



REPUBLIC OF MAURITIUS

MILLENNIUM DEVELOPMENT GOALS

REPORT 2015

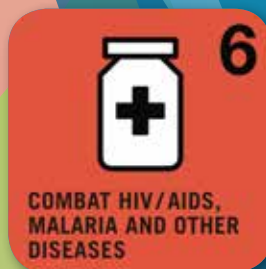


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Acronyms

| | |
|-----------------------|---|
| AHCs | Area Health Centres |
| ART | Anti-Retroviral Therapy |
| ARV | Anti - Retroviral |
| AOSIS/SIDSDOCK | Alliance of Small Island States/Small Island Developing States Dock |
| BOP | Balance of Payment |
| CFC | Chlorofluorocarbon |
| CSR | Corporate Social Responsibility |
| CPE | Certificate of Primary Education |
| DOTS | Directly Observed Treatment |
| EFA | Education for All |
| EIA | Environment Impact Assessment |
| EIC | Employment Information Centres |
| EPA | Environment Protection Act |
| ESD | Ecologically Sustainable Development |
| ESTP | Economic and Social Transformation Plan |
| EU | European Union |
| FAO | Food and Agriculture Organisation |
| FDI | Foreign Direct Investment |
| FMRH | Fertility Management and Reproductive Health |
| FSW | Female Sex Workers |
| GCF | Green Climate Fund |
| GDEWS | Gerald Durrell Endemic Wildlife Sanctuary |
| GDP | Gross Domestic Product |
| GEF | Global Environment Facility |
| GPI | Gender Parity Index |
| HBS | Household Budget Survey |
| HSC | Higher School Certificate |
| HPV | Human Papilloma Vaccine |
| HRDC | Human Resource Development Council |
| IAM | Immunized Against Measles |
| ICT | Information and Communications Technology |
| ICZM | Integrated Coastal Zone Management |

| | |
|----------------|---|
| IMR | Infant Mortality Rate |
| IOC | Indian Ocean Commission |
| IT | Information Technology |
| IUU | Illegal, Unregulated and Unreported |
| KAP | Key Affected Populations |
| KM | Kreol Mauritian |
| MARENA | Mauritius Renewable Energy Agency |
| MIC | Middle Income Country |
| MICs | Middle Income Countries |
| MIH | Mauritius Institute of Health |
| MCP | Malaria Control Programme |
| MCH | Maternal and Child Health |
| MHCC | Mental Health Care Centre |
| MMR | Maternal Mortality Ratio |
| MTCT | Mother To Child Transmission |
| MRC | Mauritius Research Council |
| MSM | Men who have Sex with Men |
| MST | Methadone Substitution Treatment |
| ODA | Official Development Assistance |
| NAS | National AIDS Secretariat |
| NATReSA | National Agency for the Treatment and Rehabilitation of Substance Abusers |
| NCB | National Computer Board |
| NCD | Non Communicable Diseases |
| NCSP | National Cervical Screening Programme |
| NEAP | National Environment Action Plan |
| NEF | National Empowerment Foundation |
| NER | Net Enrolment Ratio |
| NHDC | National Housing Development Company |
| NGOs | Non-Governmental Organizations |
| NSFD | National Service Framework for Diabetes |
| NSRS | National Salt Reduction Strategy |
| NTCP | National Tuberculosis Control Programme |
| NWEC | National Women Entrepreneurs Council |
| PAN | Protected Areas Network |

| | |
|-------------------------|--|
| PID | People who Injected Drugs |
| PHC | Primary Health Care |
| PPP | Purchasing Power Parity |
| PSUP | Participatory Slum Upgrading |
| PMTCT | Prevention of Mother to Children Transmission |
| PSUP | Participatory Slum Upgrading Programme |
| SADC | Southern African Development Community |
| SC | School Certificate |
| SEN | Special Education Needs |
| SEMPA | South East Marine Protected Areas |
| SIDS | Small Island Developing States |
| SRM | Social Register of Mauritius |
| TEDPB | Training and Employment of Disabled Persons Board |
| TFSIVG | Trust Fund for the Social Inclusion of Vulnerable Groups |
| TB | Tuberculosis |
| TFSIVG | Trust Fund for the Social Inclusion of Vulnerable Groups |
| TVET | Technical and Vocational Education and Training |
| U5MR | Under-Five Mortality Rate |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| VCMA_s | Voluntary Marine Conservation Areas |
| WHO | World Health Organisation |
| YEP | Youth Employment Programme |
| ZEP | Zone d'Education Prioritaire |



FOREWORD

At the dawn of the third millennium, Mauritius joined 188 other nations and international organisations to sign the Millennium Declaration at the United Nations Headquarters in New York. World leaders committed themselves to the eight Millennium Development Goals (MDGs) aimed at addressing development challenges for the benefit of humanity.

