



World Health  
Organization

Mauritius



# BIENNIAL REPORT 2022-2023

*Improving health outcomes and  
reinforcing resilience in an uncertain world*



# BIENNIAL REPORT

2022-2023

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# FOREWORD



It is with great pleasure that I present you with the WHO Mauritius Country Office's report for the 2022-2023 biennium.

As you know, these two years have been particularly strategic. Firstly, in terms of tackling the second phase of the COVID-19 pandemic marked by the emergence of the Delta variant in the late 2021 and early 2022 and, subsequently, the progressive control of the pandemic through extensive vaccination campaigns. The swift and effective mobilization and administration of vaccines enabled the stabilization of the outbreak and a progressive return to "normal" for the country's activities and continued socioeconomic development.

Secondly, when control of the pandemic had sufficiently progressed, it was time to reorient our activities toward other key health priorities: i) ensuring people enjoy increasing access to quality and affordable health services, that address their needs, ii) ensuring that lessons from the response to COVID-19 are institutionalized to form a robust strategy to enhance public health emergency preparedness and response capacity in compliance with the International Health Regulations, and iii) working with people and partners to address jointly unhealthy behaviours which increase the risks and rate of noncommunicable diseases and premature death.

Indeed, this report highlights the WHO's work with the Ministry of Health and Wellness (MOHW), the Government and its many partners to i) build resilient health systems to advance Universal Health Coverage, ii) strengthen Emergency Preparedness and Response, iii) promote healthy behaviours and healthy environments, and iv) support use of data and evidence for integrated people-centered care.

These four pillars of the WHO's intervention in Mauritius are aligned with WHO's Thirteenth Global Programme of Work and form the base of our Country Cooperation Strategy (CCS) 2023-2026 which we launched in January 2023 with many of you. Our CCS was developed to dovetail with the MOHW's Health Sector Strategic Plan 2020-2024 and the Government Programme 2020-2024. It also provided the strategic health outcomes for the three pillars - People, Prosperity and Planet - of the United Nations Sustainable Development Cooperation Framework signed in October 2023 to ensure greater synergy between WHO and other UN agencies to achieve the Sustainable Development Goals by 2030.

WHO also celebrated its 75th anniversary on April 7, 2023, by organizing health promotion campaigns, blood donations, commemorative health walks led by the Prime Minister and the Rodrigues Deputy Chief Commissioner. These events allowed us to highlight the Organization's contribution to global health improvements over the past 75 years. We were humbled by your contribution and participation in these celebrations which bear testimony to your support for the work of WHO in Mauritius and beyond.

We are tremendously grateful to the Government of the Republic of Mauritius and to the Ministry of Health and Wellness for their trust in WHO and their unstinting commitment to improving the life, health and well-being of the Mauritian people. We thank our colleagues of the UN system, our bilateral and multilateral partners, the private sector, academic and research institutions, civil society and the people of Mauritius for their valuable support and collaboration. The Regional Director of the WHO Office for Africa, Dr Matshidiso Moeti, and the WHO Director-General, Dr Tedros Ghebreyesus, and their teams also deserve our special appreciation for the continued support and contribution to the results of our office in Mauritius.

We firmly believe that it is through these partnerships and by creating synergies that we will succeed in advancing the health agenda in Mauritius in a robust and sustainable manner.

**Dr Anne Ancia**

**WHO Representative to Mauritius**

# ACRONYMS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CCS</b>	Country Cooperation Strategy
<b>DHIS2</b>	District Health Information Software Version 2
<b>GDP</b>	Gross Domestic Product
<b>GPW-13</b>	Thirteenth General Programme of Work
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSSP</b>	Health Sector Strategic Plan
<b>ICOPE</b>	Integrated Care for Older People
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IHR</b>	International Health Regulations
<b>IPC</b>	Infection Prevention and Control
<b>MOHW</b>	Ministry of Health and Wellness
<b>NAPHS</b>	National Action Plan for Health Security
<b>NCD</b>	Noncommunicable diseases
<b>NINAP</b>	National Integrated Noncommunicable diseases Action Plan
<b>PV</b>	Pharmacovigilance
<b>SDGs</b>	Sustainable Development Goals
<b>SIDS</b>	Small Island Developing States
<b>SRH</b>	Sexual and Reproductive Health
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>WHO</b>	World Health Organization
<b>WHO/AFRO</b>	WHO Regional Office for Africa
<b>WHO/HQ</b>	WHO Headquarters

# COUNTRY CONTEXT



The Republic of Mauritius is an island country of 1.2 million inhabitants located in the Indian Ocean, about 2,000 km off the East Coast of Africa. It includes the main island of Mauritius, as well as Rodrigues, Agalega, St Brandon, the Chagos Archipelago and Tromelin. The domestic economy was heavily hit by COVID-19, registering a contraction of 14.5% in 2020. This resulted in Mauritius being downgraded from High Income to Upper Middle-Income status. The country has since made great strides, with GDP growth of 3.4% and 8.9% in 2021 and 2022, respectively, while GDP per capita amounted to USD10,256 in 2022. Mauritius continues to maintain its high human development index status (HDI value of 0.796 in 2022) since 2010 ranking 72nd globally.

Mauritius boasts a welfare state providing free access to health services at points of care delivery, including advanced medical procedures such as cardiothoracic surgery and renal transplants. The country maintains a robust health system which is reflected in a high universal health coverage index of 66 in 2021 (against 68 globally, and 44 in Africa). Service capacity and access, one of the sub-indices of UHC, was as high as 78 while that related to noncommunicable diseases was 61. Achievements over the last decades include a rising life expectancy of 74.4 years-old at birth as of 2022<sup>1</sup> (although healthy life expectancy is 63 years-old), the elimination of malaria and an immunization coverage rate of over 90%.

The Mauritian health system continues, however, to face significant challenges. The growing burden of noncommunicable diseases, including cardiovascular and bronchopulmonary diseases, diabetes and cancer, remains the first cause of premature deaths in the country due to the high prevalence of unhealthy behaviours and risk factors linked to the consumption of tobacco, alcohol, drugs, unhealthy food, limited physical exercise and environmental exposure.

Communicable diseases such as dengue are resurging with the increasing movement of people and goods across borders and the effects of climate and environmental changes. Other challenges, such as an ageing population, rising expectations of patients for state-of-the-art health care and increasing health care costs, require continued efforts, investments and health system adaptation.

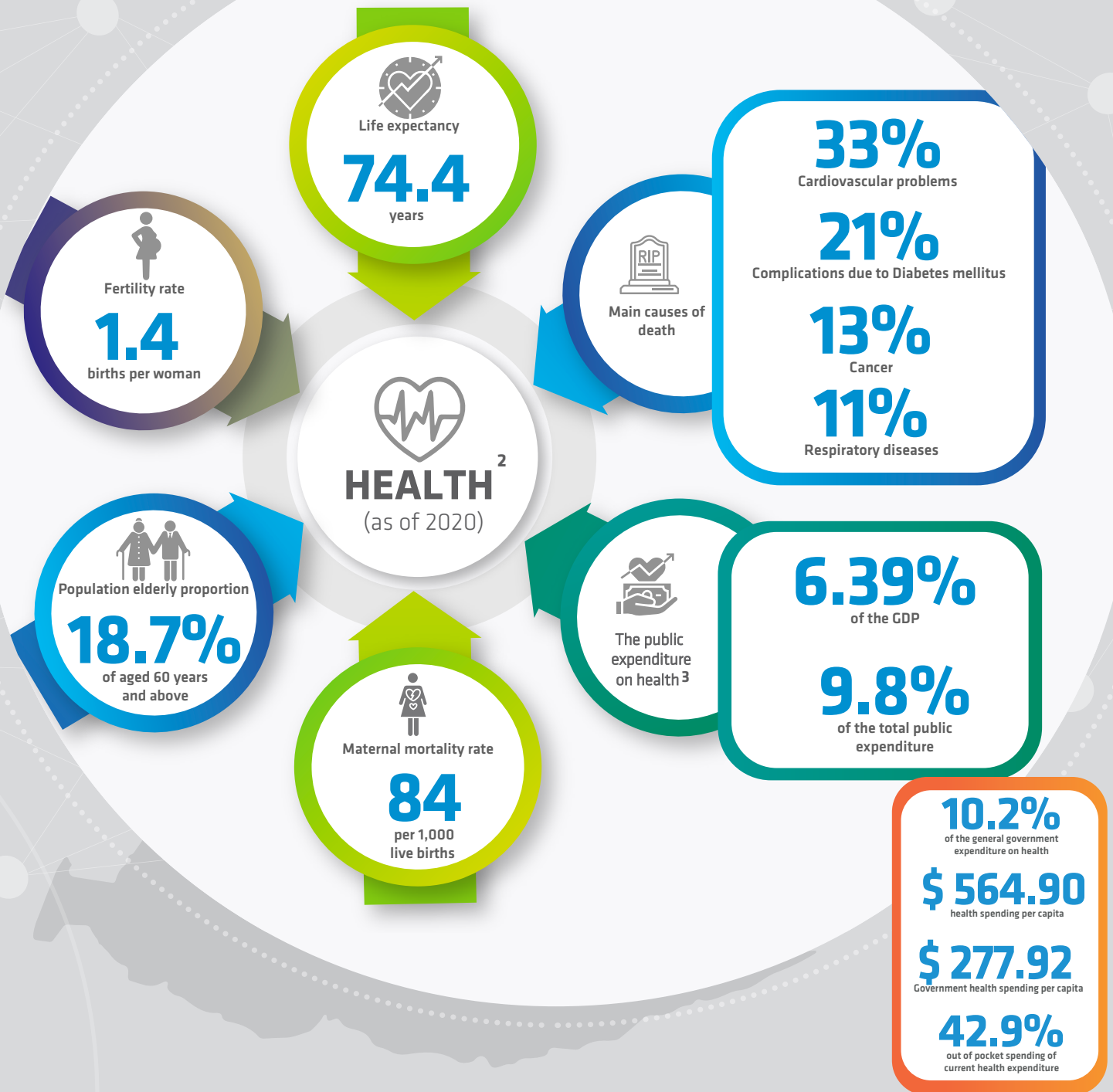
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1 [How do Mauritians feel about their health.pdf \(govmu.org\)](https://govmu.org)



