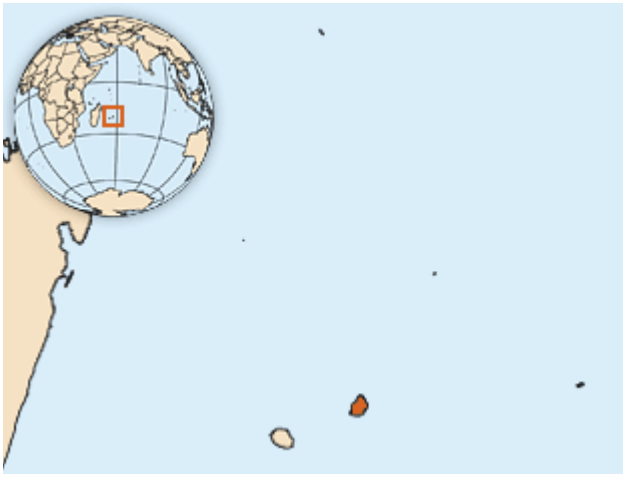
World Health Organization

Country Cooperation Strategy *at a glance*

Mauritius



http:// www.who.int/countries/en/

WHO region	Africa
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2008 -2013)	21.0
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	86.5 (excludes private institutions)
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	71.4 (Male) 74.6 (Both sexes) 77.8 (Female)
Population (in thousands) total (2015)	1273
% Population under 15 (2015)	19.3
% Population over 60 (2015)	14.7
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2005-2013)	89.2
Gender Inequality Index rank (2014)	88
Human Development Index rank (2015)	63
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.81
Private expenditure on health as a percentage of total expenditure on health (2014)	50.83
General government expenditure on health as a percentage of total government expenditure (2014)	10
Physicians density (per 1000 population) (2015)	2.02
Nursing and midwifery personnel density (per 1000 population) (2015)	3.37
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	8.4 [6.2-11.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	13.5 [10.2-17.8]
Maternal mortality ratio (per 100 000 live births) (2015)	53 [38 - 77]
Births attended by skilled health personnel (%) (2015)	100
Public health and environment	
Population using improved drinking water sources (%) (2015)	99.9 (Total) 99.9 (Urban) 99.8 (Rural)
Population using improved sanitation facilities (%) (2015)	93.1 (Total) 93.9 (Urban) 92.6 (Rural)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Mauritius is at an advanced stage in its epidemiological transition. Communicable diseases, problems of maternal and child health (MCH) has markedly decline and are controlled effectively. Coverage rates for immunization, ante and postnatal care, and attended births have reached relatively high levels as a result of implementation of a comprehensive national and maternal child health programmes.

Noncommunicable diseases (NCDs) and Injuries in Mauritius are estimated to account for 80.6% and 9% respectively of total burden of disease. CVDs are the main cause of death (33.5%) followed by Diabetes (predominantly of type 2) and Cancer responsible for 24.7% and 13.3% of total deaths, respectively, in 2015. According to the 2015 National NCD Survey prevalence of type 2 diabetes in the Mauritian population aged 20-74 years was 20.5%: 19.6% (Male) 21.3% (Female). Notwithstanding its high prevalence, Diabetes prevalence for the first time in almost 30 years is not increasing. Compared with the 2009 baseline diabetes prevalence appears to have stabilized. Ratio of known diabetes to newly diagnosed diabetes was approximately 2:1. Prevalence of hypertension was 28.4% : 30.3%(Male) 27.0% (Female). Of those with hypertension, only 52.6% of individuals were currently on medication for hypertension. Thus, for every treated case of hypertension, there was at least one untreated case. The global marketing of unhealthy products along with rapid urbanization contribute to high prevalence level of NCDs risk factors – overweight/obesity (54.3%); tobacco consumption (19.3%).

Incidence of cancer among males and females is on the rise. The Age Standardized Incidence Rate (World) in males rose from 84.8 per 10^5 in 2009 to 136.6 per 10^5 in 2014; and among females from 111.5 per 10^5 in 2009 to 136.6 per 10^5 in 2014. The most prevalent common site for cancer incidence among males in 2014 were colum/rectum (17.1 per 10^5) followed by prostate (16.2 per 10^5) and lungs (13.5 per 10^5). Among females, breast cancer (58.2 per 10^5) followed by colum/rectum (13.5 per 10^5) and cervix (11.7 per 10^5).

HIV prevalence (2015) estimates are 0.8%, with some 10,100 people living with HIV. The epidemic is classified as “concentrated”, with high prevalence among key populations, in particular among people who inject drugs (44.3%), 22.3% (IBBS 2012) female sex workers (FSW), 20% (IBBS 2012) men who have sex with men (MSM) and 19% among prison inmates (PI).

HEALTH POLICIES AND SYSTEMS

The Republic of Mauritius has an established welfare system with the State fully committed to sustain the provision of universal access to quality health care services, free of any user cost, at the point of use to the population.