The eight goals were: eradication of poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, Malaria and other diseases, ensuring environmental sustainability, and developing global partnership for development.

Mauritius has spared no effort to fulfil its pledge and has ensured that the goals figure prominently in the overall development planning and policy orientation of the country.

As we approach the end of the MDG era, this fourth and final report provides a detailed assessment of where Mauritius stands as at 2015 in its quest to achieve the goals, targets and overall aspirations of the Millennium Declaration.

The results reproduced in this report show significant overall progress.

Mauritius has achieved most of the MDG targets relating to eradicating extreme poverty and hunger, achieving primary education, promoting gender equality and combating HIV/AIDS, integrating the principles of sustainable development into country policies and programmes, ensuring access to safe drinking water and basic sanitation, providing access to affordable essential drugs, debt servicing and making available the benefits of new technologies, especially in the field of information and communications. The country is, however, still working to achieve its targets on inequality, reducing under-5 mortality, maternal mortality ratio, representation of women in Parliament and reducing bio-diversity loss.

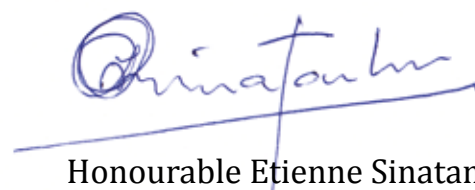
2015 is a crucial year for sustainable development. United Nations Member States have unanimously approved a new development agenda, “Transforming Our World: The 2030 Agenda for Sustainable Development”, and will reach a new agreement on climate change at the 21st Session of the Conference of the Parties to the United Nations Framework Convention on Climate Change - the COP21 - scheduled to be held in December 2015 in Paris.

The 2030 Agenda for Sustainable Development will guide the development process for the world for the coming 15 years after the expiry of the Millennium Development Goals in December 2015 and addresses the three dimensions of sustainable development - economic, social and environmental - in a balanced and integrated manner.

The post 2015 Agenda to be adopted by world leaders at a United Nations Summit in September 2015 is a global commitment to a future without extreme poverty, one where we live together sustainably and in peace. It seeks to ensure a future of opportunity and prosperity, free of violence and discrimination, and a harmonious existence on the planet.

As we prepare for the implementation of the Post 2015 Development Agenda which will replace the MDGs, we are fully committed to mobilising all Mauritians to address the development challenges facing our country and ensure that the second economic miracle brings about a socio-economic transformation that will create wealth and equitable opportunities for all. Our aspirations for greater prosperity should benefit all, that is, the present as well as the future generations.

The new development agenda, through a more clearly defined framework, has deliberated on goals and targets such as the preservation of the oceans and climate change to tackle new development constraints and more effective means to deal with persisting challenges. It allows us to look at the path ahead with optimism and it is with determination that we shall embark on this collective journey and ensure that no one is left behind.



Honourable Etienne Sinatambou
Minister of Foreign Affairs,
Regional Integration and International Trade.

EXECUTIVE SUMMARY

Mauritius is globally acknowledged for its achievements founded on sound institutions and socio-economic policies, along with a track record of upholding democratic values and good governance. The country has also maintained substantial investments in its social welfare system by building upon the various initiatives taken by successive Governments.

Mauritius has consistently maintained its position as a top performer in several global indices such as the Mo Ibrahim Index of African Governance (1st in 2014), the World Bank's Ease of Doing Business Index (28th out of 189 countries in 2015), Global Competitiveness Report (39th out of 144 countries in 2014) and UN Human Development Index (63rd out of 187 countries in 2013).

