



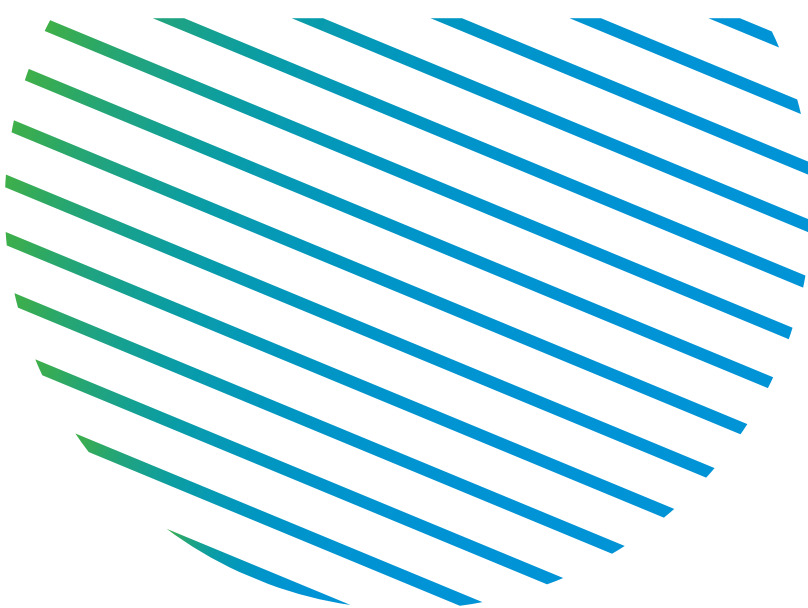
World Health  
Organization

Mauritius

# COUNTRY COOPERATION STRATEGY 2023-26

Scaling up Universal Health Coverage  
to improve people's health and  
well being across the lifespan





## **Mauritius Country Cooperation Strategy, 2023-26**

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Designed in Port Louis, Mauritius.

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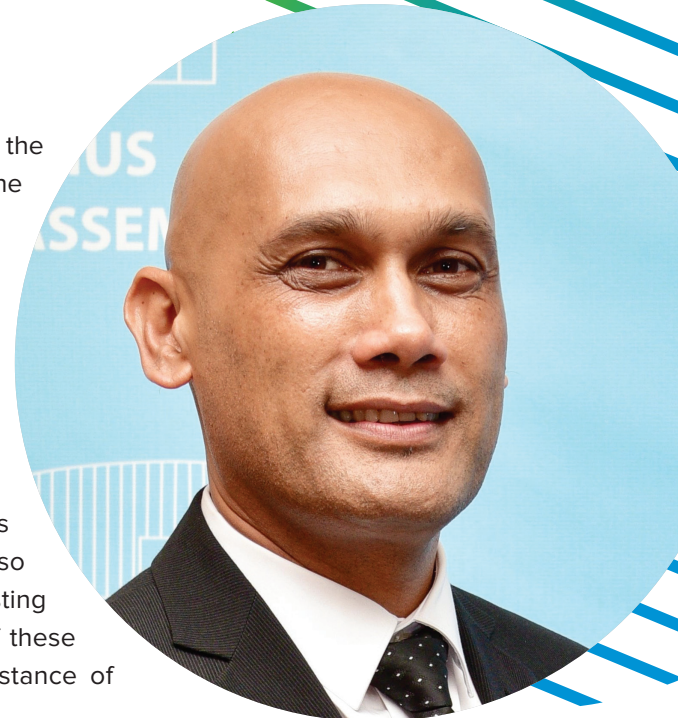
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# Foreword

It is my honour to further strengthen our collaboration with the World Health Organization (WHO) through the finalisation of the Mauritius-WHO Country Cooperation Strategy 2023-2026.

For the past two years, the health sector, across the globe and in Mauritius, has been enduring numerous challenges due to the COVID-19 pandemic. Mauritius has developed and implemented comprehensive responses to mitigate the impact of the pandemic while ensuring the continuity of essential health services. Our country has risen to the challenge and even in these times of global disruptions, we have not only adapted, but also accomplished significant progress in improving existing health services and in creating new opportunities. None of these achievements would have been possible without the assistance of development partners, especially WHO.



The Ministry of Health and Wellness and WHO have had a long-standing and trusting partnership, which has played a pivotal role in supporting the development of a quality, resilient, and equitable health system. Among others, WHO has provided key technical guidance in the formulation of the Health Sector Strategic Plan (HSSP) 2020-2024.

The objectives of the Mauritius-WHO Country Cooperation Strategy (CCS) 2023-2026 are aligned with the priorities outlined in the HSSP 2020–2024 for Mauritius and its Outer Islands, including Rodrigues, both documents are founded on WHO's Thirteenth General Programme of Work (GPW 13). Moreover, both the HSSP 2020–2024 and the CCS encapsulate the Ministry's and Government-wide vision of a nation where everyone has the opportunity to enjoy a healthy lifestyle.

Mauritius faces a range of persistent health challenges such as rising health care costs, high burden of non communicable diseases (NCDs), inequities in access to health services, threats from new disease outbreaks, and an ageing population.

To address these issues and support progress towards universal health coverage and the Sustainable Development Goals, the Ministry of Health and Wellness is confident that the CCS will provide the framework for collaboration with WHO. The Ministry of Health and Wellness also stands committed to successfully implementing this strategy to contribute towards improving the health and well-being of the more than 1.3 million people in Mauritius and countless others across the African Region.

**Dr the Hon Kailesh Kumar Singh JAGUTPAL**  
**Minister of Health and Wellness**

# Message

The revised World Health Organization (WHO) Third Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meets the needs of countries. It reflects the transformation agenda of the African Region as well as the key principles of the Thirteenth General Programme of Work (GPW13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's programme budget. The role of different partners, including non-state actors, in supporting governments and communities is highlighted.



The objective of the CCS is to make WHO more effective in its support to countries, through responses tailored to the needs of each country.

The revised third generation CCS builds on lessons learned from the implementation of the earlier generations of the country cooperation strategies; the countries' priorities reflected in the national policies, plans and priorities; and the United Nations Sustainable Development Partnership Frameworks (UNSDCFs). These CCSs must also align with the global, continental and regional health context and facilitate the acceleration of investments towards universal health coverage (UHC). It incorporates the fundamental principles of alignment, harmonisation and effectiveness, as formulated in the Rome (2003), Paris (2005), Accra (2008) and Busan (2011) Declarations on Aid Effectiveness. Its implementation will be measured using the regional key performance indicators, which reflect the country focus policy and the strengthening of the decision-making capacity of governments to improve the quality and equity of public health programmes.

The evaluation of the third Country Cooperation Strategy (CCS 3) highlighted the progress made, the constraints and obstacles encountered, drew lessons and made recommendations to improve the Fourth Country Cooperation Strategy 2023-2026.

Progress towards universal health coverage requires an approach that improves quality of services, ensures integration of interventions, is people-centred and inclusive and provides affordable health services. To achieve this, I urge WHO offices to effectively use the strategies in operational planning, sustained advocacy, improved resource mobilization, strengthening partnerships and justifying country presence.

I commend the effective leadership role played by governments in the process leading to the development of the new CCS, including conducting CCS 3 review exercises. I call on all WHO staff, and in particular WHO country representatives, to redouble their efforts to ensure the effective implementation of the programmes described in this document in order to improve the health and wellbeing of the population, which are essential elements for the economic development of Africa.

I recognize that increased efforts will be needed in the coming years, but I remain convinced that with strong leadership by governments and stronger, transparent, and more resolute collaboration between technical and financial partners, together we can work towards the achievement of national, regional, and continental health objectives. For my part, I can reassure you of the full commitment of the WHO Regional Office for Africa to provide the necessary technical and strategic support for the achievement of CCS 4 objectives with a view to achieving the "triple billion" goals and the Sustainable Development Goals.

**Dr Matshidiso MOETI**  
**WHO Regional Director for Africa**

# Abbreviations

<b>AFRO</b>	WHO Regional Office for Africa
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AMR</b>	anti-microbial resistance
<b>ANC</b>	antenatal clinic
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>CCS</b>	Country Cooperation Strategy
<b>COVID-19</b>	coronavirus disease 2019
<b>DHIS 2</b>	District Health Information System 2
<b>FM</b>	Family Medicine
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GDP</b>	Gross Domestic Product
<b>GNI</b>	Gross National Income
<b>GPW-13</b>	Thirteenth General Programme of Work 2019-2023
<b>HSSP</b>	Health Sector Strategic Plan
<b>HIV</b>	human immunodeficiency virus
<b>HIMS</b>	health information management systems
<b>IAR</b>	intra action review
<b>IHR</b>	International Health Regulations
<b>ICD</b>	International Classification of Diseases
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	infection prevention and control
<b>JEE</b>	Joint External Evaluation
<b>KP</b>	key population
<b>MOHW</b>	Ministry of Health and Wellness
<b>NCD</b>	non-communicable diseases
<b>NMHP</b>	national medical and health care products
<b>PHC</b>	primary health care
<b>PNC</b>	post natal clinic
<b>PLHIV</b>	people living with HIV
<b>PWID</b>	people who inject drugs
<b>RMNCAH</b>	reproductive, maternal, new-born and child and adolescent health
<b>SCORE</b>	survey, count, optimize, review, enable
<b>SERP</b>	socio-economic response plan
<b>SDG</b>	Sustainable Development Goal
<b>SPAR</b>	State Party Annual Reporting
<b>SPF</b>	Strategic Partnership Framework
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UHC</b>	universal health coverage
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>WCO</b>	WHO country office
<b>WHO</b>	World Health Organization

# Executive Summary

The Mauritius–WHO Country Cooperation Strategy (CCS) 2023-2026 sets out how the World Health Organization (WHO) will work with Mauritius over the next four years to realise the health-related Sustainable Development Goals in the Mauritian context, as embodied in the Mauritius Vision 2030, the Government Programme 2020-2024, and the Health Sector Strategic Plan (HSSP) 2020-2024.

Mauritius is witnessing a series of socioeconomic, demographic, and epidemiological changes. Over the past two decades, there have been significant improvements in health outcomes, notably increases in life expectancy at birth by 2.5 years, a vaccination coverage rate of over 90% for most of the 14 antigens, and a stabilisation of the prevalence rate of diabetes. Similar success has been achieved in lowering the incidence of communicable diseases of public health importance such as tuberculosis (TB), malaria, HIV/AIDS, and neglected tropical diseases.

Mauritius has undergone impressive economic and social development due to a series of reforms that have dynamically transformed the economy. Growth in gross national income per capita has resulted in improvements in income equality. However, the COVID-19 pandemic has impacted the country's economy and consequently Mauritius was reclassified to the upper-middle income level in 2021. The COVID-19 pandemic has clearly shown that universal health coverage (UHC), strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.

To build a resilient, equitable and quality health system, the Republic of Mauritius Health Sector Strategic Plan (HSSP) 2020-2024 outlines the strategic goals, objectives, and directions to improve the health, well-being, and quality of life of the people of Mauritius and its outer islands, including Rodrigues. In line with the HSSP 2020-2024, the Mauritius-WHO Cooperation Strategy 2023-2026 lays down the framework for WHO's collaborative work with the Republic of Mauritius to scale-up universal health coverage to achieve health and wellbeing across the life course.

**The strategy has been developed through extensive societal dialogue initiated since 2018. The CCS identifies four strategic priorities that will help attain of this overarching goal:**

- › Building resilient health systems to advance UHC
- › Strengthening emergency preparedness and response
- › Promoting health and healthy environments for all Mauritians through multisectoral engagement
- › Supporting use of data and innovation for integrated, people-centred care



To achieve the above-mentioned strategic priorities, WHO will pursue an integrated approach with dialogues and complementarities across programmes, disciplines and sectors in providing leadership in health and promoting good health and the well-being of all people in Mauritius.

WHO will harness global knowledge to help deliver evidence-informed, context-specific, and innovative solutions that will benefit all Mauritians. WHO will continue to work closely with development partners, including other United Nations agencies, and other multilateral and bilateral partners. The joint work will be guided by the Sustainable Development Goals, Mauritius Vision 2030, the Government Programme 2020-2024, the HSSP 2020-2024, the United Nations Strategic Partnership Framework 2019–2023, WHO's Thirteenth General Programme of Work (GPW 13) and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024-2028.

WHO and MOHW will conduct an extensive mid-term review of the CCS in the first quarter of 2024, to bring about required adjustments in its work-plans for later years and accommodate emerging national, regional, and global health priorities. Lessons learned during the period of the CCS implementation will be systematically documented and disseminated.







## CHAPTER 1

# Introduction

The Country Cooperation Strategy (CCS) defines the strategic agenda for addressing country-specific bottlenecks to health and development while leveraging resources and partnerships for health in Mauritius. It provides a high level overview of WHO's role at its three levels (global, regional, and country) and outlines WHO's commitment to achieving impact at the country level.

In Mauritius, the previous CCS covering the period 2008-2013, was extended to 2020 in anticipation of the launch of the HSSP 2020-2024. The new CCS is the outcome of a series of discussions with the Ministry of Health and Wellness and other stakeholders. It is based on a critical analysis of the country's needs and WHO's comparative advantage in addressing those needs. The Ministry of Health and Wellness and WHO are both invested in the development and implementation of this CCS and are accountable for its results.

