to broaden Health in All policies.
5. The WCO's work has been **guided by the partnerships components of the Country Co-operation strategy (CCS)** and annual work plans developed in collaboration with the MOHQL.

3.2 Partners

The WCO is forming close relationships with state and non-state actors such as the MOHQL and other sectoral ministries and national institutions; while also partnering with UN agencies, the diplomatic missions, civil society organizations including NGOs, academia, media and other relevant stakeholders.

3.2.1 Delivering as one with UN-Systems

1. Cooperation amongst the different United Nations agencies at the country level is being buttressed to provide stronger support structures for effective and strategic work.
2. The Country Representative regularly acted as the United Nations Resident Coordinator (UNRC) and attended all UN agency meetings and events, for example in June 2017, he received the UN Secretary General Special Envoy for Road Safety and in May 2017, he facilitated a session for the Mauritius Model UN conference for students. In addition, there have been regular exchanges with the UNRC during the Zika Virus outbreak, as well as with UNAIDS and UNODC for evaluation of the Harm Reduction Programme in Mauritius (2006-2016). There has also been contribution in elaboration of the UN-2016 Strategic summary of coordination results, development of a roadmap on Delivering as One (DaO) Roll out, including strategic framework and results framework. While WHO also acts as the convener for the Health Results group, leadership responsibilities were entrusted to respective agencies as follows: NCDs (WHO), Sexual and Reproductive Health (UNFPA), HIV/AIDS (UNAIDS) and Substance Abuse (UNODC).

3.2.2 Multilateral and Bilateral agencies

Collaboration has been strengthened at the country level with partners through personal visits and written communication to provide stronger and more coherent services to Member States. Several courtesy visits were held for diplomatic missions and multilateral agencies such as European Union (EU), Indian Ocean Commission (IOC), African Development Bank (AfDB), World Bank Group (WBG), Australian High Commission and Embassies of France, Japan and the United States. The WCO participated in the feasibility of the next phase of the ongoing project 'Surveillance des Epidémies et Gestions des Alertes (SEGA) –One Health', participating in the Indian Ocean Commission convened Steering Committee. In addition, the WHO representative also participated in the Small Island Developing States (SIDS) in WHO African Region meeting in September 2017 to discuss the status of implementation of the Mauritius plan of action.

“WCO Mauritius has been actively involved in a national health system policy dialogue as part of the EU/LUX Project partnership for Universal Health Coverage” said the WHO Country Representative.

3.2.3 Government and Ministry of Health and Quality of life

1. The WCO continued its leadership role on national policy matters, providing technical assistance, assessing health trends and offering support to the MOHQL as well as attended all meetings organized by the Ministry. Meetings with other ministries, including Agriculture, Education, Sport, Gender Equality, Child Development and Family Welfare were held, given the need to tackle issues such as NCDs in an integrated approach.
2. The WCO also participated in meetings convened by the Prime Minister and the President of the Republic of Mauritius, such as the launching of the Regional Strategy for Migration and Health (2016-2018), Priorities of the Southwestern Islands of the Indian Ocean and the UNESCO-MERCK Africa Research Summit. Furthermore, WCO participated in other discussions related to Arts, Nature and Science and the African Economic Platform.

3.2.4 Civil Society Organizations Including NGOs Engagement

1. Globally, civil society and NGOs have had a longstanding involvement in health care provision, public advocacy, policy development, ensuring fulfilment of local and national commitments and on multiple occasions the WHO has reiterated their importance. Regular discussions with NGOs were undertaken to see how best to collaborate and implement regional and global commitments. These included NGOs such as Blood Donors Association, Mauritius Family Planning and Welfare Association (MFPWA), VISA (Vie et Santé), PILS (Prevention Information et Lutte Contre le SIDA) and Association pour la Promotion de la Santé (APSA).
2. The critical factor for a meaningful partnership with civil society organizations is an appreciation that their reach and mechanism, although different, can be mutually reinforcing to improve health outcomes.

3.2.5 Collaboration with Academia

1. **Mauritius Institute of Health and University of Mauritius-** WHO has fruitful discussions with the University of Mauritius (UoM) and the Mauritius Institute of Health (MIH) on potential research collaboration.
2. **Mauritius Institute of Technology-** The Country Representative was a chief guest in the convocation ceremony held in sept 2017, where postgraduate and MBBS students were conferred titles of Doctor of Medicine, Master of Surgery, Bachelor of Medicine and Bachelor of Surgery. Such participation by the WCO Mauritius provided a welcomed platform to highlight the importance of partnership in achieving the SDGs and UHC.



3.2.6 Sensitization through participation in Media:-

1. The WCO engaged in radio shows and collaborated with print media to sensitise people during occasions such as the World Health Day and World No-Tobacco Day. The programmes on radio included discussions on diabetes, depression and newspaper articles featured the issues of cervical cancer and HPV vaccination.
2. All contributions (press releases, media coverages, etc) are available on the AFRO website and WCO website. In addition, quarterly newsletter summarizing WHO's contribution to the country is published on the country website.

3.3 Mobilizing donor organizations and/or financial resources

- a. A total of 32 % of the activities budget for the Country Workplan 2016-17 was mobilized through donor contributions.
- b. During the second quarter of 2017, **USD 150,000** was mobilized through WHO-HQ under an award from the Ministry of Foreign Affairs and International Development, France to strengthen the health system, specifically for a national assessment to improve NCD outcomes.
- c. In order to palliate the current needs of Expanded Programme on Immunization (EPI), **USD 58,500** was mobilized from Immunization Vaccines and Diseases (IVD) AFRO to complement the funding under the Country Workplan to strengthen the Cold Chain Systems (procurement of refrigerators) and purchase of Influenza vaccines in the country.



Partnership Building



Figure 1 Dr L. Musango, WHO Representative in Mauritius in company of Dr. Ameenah Gurrib-Fakim, Honorable President of the Republic of Mauritius during a 'cocktail' meeting.



Figure 2 Dr L. Musango, WHO Representative in Mauritius addressing the audience in presence of Hon. Pravind Jugnauth, the Prime Minister of the Republic of Mauritius during the launching of activities in the context of the World Health Day 2017



Figure 3 Dr L. Musango, WHO Representative in Mauritius (left), Mr Serge Clair, Chief Commissioner for Rodrigues (centre) and Mr Roussety, Health Commissioner for Rodrigues (right), during the NCD and Health Promotion campaign in Rodrigues



Figure 4 Dr L. Musango, WHO Representative and H.E. Mrs Marjaana Sall, Ambassador and Head of EU Delegation during a meeting on the EU/Luxembourg WHO Universal Health Coverage Partnership



Figure 5 The UN Resident Coordinator, Mrs Christine Umutoni paying a courtesy visit to the WHO Representative in Mauritius, Dr . L. Musango



Figure 6 Dr L. Musango meeting the President of NGO, Mauritius Family Planning and Welfare Association



Figure 7 Dr L. Musango, WHO Representative as the Chief Guest in the Graduation Ceremony of the University of Technology, Mauritius



Figure 8 Dr L. Musango, WHO Representative in Mauritius doing a live radio show on the occasion of World Diabetes Day 2017

4. Key Achievements

4.1 Communicable Diseases- HIV, Tuberculosis, Malaria, Vaccine Preventable Diseases and Neglected Tropical diseases

4.1.1 HIV

The estimated prevalence of HIV among the population of Mauritius was 0.80% in 2015. Mauritius has a concentrated HIV epidemic with a high prevalence amongst Key Populations, 44.3% among People Who Inject Drugs (PWID), 15% among Female Sex Workers (FSW), 17% among Men who have Sex with Men (MSM) and 19% among Prison Inmates (PI).

As of December 2017, out of 5788 PLHIV (4230 males, 1558 females), 4884 PLHIV were enrolled in care with the MOHQL. 3602 adults and children were receiving Anti-Retroviral Therapy (ART) representing 62.3% of all adults and children living with HIV. As the implementation of the WHO 2015 Clinical Guidelines and the WHO test and treat recommendation progresses, the number of PLHIV on ART is expected to increase significantly. The percentage of pregnant women who are HIV positive receiving antiretroviral treatment to prevent mother-to-child transmission has improved from 68% in 2009 to 96.3% in 2017 with the prevalence of HIV among pregnant women remaining under 1%.