The human development achievements of Mauritius highlighted in the successive Human Development Reports are the result of various socio-economic policies adopted by the Government over the years since independence such as free primary and secondary education, universal free health care that is constantly upgraded, free bus transport to students and beneficiaries of social benefits. The Government spends 55 percent of its national budget on community and social services, of which 30 percent is paid as non-contributory Basic Retirement Pension (BRP) to citizens who are above 60 years of age.

Mauritius has achieved or nearly achieved a number of the fundamental Millennium Development Goals (MDGs) relating to poverty, education, health, gender and global partnership for development.

Overall living conditions in Mauritius have improved significantly since independence in 1968 owing to the vision of the country's political leaders, who successively have initiated a series of bold reforms in all spheres of activities whilst at the same time maintaining the core principle of the welfare state, despite adverse conditions locally and globally. The Mauritian economic and social progress has been hailed as the "Mauritian miracle".

Extreme poverty is negligible in Mauritius with less than 1 percent of the population living on USD 1.25 a day (in PPP terms). Relative poverty has, however, gone up from 7.7 percent in 2001/2002 to 9.4 percent in 2012. The country pursued a dedicated strategy for poverty alleviation focusing on outreach support to vulnerable groups and interventions including Social Housing and Community Development, Child Welfare and Family Development, and Training and Placement.

Hunger and malnutrition are low in Mauritius. According to the Food and Agriculture Organisation (FAO) only 5 percent of the total population were undernourished in 2013, which is a 3 percent drop from the estimated 8 percent in 1991/92. Access to potable water and basic sanitation is approaching 100 percent. Around 4 percent of households are categorised as living in slum conditions. There have also been improvements in the living conditions of vulnerable groups in some disadvantaged areas owing to the provision of better housing and security of land tenure. Life expectancy at birth, adult literacy and gender parity have also improved significantly.

Mauritius has already achieved the target on MDG 2 (achieve universal primary education). The net enrolment ratio in primary schools stood at 97 percent in 2014 and the proportion of pupils starting Grade 1 who reach last Grade of primary school was at 99 percent.

Literacy rate of those between 15 to 24 years of age has increased from 91 percent in 1990 to 98 percent in 2011. Gender parity in education has also been achieved. This remarkable achievement was due to the various policy initiatives by the Government to attain the objective of Education for All (EFA). The strategy rests on the provision of free education at all levels, free bus transport for students and provision of meals, full grant for School Certificate (SC) and Higher School Certificate (HSC) examination fees and scholarship awards. Quality of education, high repetition and drop outs rates remain some of the challenges facing the sector.

Unemployment (around 8 percent over the recent years) has emerged as a major challenge for the country, with youth unemployment hovering at around 25.3 percent in 2014. Mauritius has put in place several policies to tackle unemployment and address skills mismatch and enhance employability, particularly of youth, including the introduction of the Youth Empowerment Programme (YEP) in 2013, and its extension from one to two years in 2015, circular migration initiatives, promotion of technical and vocational education, and introduction of entrepreneurship education.

As regards Gender Equality and Women's Empowerment, Mauritius has achieved gender parity in education. In 2014, the enrolment rate in education was higher for girls (52 percent) than boys (48 percent). Furthermore, girls are outperforming boys as evidenced by their higher pass rate at all levels. However, this is not reflected in the labour market where the share of women in wage employment in the non-agricultural sector stood around 40 percent in 2014. In line with Government commitments taken at SADC, women participation at high level decision making is noticeably, above the target 30 percent and women are well represented in the judiciary. The representation of women in the National Assembly has declined and is currently at 12 percent: this MDG target is yet to be achieved and Government is committed to achieving this.

All Mauritian citizens have access to free health care services and medicines. Progress is being made towards achieving this MDG target. The under-five mortality rate (per

1000 live births) has dropped from 23.1 in 1990 to 16.0 in 2014, but the target of 7.7 is not likely to be attained in 2015. The infant mortality rate (per 1000 live births) dropped from 20.4 in 1990 to 14.5 in 2014. The opening of the Neonatal Intensive Care units at Victoria Hospital and SSRN Hospital has contributed to this reduction.

The Maternal Mortality Ratio (MMR, per 100,000 live births) was already very low in Mauritius in 1990. MMR followed a slightly decreasing trend, from 66 in 1990 to 52 in 2014. Between 2002 and 2005, the MMR ranged between 15 and 21. Almost all deliveries in Mauritius are attended by skilled health personnel, and extensive maternal and health care facilities are available throughout the country.