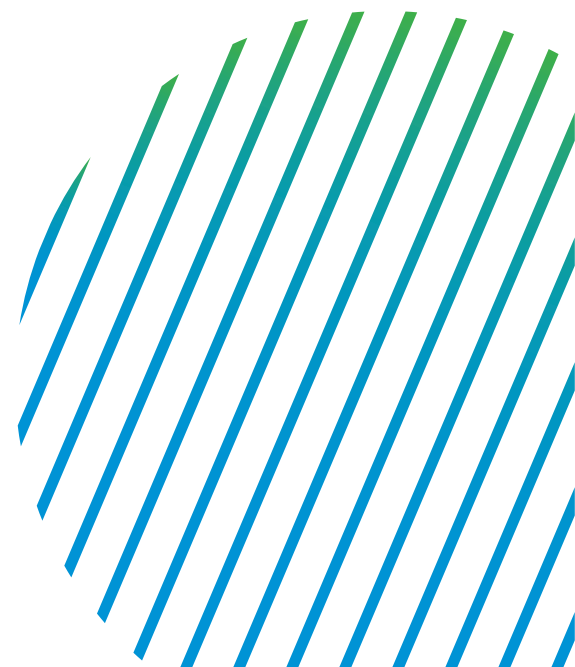
The strategic priorities outlined in the CCS aim to contribute to the country's health development agenda and its efforts to achieve the Sustainable Development Goals (SDGs):

- › Building resilient health systems to advance UHC
- › Strengthening emergency preparedness and response
- › Promoting health and healthy environments for all Mauritians through multisectoral engagement
- › Supporting use of data and innovation for integrated, people-centred care

These strategic priorities are closely linked to the **WHO GPW 13 “triple billion” goals**, namely:

1. One billion more people to benefit from UHC
2. One billion more people to be better protected from health emergencies
3. One billion more people to enjoy better health and well-being

Implementation of the CCS will complement the UN Strategic Partnership Framework and the COVID-19 socio-economic response and recovery plan for the UN Country Team in Mauritius. It will also galvanise existing partnerships and forge new ones, while ensuring national and local ownership of the process.







## CHAPTER 2

# Health and development situation

## 2.1 Country Context

In the past decades, Mauritius has modelled itself on a strong development pathway, resulting in significant improvements in the Human Development Index, from 0.624 in 1990 to 0.804 in 2019 (See Table 1). Similar progress has also

been made on the economic front, with GNI per capita increasing more than 25-fold from US\$ 400 in 1968 to US\$ 10 230 in 2020. As a result of the COVID-19 induced economic downturn, the country experienced its first major recession in forty years.

**Table 1.** Key Socio-Economic Indicators

<b>Area</b>	Island of Mauritius 1868 sq km; Rodrigues 110 sq km
<b>GNI Per Capita</b>	US\$ 22,380 (PPP, current international) (2020) US\$ 10,230 (current) (2020)
<b>GDP (Current)</b>	US\$ 10.92 billion (2020)
<b>HDI</b>	0.804; 66 out of 189 countries and territories; High human development category (2018)
<b>Gini Coefficient</b>	0.40 (2017)
<b>Population</b>	1.26 million (2020)
<b>Population Growth</b>	0.1% (2020)
<b>Population Density</b>	640 people per sq km of land area
<b>Dependency Ratio</b>	40.9 (2020); 47 (2000) <i>per 100 working-age population</i>
<b>Life Expectancy at Birth</b>	74.1 years (2020)
<b>Total Fertility Rate</b>	1.4 births per woman (2020)
<b>Labour Force Participation Rate</b>	Total: 57%; Female 46%
<b>Unemployment Rate</b>	Total: 9.2%; Female: 11.1%
<b>CO<sub>2</sub> Emissions</b>	3.2 metric tons per capita (2018)
<b>Government Expenditure</b>	Current: US\$ 3.76 billion; as % GDP: 34.5 % (2020)

## DEMOGRAPHIC SHIFT: PROGRESS AND CHALLENGES

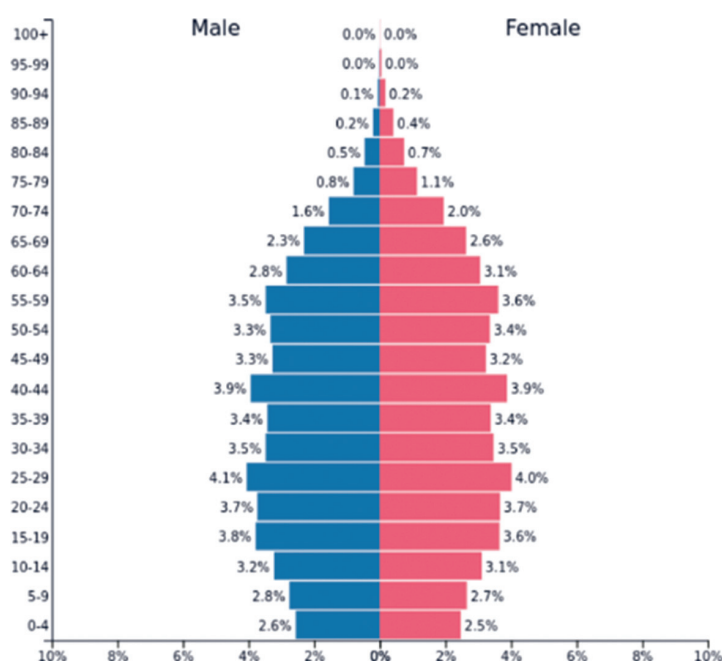
Increasing life expectancy and declining fertility have led to a shift in the demography of Mauritius. Over the last 30 years, life expectancy at birth has increased from 65 years to 74.4 years (77.3 years for females and 71 years for males) in 2019, while healthy life expectancy at birth was 63.9 years (65.9 for females and 62 for males). The net reproduction rate has decreased to 0.7 in 2019, far below the replacement level. Mauritius is also experiencing growth in the size and proportion of older persons. In 2019, the population aged 65 and above constituted 12.1% of the total population (See Fig 1). The total dependency ratio has also increased from 519.2 in 2000 to 525.9 in 2017 and is projected to increase to 697.0 in 2037 and 886.9 in 2057.

The ongoing demographic changes have created an urgent need for expansion of the social support programmes, including the need for aged care services.

### 2.2 Health Systems Overview

In Mauritius, the government provides free public health services for primary care, with each household located within three miles of a primary care provider. The public sector has five regional hospitals, three district hospitals, two community hospitals and seven specialized hospitals. All regional, district and specialized hospitals have an outpatient department. Outpatient services are also available in the two community hospitals, six medi-clinics, 22 area health centres and 128 community health centres located across

Figure 1. Population pyramid



the country. There are 18 private health facilities that provide inpatient care.

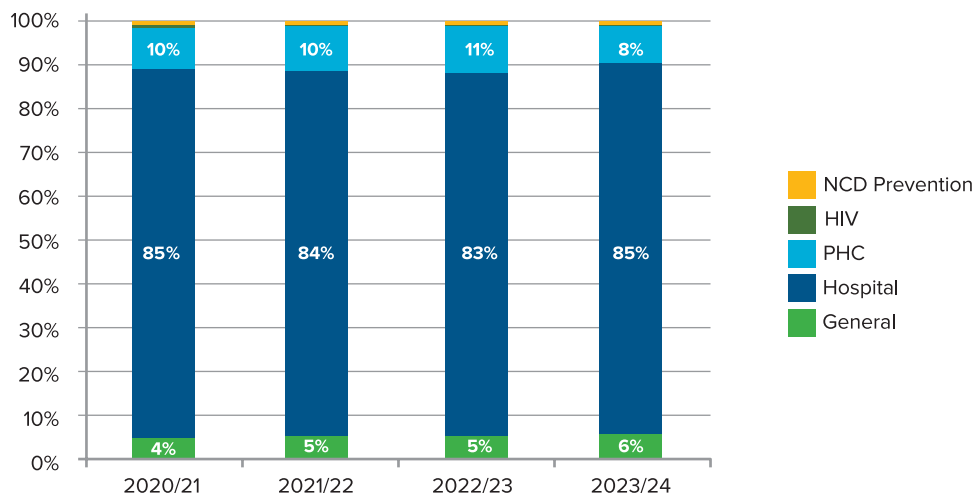
In 2019, a total of 5.03 million general outpatient visits were recorded, with hospitals catering to 59% of those visits. The number of admissions to government hospitals was 194 659, with a bed occupancy rate of 75%. The health benefit package is comprehensive, covering prevention, curative, rehabilitative and palliative care services. However, challenges persist in ensuring the gate keeping function of primary health care (PHC) and in enabling continuity of care across health facilities and allied services. To address this, initiatives have been undertaken to create new PHC facilities with a focus on strengthening family medicine, e-health, and patient satisfaction at primary care level.



Mauritius also has a well-functioning pharmaceutical service, ensuring access to essential medicines and medical products. Access to medicines, vaccines, diagnostics and medical devices in the public sector is free of cost. The public sector also has good availability

of essential medicines (70–75%). An assessment of the health information system using the WHO SCORE methodology indicates that Mauritius has well-developed capacity for surveys, health service data, and data use for policy and action.

**Figure 2.** Trends in share of different sectors in government spending on health.



Source: Ministry of Finance, Economic Planning and Development

Public health spending in Mauritius is around 2.63% of GDP and government health expenditure (GHE) as a proportion of total government spending has increased from 6.8% in 2000 to 8.56% in 2019. 83–85% of GHE goes to hospitals and specialized care services (See Fig 2). Government spending on free health care from primary to tertiary level, in 2019, was 46.4% of total health expenditure. Moreover, the government is investing massively in the health sector through infrastructural projects. These capital projects include the New Cancer Centre, the New Flacq Teaching Hospital, and the new Eye Hospital where approximately Rs 1.9 billion, Rs 2.9 billion and Rs 700 million are being spent on infrastructure and equipment respectively. Additionally, four mediclinics (in Coromandel, Bel Air, Quartier Militaire and Stanley) and two CHCs (in Saint Francois and Roche Bois) are being constructed at an estimated cost of Rs 465 million. These projects will be operational by 2022/2023.

### 2.3 SDG 3 Goals achievements

Some of the key achievements recorded under SDG3, as well as current challenges, are highlighted

in Box 1. The most notable achievements have been in improving life expectancy, reducing maternal and child mortality, eradicating polio, significantly lowering the incidence of communicable diseases of public health importance such as TB, malaria, HIV/AIDS and neglected tropical diseases, increasing routine immunization coverage, and preventing mother-to-child transmission of HIV. These achievements have been made possible through the provision of free health care services in the public sector, where around 73% of the health care needs (health education, disease prevention, diagnosis, treatment, rehabilitation and terminal care) of the population are covered by public health care institutions, while the remaining 27% are provided by the private sector. Other important enablers include: adequate availability of health human resources, as evidenced by a favourable doctor/population ratio of 27.2 per 10 000 population and a nurse population ratio of 35.5 per 10 000 population; and adequate health infrastructure, evidenced by a bed population ratio of 3.7 beds per 1000 population. In 2019, the UHC service coverage index was 65, and the country ranked 5<sup>th</sup> in the WHO African Region.

## BOX 1: SDG 3 HEALTH-RELATED TARGETS ACHIEVED

<b>GOAL 3 ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES</b>		<b>OVERALL ACHIEVED</b>
<b>3.1.1</b>	<b>MATERNAL MORTALITY RATIO</b> Maternal mortality ratio is 66 per 100,000 live births compared with the global target of 70	<b>ACHIEVED</b> ✓
<b>3.1.2</b>	<b>PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL</b> Skilled birth attendance is close to 100%	<b>ACHIEVED</b> ✓
<b>3.2.1</b>	<b>UNDER-FIVE MORTALITY RATE</b> Under five mortality rate is 15.8 per 1,000 live births compared with the global target of 25	<b>ACHIEVED</b> ✓
<b>3.2.2</b>	<b>NEONATAL MORTALITY RATE</b> Neonatal mortality rate is 10.3 per 1,000 live births, compared with the global target of 12	<b>ACHIEVED</b> ✓
<b>3.3.1</b>	<b>NUMBER OF NEW HIV INFECTIONS PER 1,000 UNINFECTED POPULATION</b> HIV incidence rate per 1,000 population is low (0.8)	<b>ON TRACK</b> ↑
<b>3.3.2</b>	<b>TUBERCULOSIS INCIDENCE PER 100,000 POPULATION</b> Tuberculosis incidence rate per 100,000 population is low (10)	<b>ACHIEVED</b> ✓
<b>3.3.3</b>	<b>MALARIA INCIDENCE PER 1,000 POPULATION</b> Malaria incidence rate per 100,000 population is low (3.2)	<b>ACHIEVED</b> ✓
<b>3.3.4</b>	<b>HEPATITIS B INCIDENCE PER 100,000 POPULATION</b> Hepatitis B incidence rate per 100,000 population is low (26.8)	<b>ACHIEVED</b> ✓
<b>3.3.5</b>	<b>NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NEGLECTED TROPICAL DISEASES</b> Treatment for all neglected tropical diseases prevalent in Mauritius is accessible in all public health facilities at no cost	<b>ACHIEVED</b> ✓
<b>3.4.1</b>	<b>MORTALITY RATE PER 100,000 MID-YEAR POPULATION</b> Crude death rate per 1,000 population is 8.8	<b>ON TRACK</b> ↑
<b>3.4.2</b>	<b>SUICIDE MORTALITY RATE</b> Suicide death rate per 100,000 population is 10.7	<b>ON TRACK</b> ↑
<b>3.5.1</b>	<b>COVERAGE OF TREATMENT INTERVENTIONS (PHARMACOLOGICAL, PSYCHOSOCIAL AND REHABILITATION AND AFTERCARE SERVICES) FOR SUBSTANCE USE DISORDERS</b> All essential treatment and drugs are provided free of charge. Treatment interventions are provided free of user cost according to established protocols	<b>ACHIEVED</b> ✓
<b>3.5.2</b>	<b>HARMFUL USE OF ALCOHOL, DEFINED ACCORDING TO THE NATIONAL CONTEXT AS ALCOHOL PER CAPITA CONSUMPTION (AGED 15 YEARS AND OLDER) WITHIN A CALENDAR YEAR IN LITRES OF PURE ALCOHOL</b>	<b>ON TRACK</b> ↑
<b>3.6.1</b>	<b>DEATH RATE DUE TO ROAD TRAFFIC INJURIES PER 100,000 MID-YEAR POPULATION</b> Death rate due to road traffic accident per 100,000 population is 11.6	<b>ON TRACK</b> ↑
<b>3.7.1</b>	<b>PROPORTION OF WOMEN OF REPRODUCTIVE AGE (AGED 15-49 YEARS) WHO HAVE THEIR NEED FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (41.9%)</b>	<b>OFF TRACK</b> ↓