The pursuit of Primary Health Care (PHC) in the Republic of Mauritius strives to achieve equitable distribution of health resources and support services to the community. The PHC package is delivered through a network of institutions providing preventive, curative and rehabilitative services to the community. To revamp PHC as the lynchpin of the health system and reduce pressure at hospital level a master plan will be developed and implemented. Existing legislations are been reviewed and new ones enacted to improve health system responsiveness. Addressing the major challenge to have effective multi-sectorial actions such as the development of an environment including work environment conducive to healthy lifestyles, strict control of agents driving unhealthy lifestyles such as the fast food industry, Mauritius has developed and is implementing national action plans for Cancer, NCDs Risk factors (Tobacco and Physical Activity) and a National Service Framework for Diabetes. As the 15th country to ratify the WHO FCTC, Mauritius has made important strides towards implementation of the treaty, especially in terms of banning smoking in public places, advertising, promotion and sponsorships, as well as health warnings and pictorials.

COOPERATION FOR HEALTH

The first and only United Nations Development Assistance Framework (UNDAF) developed for Mauritius covered the period 2001-2003. The UN Country Team is striving to work towards implementing the “Delivering as One” (DaO) programme in Mauritius, in a gradual and theme-based approach, based on the UNCT’s comparative advantages.The overarching aim is for the DaO programme to target strategically selected thematic areas where joint UN technical assistance would have a high impact. The Ministry of Finance & Economic Development is the authority coordinating grants and technical assistance and ensuring its monitoring and evaluation. There is no formal sector-wide approach (SWAP) mechanism in place to align and harmonize technical and financial support between the government and all the development partners in the health sector.

Rising per capita income, coupled with favorable health indicators, has impacted on Mauritius’ eligibility for external aid, especially for the health sector. Presence of development partners in Mauritius remains limited. External resources as a percentage of total health expenditures accounted for an average of 2.4% for the period 2007-2011. The main sources of technical assistance and grants to the health sector are WHO and other UN Agencies and the Global Fund to fight AIDS, TB and Malaria.

World Health Organization

Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: To strengthen the control and prevention of new HIV infection and to provide a continuum of comprehensive care to all PLWHIV in order to mitigate the impact of the HIV epidemic on the population at large	• Technical support to develop strategic framework and operational plans for HIV /AIDS • Develop quality national HIV/AIDS/STI surveillance framework (behavioural surveillance/surveys, focusing on MARP and 'bridging' population; HIV sentinel surveillance for the general population) • Develop surveillance plan and protocol to address the existing gaps identified above. • Technical support to meet the *Ambitious 90-90-90 Treatment Targets* (Diagnosed 90% of all PLHIV ; Started and retained 90% of those diagnosed on ART; Achieved viral suppression for 90% of patients on ART)
STRATEGIC PRIORITY 2: To support and sustain national capacity building of competencies required by the International Health Regulations for alert and response systems in epidemics and other public health emergencies	• National assessments of IHR compliance and preparation of action plans to build core capacity for IHR requirements compliance. • Promote institutional capacity building through training programmes in applied field epidemiology targeting health personnel involved in surveillance activities.
STRATEGIC PRIORITY 3: To build national capacity to undertake better detection, assessment and response to major epidemic and pandemic-prone diseases	• Technical assistance for the various aspects of pandemic preparedness and response. The national preparedness plan, incorporating the medical and non-medical response, developed, implemented and tested.

STRATEGIC PRIORITY 4: To promote healthy lifestyles and cost-effective primary and secondary care interventions for prevention and control of major NCDs and injuries, as well as mental health	• Implementation of the strategic framework and national action plans developed to address the prevention, management and surveillance of chronic diseases and NCDs and related risk factors, including
	  ○ National Nutrition Action Plan;
	  ○ National Tobacco Control Action Plan;
	  ○ National Cancer Control Action Plan;
	  ○ Physical Activity Action Plan;
	  ○ National Service Framework for Diabetes

STRATEGIC PRIORITY 5: To strengthen health–system capability to adopt a results-based approach for effective policy-making in line with the spirit of the Programme-Based Budgeting and Medium-Term Expenditure Framework	• Formulation of a Human Resource for Health strategic plan for the medium-term that would cover issues relating to motivation, retention, succession planning and reducing wastes is critical as it would help achieve an optimum match between existing and required skills as the current predominance of NCDs and the threat of emerging health problems require periodic update of skills and maintenance of high standard of performance.
STRATEGIC PRIORITY 6: To enhance the planning, provision (with focus on equitable access) to essential medical products, services and technologies of assured quality and responsiveness to users	• Participation of the Blood Transfusion Services and other laboratory departments in an External Quality Assessment (EQA) schemes. • Implementation of the guideline developed on appropriate clinical use of blood and blood components intensified. • Support the strengthening of the drug management and regulatory system, with particular emphasis on quality assurance and pharmaco-vigilance. Technical support in undertaking surveys to monitor the availability and affordability of essential medicines.