Figure 9 Mauritius implemented the strategy of methadone substitution therapy to reduce HIV transmission among PWID

During the period under review, WCO Mauritius continued to support the national endeavours in resource mobilization for HIV. With technical support from WHO, a New Allocation Funding Request (worth US\$ 2.48 million) based on an inclusive country dialogue was successfully submitted to the Global Fund Secretariat. In view of the nature of the HIV Epidemic, the grant allocated focused on prevention programs for key populations (PWID, FSW, MSM and Transgender people). In addition, the WHO supported the Country Coordination Mechanism and the Government Principal Recipient to complete the grant making process which comprised developing HIV implementation arrangement mapping, performance framework, detailed budget and list of health products.

Mauritius is one of the first nations in the region to have implemented a Harm Reduction programme based on Opiate Substitution Therapy (OST) and Needle Exchange Programme (NEP). At the request of the Ministry of Health & Quality of Life, a ten-year Evaluation of the Harm Reduction Programme in Mauritius 2006-2016 was carried out in 2017 and the evaluation was a joint UNAIDS, UNODC

and WHO collaboration. The scope of the evaluation focused on the nine interventions included in the UNAIDS, WHO, UNODC Comprehensive Package of interventions for the prevention, treatment and care of HIV among people who inject drugs. A comprehensive evaluation report was finalised and the findings include a plethora of recommendations on Governance; NEP; OST Program; HCT and ART; STI; Condoms and Sexual & Reproductive Health (SRH); Closed Settings; Human Rights and Gender; and Sustainability of the Harm Reduction. The findings of the evaluation will inform policy makers on the future direction of the harm reduction programme.

Policies and guidelines supportive of the national response have been elaborated and incrementally have been implemented by the country. These include, among others, the National HIV and AIDS Policy (2012); the key guidelines developed by WHO, the UNAIDS Strategic Framework 2016-2021. In addition, WHO supported the development of a costed National Action Plan 2016-2021 to ensure translation of these policies and guidelines into action, as well as leveraging an enabling, conducive policy and planning environment towards the response. Given the demonstrated ability to sustain a rapid ART scale-up, the 2016-2021 NAP aims to meet the 90-90-90 Treatment targets released by UNAIDS in 2014, with diagnosis of 90% of all PLHIV, 90% of people diagnosed with HIV initiated on



ART and 90% of patients on ART having achieved viral suppression. In the pursuit of the 90-90-90 target, WCO Mauritius ensured procurement of HIV Rapid Diagnostics Test Kits as part of a medium term plan strategy to promote Voluntary Counselling Testing among the hard to reach population as well as strengthening prompt laboratory diagnosis for HIV.

4.1.2 Tuberculosis (TB)

As of 2016, the burden of TB in Mauritius remained low with an incidence of 22 per 100,000 population and mortality (HIV and TB only) of 1.4 per 100,000 population. Rapid TB diagnostics technologies (GeneXpert MTB/RIF) are available with the support of WHO and routinely used for confirmation of smear positive TB, or TB/HIV when requested by clinicians.

During the biennium 2016-2017, WCO Mauritius provided material support in terms of GeneXpert reagents and calibration kits and these allowed for the diagnosis of five cases of MDR-TB and prompt treatment by the National TB Programme.



Figure 10 Dr L. Musango visited in his office by a Govt. Nurse for blood sample collection after travelling to malaria endemic countries (Congo-Brazzaville and Kigali (Rwanda))

4.1.3 Malaria

Mauritius has made great strides over the past three decades in reducing the Malaria burden, with the last outbreak of indigenous *Plasmodium vivax* malaria in 1996 when 13 cases were reported and the last case of indigenous malaria recorded in 1997. Today, as the goal of malaria elimination is reached the focus is to prevent reintroduction of the disease. Since 1998, Mauritius has experienced only imported *P. vivax* cases and introduced *P. falciparum* cases. Since 2010, the annual number of imported *P. vivax* cases did not exceed 54. Mauritius has prevented the reintroduction of malaria to date through a robust passenger screening programme, backed by an extensive response

to any positive case and island-wide larviciding based on entomological surveillance. Access to effective treatment, prompt diagnostic testing and distribution of free prophylaxis to travellers visiting malaria indigenous countries have contributed to preventing the reintroduction of malaria to date.

WCO Mauritius has been actively supporting the MOHQL in strengthening the strategy to prevent malaria reintroduction, including indoor residual spraying, larviciding at the seaport and airport, as well as routine island-wide larviciding based on entomological surveillance to maintain low levels of anopheline breeding. In addition, the capacity of the national malaria programme to ensure rapid diagnostics of malaria has been sustained.

4.1.4 Vaccine Preventable Diseases

The Expanded Programme on Immunization benefitted from capacity building workshops organised by WHO Inter-country Support Team (IST)/Eastern Southern Africa (ESA) in areas of new vaccines introduction, accelerated immunisation initiative and the global polio eradication initiative. In this regard the decision of MOHQL to introduce the Human Papillomavirus (HPV) and Pneumococcal Conjugate Vaccines within the routine immunisation schedule is commended. Participation of MOHQL staff at WHO meetings has reinforced national capacity in Data Management and Quality Assurance to inform evidence based decisions with regards to the national surveillance programme.

WHO donated a stock of 7,000 doses of Pneumococcal Polysaccharide conjugate vaccine (Prevenar 13) to MOHQL in support of the launch of Pneumococcal vaccine as routine immunization. The annual immunisation coverage for pneumococcal within public health services reached 75% at end of 2017

Three new vaccines have been introduced since 2015, Rotavirus, Human Papilloma Virus and

Pneumococcal and thus for MOHQL a priority is to upgrade and expand the Cold Chain infrastructure. WCO Mauritius donated refrigerators to each health region, supported by the WHO Regional Office, whilst WHO AFRO ensured that capacity of laboratory personnel is reinforced to support sentinel surveillance of newly introduced vaccines.

With support from WCO Mauritius, the MOHQL finalised an Operational Plan for Vaccine Preventable Diseases Surveillance to guide eradication, elimination and control efforts. The operational plan covers surveillance of Acute Flaccid Paralysis (AFP), Neonatal Tetanus, Measles, Rotavirus and vaccines safety.

The Global Measles and Rubella Strategic Plan 2012-2020 aims to eliminate measles and rubella in at least five WHO regions by the end of 2020. With this in mind, a training programme was rolled out on Measles and Rubella IgM Serological Diagnosis and Quality Assurance with technical support of WHO Intercountry Support Team (IST) East and South Africa (ESA) and National Institute for Communicable Diseases (South Africa). The training was completed in 2016, by a team of senior clinical scientists and laboratory technicians, which enabled the establishment of a formal measles and IgM rubella serodiagnosis in Mauritius.

WHO AFRO along with WCO Mauritius provided technical support, capacity building and laboratory reagents to monitor rotavirus infection in children with severe acute diarrhoea as part of the hospital based sentinel site surveillance. The sentinel surveillance has provided critical disease burden data to support evidence based decision making for the introduction of Rotavirus vaccination in 2015.

4.1.5 Neglected Tropical Diseases

A national mapping survey of soil transmitted helminth infections and schistosomiasis for the entire Republic of Mauritius, including the Island of Rodrigues was completed, which confirmed the elimination of schistosomiasis. The positivity rate of soil transmitted helminths ranged from 2% to 8% across the five health regions of the mainland and 14.4% in Rodrigues Island. Subsequently, based on the laboratory findings, all children testing positive for soil transmitted helminths were administered drug through mass administration campaign.

4.2 Non-Communicable Diseases

In Mauritius, economic development and lifestyle change have resulted in a marked disease shift from communicable to non-communicable diseases. As a result the prevalence of Non-Communicable Diseases (NCDs), mainly diabetes, hypertension, cardiovascular diseases, cancer and respiratory diseases has increased over the past four decades. The National NCD Survey 2015 indicated stabilization in the prevalence of diabetes while the ratio of newly detected diabetes to known cases of diabetes and the proportion of poorly controlled diabetic patients remain high. The prevention and management of NCDs is crucial given Mauritius has an ageing population, with an increased life expectancy attributed to improved health and quality of life. Heart diseases and diabetes mellitus are the two principal causes of mortality followed by cancer. According to the WHO, as of 2014, the probability of dying due to the four main NCDs amongst people aged 30 to 70 years is 24% in Mauritius whereas in developed countries like United Kingdom, France, Singapore and Australia, it is 10%.

