Mauritius

The Republic of Mauritius comprises one main island of Mauritius and five groups of smaller islands (Cargados Carajos, Rodrigues, Tromelin and the Agalega Islands) located on the southeast coast of the African continent in the southwest Indian Ocean, east of Madagascar. Mauritius is a constitutional parliamentary democracy that became independent from the UK in 1968. English is the official language but French and Creole are widely spoken. The Ministry of Health and Quality of Life (MOHQL) is responsible for overall policy, planning and management, resource allocation and regulation. Free public health services in Mauritius have been decentralised to operate through five regions and with separate arrangements for Rodrigues. Each region has its own Health Advisory Board to advise on the health needs of the region, the effectiveness and efficiency of services and consumer issues.

Key Country Indicators		1
Total population 2010	$1299,000^{1}$	1
Aged under 15 (%) 2010	22^{1}	1
Annual growth rate 2010	0.6^{1}	1
Total health expenditure (% of GDP) 2008	5.5^{2}	1
General Government expenditure on health as % of total	36.0^{1}	Ì
expenditure on health 2009		(
Private expenditure on health as % of total expenditure of	on	I
health 2009	64.0^{1}	Ì
General government expenditure on health as % of total		Ì
government expenditure 2008	8.3^{2}	1
World Bank income level	UMI	,
HDI ranking	77	i
		1
MDG 5 Indicators		1
MIDG 5 Illuicators		1
36 . 136 . 1'	2.1	-

Maternal Mortality ratio (per 100,000 live births) 2008	36^{1}
Proportion of birth attended by skilled personnel (%) 2010	99.5^{1}
Contraceptive prevalence rate (modern methods) (%) 2008	75.8^{1}
Adolescent fertility rate (births per 1,000 women aged 15-19	
yrs.) 2008	33.8^{1}
Antenatal care coverage (%) 1999 (static clinics)	80.4^{7}
At least 1 visit	NA
At least 4 visits	NA
Unmet need for family planning (%) 2002	3.5^{1}
MDG 5 Very likely to be achieved, on track ¹³	

Other Maternal Reproductive Health Indicators

Other Material Reproductive Health Indicator	. 3
Total fertility rate a (per woman) 2010	1.6^{1}
Births by caesarean section (%) 2006	$\frac{37^{1}}{9^{1}}$
Stillbirth rate (per 1000 total births) 2009	-
Low birth weight (% < 2500 grams 2003)	14^{1}
Neonatal mortality rate (per 1000 live births) 2010	9^{1}
% hypertensive disorders in pregnancy	6.7^{14}
% HIV positive pregnant women who received	68.3^{15}
antiretrovirals for PMTCT 2009	
% Mauritian married women who prefer withdrawal form	28.3^{16}
of contraception	
% Mauritian married women who prefer oral	20.9^{16}
contraception pill	
% married Rodriguan women who prefer injectable	26.9^{16}
contraceptives	
% married Rodriguan women who prefer oral	22.9^{16}
contraception pill	
Legal status of abortion	illegal

Maternal a	nd Repr	oductive	Workforce	Density*

1	•
Number of doctors 2004	1,303 ¹
Doctor density (per 10 000 population) 2004	10.6^{1}
Number of nursing and midwifery personnel	4,602 ¹
Nurse density (per 10 000 population) 2004	37.3^{1}
Number of Community health workers 2004	236^{1}
Community health workers density (per 10 000 population) 2004	1.0^{1}
Number of non-physician clinicians (NPC) 2006	154^{3}
NPC density (per 10,000) 2006	1.1

HRH Shortages

The migration of health workers, including nurses, is a major issue. It is estimated that during 2000 to 2005, 450-700 nurses migrated overseas 4.

Estimated total no. of nurses working in the OECD	$4,502^5$
Estimated expatriation rates of nurses from Mauritius	50.4^{5}
to OECD	
Estimated total No of Drs working in the OECD	725^{5}
Estimated expatriation rate of doctors	35.7^{5}

Shortage estimates for 2015

Doctors (Density per 1,000 population)	1.94°
Nurses and midwives (Density per 1,000 population)	6.87^{6}

Task Shifting / Task Sharing Activities

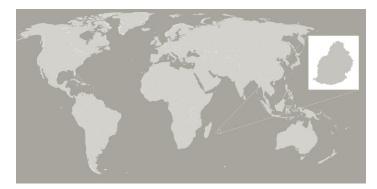
There is an increasing burden of non-communicable diseases include diabetes, hypertension, cerebrovascular diseases, cancer, mental illness and substance related diseases linked to tobacco use and alcohol abuse. A 76 % prevalence of NCDs in women and a 30 - 60% prevalence of HIV among vulnerable groups (ie IDUs)⁸ has implications for maternal and reproductive health and the provision of these services. The result could be an increasing load for community health care officers who provide obstetric care (no C-section).