Intensive sensitization campaigns as from 2006 together with the introduction of harm reduction programmes were instrumental in lowering the rate of prevalence of HIV/AIDS from 0.40 percent in 2006 to 0.18 percent in 2014. On the other hand, the percentage of HIV positive pregnant women receiving antiretroviral treatment to prevent mother to child transmission has improved from 68 percent in 2009 to 97 percent in 2014.

As regards other Communicable Diseases (CD), a very effective Communicable Disease Surveillance and Response System is in place to avoid the spread of these diseases in Mauritius. The country is a malaria-free country with few imported cases only and there is no local transmission of the disease (1.6 per 100,000 in 2014). Tuberculosis is already low (10 per 100,000 in 2014).

Non-Communicable Diseases (NCD) remain a major challenge for Mauritius and constitute almost 80 percent of the disease burden with 85 percent of deaths. Prevention, with special focus on effective education and sensitization of the population for a healthy lifestyle, will remain the core action to address the NCD related challenges.

As part of Small Island Developing States (SIDS) with limited land and natural resources, Mauritius has to maintain a delicate balance between development and environmental protection needs in order to promote sustainable development and also to preserve the interests of future generations. Mauritius has been pursuing a sustainable development strategy and the principles of sustainability have been mainstreamed in the overall development process. Efforts to protect the environment and conserve biodiversity have, so far, yielded mixed results.

The loss of environmental resources could not be reversed. In 2005, 88 percent of plants and 64 percent of animal species were threatened by extinction. While the number of threatened plants did not change since 2005, the number of animals threatened by extinction recently soared from 65 in 2010 to 89 in 2013.

Since 2005 there has been no further reduction in the land area covered by forest. Fish stocks are within safe biological limits. Chlorofluorocarbons (CFCs) were phased out in 2005, five years ahead of the Montreal Protocol targeted date of 2010.

Carbon dioxide emissions per capita are on the rise, whilst in terms of GDP they have been on a decreasing trend suggesting a more efficient use of energy.

Mauritius has performed well on global partnership for development. Although it had minimal access to Official Development Assistance (ODA) of around 0.1 percent of GDP, prudent fiscal and budgetary policies were pursued to keep debt service ratio below 5 percent, thereby reducing the risk of a debt crisis. 100 percent of the population has access to free essential drugs. Internet and mobile phone penetration is high and Government's objective is to transform Mauritius into an intelligent island (i-Mauritius) through full Broadband Island-wide connectivity.

The Report also draws attention to lessons learnt from Mauritius MDG experience over the past 14 years, the unfinished business of MDGs and emerging challenges and issues in the process of transition from MDGs to SDGs.

Some of the unfinished business of MDGs and emerging priorities for Mauritius relate to health, demographic challenges, substance abuse, widening of income gap, food security, unemployment, environment and climate change and accessing financial resources.

BACKGROUND INFORMATION

Mauritius has achieved remarkable economic and social progress since independence in 1968. The economy has been diversified from a mono crop economy to one based on a number of important pillars such as textiles, manufacturing, tourism, financial services, information and communication technology, and seafood processing. This diversification process was supported by political and macroeconomic stability, structural reforms and sound institutions.

Real GDP growth averaged around 4.5 percent for the period 1997-2014. Mauritius is now an upper Middle Income Country (MIC) with a per capita income of USD 9,763¹ in December 2014. Mauritius aims at graduating to the high income country status in the short to medium-term, while ensuring equitable income distribution and environmentally sustainable development.

Mauritius has an impressive record of human development achievements following the social welfare policies and social welfare transfers by successive governments. Mauritius has consistently improved its rating in terms of the UNDP Human Development Index (HDI). Mauritius is classified as a high HDI country. The HDI value went up from 0.722 in 2005 to 0.771 in 2013, ranking the country 63rd out of 187 countries and territories.

On the economic front, successful reforms implemented over the last decade have opened up the economic space and created a more business-friendly environment. The business regulatory framework has also been strengthened, with the principles and practices of good governance highly upheld across different institutions and sectors. As a result, there has been a surge in inflows of Foreign Direct Investment (FDI) during the past decade.