NCD prevention programmes aiming at reducing the main risk factors of tobacco smoking, harmful use of alcohol, physical inactivity and poor diet commenced in 1987. At primary prevention level, community mobilisation, screening programme and ongoing awareness campaigns took place while policy measures were constantly being implemented to improve treatment and management of NCDs in the country. The NCD programme has been decentralised in the five health regions with the necessary specialised NCD human resources and the protocols and guidelines in the prevention and management of NCDs established.

It is imperative to increase access to interventions and services to prevent and manage NCDs and their risk factors. In line with the global NCD Action Plan objectives relating to multi-sectoral policies and plans to prevent and control non-communicable diseases, necessary technical support has been provided to the MOHQL for establishing a National multi-sectoral NCD Committee. The WCO provided support for the dissemination of the Mauritius NCD Survey 2015 findings in a workshop in 2016, promoting a multi-sectoral approach to NCDs. In order to achieve the global NCD objectives set in the WHO Global Action Plan for

NCDs, WCO Mauritius has been advocating for a more integrated and coordinated approach involving all key stakeholders. Furthermore, WCO Mauritius has provided support to increase integration of measures for the prevention and control of NCDs in view of ensuring UHC and reducing health equity gaps.

4.2.1 Diabetes

Diagnosis and management of diabetics remains a major health challenge in Mauritius. Support was provided to all laboratories of the MOHQL to strengthen and assess their clinical chemistry including HbA1c. The priority is to reduce the number of people with uncontrolled diabetes, prevent complications and improve quality of life. With the support of the WCO, a training programme was developed for foot care nurses on wound healing and podiatry chairs were procured for underserved areas. In addition, technical and financial support was provided to doctors and nurses to facilitate training in Diabetes Management Care in Rodrigues Island.



Figure 11 The podiatry care enhanced to better support diabetic patients with foot complications



On World Health Day 2017, the Prime Minister of Mauritius officially launched a national sensitisation campaign to NCDs, in the presence of the ministers of health, education, youth and sport.



"I am impressed by the work that is being done by social workers and NGOs to combat NCDs. People should take advantage of the services being offered to them freely" – Hon. Pravind Jugnauth, the Prime Minister of the Republic of Mauritius

In Mauritius, free screening for diabetes, hypertension, obesity, breast cancer and cervical cancer is offered to the public and a person can easily access NCD Screening tests in any of the health centres in the five regions. Over the last biennium, the occasion of World Diabetes Day was utilised to garner awareness and advocacy. Activities for World Diabetes Day 2016 were held at the Indira Gandhi Centre for Indian Culture in Phoenix, and launched by the former Minister of Health and Quality of Life. WCO Mauritius collaborated to create national public awareness of primary prevention diabetes management, as well as the need for people of all ages to adopt a healthy lifestyle.

The economic burden of diabetes on the national healthcare system was also stressed upon as well as the financial resources involved in the treatment of diabetes and diabetic complications such as renal failure, heart attack and stroke. A presentation of a 'First Day Cover' on diabetes, with the collaboration of The Mauritius Post Ltd as well as an exhibition on NCDs and other health related issues, including retinal and foot care. Other activities held included a retinal and NCD screening across the country, an open day with Type 1 Diabetic patients aged between 17 to 30 years at Victoria Hospital, and continuous nursing education included demonstrations on insulin injection techniques, and proper usage of glucose meters at Dr A.G. Jeetoo Hospital. The following year, World Diabetes Day 2017 was launched by the Minister of Health and Quality of Life, with the participation of WCO Mauritius in Port Louis. In his address, the Health Minister laid emphasis on the prevention of diabetes and the importance of adopting a healthy lifestyle to manage the disease. The activity day was held in close collaboration with the International Diabetes Federation (IDF) which promotes affordable access for all women at risk, or living with diabetes, to essential diabetes medicines, technologies, self-management, education and training.

Screening programme for Non-Communicable Diseases (Diabetes, Hypertension, Obesity, Electrocardiogram, Cholesterol and Health Education,) was carried out and health education materials promoting healthy lifestyle were distributed to people. In addition, Mauritius hosted a three day international conference on diabetes in July 2017. The conference was organized by

the Dasman Diabetes Institute from Kuwait, the World Community on Prevention of Diabetes Foundation from Spain, the Diabetes Foundation Mauritius and the MOHQL. Best practices and current issues in the prevention and management of diabetes were discussed among health professionals from both the public and private sectors and the last day of the workshop culminated in the participants adopting a Call to Action.

4.2.2 Heart Diseases

On World Heart Day 2016, at the Cardiac Centre in Pamplemousses, the former Health Minister called on Mauritians to take responsibility for their own health by adopting a healthier lifestyle and reducing the risk factors such as tobacco and alcohol use, unhealthy diet and physical inactivity.



“The Government has the obligation to provide access to healthcare but you, as individual, play an important role in maintaining your own health through more responsible attitudes and behaviours as a way to improve your health and quality of life” – Dr Hon. Anwar Husnoo, Health Minister of Mauritius

On World Heart Day 2017, the Health Minister launched a number of activities at the Dr A.G. Jeetoo Hospital, Port Louis to emphasize that heart diseases are preventable and urged parents to sensitise their children to adopt a healthy diet.

“People in Mauritius are having heart attacks at a younger age. 20% to 30% of people having strokes are in the 30 to 40 age bracket” – Dr Hon. A. Husnoo, Health Minister

The WHO Country Representative highlighted that Mauritius has a high prevalence of NCDs and hoped this trend could be reversed.



Figure 12 Dr Laurent Musango, WHO Representative in Mauritius (centre), with the Health Minister, Dr Hon. A. Husnoo (left) and Dr. I.D.I. Nawoor, Regional Director of Jeetoo Hospital (right), promoting physical activity during the World Heart Day 2017 celebration

The adoption of a healthy lifestyle by each individual will benefit the whole family as not only it will help reduce the risk of having NCDs like diabetes, hypertension, heart diseases and cancer but by quitting tobacco and reducing alcohol consumption the family income can significantly improve”.

- Dr. L. Musango, WHO Representative in Mauritius

Mauritius Heart Foundation NGO, recognised that Mauritius was fortunate to have ‘a well-functioning health system and each hospital has either a cardiac centre or a cardiac unit.’

4.2.3 Cancer

The WCO Mauritius financially supported the compilation and publication of the Cancer Registry Incidence and Mortality Report 2016 by the MOHQL. The WCO spearheaded actions to convene and coordinate multisectoral dialogue and provided policy advice to national counterparts and partners particularly on cancer prevention and treatment. Lung cancer remains the leading cause of death due to cancer in males while breast cancer is still the main cause of cancer death in females.

On World Cancer Day 2017, awareness was raised to foster education about cancer, offering an opportunity for both government and individuals to initiate actions against cancer. In Mauritius, while cancer treatment is mainly available in public hospitals and some private ones, NGOs and civil society play a substantial role in prevention and support of patients with cancer.

The MOHQL in collaboration with the Ministry of Education and Human Resources, Tertiary Education and Scientific Research held a gathering in February 2017 at the Dr Maurice Cure State College, an exhibition, screening and medical check-ups for students and school personnel were also organised. The WCO Mauritius participated in this event launched by the Health Minister who pointed out that cancer can be cured if detected early and an appeal was made to students to exercise regularly and adopt a healthy balanced diet to avoid health complications in the future.

4.2.4 Other NCDs

Mental Health

The WCO Mauritius reaffirmed its commitment in providing full support to Mauritius to address depression as a key public health priority. In October 2016, activities were organised by the MOHQL for World Mental Health Day, including a cultural programme and exhibition displaying the handicraft skills of patients at the Brown Sequard Mental Health Care Centre. A sensitisation campaign on the issue of psychological impact and social first aid, and a solidarity walk were undertaken.

On World Mental Health Day 2017, WHO Country Representative highlighted the shortage of mental health professionals in Mauritius and drew attention to the WHO Guidelines to support countries in improving and intensifying mental health services and the WHO Action Plan on Mental Health 2013-2020.