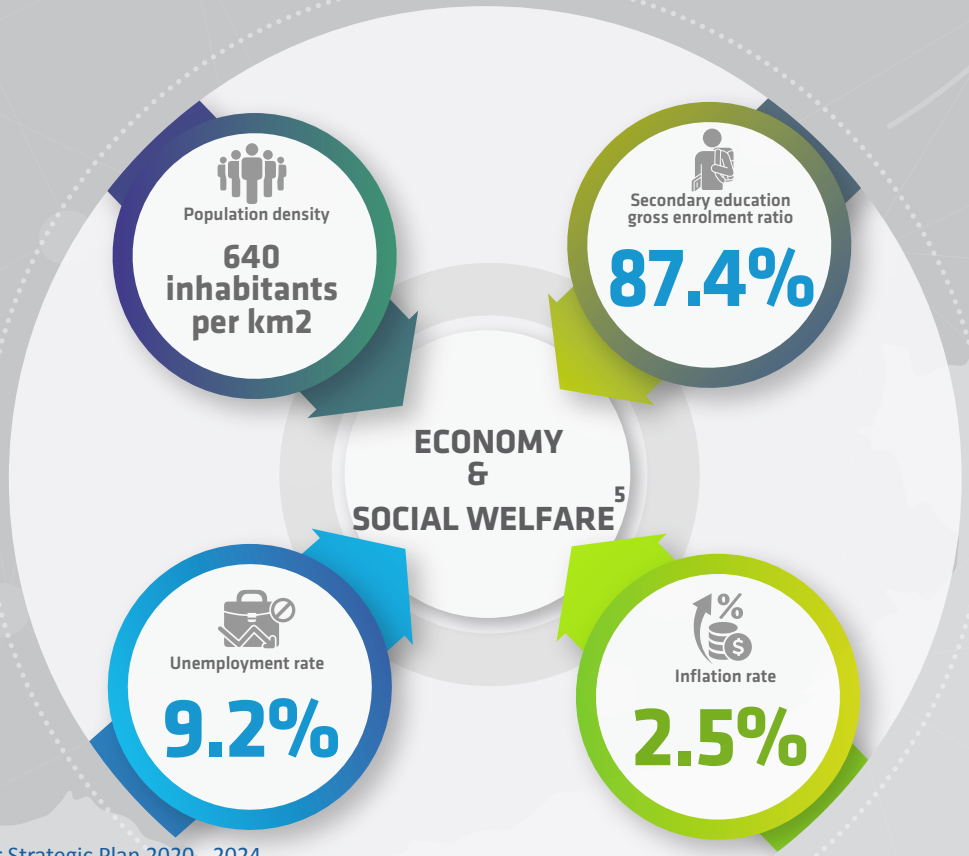
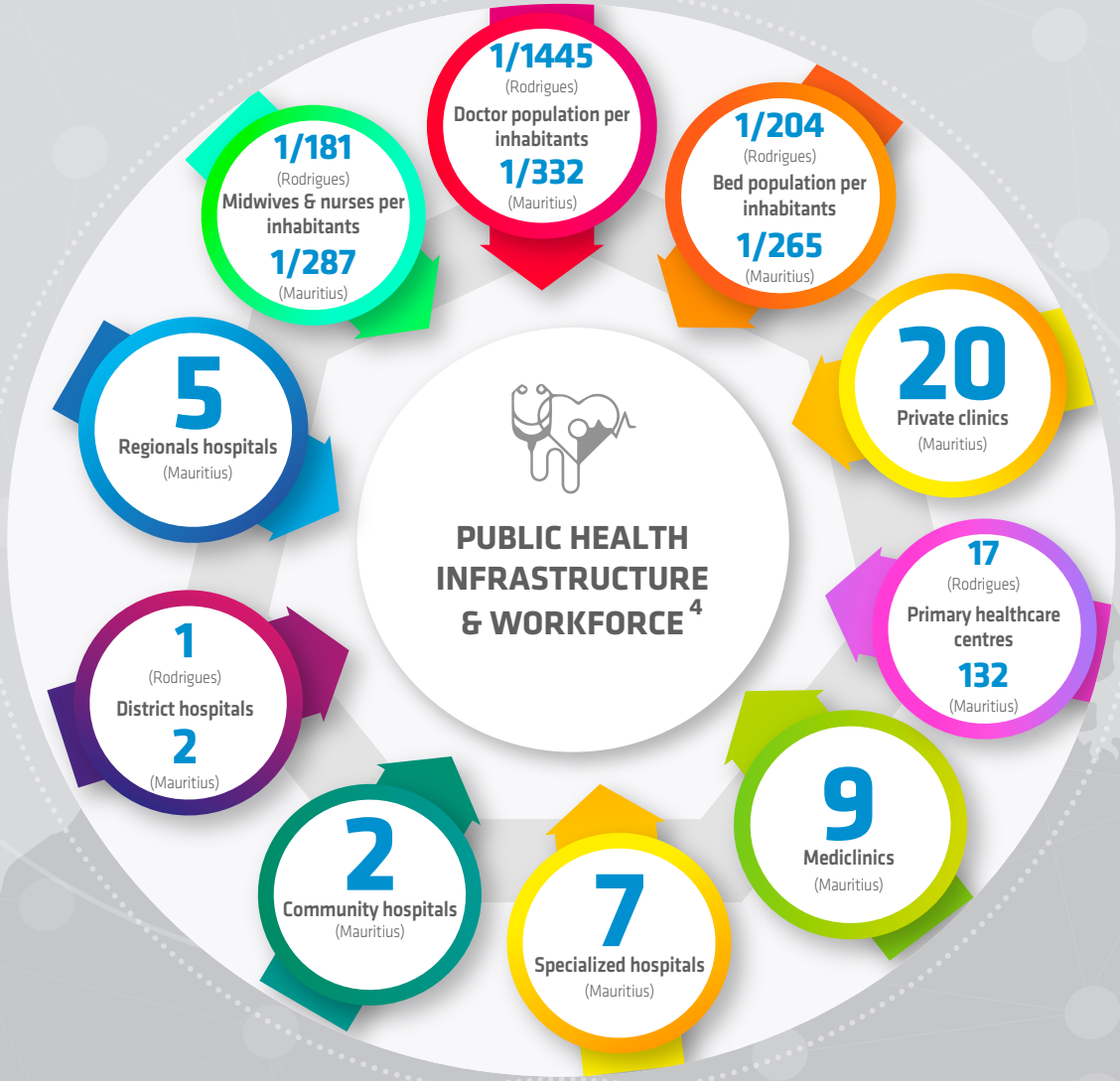


## Key facts and figures



<sup>2</sup> <https://statsmauritius.govmu.org>

<sup>3</sup> Global Health Expenditure Database, WHO



<sup>4</sup> Mauritius Health Sector Strategic Plan 2020 - 2024

<sup>5</sup> <https://statsmauritius.govmu.org>



## **ACHIEVEMENTS IN 2022-2023 BY PILLARS**



# PILLAR 1: ACCELERATING PROGRESS TO ACHIEVE UNIVERSAL HEALTH COVERAGE

## Key achievements

### Training and capacity building:

- Tripartite Cooperation Framework for postgraduate training for a first cohort of 50 family doctors with the University of Mauritius established;
- Master Training of Trainers curriculum designed to build capacity and support implementation of the HIV Prevention Strategy;
- 35 health care providers trained to cascade training on delivering adolescent-friendly services;
- 400 health professionals trained in the implementation of Integrated Care for Older People, and over 1,000 older people screened for the early detection of physical and cognitive impairments;
- 20 participants from multi-disciplinary backgrounds trained on maternal and perinatal death surveillance and response; and
- First cohort of 26 laboratory professionals trained on effective and efficient quality management system in medical laboratories.

### Strategies and action plans development:

- National Integrated NCD Action Plan and Service Framework endorsed by Cabinet of Ministers;
- National Integrated Noncommunicable Diseases Action Plan launched;
- National HIV Strategic Action Plan and HIV Prevention Strategy endorsed by Government;
- Environmental Surveillance Plan developed and operationalized to improve the sensitivity of polio surveillance;
- Preparedness and readiness plan to deploy the new oral vaccines in case of an outbreak associated with vaccine-derived polio virus;
- National Integrated Care for Older People Strategic and Action Plan 2022-2026 validated;
- National Sexual and Reproductive Health Policy and Implementation Plan 2022-2027 developed;
- Mauritius Medical and Healthcare Products Act Regulations 2023 drafted; and
- Second Antimicrobial Resistance National Action Plan 2024-2028 developed.

### Evaluation, assessments and tools development/implementation:

- Health Financing Progress Assessment conducted; matrix developed and published;
- Fifth National Health Accounts validated by Government;
- Independent National Committee for the Verification of Measles Elimination established;
- Assessment for continuous improvement of foot care services and practices to reduce diabetes-related amputations conducted; and
- Health product supply chain system assessed and gaps addressed through elaboration of SOPs.

In 2022-2023, WHO's efforts to advance Universal Health Coverage (UHC) across the life course were grouped under three outcomes: access to quality health services, health financing and governance, and improved access to medicines, vaccines and health products.

## 1.1 SERVICE ACCESS AND QUALITY

### 1.1.1 Provision of high quality, people-centered health services

#### Agreement with the University of Mauritius on family medicine

A Memorandum of Understanding (MoU) was signed between the University of Mauritius (UOM), the MOHW and WHO in November 2023 to provide a framework of cooperation for the university education and accreditation of a first cohort of 50 family doctors.

Signatories of the MoU will collaborate on the following themes:

- Capacity building through the development of an accredited training programme for community physicians; and
- Collaboration with an internationally renowned university to accompany the UOM in the first phase of this programme.

This programme aims to foster a people-centered, integrated approach to quality health service delivery for medical doctors working at Primary Health Care (PHC) level.

To kick start this MoU, WHO donated a paediatric simulator worth approximately USD100,000 to the university in support of its Family Medicine programme.

This post-graduate training programme should be launched in 2024.

### 1.1.2 Strengthening the health system to improve noncommunicable diseases outcomes

#### Launch of the National Integrated Noncommunicable Diseases Action Plan and Service Framework



Noncommunicable diseases (NCDs) represent a significant health burden for Mauritius. They are responsible for the lion's share of the country's morbidity (80%) and mortality (85%), with cardiovascular diseases and complications related to diabetes mellitus constituting the first two principal causes of premature deaths.

With the support of WHO, the MOHW launched the National Service Framework (NSF) and National Integrated NCD Action Plan (NINAP) in June 2023, marking a significant step forward in the nation's struggle against NCDs through the adoption of a coordinated, comprehensive and multisectoral approach, accompanied by a framework to manage and control all NCDs.

The complementary five-year plan and service framework set out detailed pathways for scaling up proven interventions and filling gaps in the management of NCDs. The development of the NINAP, informed by an initial multisectoral stakeholder survey and consultations, ensures a holistic approach to the prevention, control and management of NCDs.

### Podiatric training for foot care nurses and foot care assessment

Diabetes affects one Mauritian in five and is among the first causes of mortality and disability in the country. Diabetes also leads to a high number of amputations (403 in 2022), 85% of which are considered avoidable. WHO and MOHW conducted an assessment for the continuous improvement of foot care services and practices to reduce diabetes-related amputations.

Recommendations of the assessment have contributed to:

- The further decentralization of foot care services to bring them closer to the people;
- An increase in the population's awareness about the complications associated with diabetes and the early management of foot ulcers; and
- Capacity building for the 17 specialized foot care nurses for the early detection and quality management of ulcers.

A comprehensive analysis of foot care data for the period 2008-2022 indicated a deceleration in the growth rate of new lower limb amputation cases among diabetics, suggesting a gradual impact of the foot care services over time. A drop in the number of re-amputation cases between 2020 and 2022 was also noted.

This project complements WHO's actions on diabetes prevention and control, starting with the development of the ten-year National Service Framework for Diabetes in 2007, the setting up of a Diabetes and Vascular Health Centre, and the creation of decentralized Diabetes Health Care Clinics (DHCCs) in regional hospitals and primary health care points, which had screened over 60,000 diabetic patients and treated 2000 cases of diabetic foot ulcers as of 2019. WHO also provided DHCCs with specialized podiatry chairs in 2018.



## 1.1.3 Strengthening the health system to better address communicable diseases outcomes

### Supporting the national HIV/AIDS response

To address the underperformance in achieving the 95-95-95 targets (diagnose 95% of all HIV-positive individuals - provide antiretroviral therapy for 95% of those diagnosed - achieve viral suppression for 95% of those treated) by 2030, WHO supported the elaboration of a National HIV Strategic Action Plan 2023-2027. The plan's five strategic objectives include the reduction of at least 25% in new HIV infections, the reduction of at least 50% of the number of AIDS-related deaths among persons living with HIV, halting mother-to-child transmission of HIV to zero, and reducing barriers to HIV and harm reduction services. An annual operational plan enlisting the contribution of nongovernmental organizations and civil society for 2023 was also developed to translate the strategic objectives into action.

The National HIV Strategic Plan 2023-2027 was instrumental for the HIV Country Coordination Mechanism to submit a technically sound and strategically focused request for funding covering the period 2024-2026. Based on a tailored transition approach, the request is the seventh and last Global Fund allocation cycle for the Mauritius HIV Programme, amounting to around USD2.4 million.

## Strengthening the HIV prevention strategy

To effectively address the 95-95-95 targets by 2030 and achieve “zero new HIV infections and zero AIDS-related deaths within a setting of an inclusive society free from stigma and discrimination”, WHO drafted a national HIV Prevention Strategy (2024-2028).

The core strategic objectives include doubling the access and uptake of HIV prevention services by 100% of the current levels, implementing a comprehensive sexual education curriculum in 90% of primary and secondary schools in the country, and conducting community awareness campaigns to reach at least 80% of the general population and 90% of the key populations with comprehensive sexual education by 2028.

A Master Training of Trainers was also developed to build capacity and support implementation of the HIV Prevention Strategy. The training will start in 2024.



### Key facts

- HIV prevalence among adults aged 15-49 years is 1.4%
- A 32% decline in the estimated number of new HIV infections since 2010
- A 34% decrease in HIV prevalence since 2010.

## Supporting the process of certification of measles elimination



Mauritius is on track to become the first African country to be certified for measles elimination due to its high measles vaccination coverage. However, the movement of people in and out of the country poses a constant risk of measles reintroduction.

In 2021, a reduction in the measles vaccination coverage to 77% and the absence of reports on suspected cases of measles since the last outbreak in 2019 alerted to a possible drop back in measles control and called for corrective actions to mitigate the risk of another outbreak.

To improve the sensitivity of the surveillance, WHO retrained 28 health professionals, including regional public health superintendents and mid-level Expanded Programme on Immunization (EPI) managers, in surveillance processes and advocated for the introduction of new, more sensitive tools to track immunization defaulters and for heightened monitoring and supervision.

To initiate the process of measles elimination certification, WHO helped establish the independent National Committee for the Verification of Measles Elimination in line with international recommendations. This body will oversee the documentation and confirmation of measles elimination from the thorough analysis and validation of surveillance, laboratory and vaccination data which will subsequently be presented to the Regional Verification Commission. The first progress report was submitted to this regional body in May 2023.

## National Polio Surveillance as part of the Global Polio Eradication Initiative

Africa was declared indigenous wild poliovirus-free in August 2020. However, a year and a half later, circulating vaccine derived polioviruses (cVDPVs) resurfaced in south-eastern Africa. These pose a threat to Mauritius with the movement of travellers to and from the sub-region. As in previous years, WHO supported the MOHW in the development of its annual update reports, together with poliovirus containment reports and polio outbreak and preparedness plans.

The gold standard for poliovirus detection in the Global Polio Eradication Initiative is the surveillance of acute flaccid paralysis (AFP) in humans, which is being systematically implemented in Mauritius. However, with the transmission of cVDPVs in some countries, WHO also recommends Environmental Surveillance as a means to improve the sensitivity of polio surveillance through the detection of poliovirus transmission, even in the absence of polio cases among humans.

WHO has supported environmental surveillance in the four main sewerage treatment plants of Mauritius on a monthly basis since August 2023. Capacity building provided in environmental surveillance is not limited to polio but can be extended to detect other pathogens and biomarkers as it is relatively cost effective, anonymous and non-invasive.