At the domestic level, investment in the country remains high, though sliding in recent years. During the period 2005 - 2014, the investment rate has averaged around 23 percent, largely due to high private investment which accounted for three quarters of total investment. The purchasing power of the population has also increased significantly. Total consumption has increased by an annual average of 9 percent in nominal terms during the past decade. Rising consumption has, however, led to a decline in domestic savings which stood at 11.5 percent of GDP in 2014.

The lower exports of textile and sugar, resulting from the erosion of trade preferences, combined with rising imports of materials and equipment for major public and private sectors projects have resulted in an increase in the current account deficit. The current

¹GNI per capita Rs 298, 897 M in 2014, it excludes GBC and is provisional
USD 1= Rs 30.62

account deficit has been slightly above 10 percent of GDP during the past five years. However, capital flows to finance the current account deficit have been relatively stable. The international reserve position of Mauritius has improved significantly. As at end of December 2014, gross international reserves amounted to USD 3.9 billion, representing a comfortable 6.2 months of import cover.

As regards public finance, the strategy of the Government is to ensure its sustainability over the medium term by implementing fiscal consolidation measures and reducing public sector debt to the statutory target of 50 percent of GDP by end of 2018. The budget deficit has been brought down to more manageable levels averaging 3.2 percent of GDP during the past nine years. The fiscal space created was instrumental in implementing the stimulus packages following the global financial and Euro zone crisis (i.e. 2009 and 2010), further strengthening the resilience of the economy to cope with external shocks. Public sector debt has been reduced from around 79 percent of GDP in early 2000s to around 60 percent during the past few years.

The debt service ratio fell from a high of 7.8 percent in the financial year ending June 2003 to reach 4.5 percent in the financial year ending December 2014. In between, the debt service ratio peaked to 8.2 percent in the financial year ending June 2006 before falling to a low of 3.0 percent in financial year ending June 2009. According to the debt management strategy, the ratio will be limited to within 6 percent over the medium term.

Notwithstanding the above progress made by Mauritius, there are a number of challenges which the Government is firmly addressing to enable the country to graduate to a high income status. These include improving public infrastructure, addressing the skills mismatch and reducing unemployment, boosting investment in productive sectors, and ensuring sustainable and equitable growth.

The country is grappling with other socio-economic challenges such as the growing income inequality, high youth unemployment, food security, the ageing population, and the incidence of NCD. Besides negatively impacting on the dependency ratio, this situation has implications for the future in terms of higher expenditures on social welfare, health facilities and social infrastructure. Social welfare currently accounts for around 50 percent of the total government expenditures.

Mauritius has very limited terrestrial resources. It is also susceptible to natural disasters, both through proximity to the Indian Ocean cyclones and other weather related events, many of which are increasing in numbers and severity due to climate change. Successive Governments have supported and focused on environmental issues and promoted sustainable development to address the negative impacts of climate change.

The Government is now designing an all-encompassing “National Economic Development Blueprint” for Mauritius covering the period 2015 to 2030. Four key focus areas have been identified, namely addressing unemployment; alleviating poverty; opening up the country and new air access policies; and sustainable development and innovation.

Through a reinvigorated public-private partnership, it would also facilitate the implementation of large private sector investment projects, key to job creation. The National Economic Development Blueprint will contain a series of underlying strategic thrusts, in particular:

- Development and consolidation of the economic pillars around financial services, manufacturing, trading and logistics, i-Mauritius, duty-free shopping, tourism and real estate, regional services and ocean economy;
- A national investment strategy to attract domestic capital formation and FDI;
- Enterprise development and economic empowerment;
- Good governance, transparency and accountability;
- A well-defined land use management strategy to ensure sustainable use of land; and
- Nation building and culture change for a new mindset towards discipline, work ethics, integrity and social inclusion.