Figure 13 The display of handicrafts made by in-patients of the Mental Health Care Centre during the celebration of the World Mental Health Day 2017 in Mauritius

“Stigmatisation and fear of social isolation discourage affected people from getting themselves treated. However, it is essential to treat these people urgently because depression is a serious and complex mental disease. Recognising the signs of depression on the onset of the illness is an essential step towards preventing it from becoming chronic. We should also bear in mind that in the worst cases, depression can lead to suicide, which is globally the second cause of mortality amongst youngsters aged 15-29” – Dr L. Musango, WHO Representative in Mauritius

World Suicide prevention day 2017 was used by the Minister of Gender Equality, Child Development and Family Welfare to highlight the important role of society in the prevention of suicide. The various speakers highlighted suicide as a serious public health problem in Mauritius, with 66 people having taken their lives in Mauritius in 2016. The WCO Mauritius praised efforts made by the Mauritian Government towards an integrated and coordinated approach to prevent suicide which required active engagement of all stakeholders. The Minister of Gender Equality, Child Development and Family Welfare pointed out that ‘it is only through communication that the suffering of people with suicidal tendencies can be relieved’. She further added that for suicide prevention to be effective, collaboration between multiple sectors of the society, public and private, health and non-health sectors is essential. It was noted that 25% of all patients at the Mental Health Care Centre in Beau Bassin suffer from depression and a few years ago the psychiatric department of the Health Ministry decentralised its services. The Befrienders NGO is actively playing a significant role in suicide prevention while Life Plus, the Suicide Prevention Unit of the State operates a 24-hour hotline and holds regular interventions in the community.

Mauritius collaborated with the MOHQL to reinforce the capacity of mental health care specialists to enable them to acquire technical expertise in using Transcranial Magnetic Stimulation for the treatment of Drug Resistant Depression.

Oral Health Survey

The Director of Dental Services was trained at the University of Cape Town in June 2017 in view of the conduct of the National Oral Health Survey. Dental equipment was purchased accordingly and the request of the MOHQL for technical assistance in the development of the Survey Protocol & methodology and training of clinical examiners has been channelled appropriately. Following the appointment of a WHO Consultant, the survey investigator and clinical examiners would be trained according to the WHO oral health Survey methodology prior to the conduct of the survey.



Figure 14 Mrs Fazila Daureeawoo, Minister of Gender Equality, Child Development and Family Welfare launching a poster on suicide prevention in the company of Dr L. Musango, WHO Representative in Mauritius

4.2.5 Risk Factors

Nutrition

In 2016 and 2017, with the WCO Mauritius support, a national consultation was held with stakeholders from the food industry to advocate for voluntary reduction of salt intake until promulgation of new legislation. An ongoing media campaign is carried out at national level and appropriate health education materials, including flyers and posters are in development to sensitise the public on salt reduction.

Tobacco

Tobacco use continues to be a concern in Mauritius although there has been a decrease in tobacco prevalence among adults from 21% in 2009, to 19% in 2015.

“Alarmingly, the prevalence of smoking is highest amongst the younger age-groups, with over 44.7% of smokers among men aged between 18 to 24 years” – Dr Hon. A. Husnoo, Health Minister

Several tobacco control measures have been employed since 2009 to reduce the prevalence of smoking, including the scaling up of smoking cessation clinics (from 1 clinic in 2008 to 6 in 2011) by the MOHQL, a recommendation of the WHO FCTC.



Figure 15 Smoking cessation kits provided to smokers to support their efforts in quitting

Technical and financial support was provided for smoking cessation kits for those who were attending cessation clinics, with 150 health personnel trained in providing brief interventions. An evaluation of the smoking cessation clinics was carried out by a WHO Consultant in 2016 to assess and scale up the service.

World No-Tobacco Day in 2017 was marked by several activities including a short video competition among school youth which was very effective in raising awareness, with video clips used in peer-to-peer educational interventions. In addition, students also participated

in drama to pass on anti-tobacco messages to their peers. WCO Mauritius participated in the event, explaining how Tobacco is a threat to development and negatively impacts health. The Minister of Health emphasised the need to have collaboration of all stakeholders, including youngsters for a comprehensive and sustained approach towards tobacco control, while emphasising the harms:

“One of the biggest challenges is to ensure that future generations no longer have to suffer from the harmful effects of cigarettes. The fight against tobacco is hard, but not a lost case. My Ministry is doing its utmost to reduce tobacco use and tobacco-related mortality in the population of Mauritius, but in this colossal task ahead, we need the collaboration and support of the other stakeholders present here, including the youngsters, in view of paving the way for a more concerted, comprehensive and sustained approach towards the tobacco problem”

Mauritius was host to the Africa Meeting on pictorial health warnings in June 2017, with participation from civil societies and health ministries representing 25 African countries. Mauritius was among 6 of the 47 African countries which have fully implemented the graphic health warnings and hence shared its experiences of implementation of the graphic health warnings on cigarette packages in the country in 2009. The cost-effectiveness of this powerful WHO FCTC measure in eliminating the tobacco industry’s influence was highlighted by the speakers and the facilitators from the WHO AFRO. The strong tobacco control policies implemented so far in Mauritius include the promulgation of the Public Health (Restrictions on Tobacco Products) Regulations 2008. The scope of the legislation covers the following major tobacco control provisions: ban of smoking in public places, ban on sale of single sticks and the ban of advertising, promotion and sponsorship. These tobacco control measures brought a decrease in the number of cigarette sticks imported, from 1,306,406,000 in 2009 to 857,960,000 in 2016.



Figure 16 Mauritius shared its experiences in the implementation of the pictorial health warnings with the other African countries during a regional meeting held in Mauritius



In February 2017, the WCO Mauritius and WHO AFRO collaborated to organise a national workshop to eliminate illicit trade in tobacco products, with the purpose of speeding up the ratification of the protocol by Mauritius. The technical expertise input from AFRO was necessary to create awareness among high government officials and participants regarding the importance of ratifying the protocol. Key stakeholders were briefed on issues surrounding the global illicit trade in tobacco products and the requirements of the WHO FCTC, and a roadmap indicating the actions needed for Mauritius to accede to the protocol was proposed.

The Mauritian representatives from the health sector, state law office and Mauritius Revenue Authority acquired the necessary knowledge on the technical aspects of the protocol by attending training in Harare in 2016. Illicit trade in tobacco products is very low in Mauritius with the authorities having implemented strong measures including a highly secured excise stamp on tobacco product packages.

The third round of the Global Youth Tobacco Survey (GYTS) was undertaken in May to June 2016 in Mauritius and Rodrigues, revealing that smoking among youth aged 13 to 15 years has remained constant at 13.7%. A dissemination workshop was held in 2017 to disseminate the findings to key stakeholders. Survey findings have informed the formulation of appropriate strategies to mitigate youth smoking and will also aid evaluation of tobacco control measures taken since the WHO FCTC-compliant Regulations in 2008.

With the support of WHO, high-impact mass media campaigns (television and radio) were undertaken in 2016 and 2017 to emphasise the consequences of smoking and adverse effect of passive smoking. A second round of the Global School Based Student Health Survey was carried out in 2017 and the findings will be utilised to develop strategies for healthy lifestyle promotion among youth including behavioural risk factor changes such as alcohol and drugs, unhealthy diet and physical inactivity.

4.3 Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

4.3.1 Family Planning and Demographics

The population of Mauritius is ageing due to a sustained low fertility level, resulting in a lower proportion of children, increasing life expectancy, and a higher proportion of elders in the population. Mauritius is witnessing a demographic change, with a progressive ageing of its population. In 2016, 1 in 9 persons aged 60 years or older was 80 or above. It is projected that by 2056, this ratio will increase to approximately one in five. WCO Mauritius in partnership with MOHQL is working to address these issues.

World Population Day was marked by a one day interactive session on fertility decline for young people held in July 2017, with participants contributing to the theme of providing a supportive environment for couples to form families with two or more children. The overall population was sensitised through the media with the collaboration of key stakeholders.

Each year in early August the practice of breast feeding is promoted in Mauritius. WCO Mauritius has been advocating for a legal framework to encourage and protect breastfeeding through the media and in official meetings with key stakeholders. The focus was on encouraging the implementation and extension of Baby-Friendly Hospital Initiative in health systems, the limitation of aggressive marketing campaigns of manufacturers of baby milk and paid maternity leave of 6 months.

4.3.2 Human Papilloma-Virus (HPV)

The HPV vaccination programme to prevent cervical cancer was launched by the MOHQL in August 2016 at Barkly Government School in Beau Bassin. The WCO Mauritius supported this important health initiative, which protects girls against the four strands of HPV most associated with cervical cancer and forms part of the WHO recommendations. The vaccine is available to school girls in Standard 5 and is administered in two doses with a six month interval between doses. In 2017, 9,000 school girls in Mauritius and 500 in Rodrigues have benefitted from free vaccination against HPV.

