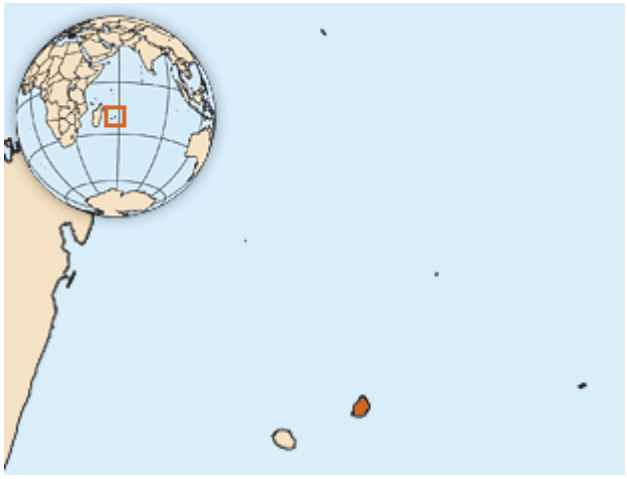
World Health Organization

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 (%) (2016)	86.3 (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 $1.9 a day (PPP) (% of population)	0.5
Literacy rate among adults aged >= 15 years (%) (2015)	92.7
Gender Inequality Index rank (2015)	82
Human Development Index rank (2015)	64
Health systems	
Total current expenditure on health as a percentage of gross domestic product (2015)	5.5
Domestic private expenditure on health as a percentage of total current expenditure on health (2015)	51.47
Domestic general government health expenditure as a percentage of general government expenditure (2015)	9.9
Physicians density (per 1000 population) (2015)	2.0
Nursing and midwifery personnel density (per 1000 population) (2015)	3.35
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 2018 , http://apps.who.int/gho/data/node.country
World Health Statistics 2017

HEALTH SITUATION

Mauritius is at an advanced stage in its epidemiological transition. The demographic status is marked by a rapid ageing population while total fertility rate is below replacement level.

Communicable diseases, problems of maternal and child health (MCH) has markedly declined and are controlled effectively. Coverage rates for immunization, ante and postnatal care, and attended births have reached relatively high levels resulting from implementation of a comprehensive national and maternal child health programmes. 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%), 15% among female sex workers (FSW), 17% among men who have sex with men (MSM) and 19% among prison inmates (PI).

Noncommunicable diseases (NCDs) and Injuries in Mauritius are estimated to account for 84% and 7% respectively of total burden of disease. CVDs are the main cause of death (33.2%) followed by Diabetes (predominantly of type 2) and Cancer responsible for 23.5% and 12.8% of total deaths, respectively, in 2016.

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). Diabetes prevalence has stabilized for the first time in thirty years. 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. High prevalence level of NCDs risk factors, including overweight/obesity (54.3%); alcohol consumption (52.8%) and tobacco consumption (19.3%) and low prevalence of physical activity (23.7%) are cause for concerns.

Incidence of cancer is on the rise. The Age Standardised Incidence Rate (World) in males rose from 84.8 per 10^5 in 2009 to 141.1 per 10^5 in 2016; and among females from 111.5 per 10^5 in 2009 to 175.5 per 10^5 in 2016. The most prevalent common site for cancer incidence among males in 2016 were colorectal (19.5 per 10^5) followed by prostate (19.2 per 10^5) and lungs (13.9 per 10^5). Among females, breast cancer (63.6 per 10^5) followed by colon/rectum (14.7 per 10^5) and cervix (12.2 per 10^5).

HEALTH POLICIES AND SYSTEMS

The three year National Strategy Plan (2017-2019) identifies three priority areas : refocusing health expenditures on prevention and control of NCDs, adjusting health care policies for an ageing population, and improving public health service delivery to make health system responsive to the health care needs of the population.

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 PHC package is delivered through a network of institutions providing preventive, curative and rehabilitative services to the community

Private services are largely separated from Public system and financed by out-of-pocket payment and to some extent by the Voluntary Health Insurance schemes.

Existing legislations have been reviewed and new ones enacted to improve health system responsiveness, including FCTC compliant regulations on tobacco.

Mauritius has embarked on a comprehensive assessment of National Health System focussing on challenges and opportunities to improve NCD outcomes and will move towards development of a Societal Dialogue Forum. A high level multi-stakeholder NCD committee has been constituted. Actions in the field of e-health are also being undertaken.

Mauritius has developed and is implementing various national action plans for NCDs. The challenge is now to develop an Integrated NCD action plan. Other challenges to be addressed include intersectoral coordination, consolidating PHC as hub for NCD care, community empowerment; continuity of care, coordination across providers, patient centred care and putting in place mechanism for prioritizing public health budget allocation. WHO collaborative efforts is focused on integrated and co-ordinated care for bringing in the efficiency in health system, improving quality and advancing Universal Health Coverage.

COOPERATION FOR HEALTH

There is no formal sector-wide approach 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. Mauritius, though its engagement with the European Union under the EU/LUX-WHO UHC Partnership Programme, is expected to benefit in terms of support for policy dialogue for UHC.

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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 implement the national strategic framework 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) • 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) • Support implementation of WHO HIV treatment guidelines (2015) and Test and Treat All initiative
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	• Provide technical leadership in adapting the IDSR Guidelines and tools to meet local specificities • Facilitate institutional capacity building of training institutions to train Rapid Response Teams (RRT) • Build capacity of the RRT in terms of event-based surveillance and promote an integrated diseases surveillance response • Provide technical support to conduct a Joint External Evaluation (JEE) for IHR Compliance and implementation of the JEE recommendations
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. • Develop Standard Operating Procedures for implementation of events based surveillance • Promote GIS capacity building for prevention, preparation, detection and rapid response to and recover from outbreaks and emergencies
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	• Provide technical support for the development of an integrated action plan on NCD. • Promote the adoption of best practices in NCDs prevention and control • Provide leadership in engaging partnership for joint NCD action. • Convene and coordinate actions between health authorities, NGO's, Academic and private sector in view of promoting integrated and coordinated NCDs actions. • Advocate for mobilisation of additional resources • Build partnership for supporting NCD related actions
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	• Provide institutional capacity support to set up a National Health Workforce Account as a harmonized, integrated approach for annual and timely collection of health workforce information with a view to strengthening strategic workforce planning culture • Engage public -private collaboration to elaborate and validate National Human Resources for health Plan • Provide evidence-based financing options (including health insurance policy) as well as translating the decision to set up a health insurance schemes for civil servants into action • Provide technical support to monitor the performance of the health sector (public) and its responsiveness through indicators relating to patients satisfaction • Support evidence-based dialogue to inform development of Health Financing Strategy
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	• Provide technical support for elaboration of a National Laboratory Policy and Strategic Plan • Provide technical support for review of National Blood Policy and framing of draft regulations on Blood Safety • Support the strengthening of the drug management and regulatory system, with particular emphasis on quality assurance and pharmaco-vigilance. • Facilitate setting up of norms and standards for quality health care