3.7.2	<b>ADOLESCENT BIRTH RATE PER 1,000 WOMEN AGED LESS THAN 20 YEARS (BY AGE GROUP)</b> Low adolescent birth rate of 23.2 per 1,000 women aged 15-19 years as compared to a global average of 43.9	ON TRACK ↑
3.8.1	<b>COVERAGE OF ESSENTIAL HEALTH SERVICES (DEFINED AS THE AVERAGE COVERAGE OF ESSENTIAL SERVICES BASED ON TRACER INTERVENTIONS THAT INCLUDE REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH, INFECTIOUS DISEASES, NON-COMMUNICABLE DISEASES AND SERVICE CAPACITY AND ACCESS, AMONG THE GENERAL AND THE MOST DISADVANTAGED POPULATION)</b> UHC service coverage index improved from 63 in 2017 to 65 in 2019. Provision of free universal and affordable health care services to the population	ACHIEVED ✓
3.8.2	<b>PROPORTION OF POPULATION WITH LARGE HOUSEHOLD EXPENDITURES ON HEALTH AS A SHARE OF TOTAL HOUSEHOLD EXPENDITURE OR INCOME</b> Incidence of catastrophic health spending at 25% of household total consumption or income threshold is 1.9%	ON TRACK ↑
3.9.1	<b>MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION</b>	ON TRACK ↑
3.9.2	<b>MORTALITY RATE ATTRIBUTED TO UNSAFE WATER, UNSAFE SANITATION AND LACK OF HYGIENE (EXPOSURE TO UNSAFE WATER, SANITATION AND HYGIENE FOR ALL (WASH) SERVICES)</b> WASH mortality rate (2019) was 0.6 per 100,000 population. Household access to improved source of drinking water is 100%.	ACHIEVED ✓
3.9.3	<b>MORTALITY RATE ATTRIBUTED TO UNINTENTIONAL POISONING PER 100,000 MID-YEAR POPULATION ON TRACK</b> Unintentional poisoning mortality rate in 2019 was 0.8 per 100,000 mid-year population	ON TRACK ↑
3.A.1	<b>AGE-STANDARDISED PREVALENCE OF CURRENT TOBACCO USE AMONG PERSONS AGED 15 YEARS AND OLDER ON TRACK</b> A National Action Plan for Tobacco Control is being implemented and a drop in prevalence has been noted over the period 2003-2016	ON TRACK ↑
3.B.1	<b>PROPORTION OF THE TARGET POPULATION COVERED BY ALL VACCINES INCLUDED IN THEIR NATIONAL PROGRAMME ACHIEVED</b>	ACHIEVED ✓
3.B.3	<b>PROPORTION OF HEALTH FACILITIES THAT HAVE A CORE SET OF RELEVANT ESSENTIAL MEDICINES AVAILABLE AND AFFORDABLE ON A SUSTAINABLE BASIS ACHIEVED</b>	ACHIEVED ✓
3.C.1	<b>HEALTH WORKER DENSITY AND DISTRIBUTION ACHIEVED</b> For every 10,000 population, Mauritius has a workforce of 27.2 doctors (compared with the WHO recommended ratio of 16.1) and 35.5 nurses (compared with the WHO recommended ratio of 26.3)	ACHIEVED ✓
3.D.1	<b>INTERNATIONAL HEALTH REGULATIONS (IHR) CORE CAPACITIES AND HEALTH EMERGENCY PREPAREDNESS ON TRACK</b> All capacities average for Mauritius is 64%, compared with AFRO (49%) and Global (65%)	ON TRACK ↑

Source: Voluntary National Review Report of Mauritius, 2019. Ministry of Foreign Affairs, Regional Integration and International Trade

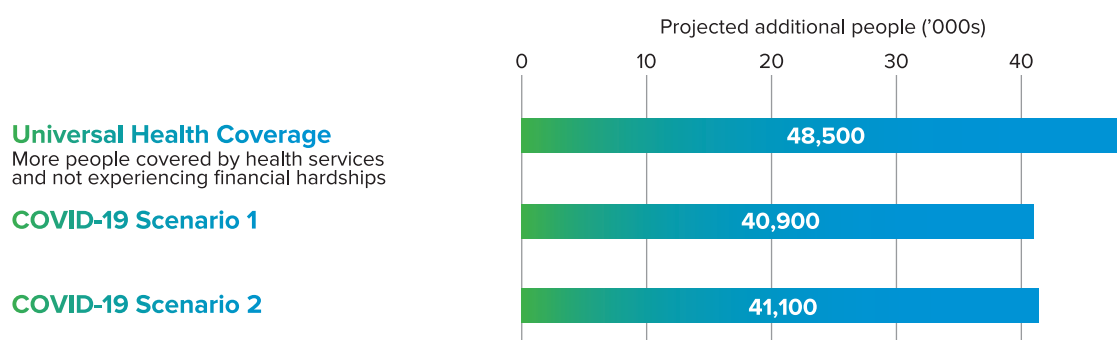
## 2.4 Progress towards the triple billion targets

### 2.4.1 ADVANCING TOWARDS UHC

Mauritius has made impressive progress in improving service coverage through the provision of universal and affordable essential health services. As a result,

the UHC service coverage index has increased from 52 in 2005 to 63 in 2017 and 65 in 2019. The country has also made progress in reducing the incidence of catastrophic health spending (1.9% in 2019). At the current rate of progress, it is projected that 48 500 more people will be able to access health services without undergoing financial hardship by 2025, compared with 2019. (See Fig 3)

**Figure 3.** 2025 projections towards universal health coverage



Source: WHO Billion Targets

This has been possible due to significant programmatic achievements. For instance, the Expanded Programme on Immunisation (EPI) has consistently achieved coverage levels above 90%. Furthermore, mortality from infectious, parasitic, and water-borne diseases has dramatically decreased from 7% in 1976 to 2.8% in 2019.

Mauritius made significant strides towards containing the HIV epidemic. Between 2010 and 2014, HIV incidence dropped from 0.72 to 0.49 per 1000 population. However, this trend was reversed during the period 2015–2020 with a rise in the incidence of HIV to 0.78 per 1000 population by the end of 2020. The epidemic remains concentrated among the key populations. Achieving the 95-95-95 UN fast track target is an important priority for the Ministry of Health and Wellness in the collaboration with all stakeholders.

While there have been impressive strides in addressing infectious diseases, noncommunicable diseases (NCDs) have remained the leading cause of mortality, morbidity and disability in the country. NCDs account for 80% of the disease burden and 85% of the mortality.

Mauritius has already had significant achievements in reducing maternal and child mortality, thanks to the successful implementation of several strategies, such as ANC and PNC care in all PHC facilities; skilled birth attendance; implementation of well baby clinics; cash gift vouchers to children on their first, second and third birthdays to promote routine examination of children; early detection of abnormalities and vaccination; school health programme for detection of common ailments; and Universal Immunization Programme at PHC level (until two years) and at schools (after two years).

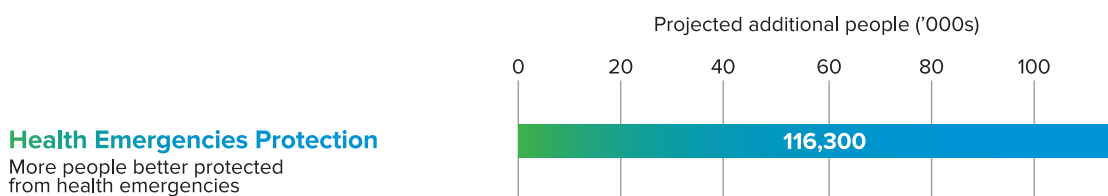
## 2.4.2 STRENGTHENING HEALTH SECURITY

Mauritius has a strong record of responding rapidly and effectively to public health threats. The 2018 IHR-JEE evaluation report and subsequent internal appraisals have nonetheless identified a few gaps that need to be addressed. These include: review of national legislation and regulations as well as procedures for better stakeholder engagement; need to undertake

regular simulation and tabletop exercises; documentation of experiences and lessons, guidelines and analysis for future preparedness and response, including for radiation hazards; and dedicated budget line for IHR to respond to future public health threats.

Based on the progress made thus far, it is estimated that 116 300 more people will be better protected from health emergencies. This represents nearly 9.1% of the population. (See Fig 4)

**Figure 4.** 2025 projections towards health protection emergencies



Source: WHO Billion Targets

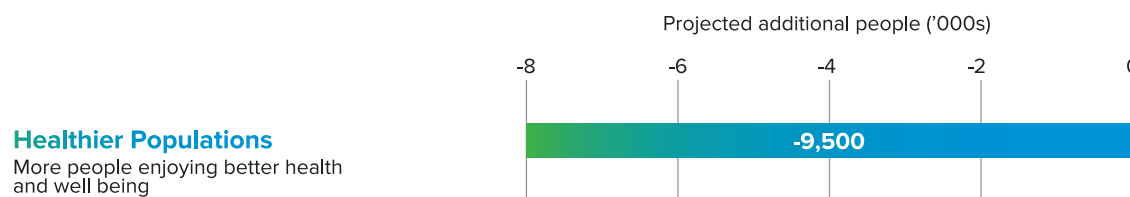
During the ongoing COVID-19 pandemic, with support from WHO and other agencies, the Government of Mauritius was able to launch effective mitigation measures. Since the start of the pandemic in March 2020, two intra-action reviews (IAR) have been conducted to document the experience in terms of COVID-19 preparedness and response. Both reviews provided good learning opportunities for all national stakeholders. All these reviews have enabled identification of challenges

and gaps and have informed the development of subsequent response plans.

## 2.4.3 PROMOTING HEALTH

Mauritius has achieved good progress in increasing life expectancy, mainly as a result of significant improvements in the social determinants of health such as housing, income, education, improved sanitation, hygiene and living environments.

**Figure 5.** 2025 projections towards healthier population



Source: WHO Billion Targets



However, the gap between healthy life expectancy and life expectancy has not improved, mainly due to the country’s high burden of NCDs and NCD risk factors, including an ageing population. Metabolic risk factors are the biggest contributor to death and disability in Mauritius. While the prevalence of hypertension has declined from 38% in 2009 to 28.4% (30.3% for men and 27.0% for women) in 2015, the prevalence of serum cholesterol (44.1% in 2019) and obesity (19.1% in 2015, particularly among children) has increased. Also, fasting plasma glucose has stabilized, reflecting a stable trend in the prevalence of diabetes (23.6% in 2009 to 22.8% in 2015) and a decline in the prevalence of pre-diabetes (24.2% in 2009 to 19.45% in 2015).

Although the overall prevalence of smoking has declined from 21.3% in 2009 to 19.3% in 2015, there has been an increase in tobacco use among students aged 13–15 years. Per capita consumption of alcohol has also increased from 40.5 to 49.4 litres, including among women (from 28% in 2004 to

41% in 2015). While improvement has been observed in physical activity among individuals aged 20–74 years, the mean intake of salt remains high at 7.9 gm/day (compared with the WHO recommended daily salt intake of 5 gm/day).

At the current rate of progress, between 2019 and 2025, it is estimated that an additional 0.7% of the population is less likely to enjoy better health and well-being. (See Fig 5)

## 2.5 Remaining challenges

### HIGH BURDEN OF NCDs AND AN AGEING POPULATION

NCDs and injuries are the leading causes of morbidity and mortality. Taken together, “diseases of the circulatory system”, “diabetes mellitus” and “neoplasms” account for more than two thirds of all deaths. In 2019, the probability of dying from an NCD between the ages 30 and 70 years was 23.2% (Male 28.3%, Female 18.1%).

**Table 2.** Top 10 causes of mortality and, disability and risk factors causing death and disability

	Top 10 causes of mortality (2019)	Top 10 causes of disability (2019)	Top 10 risk factors driving death and disability
1.	Diabetes	Diabetes	High fasting plasma glucose
2.	Ischemic heart disease	Chronic kidney disease	High body mass index
3.	Chronic kidney disease	Ischemic heart disease	High blood pressure
4.	Stroke	Stroke	Dietary risk
5.	Hypertensive heart disease	Low back pain	Kidney dysfunction
6.	Alzheimer’s disease	Neonatal disorders	Tobacco
7.	Chronic obstructive pulmonary disease	Road injuries	High Low-density Lipoproteins
8.	Lower respiratory tract infection	Depressive disorders	Air pollution
9.	Cirrhosis	Headache disorders	Alcohol use
10.	Colorectal cancer	Age related hearing loss	Malnutrition

The incidence of cancer is also on the rise. In 2020, prostate cancer (16.5%), colon cancer (12.85%), and lung cancer (8.85%) were the most common types of cancer among men. Among women, the common cancer types included breast (34.1%), followed by colon (9.73%) and cervix (5.4%). Death rates from cancer have also been rising.

Mental health and substance use are additional health challenges that require urgent attention. In 2019, 35% of cases admitted at mental health care institutions were cases of schizophrenia, 14.6% were presentations of substance abuse, 9.8% were instances of suicidal tendencies, 7.6% and 4.6% were cases related to bipolar mood disorder and acute psychosis respectively.

## MISSING FOCUS ON WELL-BEING

More needs to be done to empower people to manage their health and well-being. NCDs are now responsible for more than four fifths of all deaths in Mauritius each year. More than a quarter of the adult population smokes. Mauritius has shown limited progress towards achieving the diet-related NCD targets. The country has shown no progress towards achieving the target for obesity, with an estimated 17.8% of adult women (aged 18 years and over) and 6.5% of adult men living with obesity.<sup>1</sup> Lack of exercise and physical activity is also a critical issue, with only 23% of the Mauritian adult population meeting the WHO recommendation of 150 minutes a week of physical activity.<sup>2</sup>

Tobacco taxes in Mauritius remain below the WHO benchmark of 70% of retail price, coupled with weak enforcement of tobacco regulations, especially in the hospitality sector. Challenges also exist with the enforcement of alcohol regulations, in particular the sale of alcoholic beverages to individuals below the restricted age. Further, daily salt intake remains high among the population and mechanisms for ensuring food safety, including procedures for marketing authorization and nutrition labelling, are nascent.