The Minister of Education, Human Resources, Tertiary Education and Scientific Research praised the initiative to offer free HPV vaccination to young girls.

“Prevention offers the most cost-effective long-term strategy for the control of cervical cancer. The Government of Mauritius is committed to provide a safe and healthy environment to all Mauritian children and a strong foundation for their physical, emotional, mental and social development” Mrs Leela Devi Dookun-Luchoomun, Minister of Education, Human Resources, Tertiary Education and Scientific Research



Figure 17 WHO Mauritius supporting the cold chain strengthening through the provision of refrigerators for vaccines storage

Parents were sensitised on their role of protection and guidance throughout the life of their children by availing of all opportunities offered by the Government whether in the health or education sector for the benefit of their children. WCO Mauritius emphasised the fact that HPV causes cervical cancer, which is the fourth most common cancer in women, with an estimated 266,000 deaths and 528,000 new cases in 2012. It was noted that HPV can also cause other types of cancer including head and neck cancers, and genital warts in both men and women as HPV infections are transmitted through sexual contact. The implementation of the HPV vaccine is in line with the WHO recommendation of targeting young adolescent girls aged 9-13 primarily.

4.4 Health System Strengthening (HSS)

WHO support countries to develop resilient health systems with the main goal of achieving Universal Health Coverage (UHC). This entails strengthening leadership and governance; health financing, human resources for health (HRH); promoting access to affordable, safe and effective health technologies; integrated service delivery; health information systems (HIS); and health research. A well-functioning health system working in harmony is built on having trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies. WCO Mauritius continued to support Mauritius to strengthen the health systems and during the period under review, WHO ensured the evaluations of key public health interventions, framing of policies and guidelines in areas such as HIV, Neglected Tropical Diseases, antimicrobial resistance, assessment of health systems with a focus on NCDs, health accounts to strengthen leadership and national health sector co-ordination.



Figure 18 Participation of key stakeholders in the National Health Assessment - opportunities and challenges to improve NCD outcomes, Consultative Workshop held in November 2017



4.4.1 National Assessment of Health Systems- Opportunities and challenges for improving NCD outcomes in Mauritius and Rodrigues.

The four major NCDs (cardiovascular diseases, cancer, chronic obstructive pulmonary diseases and diabetes), account for nearly 81% of deaths and 85% of the disease burden, putting increasing strain on health systems, economic development and the well-being of large parts of the population, in particular people over 50 years of age. WHO Mauritius with the help of WHO-HQ grant from the Ministry of Foreign Affairs and International Development, France, has initiated an assessment of National Health Systems opportunities and challenges to improve NCD outcomes for Mauritius and Rodrigues, based on the Health Systems Strengthening (HSS) operational approach and guide developed by the WHO Regional Office for Europe, adapted to the local context.

The assessment report is expected to be published in early 2018 and will produce policy recommendations. The recommendations will inform national policy on health system strengthening and provide background information for work in the field of NCDs. This country assessment will also form the basis for the drafting of the integrated comprehensive national NCD Action Plan. Specifically for Rodrigues Island a separate National Action Plan will be elaborated and the plan will be used as part of the Resource Mobilization with the donor community. The report is also expected to inform the development of Health Sector Strategy Plan for Mauritius. Furthermore, as Mauritius will be the first African country to carry out an assessment of health systems and challenges for NCD control, the lessons learnt and good practices can be shared with countries in the region for addressing common health system challenges.

4.4.2 National Action Plan for Antimicrobial resistance (2017-2021)

Within the context of the WHO Global Action Plan on Antimicrobial Resistance (AMR) and WHO AMR Global report on surveillance, it was identified that only three countries in WHO-AFRO region had National AMR plans in place. In 2012, Mauritius reported the following rates of resistance in hospital samples collected during one month in the AMR Global Report on Surveillance: 43.5% and 57.6% resistance of *E. coli* (n=184) to 3rd generation Cephalosporins and Fluoroquinolones respectively, 55.8% and 1.9% resistance of *K. pneumoniae* (n=104) to 3rd generation Cephalosporins and Carbapenems respectively and 51.5% resistance to methicillin in *S. aureus* (n=171).

In 2016, several workshops were organised for the development of a Antimicrobial Resistance National Action Plan (NAP), which included the participation of key ministries contributing towards the One Health (Human – Animal approach), comprising Agro-Industry, Food Security, Ocean Economy, Marine Resources, Fisheries, Environment and Sustainable Development. The strategic objectives or the 6 'Es' of the national action plan are as follows: (i) Engagement and education on antimicrobial resistance among all stakeholders; (ii) Electronic surveillance of antimicrobial use and resistance in human, animal and environmental health; (iii) Effective biosecurity and infection prevention and control measures; (iv) Evidence-based antimicrobial use in humans and animals; (v) Enforceable regulations to advance AMR prevention and containment; and (vi) Equitable investment for NAP implementation.

4.4.3 Assessing Blood Safety in Mauritius

The WHO regional committee for Africa adopted a strategy for blood safety in September 2001 and to assess the status of implementation of these resolutions in Mauritius from 2002 to 2016, an evaluation was undertaken. The evaluation measured the progress made at the country level using specific indicators from the Global Database on Blood Safety (GDDBS) and the targets of the regional strategy for blood safety; identify successes, constraints, and challenges; and define the priority actions to be undertaken in the coming years. Some of the challenges identified were on legal framework, haemovigilance and a regulatory system for blood.

4.4.4 Progress towards Universal Health Coverage from Laboratory perspective

Universal Health Coverage (UHC) endorsed by the UN general assembly embodies three related objectives: equity in accessing health services; quality of health services; and protection against financial risk. UHC encompasses all components of the health system including health service

delivery systems. Laboratories are a vital component of national health laboratory systems and play a critical role in healthcare delivery by providing timely and accurate information for patient management, disease surveillance and outbreak detection. Unfortunately, laboratories are not always recognised in the national health systems, lacking comprehensive national laboratory policies and continued reliance on empirical patient care. An assessment of laboratory systems was undertaken with technical and financial support from WCO Mauritius. Health facilities and laboratories were visited at every level of the health system and discussions held with health officials, health practitioners and the private sector as well as a review of documents was carried out. The assessment identified challenges which included limited access to some laboratory services, constraints to ensuring quality and customer satisfaction and a high out-of-pocket expenditure on health. These observations may be of relevance to other countries in the African region facing similar challenges in addressing effective laboratory services for UHC.

4.4.5 Health Financing

4.4.5.1 Efforts towards Institutionalizing National Health Accounts

To achieve the goal of UHC, functional health systems are critical and are often compromised by insufficient public funding, a lack of equitable financial protection and inefficient use of resources in the region. With this in mind, in 2016, the WCO provided support to institutionalize the National Health Accounts (NHA). Technical and financial assistance was also provided to produce, validate and disseminate the second round of NHA 2015. Training on system of health accounts 2011 was provided to country focal point. NHA 2015 has been developed in line with the System of Health Accounts (SHA) 2011 Framework and in conformity with WHO Guidelines. The Health Accounts Production Tool (HAPT), an internationally standardized software application developed jointly by WHO and USAID, was used to develop NHA 2015. WHO also supported the Macroeconomic survey on Household Out of Pocket Expenditure (OOPE), that informed the NHA 2015.

In 2017, another Household OoPE was carried out to inform the third round of NHA 2016 which will further strengthen the efforts towards institutionalising the NHA. This exercise will also provide opportunity to build the technical capacity of the country on estimating health expenditure by disease groups.

4.4.5.2 Ensuring Financial Risk Protection

An assessment on Financial Risk Protection in Mauritius was carried out by a national team (comprising MOHQL, Statistics Mauritius and WCO Mauritius) as the lack of financial protection was identified as a challenge. The assessment concluded that catastrophic health expenditure has seen a rise across most income groups over the three consecutive Household Budget Surveys but that the impact on the level of impoverishment and poverty gap had not been important. The review was also presented at a workshop convened by the Health System Strengthening Division at AFRO in October 2017.