In view of the challenges associated with the persistence of poliovirus outbreaks linked to the type 2 circulating vaccine-derived poliovirus (cVDPV2), a novel polio vaccine type 2 (nOPV2) is available, through an emergency use listing procedure. WHO worked on Mauritius' preparedness and readiness plan to deploy nOPV2 in case of an outbreak associated with cVDPV2.

As there is no guarantee of the absence of laboratory facilities in possession of WPV3 and associated materials, the African Regional Certification Committee requires countries to implement the Wild Polio Viruses type 1 and 3 (WPV1/3) inventory and survey activities and to produce a validated national containment report. WHO availed technical support to undertake these mandatory requirements. A survey targeting 78 public and private laboratories revealed that no facilities were in possession of WPV1/3 or cVDPV infectious or potentially infectious materials.

#### 1.1.4 Addressing population health needs across the life course

##### Building an adolescent responsive health care

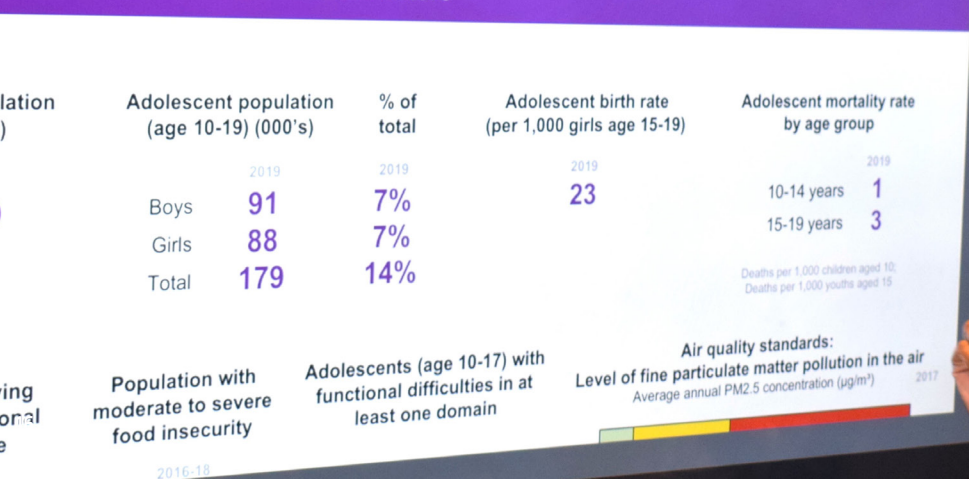
Adolescence is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth linked to significant death, illness and injury which are preventable or treatable.

It is also a strategic time for the adoption of healthy behaviour – related to diet, physical activity, substance use and sexual activity – that can impact one's health and the health of others for the rest of the lifespan.

The adolescent population (aged 10-19) in Mauritius was estimated at around 172,400 in 2021, representing 13.6% of the total population. MOHW developed a draft strategic plan to address the specific needs of adolescents with WHO providing inputs to ensure alignment with international norms and standards.

Following the introduction of a new policy placing adolescent health care under the purview of pediatricians, WHO organized a Training of Trainers for 35 health care providers delivering adolescent-friendly services in 2023. The trainees were oriented on adolescent health issues using the WHO Orientation Programme on Adolescent Health for Health Care Providers.

#### Key Indicators and Contextual Factors







### Supporting the development of the national Integrated Care for Older People strategic and action plan

Mauritius’ demographic evolution poses significant challenges for the country’s health system. The proportion of people over 60 has doubled over the past two decades and the trend is expected to continue in the coming decades. Indeed, one Mauritian in three will be aged 60 or above by 2061, while the share of “oldest, old people” (80 and over) is set to increase twofold.

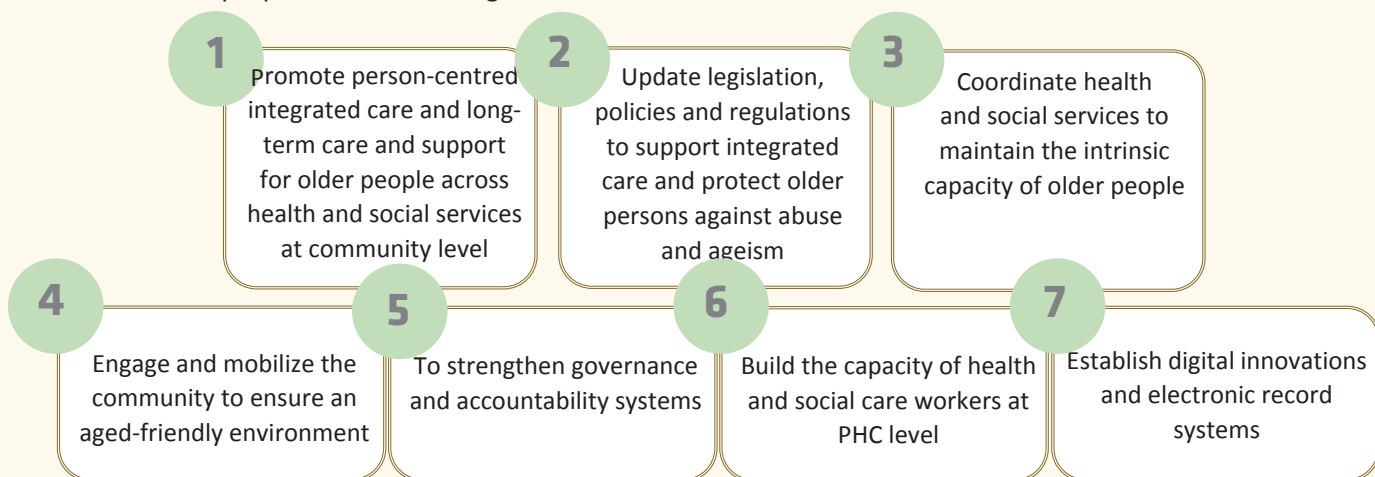
The health system and health services therefore need to adapt to the needs and demands of an ageing population. To prepare the public health system to meet this challenge, WHO supported the development of a national Integrated Care for Older People (ICOPE) Strategic and Action Plan 2022-2026.


The ICOPE approach is underpinned by the principle that intrinsic capacity and functional ability can be maximized when services and systems integrate healthcare and social care for older people in a manner that responds to their unique needs. As such, it espouses the following features:

- Community-level and home-based interventions;
- Person-centred assessments and integrated care plans;
- Shared decision-making and goal-setting;
- Support for self-management;
- Multidisciplinary care teams;
- Unified data and information sharing systems; and
- Community engagement and caregiver support.

Informed by the principle of providing continuity of people-centered care to older people, the ICOPE Strategic and Action Plan was launched by the Prime Minister, Honorable Pravind Kumar Jugnauth in 2023. ICOPE was initiated by WHO, MOHW and the Ministry of Social Integration, Social Security and National Solidarity with the training of a core team of trainers from multi-disciplinary backgrounds.

The document proposes seven Strategic Priorities:





So far, more than 400 health professionals have been trained in the implementation of ICOPE, including doctors, nurses, social workers, psychologists and dieticians. In addition, over 1000 older people have also been screened for the early detection of physical and cognitive impairments under a pilot project which aims to understand the need for referral to higher health services and plan for the expansion of these services accordingly.

### Improving sexual reproductive health outcomes

Mauritius is seeing a rising number of cases of sexually transmitted infections and post-abortion complications due to the low uptake of and ill-adapted family planning and sexual health services and cares. WHO worked with the authorities to develop the National Sexual and Reproductive Health (SRH) Policy and Implementation Plan 2022-2027 in line with Government's vision to enable and support all Mauritians in realizing their full potential for sexual and reproductive health and well-being. The two documents were launched in October 2022.

The implementation plan delineates six priority areas:

- Promote sexual health as part of an overall and positive approach;
- Enhance community awareness, information and prevention through a life course approach
- Improve the SRH service delivery system;
- Respond to the SRH needs of specific population groups;
- Address the SRH needs of children, adolescents and young adults; and
- Promote SRH research, knowledge and innovation.

Improved health service delivery outcomes will be bolstered by a series of community awareness campaigns and training programmes, while monitoring and evaluation will be conducted by the National SRH Committee.

### Improving quality of health care to address maternal and perinatal mortality

Mauritius has witnessed an increase in the maternal mortality rate from 52 deaths per 100,000 live births in 2010, to 84 deaths per 100,000 live births in 2020. Causes included severe bleeding during and after delivery, complications during abortion, hypertensive disorders during pregnancy, infections (especially post-partum), and obstructed labour.

Considering that most of these causes are preventable in nature if the appropriate actions are taken, WHO recommends that countries establish a maternal and perinatal death surveillance and response (MPDSR) plan which is an essential intervention for the identification, notification, quantification and determination of the causes and factors leading to maternal and neonatal deaths and stillbirth.

In view of establishing a MPDSR, 20 participants from multi-disciplinary backgrounds, including health care professionals from private and public clinics, consultants, experts in SRH, statisticians and academia, followed a training course in 2023. It covered the principles, approaches and impact of MPDSR and new techniques to conduct confidential inquiries, maternal and perinatal death reviews and the steps towards setting up an effective MPDSR system.

Trainees recommended the setting up of a national MPDSR committee and the development of a national roadmap for the establishment and implementation of MPDSR at all levels of the health system.

## 1.2 HEALTH SERVICES FINANCING AND GOVERNANCE

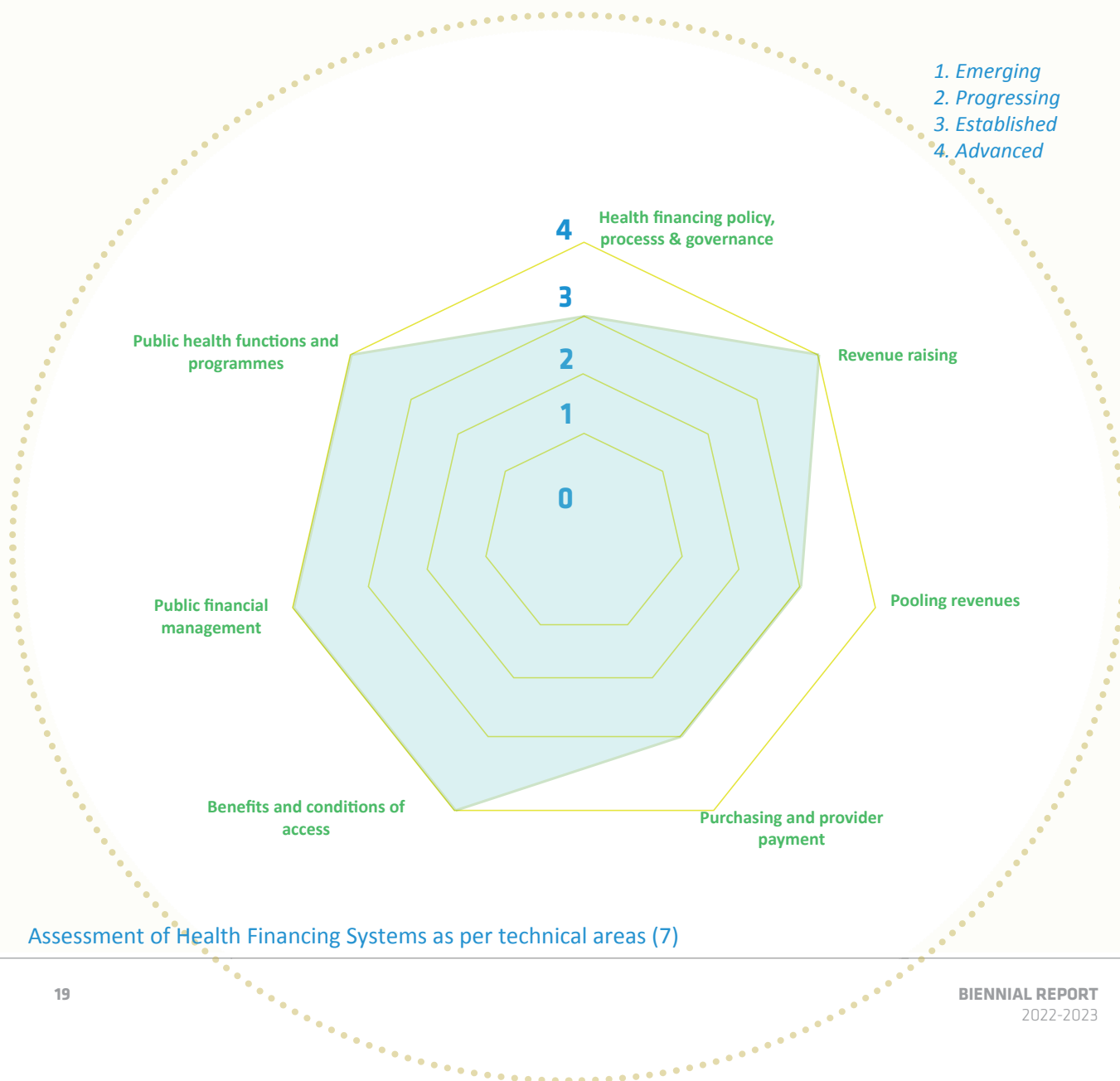
### 1.2.1 Advancing UHC with the Health Financing Progress Matrix