## GAPS IN HEALTH SECURITY

As a small island developing state with tourism as a significant contributor to its economy, Mauritius faces a high risk of emerging and re-emerging infectious diseases and climate change threats. WHO/AFRO recently classified Mauritius among the countries at highest risk of facing emergencies in the context of the COVID-19 pandemic. Mauritius has had a strong history of responding rapidly and effectively to public health threats, thanks to robust surveillance systems backed by effective laboratory support. This has been effectively demonstrated during the COVID-19 pandemic, as Mauritius is the only other country, besides Algeria, that was rated as Level 4, indicating a high level of preparedness relatively to other countries in the region.

However, the pandemic has also exposed key gaps that must be addressed. These include: the need for a multi-hazard plan such as zoonoses, natural disasters, and climate change, chemicals and radiation. A whole of government, whole of society and robust 'One-Health' approach to address health threats, such as antimicrobial resistance (AMR) is needed with sensitive ports of entry (PoE); effective risk communication and community engagement; infection prevention and control (IPC), under the coordination of a fully fledged public health emergency operation centre.

## SYSTEMS FRAGMENTATION

Health care within the public sector in Mauritius is delivered through a well-delineated three-tier system, namely primary, secondary, and tertiary care. At the apex of the health care delivery system are specialized hospitals, medical centres, regional hospitals, and district hospitals. These are expected to function as referral centres for a decentralized network of primary health care facilities. However, clients regularly bypass PHC facilities and go directly to secondary and tertiary facilities, causing congestion and a waste of resources. Local-level service delivery networks – efforts to improve networking among health

<sup>1</sup> <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mauritius/>

<sup>2</sup> <https://www.active-mauritius.com/wp-content/uploads/2019/07/National-Sport-and-Physical-Activity-Policy.pdf>

facilities and allied health services – are virtually non-existent on a larger scale. While ensuring allocative efficiency across different levels of care is a challenge, the bulk of the government funding (84%) goes to hospital services. In addition, private expenditure still exceeds public health spending, with a significant proportion of out-of-pocket (OOP) payments.

### ALLIANCES BEYOND THE HEALTH SECTOR

Addressing the social determinants of health is a shared responsibility that requires a multisectoral approach. For example, Mauritius is particularly vulnerable to the impacts of climate change. These impacts could include rising temperatures, altered precipitation patterns, sea level rise, coastal erosion, and increased extreme weather events. Such changes present health risks to the Mauritian population, including increased risk of vector-borne diseases, NCDs, food insecurity and the destruction of marine habitats, with attendant negative effects on human health.<sup>3</sup> Implementing climate change adaptation and mitigation will require a whole-of-government approach.

Health issues can also challenge dominant sociocultural and religious beliefs and collaborating at a societal level can help to overcome these. In Mauritius, while there are many notable initiatives of cross-sectoral collaboration, the full potential of intersectoral collaboration remains underachieved. Presently, there is no mechanism to coordinate whole-of-government and whole-of-society responses to health risks. Further work is needed to harness the benefits of healthy alliances with other sectors. This includes efforts to develop and roll out a national multisectoral NCD action plan, promote a ‘health in all policies’ approach, support the review and update of appropriate policies such as food safety regulations and the establishment of a food standards agency.

### DECLINING EXTERNAL AID ASSISTANCE

Net overseas development assistance (ODA) has been on the decline since 2011. In 2018, net ODA amounted to US\$ 22 million, as compared to US\$ 185 million in 2011. Expressed as a share of gross national income, ODA dropped from 1.7% in 2009 to 0.14% in 2018 (See Fig 6).

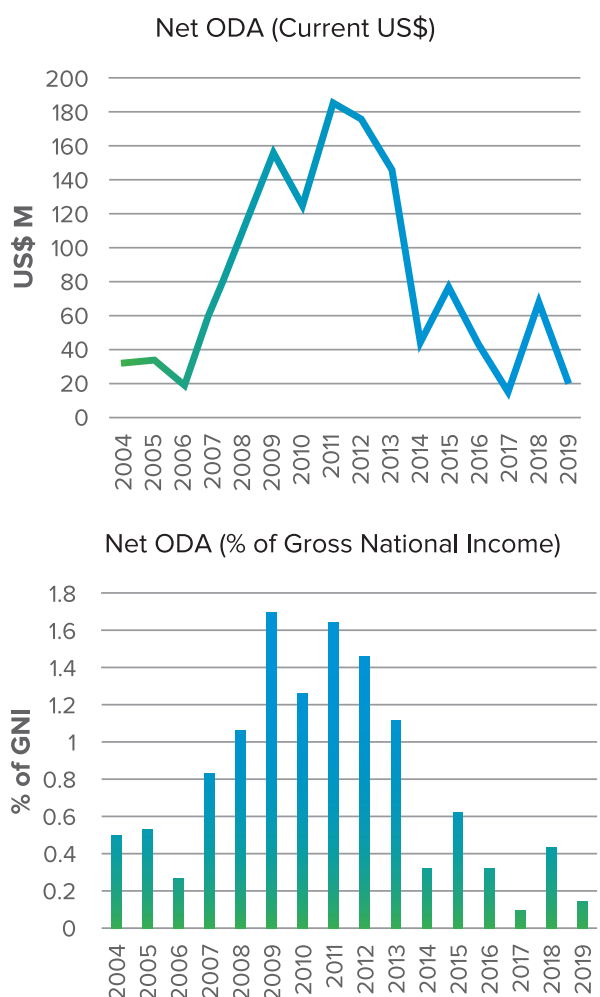


Figure 6. Overseas development assistance  
Source: World Bank

The national health accounts of MOHW reported that external aid accounted for 1.64% of total health expenditure in 2017, and 1.68% in 2019, respectively. With imminent graduation from global health initiatives, the proportion of external aid is likely to decrease. New partnership needs therefore to be explored such as with the private sector, international foundations, and academics for collaboration on research and of course south-south cooperation.

3 <https://www.who.int/publications-detail-redirect/WHO-HEP-ECH-CCH-21.01.06>

## CHAPTER 3

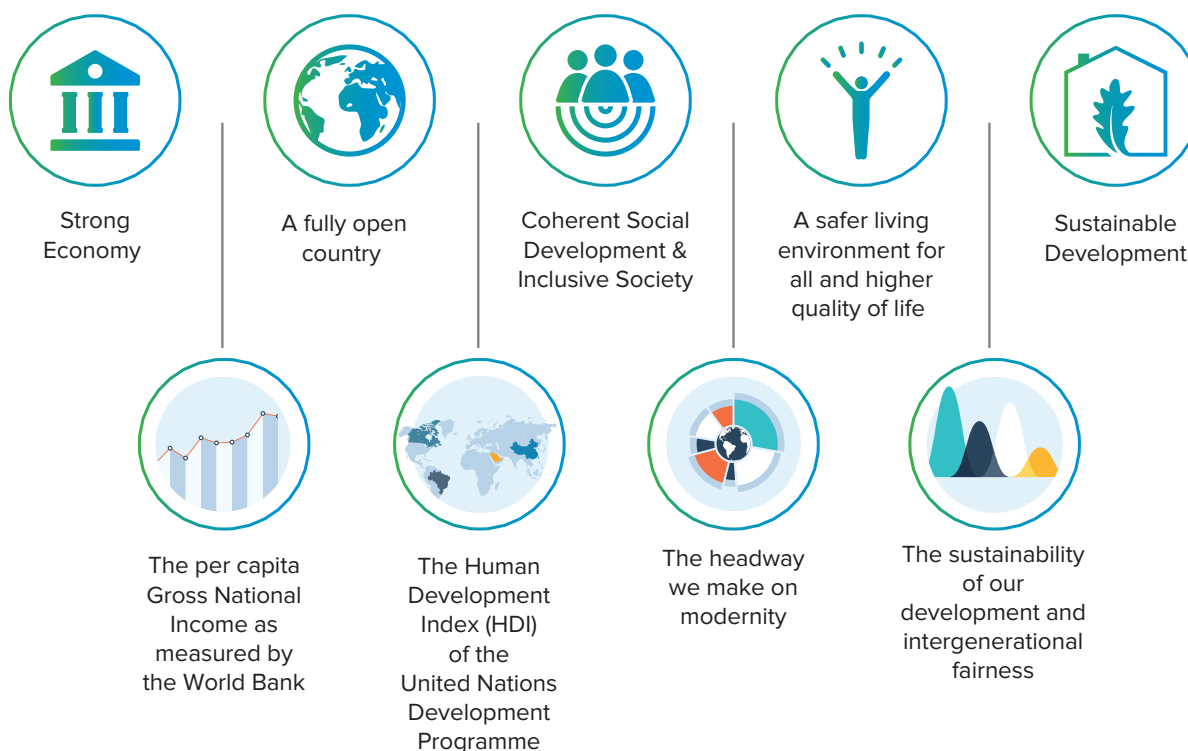
# Towards a common vision



### 3.1 Vision 2030

The Mauritius Vision 2030 is built around five pillars that outline the country’s long-term development priorities. The overarching aim is to boost the pace of sustainable economic diversification so that Mauritius can join the group of high-income countries by 2023 with a per capita GNI of US\$ 13 550 by 2023 and ultimately achieving a level of US\$ 19 000 by 2030. Emphasis on health and SDG3 is encompassed in the priority on supporting human development for the achievement of inclusive economic growth (See Fig 7). Vision 2030 also identifies the health sector as an enabler to attain the country’s aspiration towards a high-income status and commits to promoting health sector development with the ultimate goal of achieving UHC.

Figure 7. Mauritius VISION 2030

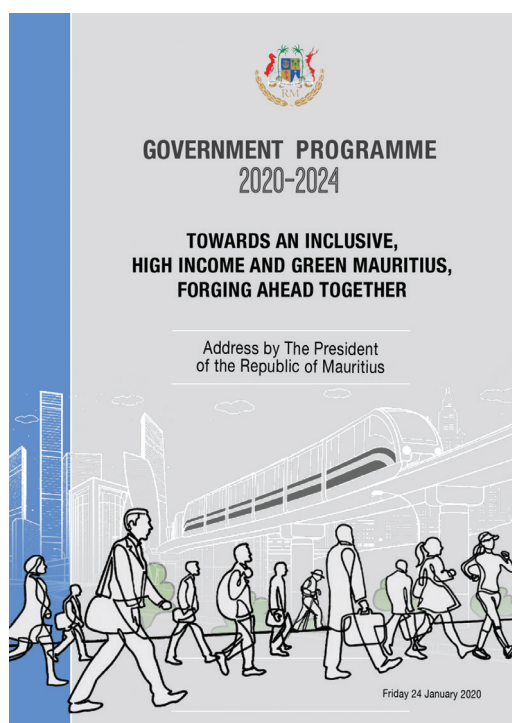


Source: Mauritius Three Year Strategic Plan 2018/19-2020/21

### 3.2 Government programme 2020-2024

The Mauritian Government recognizes health as a basic human right and that investing in health is an effective and sustainable way of investing in human development and social well-being. For this reason, health has always been placed at the top of the Government's socioeconomic agenda. The Government Programme 2020–2024 demonstrates strong political commitment and will for UHC, with an emphasis on people-centred services, access to more specialised services, and improved quality of care.

Figure 8. Government Programme 2020-2024



### 3.3 United Nations Strategic Partnership Framework

WHO is a key member of the United Nations country team (UNCT) and along with UNDP and IOM, the only other UN resident agency in Mauritius. The Strategic Partnership Framework (SPF) 2019–2023 outlines the outcomes that constitute the development cooperation between the Republic of Mauritius and the United Nations under the 2030 Agenda for Sustainable Development.

The SPF is fully aligned with the following: Vision 2030, the Government Programme 2020–2024, the Sustainable Development Goals agenda, as well as other internationally and regionally agreed commitments and obligations. The overarching intent is to support the ongoing transformation of Mauritius' economy to attain high-income status, while promoting sustainable job creation and economic growth to secure lasting and inclusive prosperity, with special focus on vulnerable groups.

### 3.4 WHO GPW 13 and HSSP 2020-2024

The Thirteenth General Programme of Work, 2019–2023 (GPW 13) summarises WHO's mission, which is to: **"Promote health, Keep the world safe and Serve the vulnerable"**. GPW 13 is structured around three interconnected strategic priorities to enable:

1. one billion more people to benefit from universal health coverage (UHC);
2. one billion more people to be better protected from health emergencies; and
3. one billion more people to enjoy better health and well-being.

Most of the strategic priorities of the HSSP 2020–2024 are closely linked to the 12 outcomes and 42 outputs of GPW 13. (Refer to table at annex 2)

HSSP 2020–2024: The 26 goals and the strategic objectives of the HSSP 2020–2024 clearly spell out the government action over a medium to long term horizon to avoid fragmentation of the health sector. It also provides the framework for improved coordination among development partners to achieve better health outcomes for the population.

Table 3 illustrates the alignment of the four strategic priorities of this CCS with the strategic objectives, outcomes, or priorities of four key global and national policy documents, namely the WHO GPW 13, the Health Sector Strategic Plan (HSSP) 2020–2024, the UN Strategic Partnership Framework (SPF), and the SDGs 2030. The CCS will, also, be aligned with the new UNSDCF covering the period 2024-2028.