4.4.6 Enhancing Human resources for health through capacity building

Enhancing health workforce development is a key priority for the WCO. In 2016, capacity building of health personnel was supported through participation of 38 key managerial and clinical staff in workshops, regional meetings and international forums. These included areas addressing child survival interventions, Polio Switch programme, FCTC ratification, school health programmes, the



Figure 19 Doctors, nursing officers, social workers and community nurses from Mauritius and Rodrigues in company of facilitators during a Training of Trainers Workshop on Palliative Care in December 2017 in Cape Town

WHO programme on International Drug Monitoring, meetings on health promotion and health systems strengthening amongst nurses and midwives towards UHC, health in all policies study tour and data management workshops.

In 2017, a further 65 managerial and clinical staff were facilitated to attend forums and workshops including strengthening regulatory capacity in pharmacovigilance and antimicrobial resistance, enhanced integrated surveillance of priority diseases, immunization and new vaccines, RMNCAH and nutrition programme strengthening, health financing, human resource policy development, laboratory capacity strengthening to support disease surveillance, training in palliative care and workshops on NCDs such as tobacco packaging, GYTS survey analysis, oral health and healthy ageing. The details of all the workshops and training programmes conducted during the biennium are enlisted in the Annexure.

4.4.7 Strengthening Community Engagement

The Third Global Forum on Human Resources for Health in 2013 concluded that Community Health Workers (CHW) and other frontline primary care workers play a unique role, essential to achieving UHC and called for their integration into national health systems.

NCDs such as Diabetes Mellitus, hypertension and other vascular risks are major problem in Rodrigues Island and have high incidence and prevalence, with complications secondary to NCDs cited as the most frequent causes of hospital admission. About 9000 to 12 000 patients are treated for NCDs and related complications in Rodrigues, representing about 30% of the population. While people in Rodrigues are living almost 20 years on treatment, for example diabetes and its complications, prevention and early diagnosis of NCDs is a concern despite free service availability.

To mitigate the impact of NCDs in Rodrigues health promotion support has been provided to prevent and treat NCDs including Strengthening Community Health Volunteers (CHV) in Rodrigues. These volunteer health workers under the ambit of village health committees have been actively involved in the health system in Rodrigues since 1987 and contribute to the community by improving access to basic health services, educating people on issues of sanitation, hygiene and safe drinking water and providing treatment. In 2017, the WHO leveraged the experience of CHV in Rodrigues and supported training and equipment to 101 CHVs relating to prevention and control of NCDs. This measure will be continued in next biennium through effective screening and awareness campaigns over a six month period and with well-trained and equipped CHV, better prevention and care will be provided to the society, lessening the impact of NCDs considerably.



Figure 20 Mainstreaming of Community Health Volunteers in Rodrigues for health system strengthening

4.5 Emergency preparedness and response

As part of the effort to enhance surveillance and early detection, the MOHQL benefitted from WHO technical assistance to undertake a rapid assessment and gap analysis of the surveillance system, with twenty one sites at both central and peripheral levels of health sectors surveyed. The assessment urged activation and strengthening of the existing multisectoral coordination and communication mechanism to facilitate the implementation of integrated disease and event based surveillance.

Gaps analysis revealed the need for capacity building and in response, a national Workshop was convened to review and develop strategies for strengthening integrated disease and event based surveillance system in Mauritius. Positive outcomes of the workshop were updating of the list of priority disease, conditions and events; adoption of community case definitions for selected priority conditions and diseases and events; outlining of potential sources of event based data and flow of information; and

identification of core requirements to operationalize multi-disciplinary Rapid Response Teams (RRTs). Building on this workshop, a Training of trainers' workshop for RRTs was organised.

A core priority of the Pandemic Influenza Preparedness (PIP) Framework is to strengthen influenza epidemiological and laboratory surveillance capacity across all WHO Regions. In this regard, WHO AFRO developed a training program for Sentinel Surveillance of Influenza. After successful piloting of the training package in the region, WHO AFRO in collaboration with WCO Mauritius rolled out a training package on Influenza Surveillance, which included laboratory, epidemiology and data management components. Some thirty participants from the national and regional laboratories, as well as from the Communicable Disease Control Unit of the MOHQL successfully completed the training.

Within the context of the Polio Eradication and Endgame Strategic Plan 2013-2018 the Republic of Mauritius introduced at least one dose of Inactivated Poliomyelitis Vaccine (IPV) into the routine immunization programme and later in April 2016, it switched from the trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV), in synchronization with other parts of the world. WHO IST/ESA ensured capacity building of a core team comprising members from the national switch validation and logistic team to ensure that the switch takes place appropriately and that its validation is implemented in the specified timeframe as per set global standards.

In anticipation of a shortage of IPV in 2017 and to avoid any disruption in the routine immunization schedule, WCO Mauritius assisted MOHQL, through the reimbursable procurement mechanism, to outsource 7,200 IPV doses. In accordance with the Global Action Plan (GAP) for poliovirus containment and End Game Plan, WHO AFRO and IST/ESA fielded a mission to assist the MOHQL in the preparation of documentation of phase 1b poliovirus containment processes for oral poliovaccine (OPV) and Sabin 2 viruses.



Figure 21 Dr. Hon. A. Husnoo, Health Minister and Dr. L. Musango, WHO Representative ensuring the active surveillance measures were in place at the Mauritius Airport after the reporting of pneumonic plague outbreak in Madagascar

Following the decision of the WHO Director General to declaring the Zika virus and the associated complications of microcephaly and other neurological abnormalities reported in the American region a Public Health Emergency of International Concern (PHEIC), a national Multisectoral Stakeholders Committee under the leadership of MOHQL and including key sectorial ministries and the private sector was established. WCO Mauritius played a proactive role to brief the Multisectoral Committee on WHO Guidelines and recommendations. The National Preparedness Plan already developed for Chikungunya and Dengue control was adapted to address the threat of an outbreak of the Zika virus in Mauritius. WCO Mauritius assisted the Communicable Disease Control Unit of MOHQL to ensure a system was in place for the preparedness and response to Zika virus based on WHO Guidelines.

In May 2017, an upsurge in influenza-like illnesses was noted rising from 6,010 cases weekly and peaking to 25,463 cases. Within the period of May to June 2017, there were eight deaths attributable to influenza H1N1 and one death attributable to H3N2. In response, the MOHQL with the support of WCO Mauritius scaled up the influenza vaccination campaign which initially targeted senior citizens to include the public at large. More specifically, WCO Mauritius donated 10,000 doses of influenza vaccines to leverage the national vaccination campaign. Furthermore, with inputs from MOHQL, WCO Mauritius produced periodic Situation Reports (SITREP) to keep partners abreast of trends and progress in terms of containment.

In response to an outbreak of pneumonic plague in Madagascar WHO identified Mauritius as high risk for potential plague outbreak in view of frequent and significant trade and travel links between both countries. This prompted MOHQL with the support of WCO Mauritius to formulate a National Preparedness Plan to mitigate the threats of an outbreak of plague in Mauritius. WCO Mauritius assisted in building local capacity to detect and respond efficiently in the event of an imported case of pneumonic plague. WCO Mauritius actively assisted MOHQL to heighten awareness of the plague, including working case definition and strengthening of active surveillance at all points of entry and in the community. WHO ensured the preposition of essential equipment and supplies, including Rapid Diagnostic Kits, Personal Preventive Equipment and antibiotics.



Figure 22 Setting up of a special corridor for passengers coming from Madagascar to prevent plague transmission in Mauritius

4.6 Corporate Services and Enabling Functions

With a view to ensuring a supportive environment that will enable the Organization in its entirety to deliver on its responsibilities at country level, the linchpin of activities under this category were strengthening leadership and governance, fostering improved transparency, accountability and risk management and safeguarding effective general management and administration. Fulfilling the Organization's leadership role, WCO Mauritius continues to act as the trusted authority for policy, programmatic matters and convener on priority public health issues between MOHQL and national stakeholders. Concurrently with the priority to strengthen WHO's country leadership capacity by ensuring that staff have the appropriate skills and competencies, the position of WHO Representative and National Professional Officer (NCD/Health promotion), which have been vacant for more than 3 years, were filled in the biennium under review. WCO Mauritius has also enlisted two national consultants within the domain of Health Systems. With the support of WHO-HQ the recruitment of a UN Volunteer materialized later in the biennium and posting of a Junior Professional Officer is expected in April 2018.