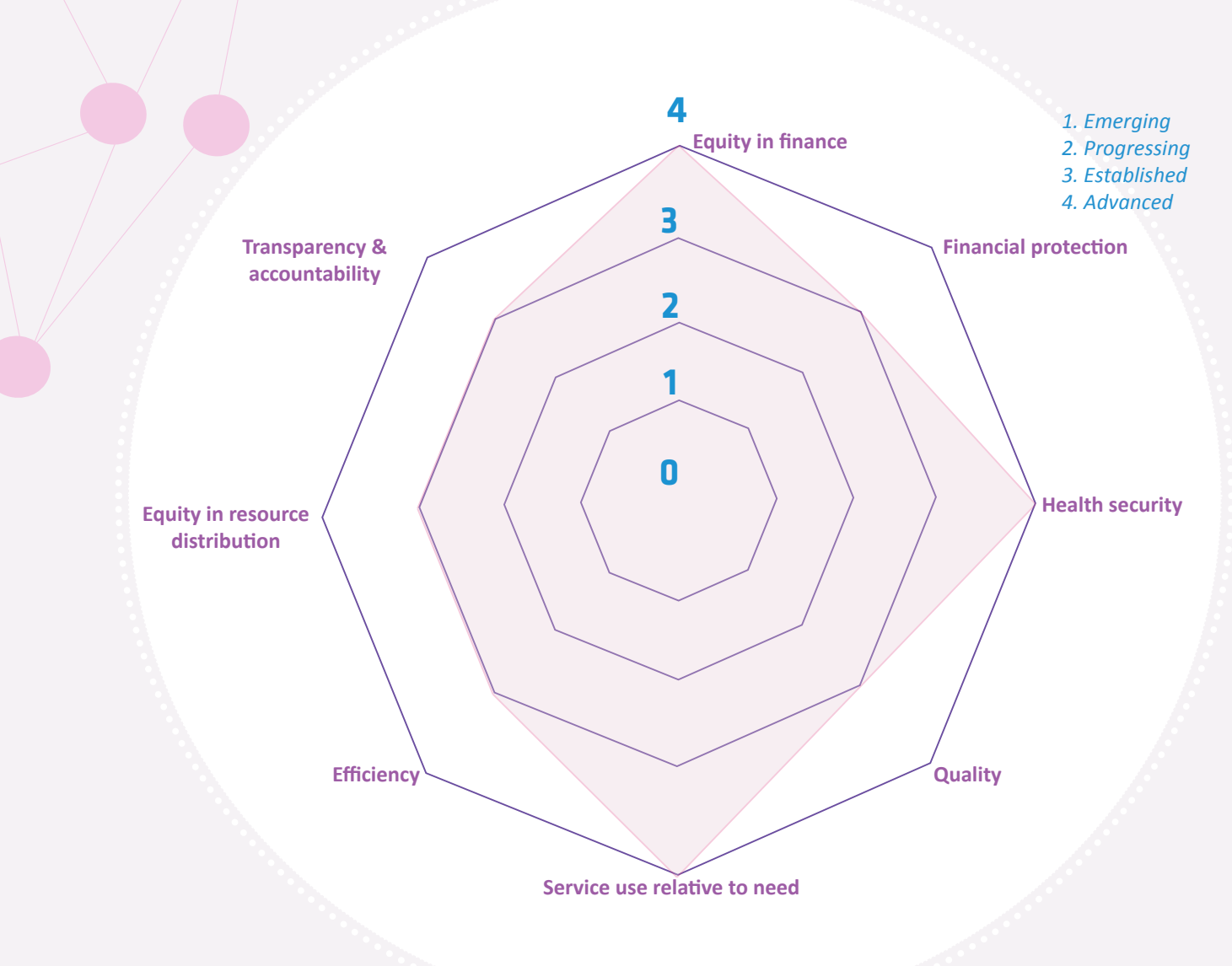
The national Health Sector Strategic Plan (HSSP) 2020-2024 advocates for the development of a new health care financing strategy building on WHO's approach and focusing on core functions such as revenue raising, pooling of funds, and strategic purchasing of health services. As part of this objective, technical assistance was availed through the adaptation of WHO's standardized qualitative assessment of national health systems, namely the Health Financing Progress Matrix (HFPM).

This matrix is designed to provide real-time policy information complements to the ongoing systematic assessment of health revenues and expenditures through the National Health Accounts (NHA). A HFPM was finalized in 2023 providing a thorough assessment of the strengths and weaknesses of the Mauritius health financing system, based on a set of evidence-based benchmarks, framed as nineteen desirable attributes, with respect to seven technical areas and eight intermediate objectives and final goals of UHC.

Taking cognizance of what other countries required to achieve progress towards UHC and assessment scores, the HFPM also proposes evidence-based recommendations for Mauritius to improve on its UHC score of 0.66 (2021), across all the seven technical areas.

The ratings are illustrated in the spider diagrams below:





### Assessment of Health Financing Systems as per UHC objectives (8)

Source: Based on HFPM data collection template v20. Mauritius 2022

Mauritius achieved Advanced status in four out of seven technical areas, namely revenue raising, benefits and entitlements, public financial management and public health functions and programmes. With respect to achieving UHC objectives, the health financing systems is at an Advanced stage, in terms of Equity in finance, Service use relative to need, and Health security. The assessment reaffirmed previous analyses that found that Government spending has resulted in significant pro-poor services distribution. Entitlements and obligations are generally well-defined, structured and clearly understood by the population.

Defined benefits are aligned with available revenues and health services. An efficient system exists for health expenditure reporting, backed by a comprehensive framework for effective financial management in the public service of Mauritius.

Health programmes are aligned with the overall financing policies of Government with key objectives to cater for the rampant demand for specific services, while coping with both other internal and external factors, including technology acquisition and availability of quality, safe and efficient medicines.

By providing the health authorities with a blend of quantitative metrics and qualitative analysis of the country's health spending, the HPFM has shown itself to be an increasingly useful tool in forging public policy.

The HFPM assessment subsequently informed a high-level national health financing dialogue, the first of its kind in three decades. The assessment influenced the position statement adopted at the health financing dialogue with expressed commitments to increase health allocations (More Money for Health), improve service delivery effectiveness (More Health for the Money), ensure financial equity (Equity for improved Financial Protection in Health), and enhance country leadership in health financing (Strengthened Country Leadership of the Health Financing Agenda).

## 1.2.2 Accounting for the future through the analysis and release of the National Health Accounts

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Financially sustainable health systems hinge on the availability of reliable data on health financing and trends. This information is used for monitoring, decision-making and the efficient use of funds. In times of economic uncertainty and shocks, the need to ensure transparency and accurately keep track of financial resources is essential.

WHO supported the MOHW's National Health Accounts (NHA) Committee in the preparation of the fifth round of National Health Accounts. This financial tracking exercise provided the country with valuable insights into health financing and spending trends. The NHA Report 2020 was prepared in line with the WHO/OECD System of Health Accounts 2011 Framework and by using the Health Account Production Tool.

The 2020 report revealed an increase in Total Health Expenditure and Current Health Expenditure by around 40% between 2014 and 2019, while Capital Formation rose by almost 100% due in large part to investments in public health infrastructure. Among other things, the report recommends the scaling up of the production of health financing information to support decision-making, the development of a National Health Financing Strategy based on the WHO approach and increasing the budget of MOHW.

## 1.3 IMPROVED ACCESS TO MEDICINES, VACCINES AND HEALTH PRODUCTS

### 1.3.1 Improving the resilience of the health product supply chain system

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Lessons learned from the first wave of COVID-19 underlined fragilities in the logistical, operational and supply chain capacities needed for timely and effective public health responses.

WHO conducted an assessment of the health product supply chain system in 2023. Gaps were identified in three critical areas: the quality of health products, procurement, and the organization of the central supply division. To address these, a set of standard operating procedures (SOPs) was designed to guide the reception of ambient products, the control, monitoring and recording of temperature and relative humidity, stock management and inventory control, and the storage of health products, among others.

The implementation of these procedures will contribute significantly to more resilient procurement, safe storage and distribution processes, among others. In the same vein, the effectiveness of the distribution of health products - through the identification of demand, demand aggregation, forecasting, certification, market scanning, sourcing, allocation and delivery of essential supplies - will be reinforced, as and when required.

### 1.3.2 Improving the safety of health products through pharmacovigilance

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Pharmacovigilance (PV) aims to ensure the prevention and detection, assessment and understanding of the adverse effects of pharmaceutical products, with the aim of enhancing patient care and safety. In 2023, WHO conducted an evaluation of the current PV system, identified gaps and proposed recommendations to strengthen PV mechanisms in Mauritius.

Although Mauritius has an ongoing PV system with the mandate to detect, assess and report the occurrence of adverse drug reactions, findings revealed that the country is at Maturity Level 1 with an overall 6% implementation rate of all pharmacovigilance indicators. Documentation, communication, a lack of SOPs and guidelines were identified as major gaps.



With the objective of reaching Global Maturity Level 3, the evaluation was followed by the development and establishment of a functional model for PV activities. Additionally, a dissemination workshop was organized to build stakeholder capacity.

A roadmap delineating actions to strengthen legal provisions, regulations and guidelines for vigilance, institutional arrangements for good governance, transparency and accountability of PV, and human resources to deliver effective vigilance activities was proposed. Implementation started in 2023 with the elaboration of governance mechanisms and SOPs to oversee an effective PV system.

### 1.3.3 Strengthening the country regulatory capacity through the supply of quality-assured and safe health products

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Quality-assured, safe and effective medicines, vaccines, diagnostics and medical devices are fundamental to a functioning health system and to ensure care safety and effectiveness. Globalized trade however can undermine regulation and the incidence of substandard or falsified medicines is growing.

WHO assists countries in strengthening the regulations and legal frameworks that span the medical product lifecycle including post-marketing surveillance, clinical trial oversight, marketing authorization and registrations, as well as the elimination of substandard and falsified medicines. It also develops international norms and standards so that countries worldwide can regulate health products and technologies consistently.

Starting in 2021, WHO worked with the MOHW to update the Pharmacy Act of 1983 to ensure that it responds to the constantly evolving international requirements, norms, standards and guidelines related to the quality, safety and efficacy of drugs, vaccines, diagnostics and other medical devices and therefore to continue to ensure patient safety. WHO also worked with the Ministry and its partners to enhance the maturity of the regulatory framework for the quality assurance of drugs, vaccines and medical devices.

In March 2023, WHO, the MOHW and partners from the public and private sectors, representatives from the Economic Development Board, the Pharmacy Board, Pharmacy Council, pharmaceutical associations, and retail and wholesale pharmaceutical companies drafted the Medical and Healthcare Products Bill and associated regulations covering medicine registration, import and export controls of medicines, pharmacovigilance, the recall, handling and disposal of unfit medicines and cosmetics, manufacturing practice inspections and storage and distribution practices.

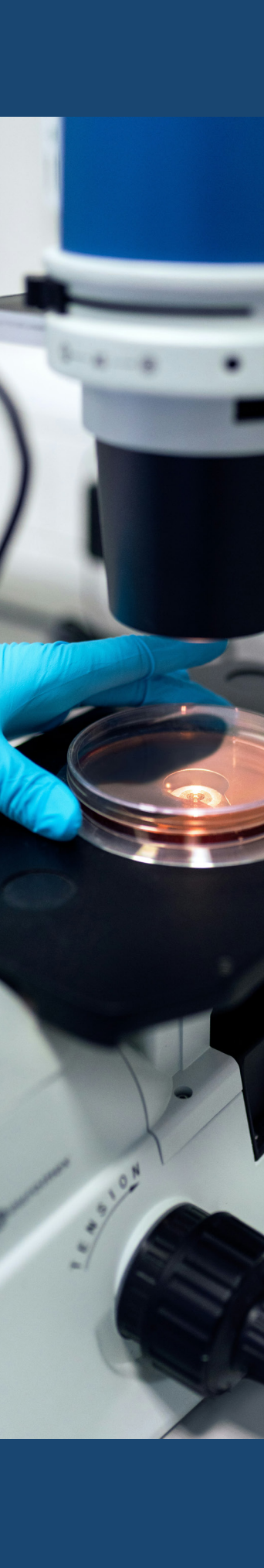
A roadmap for establishing the Mauritius Medical and Healthcare Products Regulatory Authority (MMHRA) and its organogram was also developed. The MMHRA will boost the country's ambitions to become a biotechnological hub. A review of the proposed draft roadmap by national authorities will guide the next steps in strengthening the national regulatory framework in Mauritius.

### 1.3.4 Strengthening the national laboratory system

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Strengthening the country's laboratory system remains a key national priority. Although Mauritius has a well-established and advanced laboratory system, more needs to be done to instill a culture of quality management to ensure patients receive quality diagnostics in a timely and safe manner and to guarantee a safe working environment for laboratory professionals.

The development of laboratory regulations has been identified as an important bridge to improve the country's laboratory capacity. In 2023, WHO worked with the MOHW to draft new regulations for the qualification of laboratories, including via the Private Health Institution Act, to expand the laboratory network.



The amended Private Health Institution Act will form the basis for any additional regulations required for private laboratories. In addition, regulations were developed for granting and renewing licenses and the registration of laboratories with the support of WHO.

A cohort of 26 laboratory professionals was trained in the basic knowledge and skills required for the establishment and implementation of an effective and efficient laboratory quality management system (LQMS) in medical laboratories. This collaborative effort between the MOHW and WHO in 2022 was aligned with public investments in laboratory capacity in view of working towards ISO 15189 accreditation.