MAIN SOCIO-ECONOMIC INDICATORS FOR MAURITIUS, 1990-2014

| Indicators | 1990 | 2000 | 2010 | 2011 | 2012 | 2013 | 2014 ^a |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Total Population ¹ | 1,058,775 | 1,186,873 | 1,250,400 | 1,252,404 | 1,255,882 | 1,258,653 | 1,260,934 |
| Life expectancy at birth in years | | | | | | | |
| - Male | 65.57 | 68.17 | 70.07 | 70.42 | 70.67 | 70.97 | 71.07 |
| - Female | 73.39 | 75.30 | 77.39 | 77.50 | 77.71 | 77.58 | 77.68 |
| Population ¹ by age group (%) | | | | | | | |
| - Under 15 years | 29.8 | 25.7 | 22.2 | 21.7 | 21.2 | 20.7 | 20.2 |
| - 15 - 59 years | 61.9 | 65.2 | 66.0 | 65.8 | 65.8 | 65.7 | 65.6 |
| - 60 years and over | 8.3 | 9.1 | 11.8 | 12.5 | 13.0 | 13.7 | 14.2 |
| Total Fertility rate | 2.32 | 1.99 | 1.57 | 1.55 | 1.54 | 1.44 | 1.43 |
| Literacy rate ² | 80.8 | 85.0 | ... | 89.8 | ... | ... | ... |
| Net Enrolment Ratio in primary education, (6-11 years) | 99 | 97 | 96 | 97 | 98 | 97 | 98 |
| Net Enrolment Ratio in secondary education (<i>academic and prevocational streams</i>), (12-18 years) | 49.7 | 66.0 | 75.9 | 77.2 | 78.8 | 78.2 | 78.6 |
| Gross Enrolment in Tertiary Education ³ | ... | 9,057 | 21,766 | 22,442 | 21,562 | 23,627 | ... |
| Total Labour force ⁴ | ... | ... | 551,900 | 548,600 | 556,300 | 571,200 | 575,700 |
| Activity rate ⁴ (%) - Both sexes | ... | ... | 59.2 | 58.5 | 58.8 | 59.9 | 59.9 |
| - Male | ... | ... | 75.6 | 74.8 | 75.0 | 75.1 | 75.2 |
| - Female | ... | ... | 43.6 | 42.9 | 43.4 | 45.4 | 45.3 |
| Unemployed population ⁴ | ... | ... | 42,200 | 42,700 | 44,600 | 45,500 | 44,800 |
| Unemployment Rate ⁴ (%) - Both sexes | ... | ... | 7.6 | 7.8 | 8.0 | 8.0 | 7.8 |
| - Male | ... | ... | 4.5 | 5.0 | 5.2 | 5.3 | 5.5 |
| - Female | ... | ... | 12.9 | 12.4 | 12.7 | 12.2 | 11.4 |
| Inflation rate (%) | 13.5 | 4.2 | 2.9 | 6.5 | 3.9 | 3.5 | 3.2 |
| Annual real Gross Domestic Product (GDP) ⁶ growth rate (%) | 7.2 | 8.2 | 4.1 | 3.9 | 3.2 | 3.2 | 3.6 |
| GDP ⁶ Per Capita, (Rs.000) | 37.3 | 103.1 | 239.1 | 257.6 | 273.4 | 290.7 | 306.1 |
| Gross National Income(GNI) ⁶ Per Capita, (Rs.000) | 36.9 | 102.7 | 241.9 | 258.2 | 274.3 | 291.2 | 298.9 |
| Investment rate (%) | 30.6 | 22.5 | 24.9 | 24.0 | 23.0 | 21.2 | 19.2 |
| Export of goods and services as a % of GDP ⁶ | 65.0 | 61.1 | 52.5 | 53.4 | 54.6 | 49.0 | 51.6 |
| Import of goods and services as % of GDP ⁶ | 72.2 | 61.2 | 63.8 | 66.4 | 66.7 | 62.3 | 63.1 |
| Budget deficit as a % of GDP | ... | ... | -3.2 | -3.2 | -1.8 | -3.5 | -3.2 |
| Public Sector Debt (International Definition) as a % of GDP | ... | ... | 57.8 | 57.5 | 57.7 | 60.1 | 61.5 |
| Exchange rates US \$ | ... | ... | 30.89 | 28.75 | 29.93 | 30.66 | 30.62 |

Note: (...) Data not available

^a Provisional

¹ Mid- year population (Islands of Mauritius and Rodrigues only)