In line with the WHO AFRO Transformation Agenda 2015-2020 and particularly leveraging responsive strategic operations, financing and resource allocation are regularly realigned with priorities; and managerial accountability, transparency and risk management were ensured. Conduct of the Internal Control Self-Assessment on an annual basis since 2015 has contributed in better understanding of the strengths, weaknesses, and adequacy of controls place for continuous improvements; and 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 on a timely basis. As evidenced by the AFRO KPI Dashboard, WCO Mauritius performed well, achieving Green Status for most of the indicators (Accounting, Financial and HR Management); except for travel management due to factors beyond its control.

WCO Mauritius performance in terms of Financial Implementation of the country 2016-17 work plans met most expectations. The PB allocation for 2016-17 was USD 2,115,469. However total funds received amounted to USD 1,537,359, representing approximating 73% of the PB Allocation. The Budget Centre is heavily reliant on flexible funds accounting 88.04% as compared to only 11.96% under voluntary contribution.

Table 2 shows that the overall budget utilisation rate is 97% varying between 92% and 99% across categories.

Table 2: Budget Utilization by Category

Category	Budget Awarded US\$	Utilization US\$	Budget utilization rate %
1	59,000	58,397	99%
02	328,000	304,433	93%
03	11,000	10,891	99%
04	169,000	167,555	99%
05	23,929	22,066	92%
06	945,990	925,277	98%
12	440	429	98%
Grand Total	1,537,359	1,488,194	97%

A disaggregation of the budget utilisation as shown under table 3 revealed a minor dichotomy between Activities (98%) and Salaries cost (96%).

Table 3: Workplan Utilization

Workplan Type	Budget Awarded US\$	Utilization US\$	Budget utilization rate %
Activity	718,759	701,046	98%
Staff	818,600	787,148	96%
Grand Total	1,537,359	1,488,194	97%

In terms of security, annual mandatory assessment confirmed that WCO Mauritius ensured the Minimum Operating Security Standards (MOSS). For both consecutive years, WCO Mauritius scored over 95%. With the support of WHO AFRO, WCO Mauritius elaborated a Business Continuity Plan (BCP) which delineates the Business Continuity Approach, Governance, Procedures and Maintenance Scheme to ensure the sustainability of the key services to MOHQL. This plan intends to address both the responses in case of minor operational disruptions and/or minor building and equipment damage and in case of a major disruption where building and equipment are significantly affected.

5. Challenges and lessons learnt

As most of the UN agencies are not represented in Mauritius, it is difficult for United Nations Country Team (UNCT) to strategize support as one. Delays from National Implementing Partners to conduct activities funded under DFC, delay in submission of technical reports (as against the terms of reference and budget set forth in the agreement) and delay in submission of the financial certification of expenses (using the Funding Authorization and Certification of Expenditure form) within completion of three months after the activity are often noted. These result in further postponements to release funding under other DFC request and AFRO KPI Indicator for DFC turned to Red for three consecutive months in 2017.

Furthermore, late submission of nominations for national participants attending WHO Meetings is a major recurrent challenge encountered. Travel requests are often not submitted within the prescribed timelines. Mobilisation of Voluntary Contribution (VC) resources for Health Systems Category is an experience to be



replicated under other categories, in particular Category 2 (NCDs) and Category 4 (Promoting health through the life course) when negotiating with donor to fund key staff positions created under the HR Plan which are still vacant.

Addressing the problem of HIV among PWID, the main driver of the HIV epidemic, within the framework of Harm Reduction Programme, will need a high level coordination of relevant government sectors and partners. To attain such coordination, the Prime Minister announced recently the setting up of a National HIV and Drug Council which will engage in multi-sectoral collaboration in implementation of the prevention (from a demand side perspective) and control (from a supply side perspective).

In Mauritius, although public health care services are free and cater for 85% of all health requirements of the population, the NHA 2015 Report revealed that the household out-of-pocket (OoP) expenditure on health represents 51% of the Total Health Expenditure. Moving towards UHC will need significant advocacy efforts towards the National Implementing partners. Many households experience financial stress because of the health expenses, and protecting people from financial hardship and impoverishment from health care costs remains a challenge. The voluntary health care insurance coverage is 15% and needs to be improved further. As highlighted in the National health account report of 2014, 75.8% of total government spending on health goes to public hospital and only 3.3% of the current health expenditure has been spent on financing of preventive care. The challenge for the country is to achieve a balance in allocation of resources between the population based interventions, preventive services, primary care services and secondary care services and create primary health care as hub for quality patient centred care. There is an immediate need to shift focus from curative care to primary care services.

The setting up of a multisectoral committee is a positive step, however the challenge is to make it functional and sustainable with an adequate representation and active engagement of all the stakeholders including NGOs and the civil society and elaboration of an acceptable and realistic terms of reference.

An integrated National NCD Action Plan is lacking, instead the MOHQL has developed and implemented 'standalone' plans for NCDs (For instance Diabetes Services Framework, National Cancer Control Plan, etc) and its risk factors (Tobacco, Alcohol, Physical Activity, Nutrition, etc). Furthermore, most of these plans and strategies have expired. An integrated National Action Plan for NCDs will promote and leverage multisectoral and coordinated response within the spirit of Health in All Policies (HiAPs).

6. Priorities for the Biennium 2018-19

The priorities of WHO's work for 2018-2019 biennium in Mauritius have been developed and agreed following close interactions with MOHQL. A bottom-up planning process was adopted in April 2016 and in line with guidance from Programme-Based Management AFRO seven high priority programme areas were retained (absorbing about 80% of resources or WHO's technical cooperation). Twelve low priorities were selected, accounting for 20% of resources to support other ongoing commitments and emerging activities.

The second stage comprised a systematic step by step process with the elaboration of outlining documents which conceptualize and describe in broad terms, the intended delivery during the biennium. Based on the feedback from Programme Area Teams at WHO AFRO, results driven workplans were drafted comprising products/services which are logically linked to the programme budget outputs (chain of results) and set of activities, necessary and sufficient to produce stated products/services (cause-and-effect relationship).

The priority programme areas and respective outputs selected across categories are summarised in the following table which essentially span areas from communicable disease to NCD, surveillance, capacity development and health system strengthening.

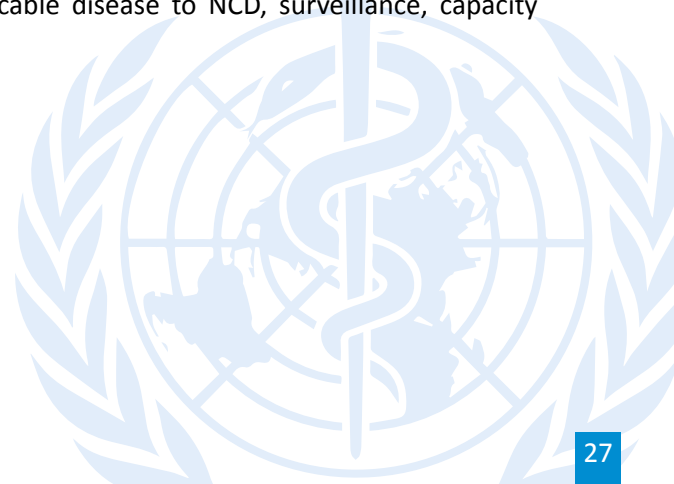


Table 4

Category	Programme Areas	PB Outputs
1. Communicable Diseases	HIV and Hepatitis	Increased capacity to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support
	Malaria	Implementation of evidence-based malaria strategic plans, with focus on effective coverage of vector control interventions and diagnostic testing and treatment enabled
	Vaccine preventable diseases	Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines
	Antimicrobial Resistance	Essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance in place
2. Non communicable diseases	Non communicable diseases	Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated
		Implementation of strategies to reduce modifiable risk factors for NCD (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants, enabled
	Mental Health and Substance Abuse	National policies and plans, in line with the comprehensive mental health action plan 2013-2020, developed
	Violence and Injuries	Development and implementation of multisectoral plans and programmes to prevent injuries
	Disabilities and rehabilitation	Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities
	Nutrition	Development and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals
	Food Safety	Risk control of foodborne diseases enabled



Core focus

Support a continuum of HIV services for Prevention, Testing and “treat all” recommendations of the 2016 WHO consolidated guidelines on Anti-Retroviral drugs

Community outreach programme for HIV Prevention and Testing among the youth

Capacity building in core aspects of surveillance relating to case detection and proactive screening of passengers at port of entry

Vector control management to mitigate risks of reintroduction of malaria at ports of entry and areas hosting breeding foci