The training served to bolster laboratory professionals' ability to support the accreditation process of national laboratories through internal Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) audits. It improved the level of awareness and knowledge of the trainees on LQMS and the applicable ISO Standards. This was reflected in a 19% increment in terms of general knowledge in the post-test score (79%).

In addition, WHO developed a laboratory handbook for all public and private facilities to strengthen LQMS and organized a dissemination workshop for full appropriation and compliance of all public and private stakeholders.

Concurrently, an informal internal evaluation of three departments of the Central Health Laboratory (Biochemistry, Haematology and Tuberculosis) using the SLIPTA checklist assessed their readiness for accreditation. The following measures were recommended:

- Revision of the quality manual and SOPs in each laboratory;
- Redesigning of laboratory pathways for improved workflow; and
- Training of laboratory staff on LQMS based on the buddy system to accelerate the accreditation process.

Properly implemented licensing based on national and/or international laboratory standards ensures safe laboratory operations which protect the public from substandard and unethical laboratory practices. International practices have been adapted to the Mauritian context and WHO guidelines for the licensing of medical laboratories were considered during the process.

### 1.3.5 Addressing antimicrobial resistance through strengthened surveillance systems, laboratory capacity and Infection Prevention and Control

#### **Strengthening Infection Prevention and Control best practices**

Hospital-acquired infections (HAIs) present a major burden for countries across the world. The estimated global rate of HAI for developed countries is 7% and 15% for low- and middle-income countries.

In Mauritius, the incidence of HAIs and surgical site infections (SSIs) increased from 4.9 and 8.2 per 100 patients in 1993, respectively, to 18 and 17 per 100 patients in 2018. The mortality rate was almost four times higher in patients with HAIs and SSIs compared to those who did not suffer from these infections.

To monitor the progress of the implementation of the national guidelines on Infection Prevention and Control (IPC), which were developed in 2020, a WHO-led assessment was conducted in 2022 and 2023 using the WHO Infection Prevention and Control Assessment Framework (IPCAF) and Primary Health Care Measurement and Improvement (PHCMI) tools.

Three of the five regional hospitals were scored at Intermediate Level of IPC implementation as per IPCAF classification. Strong progress was noted in IPC training, one of the assessment areas. However, refresher and bedside training sessions and innovative training methods need to be considered for enhanced knowledge management and transfer.

An assessment of IPC practices conducted in Rodrigues in 2023 revealed significant improvements in multiple areas of IPC in 2023 compared to the previous year. The Regional IPC Committee is more than 50% functional and 430 health care workers were trained between October 2021 and November 2022.

WHO expects continued progress in IPC in all health care facilities across the Republic of Mauritius as a lesson learnt from COVID-19.



*The former WR, Dr Laurent Musango, the Minister of Health and Wellness, Dr Kailesh Jagutpal, and the Director General Health Services, Dr Bhoshan Ori, at the launch of the national IPC Action Plan.*

### Supporting the development of the National Action Plan on antimicrobial resistance

Antimicrobials Resistance, AMR, has been exacerbated by human behavior, and the misuse and overuse of antibiotics and antimicrobials in humans and animal health, agriculture and environmental pollution. It has far-reaching implications, challenging the ability to treat common infections, or perform life-saving surgery.

Globally, infections caused by resistant bacteria are among the leading causes of death. In 2019, 1.27 million deaths were directly attributed to AMR. In Mauritius, a 2021 survey conducted at Jeetoo Hospital<sup>6</sup> estimated that, over the past 25 years, the incidence of hospital-acquired infections has increased two- to three-fold, with many linked to drug-resistant pathogens.

In response, the Ministry of Health and Wellness (MOHW) requested WHO's support in 2023 to develop the second AMR National Action Plan (NAP) for 2024-2028.

The AMR NAP was developed under the national One Health Committee to integrate the quadripartite collaboration between human, animal and plant health as well as the environment. The NAP will guide the country on the holistic prevention, mitigation and response to the spread of AMR. Mismanagement, the over-prescription and overuse of antimicrobials, inadequate IPC, agricultural debris, contaminants in the environment, and the migration of people, plants and animals infected with resistant pathogens are the main drivers of this global health threat.

<sup>6</sup> [Incidence, Risk Factors, and Mortality From Hospital-Acquired Infections at a Hospital in Mauritius](#)



Proposed actions include strengthening surveillance and monitoring systems, improving IPC practices, promoting responsible antimicrobial use and prescription for humans and animals and investing in research and innovation. WHO is committed to continue supporting the national authorities in fighting this pressing public health problem.





## PILLAR 2: PROTECTING PEOPLE FROM HEALTH EMERGENCIES

### Key achievements

#### Training and capacity building:

- 20 national focal points trained on International Health Regulations to address knowledge and skills gaps;
- 36 healthcare workers trained as trainers in detecting, reporting, analyzing, investigating, preparing, responding and monitoring of priority diseases; and
- Cascade training of more than 150 regional health care workers conducted.

#### Development and operationalization of strategies:

- First National Action Plan for Health Security developed in compliance with International Health Regulations;
- WHO Strategic Tool for Assessing Risks approach implemented to identify and prioritize the public health risks threatening the country and develop actions to ensure the responsiveness of the health system to any health emergencies; and
- Operational handbook and SOPs for Public Health Emergency Operations Centre validated.

#### Health systems capacity strengthened to cope with upsurge in cases:

- Accelerated IDSR reporting coverage which reached 63% of all health care facilities;
- Supported surveillance of COVID-19 variants through supply of laboratory kits allowing genome sequencing of 8,000 samples;
- Funded construction of two COVID-19 Testing Centres in Mauritius & Rodrigues;
- Supported the functioning of a Domiciliary Monitoring Unit (DMU) for COVID-19 Patients isolated at home through 2022;
- Upgraded ambulance services with donation of vehicles (9), ensuring seamless movement of high-risk patients to and from health facilities;
- Upgraded the medical gas supply system in one of the main regional hospital for designated COVID-19 wards;
- Intensive care units designated for management of severe COVID-19 cases equipped with multiparametric patient monitors (15) with electrocardiogram and portable oxygen concentrators (5);
- Ventilators (4) and a Fibre Optic Video Bronchoscopy Set provided to support the management of critically ill COVID-19 patients; and
- Hospital equipped with Hemodialysis machines (6) and water treatment plants (3) for high risk COVID-19 patients with chronic kidney diseases.

## 2.1 IMPROVING PREPAREDNESS FOR HEALTH EMERGENCIES

### 2.1.1 Developing and implementing a National Action Plan for Health Security

Mauritius' buoyant tourism industry generating high volumes of international travel, its geographic location and climatic conditions, such as cyclones and flashfloods, pose serious threats to the country's health system.

The COVID-19 pandemic also demonstrated the vulnerabilities of the country's Emergency Preparedness and Response (EPR) system and the need to further strengthen EPR capacities in compliance with the International Health Regulations (IHR).

To enhance global health security and build the nation's resilience to public health emergencies, Mauritius embarked in 2022 on the development of a National Action Plan for Health Security (NAPHS) which delineates objectives and actions to improve national capacities for effective EPR. The NAPHS is based on the results of a joint external evaluation and a self-assessment tool using 19 indicators to assess the country's capacity to prevent, detect and respond to public health emergencies in a timely manner.

This first NAPHS covers a preliminary two-year period and is also based on a strategic analysis of public health hazards posing risks to national health security. The action plan also embraces the One Health approach, fostering close collaboration and information sharing between many relevant sectors and the Ministries of Agro-Industry and Food Security, Environment and Climate Change, Education and Human Resources, and Energy and Public Utilities, as well as points of entry and the security forces.

Fully aware of the importance of the swift implementation of NAPHS, the Government of Mauritius is contributing towards more than 50% of its total cost. An IHR steering committee and a technical working group were also established to facilitate the implementation, monitoring and evaluation of NAPHS.

The development of NAPHS has given renewed impetus to strengthening the systematic evaluation and reporting of national IHR capacities, the strategic analysis of Mauritius' priority public health threats, the strengthening of surveillance, laboratories and early warning systems, the establishment of a Public Health Emergency Operating Centre (PHEOC) and the capacity building of human resources.

In alignment with the IHR 2005 and the Sendai Framework for Disaster Risk Reduction, Mauritius also convened 40 local multisectoral experts in 2023 to identify and prioritize the public health risks threatening the country using the WHO Strategic Tool for Assessing Risks (STAR) approach and to identify anticipatory actions to ensure the responsiveness of the health system. The exercise was also conducted in Rodrigues due to the island's specific vulnerabilities.



*The WR, Dr Anne Ancia with the Minister of Health and Wellness, Dr Kailesh Jagutpal, and the Senior Chief Executive, Mrs C. Seewooruthun, at the validation workshop of the NAPHS.*



## 2.1.2 Enhancing the local monitoring of International Health Regulations

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The International Health Regulations (IHR) 2005, the legally binding international agreement, guides all WHO Member States, including Mauritius, on the management of public health events of international concern. Mauritius is thus bound to develop and maintain minimum core capacities for the early detection, assessment, reporting and response to potential public health events of international concern and to fully comply with IHR.

WHO reinforced the IHR knowledge and understanding of the national focal points (NFPs) and key stakeholders in 2023 and adapted the structure of the IHR Competency Framework to the Mauritian context, while updating their roles and responsibilities.

MOHW developed the State Party Self-Assessment Annual Report (SPAR) on IHR capacities related to the detection, assessment, notification and response to public health risks and acute events of domestic and international concern. The MOHW adopted a multisectoral consultative approach using 35 indicators to gather data on 15 IHR capacities. The 2023 IHR core capacity score in Mauritius was 38%, compared to the AFRO average of 50% and global average of 64%.

SPAR recommended the prompt customization of the Public Health Act to align with IHR and further emphasis on the One Health approach to consolidate the linkages between animal and human health via the IHR-Performance of Veterinary Services. These recommendations are already being addressed.

## 2.1.3 Scaling up the implementation of the Integrated Disease Surveillance and Response

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Surveillance and early warning systems are fundamental to EPR as they facilitate the early detection, investigation and notification of threats and support rapid and informed decision-making. NAPHS identified the need to strengthen the nation's Integrated Disease Surveillance and Response (IDSR) strategy as a priority.

WHO and the MOHW developed an operational plan to accelerate IDSR reporting coverage from a baseline of 25% of health facilities reporting on all priority diseases on a timely (daily or weekly) basis in 2022 to a rate of 100% by the end of 2024. By December 2023, the plan's accelerated rollout resulted in an increased coverage rate of 63% health care facilities participating in IDSR reporting (102 out of a total of 160).

A nationwide implementation of IDSR at all levels of the health sector was marked by three milestones:

- Adaptation of the third edition of the IDSR technical guidelines;
- Capacitation of 36 healthcare trainers in detecting, reporting, analyzing, investigating, preparing, responding and monitoring the priority diseases, conditions and events; and
- Cascade training of 151 regional health care professionals.

## 2.2 RAPID DETECTION AND RESPONSE TO DISEASE OUTBREAK

### 2.2.1 Establishment of the Public Health Emergency Operations Centre

To enhance the prevention, preparedness and response actions to public health emergencies, IHR recommend the establishment of functional Public Health Emergency Operations Centre (PHEOC) to serve as the “nerve centre” for all response operations.

Mauritius is in the process of setting up a PHEOC with an established incident command and control system. This involves the creation of a trained core workforce, tested SOPs and a well-equipped physical facility where results from surveillance and/or early detection of alerts can be managed in a timely manner. This centre will enable swift and effective responses to potential public health emergencies and reduce health-related and socio-economic impacts on the country.

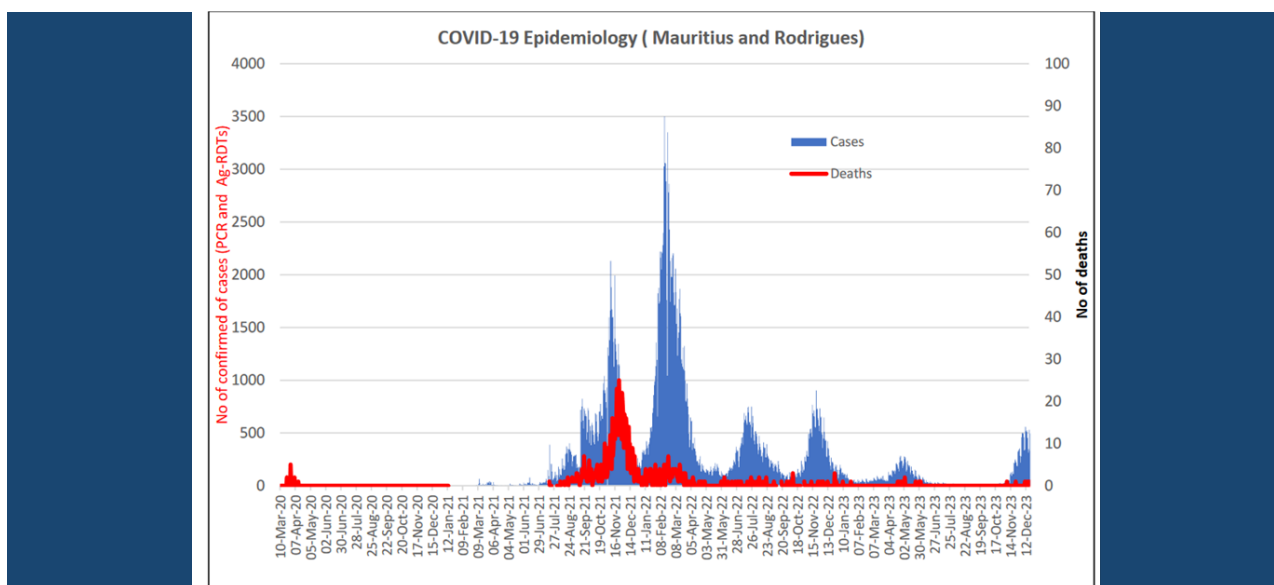
MOHW and WHO developed an operational handbook with key SOPs, triggers for activation, a communication tree and incident management system in 2023. These include clear guidelines on the collaboration and cooperation with the National Emergency Operation Centre in charge of coordinating the preparedness and response to natural disasters such as cyclones, flash floods, droughts, etc.