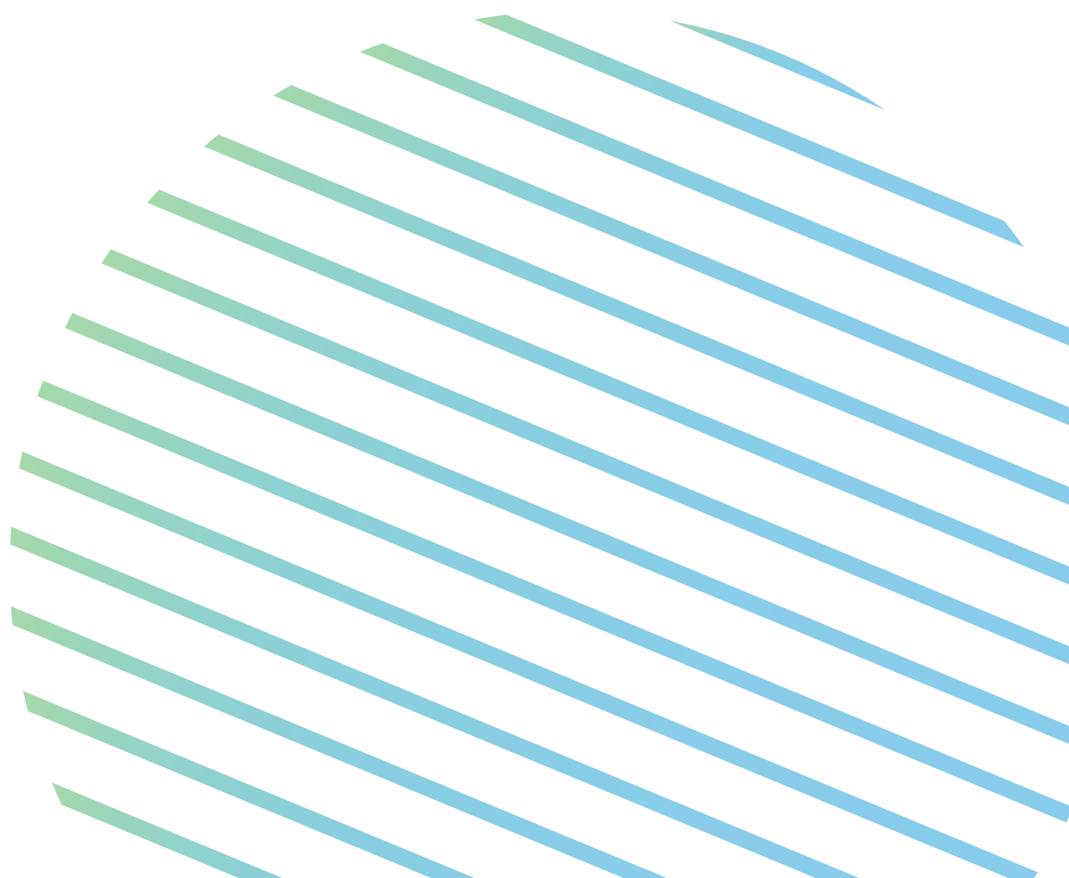


**Table 3.** Strategic priorities aligned with global and national priorities

Strategic Documents	Strategic Priorities			
	Health Systems Strengthening to progress towards Universal Health Coverage	Health Emergencies Preparedness and Response capacity development to protect population from emergencies	Promote health and well being of the population through Prevention and Control of NCDs, including risk factors	Strengthen country capacity initiatives promoting data and innovation for implementation of evidence-based patient care
<b>HSSP 2020-2024</b>	<p><b>Vision: A healthy nation with a constantly improving quality of life and well-being</b></p> <p><b>MISSION</b></p> <ul style="list-style-type: none"> <li>› Reinforce our health services into a modern, high-quality, high-performing health system that is patient-centred, accessible, equitable, efficient and innovative.</li> <li>› Improve the quality of life and well-being of the population through the prevention of communicable and non-communicable diseases; promote healthy lifestyles and an environment conducive to health.</li> <li>› Harness the full potential of information and communication technologies to empower people to live healthy lives.</li> <li>› Ensure that the available human, financial and physical resources foster better health outcomes.</li> </ul> <p><b>Strategic Goals 1 - 4 focus areas:</b> Achieving access to <b>high-quality patient-centred services</b> and enhancing health outcomes <b>through community empowerment</b></p> <p><b>Strategic Goals 5 - 7 focus areas:</b> Reducing preventable and premature morbidity, mortality and disability due to <b>non-communicable diseases and associated risk-factors</b>; as well as to <b>mental health</b> conditions (including suicidal behaviour and neurological and substance use disorders) and oral health.</p> <p><b>Strategic Goal 8 focus area:</b> Strengthening surveillance and response capacity for emerging and re-emerging vector-borne and communicable diseases</p> <p><b>Strategic Goals 9 - 15 &amp; 17 focus areas:</b> Improving maternal and neonatal mortality rates; ensuring optimal physical and psychological development of new-born babies, children and adolescents; sustaining high vaccination coverage; promoting healthy ageing and improving women's health and well-being (including access to quality sexual and reproductive health services.; and occupational health</p> <p><b>Strategic Goals 16 &amp; 22 focus areas:</b> Promoting <b>health security</b> through national surveillance, response and recovery system; and promotion of food safety</p> <p><b>Strategic Goals 18 - 20 focus areas:</b> <b>Generating evidence-based information</b> for better decision-making; health research to improve quality of healthcare services; and strategic human resource management</p> <p><b>Strategic Goal 21 focus area:</b> Ensuring access to <b>affordable, safe, cost effective and quality medicines</b> and health technologies</p> <p><b>Strategic Goal 23 - 25 focus areas:</b> Ensuring optimal allocation of resources, good governance, and multi-sectoral and public-private partnerships to achieve UHC</p>			

Strategic Documents	Strategic Priorities			
	Health Systems Strengthening to progress towards Universal Health Coverage	Health Emergencies Preparedness and Response capacity development to protect population from emergencies	Promote health and well being of the population through Prevention and Control of NCDs, including risk factors	Strengthen country capacity initiatives promoting data and innovation for implementation of evidence-based patient care
<b>GPW 13</b>	1.1 Improved access to quality essential health services 1.2 Reduced number of people suffering financial hardships 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC	2.1 Countries prepared for health emergencies 2.2 Epidemics and pandemics prevented 2.3 Health emergencies rapidly detected and responded to	3.1 Determinants of health addressed 3.2 Risk factors reduced through multi-sectoral action 3.3 Healthy settings and Health in All Policies promoted	4.1 Strengthened country capacity in data and innovation
<b>Mauritius SPF Results Framework [2019-2023]</b>	<b>Outcome 2</b> Ageing society, health, and labour market reforms (universal, affordable access to quality health care for all and social protection and gender equality)	<b>Outcome 6</b> Disaster Resilience to climate change	<b>Outcome 2</b> Ageing society, health, and labour market reforms  <b>Outcome 5</b> Social protection and gender equality	

Source: WCO Mauritius



## CHAPTER 4

# Building on a strong foundation

The agreement for the provision of technical advisory assistance between WHO and the Government of Mauritius entered into force in October 1970. The physical representation of WHO at country level dates back to January 1980. Since then, there has been excellent collaboration between the Republic of Mauritius and WHO.

In 2008, the second Mauritius-WHO CCS was signed covering the period 2008-2013, and further extended up to 2020. The key priorities covered included:

- › Building individual and global health security
- › Tackling the determinants of health (behavioural, social, and environmental) through sustainable multi-sectoral action
- › Strengthening health systems and equitable access to health services

The Mauritius-WHO CCS 2023-2026 will support the implementation of the triple billion targets of the Thirteenth General Programme of Work (GPW 13), based on national strategic priorities identified in consultation with the Ministry of Health and Wellness and other stakeholders. The CCS will be more strategically focused on results, with targets and milestones based on outcome indicators to achieve impact, in line with longer-term goals, such as the health-related SDGs.

The CCS serves as the basis for all of WHO's strategic cooperation work with the Government of Mauritius. It provides the basis for the WHO country support plans and indicates the role of all three

levels of the Organization (global, regional and country) in contributing towards the priority outcomes and targets defined at the country level.

WHO will continue to play its role as the lead technical expert in health matters and an essential contributor to advancing national health agenda through support on setting norms and standards, articulating evidence-based policy options, providing technical and operational support as well as monitoring and assessing health trends.







From Left to Right – WHO Representative, Dr L. Musango, Prime Minister of Republic of Mauritius, The Hon Pravind Kumar Jugnauth, and the UN Resident Coordinator, HE Christine Umutohi at launching of National Health Sector Strategic Plan 2020-2024

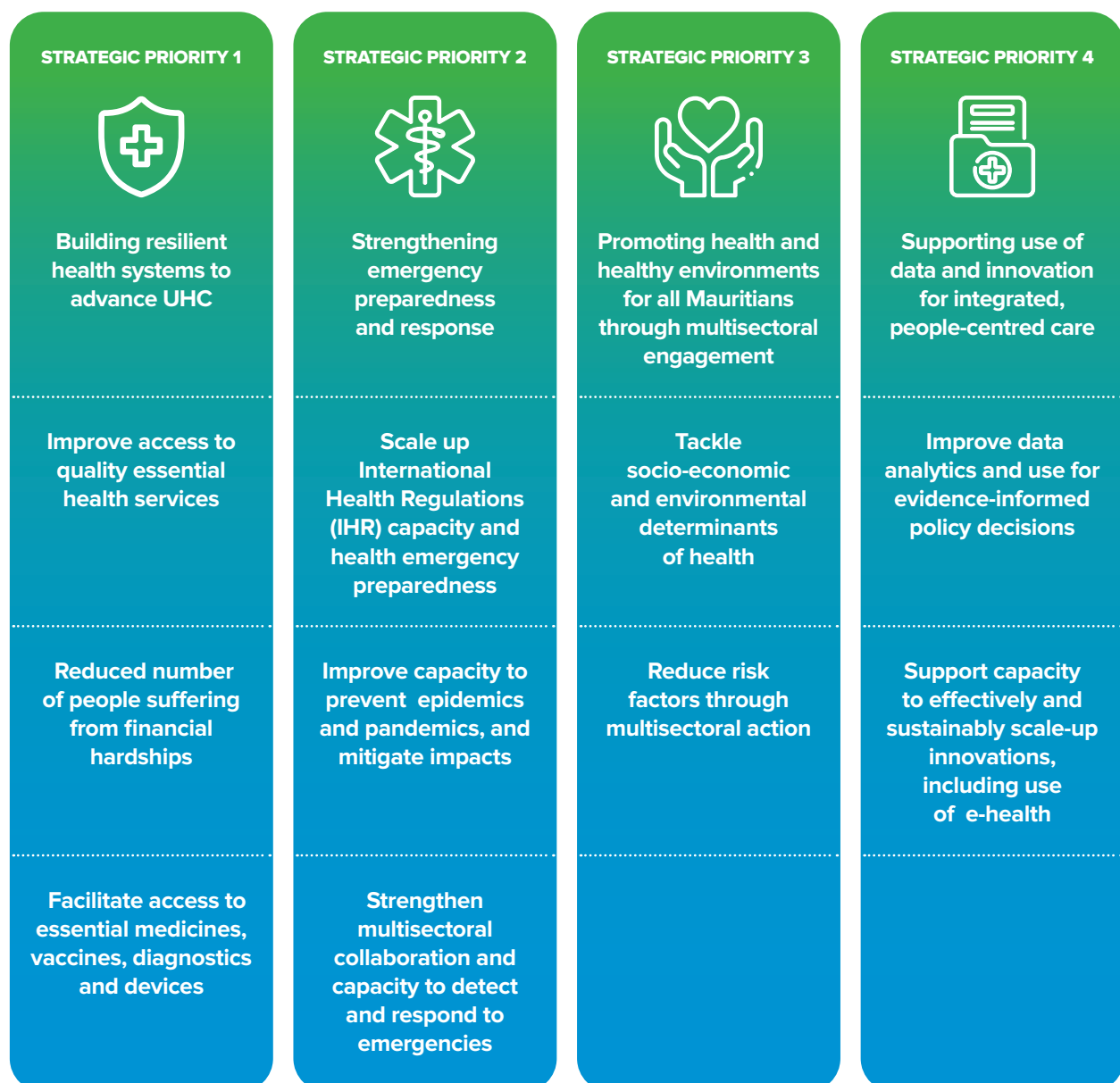
## CHAPTER 5

# Strategic agenda for WHO cooperation in Mauritius

The overarching goal of WHO's support to Mauritius is to ensure that all Mauritians, regardless of their age, gender and socioeconomic and ethnocultural backgrounds,

have the opportunity to lead healthy and productive lives in a healthy environment, including through timely and equitable access to quality and affordable health services.

**Figure 9.** Strategic Priorities and Focus Areas





These priorities were identified following a series of consultations and discussions with the Ministry of Health and Wellness and relevant stakeholders. They are based on critical analysis of the country's needs and WHO's comparative advantage in addressing those needs. The CCS spells out WHO's jointly agreed priorities and their alignment with the national context and needs, specifically the health and development agenda, as well as opportunities for collaboration and interaction between various partners and stakeholders.

## 5.1 STRATEGIC PRIORITY 1: BUILDING RESILIENT HEALTH SYSTEMS TO ADVANCE UHC

This strategic priority focuses on building health system resilience and improving equitable access to quality and affordable health care by strengthening the foundations of primary health care.

WHO will provide support in developing, implementing, and scaling up the government's planned initiatives and programmes as outlined in the HSSP 2020–2024. The main focus areas will include:

### 5.1.1 IMPROVING ACCESS TO QUALITY ESSENTIAL HEALTH SERVICES

The key objective will be to create a paradigm shift from health care delivery focused on treating disease towards health systems that address the specific health needs of patients and communities. This will include implementation of models of care that are suited to the local context and advance the principles of promoting comprehensive integrated health services (including combining public health and primary care), placing primary care as the first and regular point of contact, ensuring that care is continuous, comprehensive, coordinated and person-centred and people-centred, and addressing both existing and emerging issues. Among others, an important element will be to establish multidisciplinary PHC teams led by family medicine (FM) practitioners. The FM practitioners

will have a strong position in the health care system to coordinate access to specialised care and care across the different levels of health systems.