² Refer to population 12 years and above

³ Public Funded Tertiary Institutions

⁴ Refer to Mauritian population aged 16 years and over

⁵ Ratio of unemployed to that of Mauritian Labour Force

⁶ GDP and GNI are both at Market Prices

Mauritius – MDG progress at a Glance

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|---|------------------|---------------------------|----------------|--------------|
| Goal 1: Eradicate extreme poverty and hunger | | | | |
| <i>Target 1A - Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</i> | | | | Achieved |
| MDG 1.1 - Proportion of population below \$1 per day (percent) | < 1 (1996/97) | < 1 (2012) | <1 | Achieved |
| MDG 1.2 - Poverty gap at \$1 a day (percent) | < 1 (1996/97) | < 1 (2012) | <1 | Achieved |
| MDG 1.3 - Share of poorest quintile in national consumption (percent) | 7.7 (1996/97) | 7.0 (2012) | (...) | Not Achieved |
| <i>Target 1B - Achieve full and productive employment and decent work for all, including women and young people</i> | | | | |
| MDG 1.4 - Growth rate of GDP per person employed (<i>labour productivity</i>) | 4.3 | 2.2 | (...) | |
| MDG 1.5 - Employment-to-population ratio | 0.52 | 0.55 | (...) | |
| MDG 1.6 - Proportion of employed people living below \$1 (PPP) per day | < 1 (1996/97) | < 1 (2012) | (...) | |
| MDG 1.7 - Proportion of own-account and contributing family workers in total employment | 11.5 | 16.3 | | |
| <i>Target 1C - Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i> | | | | Achieved |
| MDG 1.8 - Prevalence of underweight children under 5 years of age <i>Proxy used :- Proportion of children under 5 who are moderately or severely underweight (percent)</i> | 14.9 (1995) | ... | | |
| MDG 1.9 - Proportion of population below minimum level of dietary energy consumption <i>Proxy used :- Prevalence of undernourishment in total population (percent)</i> | 8.1 (1991) | 5.0 | | |
| Goal 2: Achieve universal primary education | | | | |
| <i>Target 2A - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i> | | | | Achieved |
| MDG 2.1- Net Enrolment Ratio in primary education, (6-11 years) | 99 | 98 | 100 | Achieved |
| MDG 2.2 - Proportion of pupils starting Grade 1 who reach last Grade of primary | 96.6 (1991) | 98.9 | 100 | Achieved |
| MDG 2.3 - Literacy rate of 15 - 24 years old, women and men (percent) | 91.2 | 98.1 (2011) | 100 | Achieved |

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|---|------------------|---------------------------|----------------|---|
| Goal 3: Promote gender equality and empower women | | | | |
| <i>Target 3A - Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</i> | | | | Achieved |
| MDG 3.1 - Ratio of girls to boys in primary, secondary and tertiary education, assessed in terms of: | | | | Achieved |
| Gender parity index in: | | | | |
| Primary | 1.0 | 1.0 | 1.0 | |
| Secondary | 1.0 | 1.1 | 1.0 | |
| Tertiary (refers to public funded tertiary institution) | 1.2 (2009) | 1.2 (2013) | 1.0 | |
| MDG 3.2 - Share of women in wage employment in the non-agricultural sector (percent) | 34.1 | 40.2 | | Not Achieved |
| MDG 3.3 - Proportion of seats held by women in national parliament (percent) | 7.1 | 11.6 | 0.3 | Not Achieved |
| Goal 4: Reduce child mortality | | | | |
| <i>Target 4A - Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</i> | | | | |
| MDG 4.1 - Under 5 mortality rate (per 1,000 live births) | 23.1 | 16.0 | | Not Achieved |
| MDG 4.2 - Infant mortality rate (per 1,000 live births) | 20.4 | 14.5 | | |
| MDG 4.3 - Proportion of 1 year children immunized against measles (percent) | 76.1 | 88.4 | | |
| Goal 5: Improve maternal health | | | | |
| <i>Target 5A - Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</i> | | | | |
| MDG 5.1 - Maternal mortality ratio | 66 | 52 | | Significant progress but insufficient to reach the target |
| MDG 5.2 - Proportion of births attended by skilled health personnel (percent) | 91.1 | 99.7 | | |
| <i>Target 5B - Achieve, by 2015, universal access to reproductive health</i> | | | | |
| MDG 5.3 - Contraceptive prevalence rate | 75.9 (2002) | 64.4 | | Achieved |
| MDG 5.4 - Adolescent birth rate | 45.2 | 24.7 | | |
| MDG 5.5 - Antenatal care coverage (at least one visit and at least four visits) | | | | |
| At least one visit (percent) | 93 (2003) | 100 | | |
| At least four visits (percent) | 83 (2003) | 98 | | |
| Proxy used:- at least three visits | | | | |