Key national stakeholders, including 37 multisectoral surge staff, were trained on these systems and procedures in 2023 to create a critical mass of knowledgeable, skilled and experienced emergency managers and responders on a permanent basis. The operational handbook and SOPs were validated during a tabletop exercise. The PHEOC will be made fully functional once validated.

## 2.3 RESPONDING TO DISEASE OUTBREAKS

### 2.3.1 Supporting the national COVID-19 response

As of December 2023, Mauritius had recorded 326,300 positive cases of COVID-19 (compared to 69,500 in early January 2022), representing an incidence rate of 25,775 per 100,000 people. Some 323,000 recovered and 1,063 died, generating a case fatality ratio of 0.33%. While the pandemic continued its transition during 2022-2023, WHO remains committed to assisting the country in achieving broadly resilient health care systems.



## Coordination, planning, financing plus monitoring and evaluation



Coordination, planning, communication and monitoring fulfill a critical role in ensuring effective crisis preparedness, readiness, response and early recovery from the pandemic. The High-Level Committee on COVID-19, which was set up in March 2020 under the leadership of the Prime Minister, ensured the multi-ministerial coordination of the response. WHO actively participated in the committee to provide high-level and up-to-date technical advice on how best to respond to any resurgence of cases. The Committee expanded its purview in 2022 to include other emerging threats like MPOX and Marburg.

## Surveillance



Against the backdrop of the threat associated with the volatility of COVID-19, WHO advocated for the need to maintain strict surveillance. WHO sustained its comprehensive efforts to capacitate the MOHW for genomic sequencing.

With the assistance of WHO, over 8000 samples underwent successful SARS-CoV-2 genome sequencing. With this enhanced genomic surveillance, Mauritius provided critical information on the degree of penetration of existing and new variants, actively contributing to the continuous adjustment of national and global response activities.

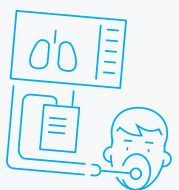
## Laboratories and diagnostics



Building on the network of five COVID-19 testing centres set up in 2020 and to ensure timely access to testing services in hard-to-reach areas, WHO, with the support of the European Civil Protection and Humanitarian Aid Operations and Africa Reinsurance Corporation, commissioned the construction of two additional COVID-19 testing centres at the Yves Cantin Community Hospital in Black River (February 2022) and the Mont Lubin Area Health Centre in Rodrigues (August 2022).

WHO ensured access to laboratory reagents and other supplies through the COVID-19 supply chain system and the Access to COVID-19 Tools Accelerator (ACT-A). To ensure the availability of critical testing services for patient management, staggered consignments were delivered, including specimen collection kits, rapid antigen diagnostic kits (70,000) and polymerase chain reaction (PCR) kits (5000) for the screening of patients. In addition, WHO equipped the Central Health Laboratory with an Automated Coagulation Analyzer and an Automated Blood Count Analyzer, which are essential for the effective management and treatment of COVID-19 patients.

## Case management and infection prevention and control



To prevent an overwhelmed health system and to allow patients not requiring hospitalization to remain at home, the MOHW established a Domiciliary Monitoring Unit (DMU) tasked with making home visits to self-isolating COVID-19 patients without any major co-morbidities or severe conditions. WHO partially sustained the functionality of this special unit until its dismantlement at the end of 2022. At the peak of the omicron waves, as many as 300 cases were detected either through rapid antigen or PCR tests and all positive cases were followed and attended by the DMU on a daily basis.

Large increases of patient numbers as witnessed in the previous waves during 2020-2021 demanded robust health systems with adequate service delivery networks at peripheral and national levels. To provide timely and effective treatment, as well as to safeguard other patients and personnel in health facilities from contagion, WHO assisted the MOHW in removing demand-side barriers relating to physical access to facilities, fear and mistrust in the health services.



Core results achieved were:

- The institutionalization of the systematic national assessment of IPC measures in health facilities led to the development of a National Action Plan for IPC based on the standard WHO IPC assessment and COVID-19 facility assessment tools;
- Installation of water basins in more than 60 health facilities at PHC level and installation of air purifiers (110) in designated COVID-19 designated patient wards in all five regional hospitals;
- Patient Isolation rooms responding to the required norms and standards were constructed and renovated in four of the five major regional hospitals;
- Ambulance services were upgraded with vehicles (9) to ensure the movement of high-risk patients to and from health facilities;
- Installation of a new medical gas supply system in one of the main regional public hospitals to cater for designated COVID-19 wards;
- Intensive care units designated for management of severe COVID-19 cases were equipped with new additional multiparametric patient monitors (15) with electrocardiogram and portable oxygen concentrators (5);
- Ventilators (4) and a Fibre Optic Video Bronchoscopy Set were provided to support the management of critically ill COVID-19 patients admitted at the ENT Hospital, which was repurposed as a specialized treatment centre until September 2023;
- Pulse oximeters (500) were donated to cater for the increasing hospitalization in periods of upsurge; and
- Purchase of Hemodialysis machines (6) and water treatment plants (3) for high risk COVID-19 patients with chronic kidney diseases (over 1000 patients are currently benefiting from dialysis in public health care settings).



### Risk Communication and Community Engagement and Infodemic management

WHO contributed to the national effort to inform and engage with the public on how to reduce risks and better protect themselves, empowering them to make life-saving decisions through the uptake of public safety health measures and to counteract misconceptions on vaccine effectiveness. With the support of a team from WHO HQ and AFRO, WHO also provided technical assistance to build capacity on behavioural insights using a recently developed global training package.

### Vaccination

A swift uptake of COVID-19 vaccination coverage contributed towards effective population protection against illness and death and steered the country back onto the path to normality. The National Vaccine Deployment Plan (NDVP) was aligned with WHO guidelines and continuously updated. It embraces WHO's Reaching Every District strategy with the goal of achieving 80% immunization coverage in all regions and 90% nationally.

During the 2022-2023 biennium, WHO supported actions for equitable COVID-19 vaccination delivery throughout the country. WHO directly supported the strengthening of the cold chain by procuring 15 Medical Refrigerators (2 to 8 degrees Celsius), 36 cold boxes, 100 Digital Thermometers and diluents for the first roll-out of the Pfizer vaccine.



By December 2022, two-dose vaccination coverage amongst the adult population was 91% and booster dose coverage was 66%. This high level of vaccine coverage enabled borders to be reopened, allowing the economy to return to pre-COVID-19 growth levels and was effective at preventing severe illness and fatalities. The admission rate to COVID-19 wards dropped substantially.

The key to the country's success in combating COVID-19 has been the combination of political will to protect the population, technical assistance from WHO, large-scale vaccine donations from international partners and a robust health care system. As the country experienced a drop in the severity and case fatality rate associated with COVID-19 during the second half of 2022, the risk of complacency among the elderly and those with serious co-morbidities to be inoculated with booster doses loomed. To guarantee a lasting defense against the virus, it is imperative that comprehensive COVID-19 vaccination efforts be sustained into the future.

Moving forward, and notwithstanding that since May 2023 COVID-19 is no longer a Public Health Emergency of International Concern, WHO continues to leverage best practices and lessons learned, steering effective orientations on the essential preventative work and optimal preparedness and resilience in health emergencies.

## COVID-19 RESPONSE IMPACT STORY (2020 - 2022)

### Challenges



A population with a high prevalence of noncommunicable diseases and co-morbidities



High population density



An ageing population

### Facts



The overall country case fatality rate remained **0.39% in 2020 - 2022**



As an Upper Middle Income country, Mauritius was **not eligible for COVAX donations**

### WHO contribution



- Facilitating negotiations for the purchase of COVID-19 vaccines through the COVAX Facility
- Developing the National Vaccine Deployment Plan (NDVP)



- Improving vaccination storage and handling
- Training healthcare workers on the safe and efficient administration of vaccines

### Activities & results

#### 2020

- National Vaccine Deployment Plan (NDVP) developed
- Standard Operating Procedures (SOPs) for storage and handling of the vaccines developed
- Health professionals trained on the use of the SOPs
- 60 temperature data loggers for the MOHW procured

#### 2021

- 300 healthcare workers trained on vaccine administration
- COVID-19 vaccination campaign launched
- National RCCE campaign launched
- 60% of the population vaccinated by September 2021
- Borders reopened
- A targeted vaccination campaign for children aged 12-17 years, followed by pediatric vaccination, launched in late 2021

#### 2022

- Two-dose vaccination coverage among adult population reached 91% and booster dose coverage was 66%
- Bed occupancy rate and admissions in COVID-19 wards reduced substantially







## PILLAR 3: PROMOTING BETTER HEALTH AND WELL-BEING

### Key achievements



#### Training and capacity building:

- 100 officers of the Mauritius Police Force trained on the new tobacco law with a view to creating greater awareness among law enforcers on the harmfulness of tobacco;
- 30 health professionals trained on Behavioural insights; and
- High level decision makers trained on Codex negotiations.



#### Development and operationalization of strategies:

- Existing tobacco regulations revised to include plain packaging and regulate tobacco products such as smokeless and flavoured tobacco and technology-based products including e-cigarettes;
- Mauritius acknowledged as the third country in the world to adopt to the highest level of all WHO recommended MPOWER measures;
- Food Regulations reviewed, culminating in the enactment of a new Food Act and the setting up of the first ever Mauritius Food Standards Agency; and
- Adoption of the new Codex procedural manual, supporting the effective management and functioning of the National Codex Committee.



#### Events and campaigns:

- The Mauritius Country Office organized a rich series of events to mark the 75th anniversary year of WHO while promoting healthy living behaviours including physical activity. The event mobilized thousands of participants across the country including the Prime Minister, Ministers, dignitaries and members of the diplomatic corps.



WHO and the MOHW promoted health and well-being by focusing on reducing the high prevalence of noncommunicable disease risk factors and addressing the social and economic determinants of health.

### 3.1 REDUCING NONCOMMUNICABLE DISEASES RISK FACTORS

#### 3.1.1 Strengthening of tobacco control legislation

Almost one in five people in Mauritius smokes and this prevalence increases to nearly half (48%) among men aged between 25 and 34. Mauritius has always strongly supported the Framework Convention for Tobacco Control (FCTC) and was one of the first countries to ratify the convention in 2003. In 2008, Mauritius passed a bold law introducing taxes on tobacco sales, banning tobacco advertising and mandating pictorials and written warnings on cigarette packaging.

In 2022, Mauritius reinforced its tobacco control law and became the third country in the world (with the Netherlands) to adopt to the highest level of all WHO recommended MPOWER measures, namely Monitoring tobacco use and prevention policies, Protecting people from tobacco smoke, Offering help to quit, Warning about the dangers of tobacco, Enforcing bans on advertising, promotion and sponsorship, and Raising taxes on tobacco.

The enforcement of new legislation for more stringent tobacco control in May 2023 represented a significant victory in the fight against the high prevalence and consumption of tobacco and other nicotine products.

These new tobacco regulations, developed with legal support from WHO, further strengthened smoke-free regulations to ban smoking in all indoor and outdoor public places and contained new regulations on plain packaging. The reinforced tobacco control law also regulates tobacco products such as smokeless and flavoured tobacco and technology-based products including e-cigarettes more comprehensively.

Legal experts from WHO worked with a local multi-sectoral technical team, including the State Law Office, throughout the process – from the drafting of the law to its finalization and validation. WHO supported several consultative meetings with local stakeholders, including key ministries, academia and civil society, the recommendations of which informed the development of the new tobacco law.

#### Regional capacity building of legislators

In March 2023, WHO organized a regional capacity building workshop on tobacco legislation for legal advisors and judicial officers from 13 African countries. In recognition of Mauritius' legislative advancement in the field of tobacco control, the country was chosen to host this training so that it could share its best practices and lessons learned with other African countries and serve as a champion on tobacco control in the region.

### 3.1.2 Building capacity of the enforcers

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*The WR, Dr Anne Ancia, presenting a certificate of participation to a police officer.*

To further strengthen the enforcement of the tobacco law, WHO collaborated with VISA, a tobacco control Non Governmental Organization, the University of Mauritius, and the MOHW in training 100 police officers of the Mauritius Police Force on the new tobacco law in May 2023. It was an opportunity to create greater awareness among law enforcers on the harms of tobacco, the influence of the tobacco industry and its insidious marketing tactics in order to enhance their understanding of the tobacco law and the need for strict law enforcement actions.

WHO trained another cohort of law enforcement officers including Health and Food Safety inspectors, officers of the Environment Police and labour inspectors, among others, in December 2023.