WHO will provide support to strengthen governance mechanisms, health and care workforce arrangements, the development and use of evidence-based tools and guidelines, facility organisation and management processes, and functioning information systems are critical enablers for a quality health system.

#### The following actions will support this focus area:

- › Support the reorientation of health services towards patient-centred care that not only detects and manages acute and chronic diseases such as NCDs, but also proactively addresses risk factors and prevents complications. Build capacities across the care continuum, from promotive to rehabilitative and palliative care.
- › Sustain progress towards the targeted elimination of tuberculosis, the AIDS epidemic, malaria, and viral hepatitis by supporting implementation of evidence-based policy options and innovations using primary health care approaches. Provide technical support to prevent new infections, raise awareness and improve diagnosis, and strengthen the continuum of care. This will also include monitoring and assessment of epidemiological and programmatic trends.
- › Accelerate implementation of reproductive, maternal, neonatal, child and adolescent health policies by providing technical support to identify effective interventions to further reduce maternal, neonatal and under-5 mortality rates. Support meaningful engagement of adolescents and youth in health and wellbeing.
- › Address mental health and substance abuse by raising awareness to tackle stigma and discrimination, support policy and legal reforms in line with rights-based approaches and ensure access to affordable high-quality and evidence-based treatment and care.

- › Foster and sustain a culture of quality and patient safety by creating strong leadership commitment, standardising care processes, promoting evidence-based practice and ensuring continuous monitoring of performance and reporting of findings.
- › Develop evidence-based health workforce policies, strategies and plans that prioritise investments in the health workforce, with a special emphasis on PHC cadres such as FM practitioners, to meet community and population needs. Ensure equitable distribution of the workforce through appropriate strategies (for example, regulations, financial and non-financial incentives, education).
- › Engage in capacity-building efforts to ensure that communities are aware of their roles and rights and have the tools and resources to participate fully and enter into meaningful partnerships. Support efforts of civil society organisations to engage more actively in improving health system performance.
- › Create an enabling environment to strengthen the partnership with the private sector, including through the assessment of legal and regulatory frameworks, and support towards health sector reviews such as joint assessment of national health sector strategy policies and plan.

### 5.1.2 REDUCED NUMBER OF PEOPLE SUFFERING FINANCIAL HARDSHIPS

UHC is about people having access to the health care they need without suffering financial hardship. In Mauritius, private expenditure on health and out-of-pocket (OOP) expenditure remains high. As a result of the high OOP payments, 8.2% of the national population experience catastrophic health expenditure. This suggests an urgent need to implement strategies to improve financial protection and reduce inequalities through better targeting of public subsidies to the poor and vulnerable.

#### The following actions will support this focus area:

- › High-level political advocacy support for increased investment in health and support towards development of health care financing strategies.
- › Monitor the level of spending in health through national health accounts analysis, as well as “deeper dives”, including public expenditure reviews.
- › Strengthen public financial management systems to enable more effective, efficient and equitable budgeting and budget execution in the health sector, including the introduction of innovative health systems financing mechanisms.

### 5.1.3 IMPROVED ACCESS TO ESSENTIAL MEDICINES, VACCINES, DIAGNOSTICS, AND DEVICES

Essential medicines are integral components of a quality health system. However, these medicines are often not regularly available in public health facilities and people are obliged to pay higher prices for their medicines out of pocket.

#### To support universal access to essential medicines and other health products, WHO will provide support on the following fronts:

- › Improve the availability, affordability and quality of medicine and health care products through roll-out of SIDS pooled procurement programme and strategies.
- › Use evidence-based selection methods, including health technology assessments and use of WHO’s essential and priority lists, to guide procurement and reimbursement decisions.
- › Promote the rational use of medicines to address antimicrobial resistance (AMR).

- › Strengthen national regulatory bodies to ensure safety, effectiveness/performance and quality, including by using the WHO Global Benchmarking Tool for the formulation of institutional development plans.
- › Support the development of the National Medical and Health Care Products (NMHP) Bill and support the roll-out of the NMHP Agency.
- › Strengthen supply chain management to ensure availability of health products. Ensure national capacity to prepare and respond to needs for health products in emergency situations, including diagnostics, personal protective equipment, medicines, and medical devices.
- › Support antimicrobial resistance (AMR) prevention and containment efforts through strengthening of the ‘One-Health’ approach for implementation of the national action plan on AMR.
- › Supporting the elaboration of a National Action Plan for Health Security, with the goal of reducing morbidity, mortality and socio-economic losses due to disease epidemics, disasters and other International Health Regulations (IHR 2005) hazards.
- › Promoting fair and thorough inclusion of high-risk populations in preparedness policies and strategies for all kinds of health hazards (natural disasters, notifiable diseases and other public health events).
- › Strengthening national institutions by building the capacity of the public health workforce and inclusive community involvement to build competence in health emergency preparedness and the IHR (2005) through training and learning solutions.
- › Policy advocacy and strengthened coordination for disaster risk reduction through national disaster management and risk reduction policies and strategies with full involvement of all relevant sectors.
- › Support development of multi-sectoral national action plans for disaster risk reduction based on assessments of country capacities and support the matching resources to fill critical core capacity gaps.



## 5.2 STRATEGIC PRIORITY 2: STRENGTHENING EMERGENCY PREPAREDNESS AND RESPONSE

The WHO Country Office will work with development partners to support the Government in implementing the action plan. This support aims to capacitate the responsible public health entities to prepare for a potential epidemic or other health emergencies; prevent an epidemic from happening in the first place (e.g., through a One Health approach to prevent zoonotic disease outbreaks and through vaccination against epidemic-prone diseases); and ensure early detection with prompt detection.

As the guardian of IHR (2005) and designated lead agency of the Inter-Agency Standing Committee (IASC) Global Health Cluster, WHO will move towards technical advisory support for activities that will have a measurable and sustainable impact.

Based on the recommendations of the 2018 Joint External Evaluation and applying the lessons learned from the COVID-19 pandemic, WHO’s support will focus on:

### 5.2.1 SCALE UP INTERNATIONAL HEALTH REGULATIONS (IHR) CAPACITY AND HEALTH EMERGENCY PREPAREDNESS

In addition to the above-listed actions, WHO will help address the critical gaps identified during previous annual assessments in IHR core capacities. A core priority area identified during the Joint External Evaluation was the lack of adequate legal instruments to facilitate IHR implementation.

- › Advocacy and technical guidance for the drafting and revision of existing emergency acts and implement regulations that will enable a rapid response to a health emergency.

- › Build capacity of the rapid response teams to coordinate, monitor and report on activities to strengthen the country's IHR core capacities and to improve emergency preparedness on a continual basis.
- › Support appropriate mechanisms to strengthen the national epidemic preparedness through elaboration of protocols for information-sharing between sectors on a regular basis about potential emerging pathogens or disease outbreaks, including zoonotic diseases.
- › Strengthen the national Public Health Emergency Operations Centre, as established during the COVID-19 pandemic, to coordinate and support preparation for and responding to health emergencies; conducting multi-hazard risk assessments; and preparing all-hazard preparedness and response plans.
- › Support assessment of public health capacities to ensure adequate implementation of the IHR through conduct of simulation exercises to test capability to respond to an emergency, disaster, or crisis situation; completion of State Party Annual Reports (SPARs); Joint External Evaluation (JEE) and intra action reviews (IARs).

### 5.2.2 IMPROVE CAPACITY TO PREVENT EPIDEMICS AND PANDEMICS, AS WELL MITIGATE THE IMPACTS

To mitigate the risks of zoonotic diseases, WHO will advocate for and support activities already implemented under the Indian Ocean Commission sub-regional project to strengthen implementation of the country's One Health approach.

#### WHO will continue to provide and focus technical assistance on:

- › Prevention of outbreaks of vaccine-preventable diseases, such as measles, by strengthening local-level disease surveillance capabilities and by helping to maintain the country's high routine immunization coverage rates.
- › Continued support for AFP/polio surveillance in silent and low-performing districts, in partnership with the Global Polio Eradication Initiative and other partners.
- › Sustained full-time support to the National Expanded Programme on Immunization towards the attainment of its goal of at least 95% vaccination coverage for all childhood vaccines to prevent outbreaks of measles, rubella, and other vaccine-preventable diseases. Support the programme in conducting vaccination campaigns for COVID-19.
- › Supporting antimicrobial resistance (AMR) prevention and containment efforts through effective communications to raise awareness; sustaining AMR sentinel surveillance; and reducing the incidence of infection through the promotion of effective WASH and infection prevention and control (IPC) measures.
- › Advocacy support for the establishment of mechanisms to respond to foodborne diseases, prevent food contamination, and ensuring biosafety and biosecurity training and practices are in place.





### 5.2.3 STRENGTHEN MULTI-SECTORAL COLLABORATION AND CAPACITY TO DETECT AND RESPOND TO EMERGENCIES

WHO will support the national and sub-national levels in further improving their capacity to detect public health threats early on by strengthening their disease surveillance and its diagnostic laboratory capabilities. This will include:

- › Scaling up of the current Integrated Disease Surveillance and Response (IDSR) structure in the country and introduction of the third edition of the IDSR Technical Guidelines.
- › Support for the analysis of surveillance data and the development of weekly epidemiological bulletins.
- › Advocacy for the establishment of full-time dedicated disease surveillance focal points and regional public health superintendents in each health region, including support for their training on the new IDSR guidelines.
- › Strengthening laboratory capabilities to detect outbreaks of epidemic-prone diseases.
- › Supporting the elaboration of a preparedness and response (or contingency) plan for the specific disease or hazard; activating and training district rapid response teams; acquiring laboratory testing capacity for the new pathogen; ramping up disease surveillance at the district level, and adding surge capacity in accordance with the WHO Emergency Response Framework.
- › Extending backstopping support to the national COVID-19 response by procuring equipment and supplies, and by building the capacity of personnel at the decentralised levels in different aspects of the response, such as surveillance, infection prevention and control (IPC), case management, data management and risk communications and community engagement. Support will also include capacity building in the genomic sequencing capacity of SARS-CoV-2 as well as other pathogens.



### 5.3 STRATEGIC PRIORITY 3: PROMOTING HEALTH AND HEALTHY ENVIRONMENTS FOR ALL MAURITIANS THROUGH MULTISECTORAL ENGAGEMENT

WHO will provide support towards the establishment of a national health promotion approach that supports people in leading healthy lives and leverages laws and policies to promote healthy lifestyles.

#### The focus areas of support will include:

#### 5.3.1 TACKLE SOCIO-ECONOMIC AND ENVIRONMENTAL DETERMINANTS OF HEALTH

WHO support will be geared towards the promotion of health at all levels as well as addressing the determinants of health.

- › Support the implementation and monitoring of a comprehensive nutrition programme to address the double burden of stunting and obesity through coordinated multisector efforts. This will include efforts to strengthen the national nutrition surveillance system and addressing anaemia among girls and women in the reproductive age and pregnant women.
- › Continued support on the review and implementation of new food regulations, including the development of a nutrient profiling model for Mauritius. Support will also be provided for the establishment of a Mauritius Food Standards Agency with a view to assuring the safety and nutritional quality of food consumed by the Mauritian population.
- › Build national capacities to undertake a climate change and health vulnerability and adaptation assessment, support the development of an institutional framework and operational strategy for mainstreaming climate change adaptation in the health sector, including support to build a climate-resilient health system, and develop a climate-informed integrated health surveillance and early warning systems for climate-sensitive diseases.

### 5.3.2 REDUCE RISK FACTORS THROUGH MULTI-SECTORAL ACTION

Tackling NCDs and their risk factors requires a response from government sectors beyond health. Multi-sectoral action for NCDs should identify strategies and approaches that deliver shared gains and co-benefits for all sectors involved. WHO will continue supporting the promotion of a healthy lifestyle, among others, through early interventions in schools.

WHO will continue to support several ongoing medium and long-term interventions, including the following:

- › Develop a national integrated NCD action plan and a national NCD service framework for a coordinated and multisectoral approach to NCDs while focusing on cancer, cardiovascular diseases, and diabetes among others.
- › Ongoing health promotion interventions at different levels (schools, workplaces, community) to promote a healthy lifestyle among the population, including regular physical activity as per the WHO guidelines; healthy eating habits; and tobacco and alcohol control.
- › Implement new tobacco plain packaging regulations while strengthening enforcement to protect people against the dangers of tobacco smoke, and implement the best buys contained in the MPOWER package for tobacco control.
- › Support new alcohol policies and regulations and action plan, as well as the extension of the ASSIST programme to all health regions and implement the “best buys” interventions in the SAFER technical package to reduce the harmful use of alcohol.
- › Implement new food regulations to better control salt and trans fats and regulate the marketing of unhealthy food through a new nutrient profiling model; support the establishment of a Mauritius Food Standards Agency.

- › Support the roll-out of the National Action Plan for Oral Health 2022-2027.
- › Design and implementation of Integrated care for older people (ICOPE) through a community-based approach that will help reorient health and social services towards a more person-centred and coordinated model of care that supports optimizing functional ability for older people.



### 5.4 STRATEGIC PRIORITY 4: SUPPORTING USE OF DATA AND INNOVATION FOR INTEGRATED, PEOPLE-CENTRED CARE

A critical prerequisite to rapid progress towards the health-related SDGs and the triple billion targets of GPW 13 is timely accessibility of disaggregated and reliable data. WHO will support the cost-effective and secure use of information and communication technologies (ICT) in support of health and health-related fields.

#### The focus areas of support will include:

#### 5.4.1 IMPROVE DATA ANALYTICS AND USE FOR EVIDENCE-INFORMED POLICY DECISIONS

WHO will endeavour to build national capacity and partnerships in national health data governance to make optimum use of systematic tools, standards and technical packages by leveraging existing data collection platforms and surveillance systems (e.g. civil registration and vital statistics, population and facility-based surveys, disease and behaviour surveys and surveillance systems), thereby providing a basis for more targeted interventions.

**The areas of support will include:**

- › Strengthening systems to generate data on selected indicators, including the application of information and communications technologies to extend the reach of health management information systems and patient monitoring systems.
- › Building capacity to collect, analyse and use data at all levels for local decision-making, from community, facility, subnational to national levels.