Monitor insecticide resistance of vectors

Surveillance and response activity through proper planning of vaccine preventable diseases

Policy and technical support to develop and implement national immunization strategic plan, multiyear plans and annual Workplans

Routine monitoring of antibiotic use

Capacity building for AMR and Infection Prevention Control in alignment with WHO guidelines on core components of infection prevention and control programmes

Develop and implement Integrated Multisectoral NCD and related risk factors Action Plan in line with WHO NCD Global Action

Quality Assurance for HbA1C tests among poorly controlled Type II Diabetes patients

Behavioural Change Communication campaign to reduce incidence of harmful use of Alcohol among the youth

Policy and technical advice to revise legislation tobacco licensing and to implement Plain Packaging in conformity with FCTC

Assist implementation of an Integrated Action Plan on Mental Health in line with WHO Comprehensive mental health action plan 2013–2020

Mainstreaming prevention and training programmes for health sector professionals related to road traffic crashes and trauma in the National Road Safety Strategy 2015 -2020

Support a community-based rehabilitation to ensure mobility among rehab patients

Set up a Nutritional Surveillance System to track ongoing growth monitoring of children aged 0-59 months

Develop National Nutrition Survey Baseline for 2018

Harmonise food surveillance system effective through Farm-to-table continuum

Establish emergency procedures for dealing with particular hazards, risk analysis and risk management



Category	Programme Areas	PB Outputs
3. Promoting health through the life-course	Reproductive, Maternal, Newborn, Child and Adolescent Health	Improvement of maternal health through further expansion of access to, and improvement in the quality of effective interventions enabled
	Ageing and Health	Policies, strategies and capacity to foster healthy ageing across the life-course developed
	Health and the Environment	Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks
	Equity, social determinants, gender equality and human rights	Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life-course
4. Health systems	National health policies, strategies and plans	Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a “Health in All Policies” approach and equity policies)
	Integrated people-centred health services	Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support
	Access to medicines and other health technologies and strengthening regulatory capacity	Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools
	Health Systems, Information and Evidence	Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants using global standards, including data collection and analysis to address data gaps and system performance assessment
10. Polio Eradication	Polio Eradication	Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas
12. Country Health Emergency Preparedness and the International Health Regulations (2005)	Country Health Emergency Preparedness and the International Health Regulations (2005)	Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries



Core focus

Develop the first National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths

Formulate a national policy for Ageing, Population and Demographic that addresses adequately the identified SRH issues (unplanned pregnancies and fertility rate below replacement) and promote health ageing

Strengthen capacity of the Dangerous Chemicals Control Board (DCCB) to promote occupational health safety while ensuring compliance and enforcement of the DCC legislation

Develop a Roadmap to address social determinants of health with respect to NCDs

M & E framework relevant to the national HSS with focus on core component indicators such as equity, service availability and response

Institutionalize generation of health expenditure data and production of NHA

Policy advice to support implementation of Family Doctor Service as strategy to improving access to integrated, people-centred health services

Strategic framework for implementation of Human Resources for Health reform measures

Develop a National Essential Medicine Policy Framework ensuring optimal prescribing and therapeutically effective

Accreditation of National Blood Transfusion Service

Develop a National Laboratory Policy and Strategic Plan

Support framework and environment created for implementation of a national eHealth strategy

Assist in developing a Disease Reporting for both morbidity and mortality records aligned with ICD Eleventh Edition

Support ongoing Polio surveillance

Strengthen IHR (2005) Core Capacity Compliance

Operationalise Events Based Surveillance in line with IDSR





7. Conclusion

This report has highlighted the key achievements and progress made during the previous biennium in the implementation of six key strategic priorities including strengthening human resource capacity, improving operational efficiency of WCO and has brought forth the key challenges faced by the country office during the implementation of the programmes. Despite the challenges, WCO was able to respond to the emerging needs and continue to implement the programmes of strategic priorities identified during the biennium.

Building on the efforts made during the biennium to strengthen programme implementation, WHO will further consolidate its position to continue to support the Government of Mauritius through the MOHQL. As we move ahead, focus on seven priorities identified for the next biennium 2018-19 will strengthen existing partnership further. In order to further expedite the work towards key priority areas and bring in efficiency gains, WHO will continue its efforts and advocacy on inclusiveness approach to promote collaboration among all the stakeholders for NCDs, HIV and AMR. Moving towards UHC, ensuring financial risk protection will be another key aspect that will be reflected in the advocacy and policy dialogue efforts of WHO.

The work to strengthen the surveillance system and preparedness measures will continue owing to the continuous threat of outbreaks in new emerging diseases. New partnerships with wide spectrum of stakeholders that have interest in fostering the collaborative approach towards addressing the social determinants of health, equity and 'Health for All' agenda will be sought. Work in the next biennium will also require mobilisation of expertise and adequate financial resources in the relevant sectors.

The WCO remains committed in its efforts to improve Health for All.



Annexure

List of capacity building activities by category and programme area

Category	Description of Capacity Building
Communicable Diseases	
	Programme Area: Vaccine Preventable Diseases
	Peer Review Meeting on Updating Integrated Surveillance Annual Work Plan
	Immunization and Surveillance plans review and feedback meeting
	Exchange of Best Practices workshop on Reaching Every Community Equity and Integration of Child Survival Interventions
	Immunization Information system and Data Quality Improvement Workshop
	Annual EPI Program Managers Meeting for East and Southern African Countries
	Joint Reporting on Immunization Review workshop
	Data management refresher and orientation workshop for East and Southern African Countries
	Workshop for Laboratories supporting New Vaccines Sentinel Surveillance
	Surveillance Data Management Induction and Orientation Workshop
	Measles and Yellow Fever Laboratory workshop
Noncommunicable Diseases	
	Programme Area: Non Communicable Diseases
	Multi-Country Workshop on the Protocol to Eliminate Illicit Trade in Tobacco Products
	Inter-regional Meeting on Implementation of Pictorial Graphic Warnings and Plain Packaging on Tobacco Products
	Global Youth Tobacco Survey (GYTS) Analysis Workshop
	Technical Workshop on Tobacco Plain Packaging
	Regional consultation to take stock of progress made in School Health in African Region
	9th Global Conference on Health Promotion
	Pre-Cop7 African Regional Meeting and High Level Meeting on the Implementation of the WHO FCTC
	7th Conference of the Parties (COP7) to the WHO Framework Convention on Tobacco Control
	Training and clinical attachment in Palliative Care
	Training attachment on Oral Health Survey
	Programme Area: Mental Health
	Training in Transcranial Magnetic Simulation (TMS)
Promoting Health Through the Life course	
	Programme Area: Reproductive, maternal, newborn and child health
	Annual Review and Planning Meeting for RMNCAH and Nutrition Programme Managers
	Regional Consultative Meeting on strengthening nursing & midwifery services towards UHC
	Programme Area: Ageing and health



	Healthy and Active Ageing Meeting
	Programme Area: Social determinants of health
	Health in All Policies Study Tour
	Programme Area: Health and the environment
	Environmental Planning and Implementation
Health Systems	
	Programme Area: National health policies, strategies and plans
	Regional forum on strengthening health systems for SDGs and UHC
	Programme Area: Integrated people-centred health services
	40th International Hospital Federation (IHF) World Hospital Congress
	Programme Area: Access to medicines and other health technologies and strengthening regulatory capacity
	Study Tour at South African National Blood Service
	Annual Meetings of Representative of PharmacoVigilance National Centres participating in the WHO Programme for International Drug Monitoring
	Workshop to develop Antimicrobial Resistance Action Plan
	Programme Area: Health systems, information and evidence
	Capacity building workshop to analyse Financial Protection in health spending
Preparedness, Surveillance and Response	
	Programme Area: Alert and Response Capacities
	Integrated Disease Surveillance and Response Task Force
	Local training programme on Influenza Sentinel Surveillance
	Programme Area: Epidemic- and pandemic-prone diseases
	Expanded Enteropathogens surveillance orientation workshop
	Programme Area: Polio Eradication
	Validation Committee Orientation Workshop for implementation of polio vaccine switch from tOPV to bOPV
	Orientation workshop of the national polio committees
	Capacity Strengthening & Progress Review Workshop for the Polio Committees for Countries in Eastern & Southern Africa
	Standard Operating Procedures for responding to poliovirus events and Outbreaks
	Programme Area : Food Safety
	Local training programme in Hazard Analysis Critical Control Point



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