## 3.2 ADDRESSING THE DETERMINANTS OF HEALTH

### 3.2.1 Strengthening food safety for better health

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To enhance food safety, the authorities strengthened the national food regulatory framework with the support of WHO. The previous Food Act 1998 and a wide number of food regulations were reviewed and redrafted, a process which culminated in the adoption of a new Food Act, along with legislation for the setting up of the first ever Mauritius Food Standards Agency (MFSA) in the last quarter of 2022.

By putting the onus on food business operators and food handlers across the food chain to ensure food safety, the new Food Act will help minimize food-related hazards. It puts the effective enforcement of food standards high on the agenda. For instance, it authorizes a wider range of accredited officers, such as food microbiologists, to enter any premises where food is prepared, packaged and sold and take samples for analysis. Offenders are liable to fines and even imprisonment.

For its part, the Mauritius Food Standards Agency Act, drafted with the support of WHO, aims to:

- Increase trust in the national food control system by putting in place processes for the continuous monitoring of food safety and nutritional quality;
- Ensure an effective and transparent framework for the efficient work of the food industry;
- Provide consumers with adequate information relating to food and enabling them to make informed choices on food safety and nutritional quality; and
- Promote food trade measures without jeopardizing public health and consumer protection.



### 3.2.2 Empowering Mauritius for food safety engagement

For a country like Mauritius which imports 75% of its food and food products, adherence to international food safety standards as stipulated in the Codex Alimentarius is vital to ensure the quality of imported products and protect the health of consumers.

The Codex Alimentarius, the set of internationally recognized standards and guidelines established by the Food and Agriculture Organization (FAO) and WHO, ensures the quality and safety of food production, processing, conservation, transport, preparation and consumption. Mauritius was the only African country to be awarded financial support from the Codex Trust Fund to create awareness, increase advocacy and strengthen the national Codex structure to ensure alignment with the Codex Alimentarius.

Implementation of the three-year Building Codex Mauritius project began in late 2022 with the development of national Codex advocacy materials and the capacity building of the relevant multi-sectoral stakeholders along with the participation of key ministers and decision-makers.

WHO contributed in enhancing multi-sectoral stakeholders' ability to participate effectively in international Codex negotiations on food safety. WHO facilitated the adaptation of the Codex Procedural Manual and the establishment of procedures for the submission of comments, national positions and participation/follow-up in Codex committees.

The new Codex procedural manual specifies the structure, activities and budget to support the effective management and functioning of the National Codex and technical committees. A document detailing the process for monitoring the outcomes of Codex meetings and planning for subsequent steps was also elaborated. A policy brief for high level officials to guide the legal recognition of the structure established for Codex activities in Mauritius was also drafted.

Following the validation of these documents, an intensive training was held in 2023 to familiarize national stakeholders and members of the National Codex Committee on the principles and concepts of food safety and particularly on Codex Alimentarius standards in view of empowering them to participate successfully in Codex work and negotiations at local, regional and global levels.

The training included a drill exercise recreating the conditions of a typical Codex Committee. This mock session gave the participants a practical understanding of the manner in which Codex Sessions are conducted, whilst enhancing their appreciation of the conduct of the Codex Committee and helping to build the required drive and confidence to participate in a real Codex Session.

WHO also supported the strengthening of awareness on the relevance of the Codex Alimentarius among the general population, as well as among local food experts and the food industry. SOPs for Codex negotiations, advocacy and communication materials and a Codex Mauritius website were thus developed.

### 3.2.3 Customizing interventions with behavioural insights

As Behavioural insights (BI) are increasingly being used to develop public health policies and interventions, WHO worked with the MOHW to roll out an adapted BI training. Mauritius was the first country in the African region to cascade this training at national level.

Participants were given a primer on the basic theories of behavioural science and versed in the application of behavioral insights to design and shape public health interventions to address NCDs, communicable diseases and other public health issues.

30 health professional comprising health information, education and communication officers and health promotion officers from the MOHW, as well as representatives from the University of Mauritius and the Mauritius Institute of Health participated in the training. Mauritius plans to further cascade this training to other health and non-health sectors.

### 3.2.4 Integrating climate resilience in health systems

As many Small Island Developing States (SIDS), Mauritius is highly vulnerable to the effects of climate change and is in fact rated as the 51st country most at risk from its impacts. Climate change also poses a direct threat to public health. Indeed, climate-related disasters such as cyclones, flash floods, heavy rainfall, heatwaves and natural disasters exacerbate the occurrence of communicable and noncommunicable diseases, mental health and trauma. They also affect and threaten health infrastructures.

A failure to adequately address the health impacts of climate change threatens population health and the ability to achieve national and global development goals. Considering the recrudescence of outbreaks of vector-borne diseases such as chikungunya and dengue, there is an urgent need to gather adequate information on the health impacts of climate change and devise appropriate adaptation options to reduce climate related health risks.

With these challenges in mind, WHO will work with the Green Climate Fund's Readiness and Preparatory Support Programme to advance climate change and health policy coherence by providing data and evidence on the current and future health impacts of climate change in Mauritius and to build the national technical and institutional capacity to address these threats and enhance the resilience of the country against the health risks of the climate emergency.

## Climate-sensitive health risks

### Health outcomes



Injury and mortality from extreme weather events



Heat-related illness



Respiratory illness



Water-borne diseases and other water-related health impacts



Zoonoses



Vector-borne diseases



Malnutrition and food-borne diseases



Noncommunicable diseases (NCDs)



Mental and psychosocial health

### Health systems & facilities outcomes

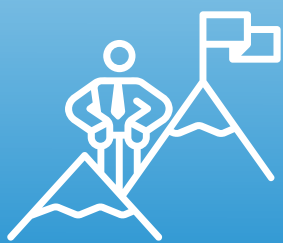


Impacts on healthcare facilities



Effects on health systems





## PILLAR 4: AIMING FOR HIGHER PERFORMANCE

### Key achievements

#### Data and Innovation, including capacity building:

- District Health Information Software (DHIS2) implemented in 7 major health programmes ( including HIV, Vaccine preventable diseases, IDSR) to enhance the national capacity for faster, simpler and more systematic collection, reporting, analysis and dissemination of health data;
- Development of an innovative mobile application "MoBienet" to assist with the dissemination of critical health information to the general public; and
- 20 health care professionals involved in data analytics trained on management of a national health observatory, focusing on Data marshalling, Analytics and synthesis, Networking and collaboration, Sharing and dissemination, and Governance.

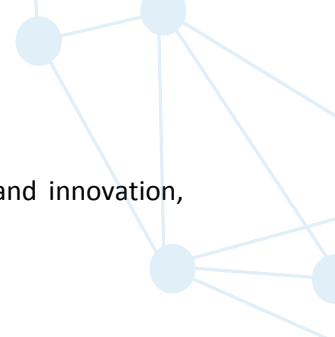
#### Development and operationalization of strategies:

- Third generation WHO Country Cooperation Strategy in Mauritius, covering the period 2023-2026, launched;
- WHO Code of Conduct on Prevention of Harassment including Sexual Harassment deployed at 20 WHO training sessions and workshops, resulting in the sensitization of around 385 participants/collaborators who signified their compliance to the code of conduct; and
- Roadmap to institutionalise the National Health Observatory and linkages with the integrated African Health Observatory developed.

#### Assessment:

- Internal Control Framework, which sets objectives relating to operations, reporting and compliance, improved from 3.58 (2022) to 3.8 (2023);
  - \*2022 - Operational Control (3.67) and Functional Control (3.56)
  - \*2023 - Operational Control (3.92) and Functional Control (3.76)
- Risk register reviewed and updated twice yearly; and
- Overall, implementation rate of funds available for all pillars (including OCR – COVID-19) is 96%.





In 2023, WHO support to MOHW was backed up by crosscutting actions in technology and innovation, internal control, finance plus partnerships and collaboration.

## 4.1 DATA AND INNOVATION

### 4.1.1 Scaling up of data management for a more robust health system

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The MOHW embarked on the digitalization of its health information system by adopting the District Health Information Software (DHIS2) to enhance the national capacity for faster, simpler and more systematic collection, reporting, analysis and dissemination of health data.

DHIS2 was initially recommended as a data collection and analysis tool in the National Immunization Programme Review of July 2022. It has since been rolled out to other health programmes, including HIV/AIDS, Hepatitis C, IDSR, COVID-19 and tuberculosis (TB).

WHO provided technical assistance for the initiative which has led to the:

- Implementation of an organizational unit hierarchy;
- Establishment of instances for aggregate data (Routine Health Information System), tracker data; (Case-based Surveillance system), and a training instance;
- Customization of data entry forms for TB, EPI, IDSR, Hepatitis C, and HIV/AIDS;
- Customization of dashboards for IDSR and EPI; and
- Design of custom data entry forms.

In 2023, MOHW requested a follow-up mission with the aim of taking stock of the current implementation of DHIS2, developing a roadmap to reinforce the existing programmes within DHIS2 and optimizing/scaling up DHIS2 for other programmes.

The mission resulted in a comprehensive report on the current state of DHIS2 in the country, a functional DHIS2, which incorporates all the relevant instances and functionalities and data from Health Care Facilities and Communities where possible, and links established between DHIS2 and other existing digital systems where necessary.

### 4.1.2 Institutionalizing the National Health Observatory

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The engagement of MOHW in institutionalizing the National Health Observatory (NHO) was reinforced with the technical support of the Data Analytic and Knowledge Unit at WHO AFRO. 20 healthcare professionals involved in data analytics participated in a four-day workshop on the management of an NHO. At the end of the training and further consultations with MOHW, a roadmap to accelerate the smooth institutionalization of the NHO was developed around five core outputs, namely Data marshalling, Analytics and synthesis, Networking and collaboration, Sharing and dissemination, and Governance.

Besides setting up of a three-tier organizational structure, at the strategic, tactical and operational levels, the roadmap also makes provision for a secretariat manned with adequate human resources, a critical criterion for success to institutionalize the NHO in Mauritius.

### 4.1.3 Development of the SMART health mobile app

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The uptake in the share of the population accessing health-related information through mobile devices has transformed digital technology into a vital lever for the dissemination of health content, material and information, both to the general population and to health care workers.

As part of its health promotion strategy to contribute towards improving the quality of life and well-being of the population, WHO assisted MOHW in the development of an innovative mobile health app to ensure:

- Wide dissemination of a variety of health-related information to the public; and
- Sharing of Infection Prevention and Control materials and information (SOPs, guidelines, tests, checklist and a scorecard) to up to 25,000 healthcare workers of the public and private health sectors of Mauritius and Rodrigues.

The app, planned for launching in April 2024, is easily downloadable and accessible to all age groups, and accessible via mobile (iOS and Android) or a desktop.

## 4.2 LEADERSHIP, GOVERNANCE, AND ADVOCACY IN HEALTH

### 4.2.1 Country Cooperation Strategy 2023-2026

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*The WR, Dr Anne AnCIA with the Minister of Health and Wellness, Dr Kailesh Jagutpal, at the launch of the CCS 2023 - 2026.*

In January 2023, WHO launched its Country Cooperation Strategy (CCS) 2023-2026, a four-year high-level strategy focusing on the following strategic priorities:

- Building resilient health systems to advance UHC;
- Strengthening of the emergency preparedness and response;
- Promoting health and healthy environments for all Mauritians through multisectoral engagements; and
- Supporting the use of data and innovation for integrated people-centered care.

The CCS therefore defines how WHO will contribute to the National Health Sector Strategic Plan in alignment with the Organization's global programme of work and with the United Nations Sustainable Development Cooperation Framework 2024-2028.

The strategy has been developed through extensive societal dialogue initiated in 2018. The CCS identifies four strategic priorities that will help attain this objective. To achieve these priorities, WHO will pursue an integrated approach with dialogues and complementarities across programmes, disciplines and sectors to provide leadership in health and promoting good health and the well-being of all people in Mauritius and its outer islands, including Rodrigues.

## 4.2.2 Contributing to the United Nations Sustainable Development Cooperation Framework

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The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024-2028 sets out the strategy and overall programme of support of the United Nations, Government and people of Mauritius in seeking to advance the 2030 Agenda and Sustainable Development Goals (SDGs).

Signed on 6 November, 2023, between the Government of Mauritius and United Nations Country Team (UNCT), the cooperation framework was prepared through an extensive process of analysis and consultations with the active participation of WHO.

Reflecting the specific vulnerabilities associated with SIDS, the most pressing issues identified include strengthening capabilities for resilience and risk-tested development, alongside climate change adaptation. WHO will contribute to all the three priority areas of the UNSDCF including:

- Priority 1: PEOPLE - Fostering a Human Development Approach for an inclusive and thriving society;
- Priority 2: PROSPERITY - Addressing structural vulnerabilities and boosting sustainable economic transformation; and
- Priority 3: PLANET - Enhancing resilience to the triple planetary crisis.

## 4.2.3 Celebrating WHO'S 75th anniversary

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To mark the 75th birthday of WHO, the Mauritius Country Office organized a rich series of events at national level.

One of the highlights of this special celebration was the national Walk for Health - Walk for Life march held in September 2023 in close collaboration with the MOHW. The event mobilized thousands of participants across the island. The Prime Minister, Hon. Pravind Kumar Jugnauth, along with the WHO Representative, Ministers, dignitaries and members of the diplomatic corps, led the crowd on a 4.5km walk to create awareness on the importance of regular exercise to address the rising burden of NCDs.