#### 5.4.2 SUPPORT CAPACITY TO EFFECTIVELY AND SUSTAINABLY SCALE-UP INNOVATIONS, INCLUDING USE OF E-HEALTH

Fully committed to ensure sound management at the highest level, the MOHW warrants the adoption of redesigned business processes supported by innovative e-Health technologies, such as an integrated health management information system based on an up-to-date, accurate and complete patient database and telemedicine services, and new standards such as ICD-11 and other classifications.

**In this regard, WHO will help:**

- › Support the development of national e-Health strategies, frameworks, and health information and management system plans to leverage on e-Health to deliver public health and health services in a more strategic and integrated manner.
- › Develop guidelines and assessment frameworks to help select, adopt, manage, and evaluate e-Health solutions in order to support investment decisions.
- › Provide guidance and technical support to integrate e-Health solutions into national e-Health strategies through a coordinated multistakeholder and multisectoral approach.
- › Support multisectoral collaboration and coordination for improved coordinated approaches in implementing and scaling up cost effective e-Health solutions.











## CHAPTER 6

# Implementation of the Mauritius-WHO CCS 2023-2026

Building on the past CCS, WHO intends to scale-up strategic technical guidance and support in the identified priority areas and focus on bridging the gap between policy formulation and implementation. WHO will leverage on its comparative advantage of providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. The scope of work for WHO at country level and the implementation of the CCS will be contingent on the availability of sufficient financial and technical resources.

**In implementing the strategic agenda, WHO will emphasise the following areas:**

### 6.1 Policy dialogue

Policy making related to health is a complex process necessitating different policy actions. WHO will strive to engage in policy dialogue using the existing structures and platforms such as the Health Sector Strategic Planning Group, the UN Strategic Partnership Frameworks Result Group, and the Development Partner Group (DPG). WHO will pursue its collaboration with other government agencies, international and national partners, including non-state actors, to nurture a national stakeholders' platform for the purpose of discussing topics of public health policy importance and global best practices. WHO will play an active role in articulating ethical and evidence-based policy options to inform the elaboration,

implementation and monitoring of health sector policies and strategic plans WHO will foster cooperation within and beyond the health sector, private sector, development partners, civil society and communities to ensure that health remains a key priority for the socio-economic agenda.

### 6.2 Technical assistance

Provision of technical support to develop evidence-based normative guidelines, standards, and tools to support adoption of context-specific, efficient, and effective policy actions. In the same vein, capacity building support will be provided to strengthen equitable and quality implementation and monitoring of interventions, based on WHO guidance.

WHO will ensure that the strategic priority agenda is underpinned by an understanding of the national health specificity, whilst mindful of the socio-economic challenges and how these impact on health development efforts. Technical support for implementation of the strategic agenda will be designed in such a way that it does not hamper the capacity and legitimacy of MOHW or any other leading health agencies, nor contribute to an unintentional widening of health disparities.

The CCS will also be the basis for the required coordination and technical backstopping from the multicountry assignment teams based in Nairobi, Kenya and at the WHO Regional Office for Africa and WHO headquarters.





### 6.3 Partnership

WHO will strengthen its collaboration with a range of health and non-health partners in Mauritius to maximize synergies. WHO works closely with UN agencies within and outside the country such as UNAIDS, UNDP and UNFPA. The convening capacity of WHO will be leveraged to nurture partners' coordination with the Government to create an enabling environment whereby partners can provide effective support based on competitive competencies. WHO will persevere in partnership building to promote the public health agenda and work with non-state actors to ensure public engagement.

To support effective implementation of the strategic agenda of the CCS, WHO will build the competencies of its current WCO staff. A functional review of WCO in Mauritius has already been performed to analyse WHO's core functions within the health sector and is currently being implemented. The review helped to: analyse demand component and prioritisation of positions; translate the strategic priorities into organizational structure, requirements, and demand components, analyse gaps between demand and supply components and ultimately matching required functions against the current workforce.

### 6.4 Best practice sharing and knowledge management

WCO Mauritius will endeavour to generate evidence through policy and data analysis to document areas with high impact on health as well as identify challenges. Since 2018, WCO Mauritius has fared well in this domain. Several policy briefs have been developed as part of the national HSSP elaboration process. The same approach will be pursued in the development of the national integrated NCD action plan and NCD service framework. WCO Mauritius was identified and participated as a flagship country in UHC implementation under WHO AFRO's UHC flagship programme. The National Assessment of the Health System for better NCD Outcomes showcased the country's experience and success in that area. WCO Mauritius attended the African Health Economics and Policy Association's Fifth Scientific Conference under the theme "Securing PHC for all: the foundation for making progress on universal health coverage in Africa". Ten abstracts co-authored by MOHW and WCO Mauritius were accepted. Furthermore, since 2019 under the initiative of WCO Mauritius, WCO staff have partnered with MOHW researchers to publish seven commentary and research articles in high impact peer-reviewed journals.

## 6.5 Resource mobilisation and financing the Strategic Priorities

WCO Mauritius has been actively and successfully engaged in resource mobilization locally, notwithstanding the limited presence of the development partners at country level. During the 2020–2021 biennium, over 25% of available resources were mobilized locally through WCO Mauritius. This excludes technical assistance

provided to the country in the form of proposals and health strategic plans to help mobilize funding from the European Commission and the GFATM.

WHO budget estimates for the implementation of this CCS are driven by country strategic priorities and delivery of corporate services, including enabling functions. The estimated budget for the implementation of the CCS 2023-2026 is at least US\$ 20 800 000.

**Table 4.** Estimated costs to implement CCS

Strategic Priorities and Focus Areas	Estimated Budget (US\$)
Health systems strengthening to accelerate progress towards UHC	3,700,000
Health emergency preparedness and response capacity development to protect population from emergencies	8,000,000
Promote the health and well-being of the population through prevention and control of NCDs, including risk factors	5,400,000
Strengthen country capacity initiatives promoting the use of data and innovation for evidence-based patient care	900,000
Sustain delivery of WCO corporate services and enabling functions	2,800,000
<b>TOTAL</b>	<b>20,800,000</b>







## CHAPTER 7

# Monitoring and Evaluation

The implementation of the CCS will be regularly monitored in close collaboration with the Government of Mauritius and with the active involvement of all three levels of the Organization. The purpose is to ensure accountability and encourage joint ownership of results. Furthermore, consideration will be given in due course to monitor progress on strategic priorities linked to the United Nations Sustainable Development Cooperation Framework (UNSDCF) evaluation process.

### 7.1 CCS implementation monitoring

To assess the progress achieved and improve overall performance, the CCS will be monitored annually.

**The focus of the annual monitoring will be to:**

- › ensure that CCS priorities are being addressed in a timely and efficient manner;
- › identify bottlenecks in the implementation of the strategic priorities that require re-focusing as well as any related activities that need to be re-programmed under biennial operational workplans; and
- › monitor CCS implementation by assessing how the respective operational plans are accomplished using the instruments available to inform the mid-term and final CCS evaluation.

### 7.2 Mid-term evaluation

The objective of the midterm evaluation is to assist in adjusting priorities and/or contextual needs at country level. The focus at that stage will be on:

- › assessing progress in the implementation of the strategic priorities and determining whether expected achievements are on track with the country results framework;
- › identifying the need to further align the CCS with the priorities outlined in the new UNSDCF to be launched in 2024;
- › initiating actions to accelerate progress in the second half of the CCS cycle.

### 7.3 Final evaluation

The final evaluation will assess the contribution of WHO in achieving national goals, including the targets of the CCS results framework. (See Table 7 below) The evaluation will also help identify critical enabling factors, core achievements, gaps, challenges, lessons learned and unfinished business. It will provide an opportunity for recommendations to further improve collaboration between WHO and the Member State. The final evaluation will feed directly into the development of a new CCS. The final evaluation criteria will entail assessing relevance, effectiveness, efficiency, and impact, using standard methods including the WHO evaluation practice handbook.



## 7.4 Key milestones, approach and activities

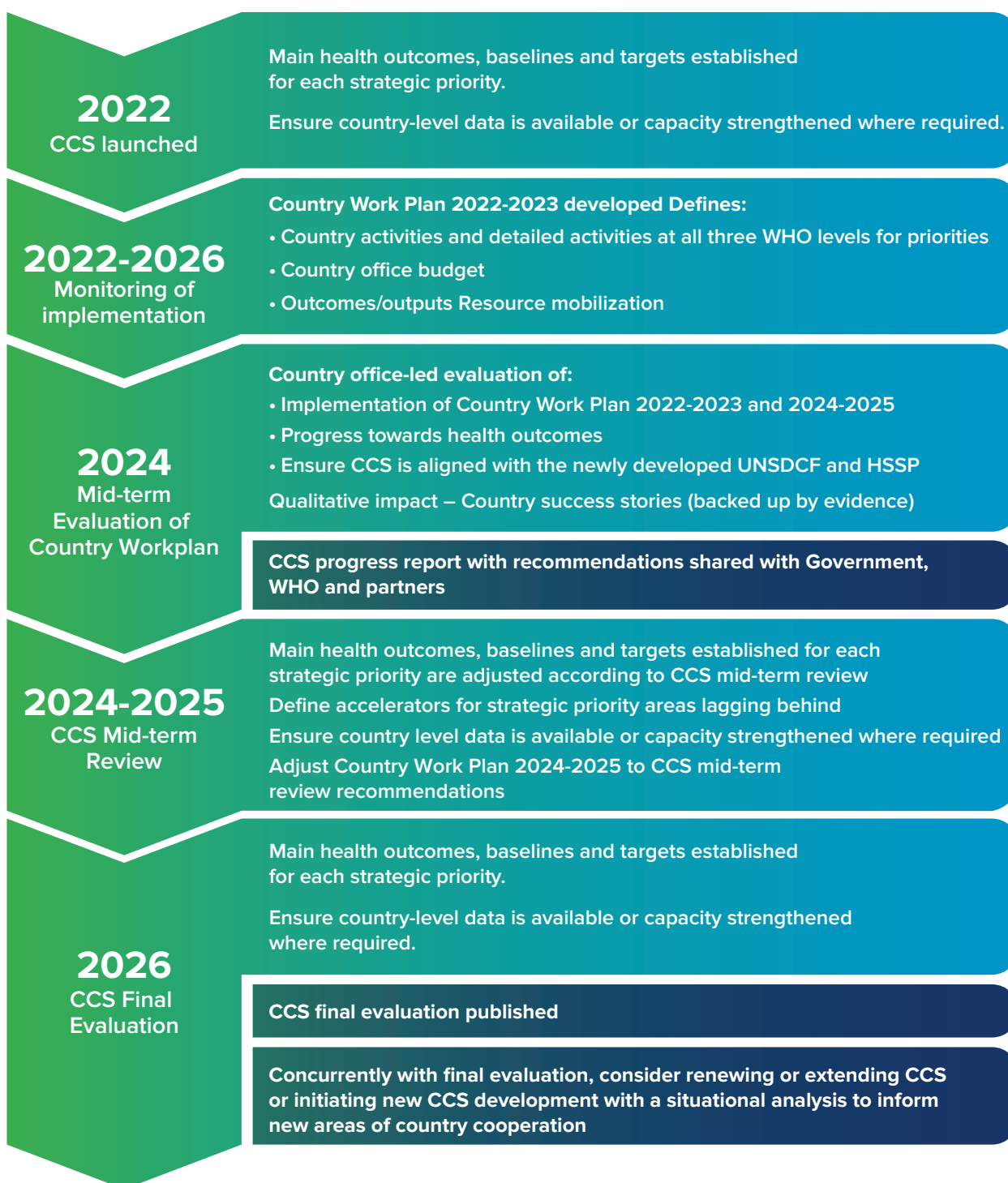


Table 5. CCS Impact Framework

Strategic priorities	Focus areas	Indicators	Baseline	Targets	Alignment
Health systems strengthening to accelerate progress towards universal health coverage	Improve access to quality essential health services	Percentage of health facilities providing a set of essential services packages according to national quality standards	100%	100%	GPW13, SDG indicator, HSSP, UN SPF
	Reduce proportion of people facing catastrophic health payments and suffering financial hardship	Percentage of targeted population that is accessing free or subsidised health	75%	90%	GPW13, SDG indicator, HSSP, UN SPF
		An institutionalised mechanism to monitor equity in resource allocation in country	No	Yes	
		Percentage of advocacy tools, including policy briefs using national health account (NHA) data.	25%	100%	
Facilitate access to essential medicines, vaccines, diagnostics and devices for primary health care	Percentage of essential medical products purchased by the government and meeting the quality specifications.	98%	100%	GPW13, SDG indicator, HSSP, UN SPF	
	Percentage of targeted monitoring centres reporting regularly on antimicrobial resistance.	N/A	N/A		
Health emergency preparedness and response capacity development to protect population from emergencies	Scale up International Health Regulations (IHR) core capacities and health emergency preparedness	Country has reported their annual IHR implementation progress to the WHA through State Party Self-assessment Annual Reporting (SPAR)	Yes	Yes	GPW13, SDG indicator, HSSP
		Number of IHR core capacities that are at least at level 3 (developing capacity) based on the IHR annual reporting (State Party Self-assessment Annual Reporting)	7	13	
	Improve capacity to prevent epidemics and pandemics, as well mitigate the impacts	Percentage of health regions implementing an all-hazards contingency plan that has been tested through an after-action review (AAR) or simulation exercise (SIMEX)	0%	TBC	GPW13, SDG indicator, HSSP
Strengthen multi-sectoral collaboration and capacity to anticipate and pro-act to emergencies	Percentage of public health events rapidly contained within sub-national area boundary	100%	100%	GPW13, SDG indicator, HSSP	
	Percentage of potential public health emergencies with risks assessed and communicated	100%	100%		