Mauritius is vulnerable to climate change and population pressure along with associate natural disasters⁹. This precipitates the consideration of reproductive health care provision in crisis. No uniform certification for ambulance personnel exists resulting in a wide variation in practices and performance across the island ¹⁰. Preparation for task shifting in emergency contexts could be a consideration in health service planning.

There may be the possibility for downward task sharing/shifting as efforts are made to address wasted resources due to bypassing of first level of care resulting in a 90% use of tertiary facilities¹

The MOHQL is promoting medical tourism including in-vitro fertilization 12. This may have ramifications for local maternal and reproductive health care service delivery.

Mauritius



http://en.wikipedia.org/wiki/Mauritius

Key Maternal and reproductive health programs

Family Planning Programme

The Family Planning Division of the MoH operates over 100 family planning clinics on both Mauritius and Rodrigues Island and a number of supply centres for the distribution of contraceptives

HRH Education and Training

Nursing Midwifery

The School of Nursing in Mauritius operates at Victoria and SSRN Hospitals. The School offers courses for general student nurses (3 years), for student midwives (2 years) and for Health Care Assistants (6 months). In-service training is being provided in first aid, NCDs, reproductive health, clinical nurse management and ward management. Post basic courses currently available are midwifery (1 year), community health nursing (1 year) ⁴.

Medicine

The University of Mauritius (UoM) offers a 5 yr. MBBS degree. *Allied Health*

The UoM offers courses including BSc (Hons) Medical Science, Bachelor of Pharmacy 4 yrs., BSc Occupational Therapy, BSc (Hons) Physiotherapy, BSc/MSc Nutritional Science ¹⁷.

To address health worker shortages in Rodrigues and the Outer Islands –the government has established continuing professional development activities using visiting tutors and distance learning ¹⁸

HRH Registration

The Nursing Council Act 1992 was reviewed in line with the composition and function of the Nursing Council. Provision was made for the Medical Tribunal to deal with cases of malpractice and negligence by Nursing Officers. The Bill also made provision for a code of practice for Nursing Officers ^{19,20}. The Medical Council of Mauritius oversees registration, certification and complaints in line with the Medical Council Act ²¹

Maternal and Reproductive Health Policies

National Sexual and Reproductive Health Policy priorities ^{22,23}:

- •Family Planning: improve availability, accessibility acceptability Infertility: awareness, counselling, skilled staff, diagnostics
- ■Safe Motherhood: including breastfeeding-improved health promotion and service delivery
- Abortion: improved health promotion abortion prevention and service delivery to manage complication and counselling
- ■Infant and Child Health
- Adolescent and Youth Sexual and Reproductive Health: health promotion, access to contraceptives, adolescent friendly services
- Sexually Transmitted Infections, HIV and AIDS: improved health promotion and screening
- Malignancies of the Reproductive Tract: awareness and services
- ■Gender: address relationship violence and provide support Male Involvement and participation
- ■Geriatrics: including menopause and andropause

Human Resources for Health Policy and Plan 19,24

Specifically addresses midwifery workforce	yes
Attention to MRH demographic trends	no
Task shifting / task sharing	no
Community engagement	no

Service delivery

Public Sector 4,22

Specialised Hospitals: Eye Centre, ENT Centre,

Psychiatric Hospital and a Tuberculosis and Chest Diseases Centre.

Regional Hospitals: Services provided include accident and emergency, general medicine, general and specialized surgery, gynaecology and obstetrics, orthopaedics, traumatology, paediatrics and intensive care services.

4

District Hospitals: Services include accident and a emergency, general medicine, general, gynaecology and obstetrics, orthopaedics, traumatology, paediatrics.

Community Hospital: Services include X-Ray, dental care, 2 access to laboratory tests and pharmaceutical services for essential drugs not requiring specialist advice.

Medi-Clinics: Services include X-Ray, dental care, access to laboratory tests and pharmaceutical services for essential drugs not requiring specialist advice.

Area Health Centres: provide health promotion, health education, family planning and primary health care diagnostic and treatment services, dental services spread across the regions.

Community Health Centres: basic services including the 113

treatment of common diseases and injuries, maternal and child care, and family planning.

Rodrigues has one main hospital, two Area Health Centres, and 13 Community Health Centres that provide general curative care and maternity services.

Non-State Sector

Hospital 1²⁵
Private clinics 13⁸

NGOs The Mauritius Family Planning and Welfare Association promotes modern methods of contraception and is involved in many reproductive health related activities.

Action Familiale: Catholic organization that promotes only natural methods of family planning

Mauritius

*The World Health Report 2006 suggests the threshold staffing levels needed to provide a minimum desired level of coverage is 2.28 (usually rounded up to 2.3) doctors, nurses and midwives per 1,000 population The need is comprised of 0.55 doctors, based on Scheffler et al. ²⁶ arcsine-log regression model, resulting in 1.73 nurses and midwives.

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