Rodrigues also held its own Walk for Health - Walk for Life event. The march between the villages of La Ferme and Marechal in October 2023 saw the participation of the Rodrigues Health Commissioner and several other Commissioners as well as hundreds of Rodriguans. The event was organized by WHO in collaboration with the Health Commission of Rodrigues. Other activities included a mega screening of the local population for NCDs and HIV, a Zumba demonstration and a slam competition which saw a high turnout of young adults, women and physically active elderly persons.

With a view to involving young Mauritians in the celebrations and sensitizing them further about healthy lifestyles, a national drawing/painting and slogan school competition was organized in collaboration with the Ministry of Education, Tertiary Education, Science and Technology. The theme of the competition, "What young people should do now to live a healthy life up to 75 years and beyond", targeted all public and private secondary schools. This creative initiative proved extremely popular, especially in the drawing/painting category, which attracted 46 entries, and constituted a useful platform for the youth to express themselves on healthy living and other health issues.

A blood donation drive was held at the WHO Country Office in June 2023 with the participation of representatives of the UN Family and embassies, comprising the Development Partners Group. The event was well supported by members of the international community and Mauritian nationals, including the Health Minister and Senior Chief Executive of the MOHW, who came together for a common cause: donating blood to save lives and alleviate those suffering from chronic illnesses.

To mark the end of the yearlong celebration, WHO also planned to launch a First Day Cover with a special WHO 75th Anniversary commemorative stamp in April 2024. This will complement the commemorative envelope with the WHO Representative's message under the slogan "Lasante Pou Zot Tou" (Health for All), launched in December 2023. These will be sent to a wide range of partners locally in both public and private sectors and among the highest levels of the Organization.

*Blood donation drive with members of the UN family, the Health Minister and Senior Chief Executive of the MOHW.*



*The Walk for Health - Walk for Life event with the Prime Minister, the UN family, Ministers, dignitaries, members of the diplomatic corps and the general public.*



#### 4.2.4 PRSEAH high on the agenda



UN/WHO policies and strategies relating to sexual exploitation, abuse and harassment were discussed with the Prime Minister and the Minister of Foreign Affairs, Regional Integration and International Trade during the visit of UN Under-Secretary General for Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Christian Saunders, in November 2023.

WHO staff and new recruits in Mauritius are being continuously trained on their responsibilities and systemically briefed on the dos and don'ts of PRSEAH.

The WHO national focal point followed a 5-day training course in Addis Ababa in June 2023 and has been certified as a Trainer/Facilitator for PRSEAH. She conducted two training sessions for the WHO Country Office staff in July and November 2023.

During the second half of 2023, briefings on the WHO Code of Conduct on Prevention of Harassment including Sexual Harassment were delivered at 20 WHO training sessions and workshops, resulting in the sensitization of around 385 participants/collaborators who signified their compliance to the code of conduct.

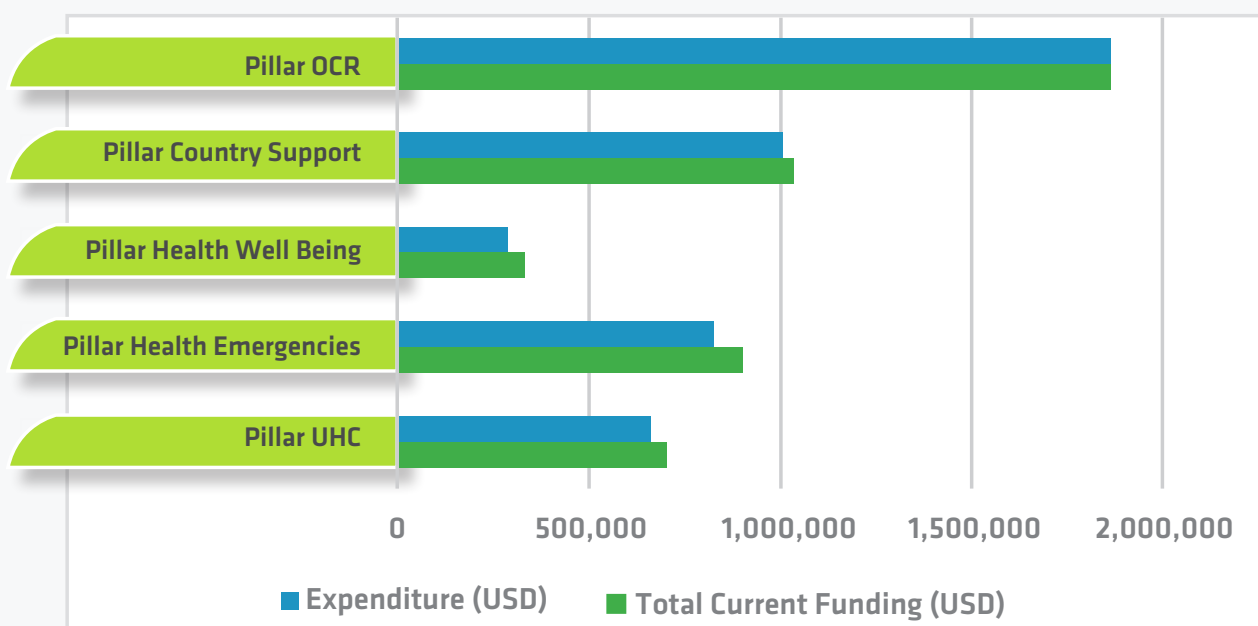
### 4.3 CORPORATE SERVICES AND ENABLING FUNCTIONS

#### 4.3.1 Programme budget






For the biennium 2022-2023, the total budgetary allocation for WHO Mauritius Country Office was USD4,819,491 as of December 2023. USD4,631,044 of funding was utilized representing a 96% implementation rate.

Expenditures across the strategic pillars are shown below:

Funding and expenditure by pillar, 2022-2023



## Detailed funding and expenditure by pillar, 2022-2023

Pillar	Outcome	Total Current Funding (USD)	Expenditure (USD)	Expenditure as % of Funding Available
 <b>Universal Health Coverage</b>	Improved access to quality essential health services irrespective of gender, age or disability status	522,198	506,359	97%
	Reduced number of people suffering financial hardship	16,084	1,500	9%
	Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	161,941	148,503	92%
 <b>Health Emergencies</b>	Countries prepared for health emergencies	336,742	336,742	100%
	Health emergencies rapidly detected and responded to	561,178	486,754	87%
 <b>Health Well-Being</b>	Safe and equitable societies promoted through action on the social, economic and commercial determinants of health	93,237	65,084	70%
	Supportive and empowering societies fostered through health promotion and addressing risk factors	230,343	215,068	93%
	Healthy environments to promote health and sustainable societies	5,000	5,000	100%
 <b>More effective and efficient WHO better supporting countries</b>	Strengthened country capacity in data and innovation	26,000	25,935	100%
	Strengthened leadership, governance and advocacy for health	630,830	614,079	97%
	Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	372,727	362,853	97%
 <b>Outbreak, Crisis Response and Scalable Operations (OCR)</b>	Health emergencies rapidly detected and responded to	1,863,171	1,863,167	100%
		<b>4,819,451</b>	<b>4,631,044</b>	<b>96%</b>

## Contribution of the COVID-19 pandemic response in enhancing the Health Systems blocks



### Rehabilitation of hospital wards and laboratory settings

- Setting up of Isolation Ward facilities in four Regional Hospitals
- Medical Gas Supply system at Jawaharlal Nehru Hospital
- Equipping National Central Laboratory with an Automated Coagulation Analyser and an Automated Blood Count Analyser

**USD398,602**  
**USD74,048**  
**USD27,382**



### Case management and therapeutic care

- Hemodialysis machines (6) and water treatment plants (3) for renal dialysis
- Air Purifier for ICU
- Pediatric Simulator to support training of family doctors
- Digital Retinal Camera
- Multiparametric patient monitor (15) with electrocardiogram (ECG)
- Oxygen Concentrators (50)
- Pulse Oximeters (500)

**USD 10 296**  
**USD104,195**  
**USD94,932**  
**USD 41,454**  
**USD31,278**  
**USD29,138**  
**USD10,600**



### Logistics support and supply chain

- Mobile vans (9) for transport of dialysis patients
- Vaccine Refrigerators (15), cooler boxes, data loggers and accessories for strengthening cold chain capacity for vaccine delivery
- IT Equipment (Laptops - 7)

**USD275,709**  
**USD30,054**  
**USD25,799**

### 4.3.2 Internal Control Framework assessment

Expenditures across the strategic pillars are shown below:

The WHO Internal Control Framework (ICF), along with the WHO Accountability Framework, are critical systems and structures to ensure the Organization achieves its mandate and objectives. The frameworks are integrated and supportive of each other, for example accountability is a key internal environmental control element within the internal control framework and internal controls are critical supporting elements to the accountability framework.

The ICF aims toward the achievement of three objectives:

- Operations Objectives - related to the effectiveness and efficiency of all operations;
- Reporting Objectives - related to the financial and non-financial reporting and its reliability, timeliness, transparency or meeting of other requirements that may be established by WHO; and
- Compliance Objectives - related to WHO's adherence to applicable policies, rules, and regulations.

In 2023, the ICF, which sets objectives relating to operations, reporting and compliance, showed an improvement compared to the previous year, with an increase in the score from 3.58 to 3.8. The breakdown over the two-year period is as follows:

- 2022 - Operational Control (3.67) and Functional Control (3.56); and
- 2023 - Operational Control (3.92) and Functional Control (3.76).

# WAY FORWARD



The COVID-19 pandemic underscored the critical importance of having resilient and robust health systems to ensure improved health outcomes for populations, both during crises and in routine times.

Mauritius demonstrated strong resilience throughout the pandemic. The country effectively repurposed and augmented its health services and workforce to meet the increased demand for preventive and curative care necessary for controlling COVID-19. Simultaneously, Mauritius managed to maintain routine health services with minimal disruption, showcasing balance between crisis management and ongoing care.

As we move forward, it is essential to continue strengthening the Mauritian health care system to ensure it meets the needs of all individuals, regardless of who they are, where they live and when their needs occur. The significant ongoing investment in health infrastructure and equipment must be complemented by robust systems designed to ensure quality, effectiveness and efficiency.

This includes focusing on several key areas:

**Service Delivery:** Ensuring that health care services are timely and accessible to all whilst meeting the highest standards of care. This includes ensuring that the system addresses the specific needs of key populations in a rapidly evolving and aging society.

**Health Information Systems:** Developing and upscaling comprehensive health information systems, including through digitalization, to support data-driven decision-making and enhance service delivery.

**Human Resources:** Investing in the continuous training, retention and well-being of health professionals to ensure a skilled, motivated and devoted workforce.

**Pharmaceuticals:** Enhancing the availability, accessibility, affordability and quality of medicines, vaccines, laboratory testing and other pharmaceutical products, regulated by a strong framework as well as supporting research and development.

**Health Financing:** Strengthening health financing mechanisms to enhance efficiency, sustainability and equitable access to care.

**Governance:** Enhancing governance structures to ensure accountability, transparency and the effective management of health resources.



*Emergency preparedness and response:* The lessons learned from the COVID-19 response must also inform future prevention and control of public health emergencies. Implementation of the NAPHS includes strengthening multisectoral coordination and One Health approaches, implementing evidence-based decision-making, improving surveillance and early warning systems, and reinforcing laboratory capacities and case management protocols that promote the safety of health professionals and patients, whilst also preventing antimicrobial resistance, risk communication strategies and strong logistical and operational support.

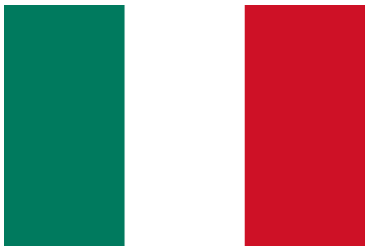
*Healthier populations:* Integrating health considerations into all policies is crucial for fostering a nation that prioritizes health and works towards enhancing a healthy environment. Addressing risk factors such as tobacco use, alcohol and substance abuse, unhealthy diets, insufficient physical activity, rising air pollution and the impacts of climate and environmental changes is vital for improving public health outcomes in a sustainable and cost-effective manner.

These objectives will only be achieved if a comprehensive approach prioritizing health is adopted by all stakeholders, including Government, development partners, the private sector, public society and each and every Mauritian.

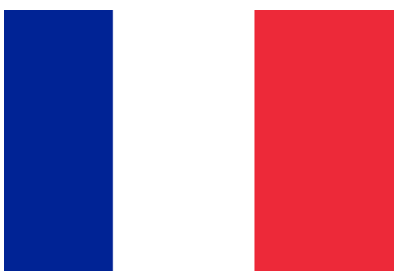
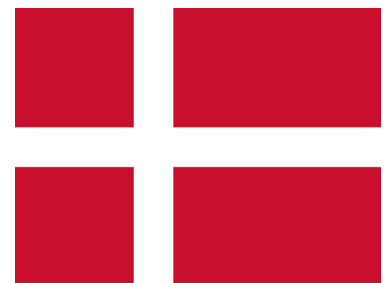
WHO is committed to collaborating with the Government and all stakeholders to advance these objectives in the years to come, to ensure that Mauritius continues to build on its strengths and addresses emerging health challenges effectively.



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