Strategic priorities	Focus areas	Indicators	Baseline	Targets	Alignment
Promote the health and well-being of the population through prevention and control of NCDs, including risk factors	Tackle determinants of health	Percentage of targeted wasted children under 5 who receive priority interventions.  Percentage of women of reproductive age (15-49 years) who receive interventions to prevent anaemia.	15.4% underweight, 11.9% overweight and 9.9% obese in the age group 5 to 11 years (NNS 2012)  28.5% and 33.6% for 12-19 years and 20-49 years respectively (NNS 2012)	50% reduction in underweight  No increase in overweight and obesity  50% reduction in anaemia	<b>GPW13, SDG Indicator, HSSP, UN SPF, WHA</b>
	Reduce risk factors through multi-sectoral action	Percentage of activities in the national multi-sectoral action plan for NCD prevention and control completed  Prevalence of abusive alcohol consumption among adults aged 20 years and over: (NCD Survey 2015)  Percentage of students aged 13-17 years who currently smoked cigarettes: (GSHS 2017)	100%  9.6%  17.7%	100%  6.0%  10%	<b>GPW13, SDG Indicator, HSSP, UN SPF</b>
	Promote healthy settings and Health in All Policies	Percentage of targeted vulnerable health facilities at sub-national level (2 levels below national) implementing the health national adaptation plans (HNAPs)  Percentage of targeted cities or schools or workplaces where healthy settings have been introduced	100%  100%	100%  100%	<b>GPW13, SDG Indicator, HSSP, UN SPF</b>
Strengthen country capacity initiatives promoting the use of data and innovation for evidence-based patient care	Improve data, analytics capacity and health information systems to inform policy and deliver impacts	Number of knowledge products available on Universal Health Coverage and other health related SDG targets	3	6	<b>GPW13, HSSP</b>
	Strengthen evidence base, prioritisation and uptake of WHO generated norms and standards and capacity to effectively and sustainably scale up innovations, including digital technology	Implementation of digital health strategies in the country	No	Yes	<b>GPW13, HSSP</b>

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# Annex 1

## UN Strategic Partnership Framework health-related output matrix

### OUTCOME 2: AGEING SOCIETY, HEALTH, AND LABOUR MARKET REFORMS

By 2023, there shall be a comprehensive approach to address challenges posed by population ageing including its effects on population health, the labour market, and economic growth.

**Contributing agencies :** IAEA, ILO, IOM, UNESCO, UNFPA, WHO

**Indicative budget :** US\$ 3,065,255

### NATIONAL VISION AND STRATEGIC PLAN PRIORITIES: LABOUR, EMPLOYMENT AND HEALTH

- › Promote decent work, facilitate access to gainful employment and support employers and workers in creating a safe, conflict-free and productive workplace
- › Universal, affordable access to quality health care for all

### GOM STRATEGIC PLAN

**Labour and employment:** (1) Industrial peace and harmony; (2) Decent and safe work environment; (3) A globally competitive workforce; (4) An unemployment rate of 6% by 2020 and 4 to 5% by 2030; (5) No gender gap in the labour market.

**Health:** Focus on strengthening primary health care services, responding to the health needs of the ageing population, and addressing the burden of NCDs

**Gender equality:** (1) High female unemployment; (2) Gender wage gap

**KPIs:** 1. Unemployment rate (2030 target range: 4 to 5%); 2. Women's labour force participation rate (% of pop aged 15+, based on modeled ILO estimate); 3. Mortality rate due to NCDs per 100,000 pop reduced from 534 to <500 (2021); 4. Improve Universal Health Coverage Index from 64 to 80 (2030); 5. Life expectancy (avg.) (2030 target: 76); 6. Infant mortality rate (2030) Target: 6 per 10,000 live births<sup>4</sup>)

**SDGs:** 2. Improved nutrition; 3. Healthy lives; 5. Gender equality; 8. Decent work and economic growth; 10. Reduced inequalities

Outcomes	Indicators, baselines, targets, data source	Partners
<p><b>Outcome 2.</b> Ageing society, health, and labour market reforms</p> <p>By 2023, there is a comprehensive approach to address challenges posed by <b>population ageing</b> including its effects on <b>population health</b>, the labour market, and economic growth</p>	<p><b>Presence of a comprehensive national strategy and costed action plan to address ageing society</b> Baseline: No Target: Yes Source: PMO</p> <p><b>Presence of an operational national multi-sectoral strategy/ action plan for NCDs</b> Baseline: No Target: Yes Source: MOHW</p> <p><b>Existence of evidence-based national guidelines/protocols/ standards for the management of major NCDs through a primary care approach</b> Baseline: No Target: (2023) Source: WHO - MOHW</p> <p><b>Coverage of essential health services as measured by the universal health coverage (UHC) Index</b> Baseline: 64 Target: 70 (2023); 80(2030) Source: WHO</p> <p><b>Existence of a comprehensive, budgeted national population policy</b> Baseline: No Target: Yes (2020) Source: MOHW</p>	<p><b>GOVERNMENT:</b></p> <ul style="list-style-type: none"> <li>› MOHW, MoLIRET, MoGECDFW, MoSIEE</li> <li>› MACOSS</li> </ul> <p><b>CIVIL SOCIETY/NGOS:</b></p> <ul style="list-style-type: none"> <li>› Business Mauritius; MCCI</li> <li>› Workers' Organisations</li> </ul> <p><b>UN:</b></p> <ul style="list-style-type: none"> <li>› IAEA, ILO, IOM, UNESCO, UNFPA, WHO</li> </ul>

### HEALTH RELATED OUTPUTS

**Output 1:** Draft a national strategy and costed action plan to address ageing

**Output 2:** White and green papers with costed options for strengthening national health systems based on primary health care and e-health

**Output 3:** Draft integrated action plan for non-communicable diseases (NCDs)

**Output 4:** Draft health sector strategy, 2019-2023

**Output 5:** A health workforce plan developed to address emerging health sector needs, including monitoring of health personnel migration

**Output 6:** Strengthened capacities for training and research on application of Stable Isotope Techniques in Assessment of Risk Factors for NCDs

**Output 7:** Increased access to radiotherapy and nuclear medicine services

**Output 8:** Strengthened national capacities to formulate and implement population policy and harness demographic dividend with related legislative and regulatory proposals

<sup>4</sup> The 2020 figure was 14.9 and a target of 10 is more realistic

**OUTCOME 5: SOCIAL PROTECTION AND GENDER EQUALITY**

By 2023, social protection policies and programmes shall be strengthened and rationalized to reach the most vulnerable, eliminate GBV, and to enhance the socio-economic and political empowerment of women.

**Contributing agencies :** ILO, OHCHR, UNDP, UNESCO, UNFPA, WHO

**Indicative budget :** US\$ 1,876,000

**NATIONAL VISION AND STRATEGIC PLAN PRIORITIES: SOCIAL PROTECTION AND GENDER EQUALITY**

- › Adequate social protection to the poor, vulnerable and elderly
- › Promote gender equality and protect rights of children

**GOM STRATEGIC PLAN**

**Social protection:** (1) Provide fair, equitable and responsive social protection in a sustainable manner

**Gender issues:** (1) Eliminate domestic violence and gender based violence

**Health:** Reduce and halt HIV transmission among Key Populations ( PWID, FSW, MSM and TG)

**KPIs:** 1. Social Progress Index Target: Rank 20 2. Global Gender Gap Index (2030 Target: 80)

**SDGs:** 1. No poverty; 3. Healthy lives; 5. Gender equality; 10 Reduced inequalities

Outcomes	Indicators, baselines, targets, data source	Partners
<p><b>Outcome 5.</b> Social protection and gender equality</p> <p>By 2023, social protection policies and programmes are strengthened and rationalized to reach the most vulnerable, eliminate gender based violence and enhance women's empowerment</p>	<p><b>New HIV Infection per 1,000 uninfected population, by sex</b> Baseline: : 0.2 (Total) 0.2(Female) 0.3(Male) Target: TBD</p>	<p><b>GOVERNMENT:</b></p> <ul style="list-style-type: none"> <li>› MOHW, MoLIRET, MoGECDFW, MoSIEE</li> <li>› MACOSS</li> </ul> <p><b>UN:</b></p> <ul style="list-style-type: none"> <li>› UNAIDS, UNFPA, UNODC and WHO</li> </ul>

**HEALTH RELATED OUTPUTS**

**Output 1:** Drug control master plan elaborated to improve health service delivery and emerging health demands including the fight against substance abuse and HIV/AIDS

**Output 2:** Improved policies and programmes to strengthen control and prevention of HIV infections, including a) Strategic Information Systems Draft national strategy for HIV response and b) Enhanced harm reduction analysis and support

**Output 3:** A national evidence-based health programme and tested drug use prevention programme expanded to cover students

**Source:** UN Strategic Partnership Framework, 2019.



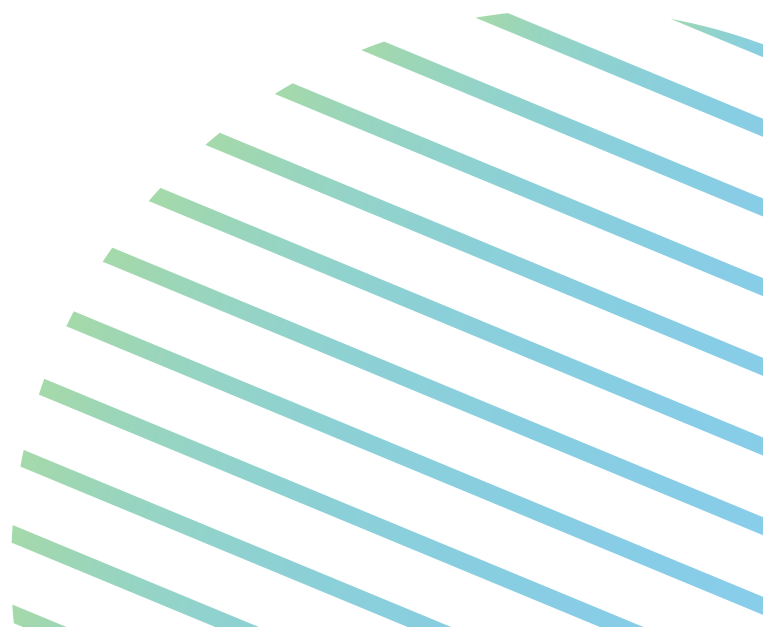
# Annex 2

## Health Sector Strategic Plan 2020-2024: Strategic Priorities and linkages with GPW-13 Outputs

HSSP Goal No	HSSP strategic priority area	Description of HSSP strategic objective	WHO GPW-13 outputs
1	Integrated Primary health care services	Improve access to quality patient-centred services	1.1.2
2	Community empowerment	Improve health outcomes through community empowerment	1.1.3 and 1.1.4
3	Hospital and allied services	Strengthen and benchmark the provision of high quality, patient-centred and safe curative services, in line with international best practices	1.1.2 and 1.1.5
4	Quality health care	Improve service excellence for the provision of safe and compassionate care	1.1.4
5	Non-communicable diseases and risk factors	Reduce preventable and premature morbidity, mortality and disability due to non-communicable diseases, by addressing their risk factors	1.1.2, 3.2.1, 3.2.2 and 3.3.1
6	Mental health	Strengthen the prevention of mental disorders and promote good mental health	1.1.2, 3.2.1, 3.2.2 and 3.3.1
7	Substance use and addiction	Prevent and reduce the negative health and social consequences of substance use and addiction	1.1.2, 3.2.1, 3.2.2 and 3.3.1
8	Communicable diseases	Sustain strong surveillance and response for emerging and re-emerging vector-borne and communicable diseases, including the new coronavirus disease and eliminate the hepatitis C virus	1.1.2
9 -15	Health through the Life Course	<ul style="list-style-type: none"> <li>› Improve maternal mortality ratio per 100,000 live births</li> <li>› Improve neonatal mortality rate per 1,000 live births and ensure optimal physical and psychological development of new-borns babies, children and adolescents</li> <li>› Improve women's health and their well-being</li> <li>› Improve population growth rate and provide high quality family planning services</li> <li>› Improve vaccination coverage for the vulnerable population</li> <li>› Enhance the health and well-being of the elderly</li> <li>› Promote healthy behaviour among school going children and adolescents</li> </ul>	1.1.2 and 1.1.3

HSSP Goal No	HSSP Strategic Priority Area	Description of HSSP Strategic Objective	WHO GPW-13 Outputs
16	Emergency preparedness and response	Improve health security through a sustainable, effective and efficient national surveillance, response and recovery system	2.1.1, 2.1.2, 2.1.3 and 2.3.1
17	Occupational health services	Promote and maintain the highest degree of physical, mental and social well-being of workers	1.3.1, 3.2.1 and 3.3.1
18-19	Health information system and health research	<ul style="list-style-type: none"> <li>› Generate sound and reliable information at all levels of the health system in a holistic approach for better decision-making</li> <li>› Institutionalise health research to improve quality of healthcare services</li> </ul>	1.3.1, 3.2.1 and 3.3.1
20	Human resources for health	Set up a Strategic Human Resource Management Function for Health	1.1.5
21	Access to medicine and health technologies	Ensure sustainable access to affordable, safe, cost effective and quality medicine and health technologies to accelerate progress towards SDG 3	1.3.1, 1.3.2, 1.3.3, 1.3.4 and 1.3.5
22	Food safety	Safeguard health security through the promotion of food safety	1.1.1, 1.3.1, and 3.1.1
23	Health financing	Make provision for financial resources on a sustainable basis to accelerate progress towards universal health coverage	1.2.1, 1.2.2 and 1.2.3
24	Intersectoral coordination and PPP	Strengthen inter-sectoral collaboration and public private partnership	1.1.4, 3.1.1, 3.2.1, 3.2.2, 4.3
25	Governance	Nurturing good governance in the public health system	1.1.4 and 4.1.1
26	Medical tourism	Support the development of medical travel tourism	1.2.1, 1.1.1, and 1.3.1

Source: Health Sector Strategic Plan (HSSP), 2020-2024, Ministry of Health and Wellness





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