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|---|------------------|---------------------------|----------------|----------|
| MDG 5.6 - Unmet need for family planning | 3.3 (2002) | 12.4 ¹ | | |
| Goal 6: Combat HIV/AIDS, malaria and other diseases | | | | |
| <i>Target 6A - Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i> | | | | |
| MDG 6.1 - HIV prevalence among population aged 15 - 24 years (percent) | 0.33 (2006) | 1.07 | | Achieved |
| MDG 6.2 - Condom use at last high-risk sex | 34.4 (2008) | 59.5 | | |
| MDG 6.3 - Proportion population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS | 21.9 (2004) | 77 (2011) | | |
| <i>Target 6B - Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</i> | | | | |
| MDG 6.5 - Proportion of population with advance HIV infection with access to antiretroviral drugs (percent) | 100 (2002) | 100 | | Achieved |
| Proportion of population receiving antiretroviral drugs among people with advanced HIV infection (percent) | 10.7 (2006) | 48.7 | | |
| <i>Target 6C - Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i> | | | | |
| MDG 6.6 - Incidence and death rates associated with malaria | | | | |
| Incidence of malaria (per 100,000 population) | 7.2 (1996) | 1.6 | | Achieved |
| Death rates associated with malaria (per 100,000 population) | 0.0 | 0.0 | | |
| MDG 6.9 - Incidence, prevalence and death rates associated with Tuberculosis | | | | |
| Incidence of Tuberculosis (per 100,000 population) | 15 (1993) | 10 | | |
| Death rate associated with Tuberculosis (per 100,000 population) | 2.4 | 1.1 | | |
| MDG 6.10 - Proportion of Tuberculosis cases detected and cured under Directly Observed Treatment Short course (DOTS) | 93.0 (2000) | 88.9 | | |
| Goal 7: Ensure environmental sustainability | | | | |
| <i>Target 7A - Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</i> | | | | |
| | | | | Achieved |

Millennium Development Goals

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|--|------------------|---------------------------|----------------|--------------|
| MDG 7.1 - Proportion of land area covered by forest (percent) | 30.6 (1995) | 25.7 (2013) | | |
| MDG 7.2 - Carbon dioxide emissions, total, per capita and per \$1 GDP (PPP) | | | | |
| Total carbon dioxide emissions ² (Gg or thousand tons) | 553 | 3544 (2013) | | |
| Carbon dioxide emissions ² (metric tons) per capita | 0.5 | 2.8 (2013) | | |
| Carbon dioxide emissions (metric tons) per \$1 GDP | | | | |
| Proxy - Carbon dioxide emissions ² (metric tons) per Rs 100,000 GDP at constant 1990 prices | 1.40 | 3.30 (2013) | | |
| MDG 7.3 - Consumption of ozone-depleting ChloroFluoro Carbon - CFCs (metric tons) | 64.6 (1993) | 0.0 (2013) | | Achieved |
| MDG 7.4 - Proportion of fish stocks within safe biological limits | | | | |
| Ratio of fish catch (artisanal) to maximum allowable threshold | 96 | 33 (2013) | | |
| Ratio of fish catch (bank) to maximum allowable threshold | 55 | 49 (2013) | | |
| MDG 7.5 - Proportion of total water resources used (Agricultural, domestic, industrial) | | | | |
| <i>According to UN definition, based on total water renewable water</i> | 25.8 (2000) | 22.7 (2013) | | |
| <i>According to definition of Water Resources Unit, based on total <u>exploitable</u> water resources</i> | 70.0 (2000) | 64.0 (2013) | | |
| <i>Target 7B - Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</i> | | | | Not achieved |
| MDG 7.6 - Proportion of terrestrial and marine areas protected | | | | |
| Terrestrial only (percent) | 5.7 | 7.6 (2013) | | |
| Marine only (percent) | 3.9 | 3.9 (2013) | | |
| MDG 7.7 - Proportion of species threatened with extinction | | | | |
| Percentage of plants | 87 (2004) | 88 (2013) | | |
| Percentage of animals | 60 (2004) | 89 (2013) | | |
| <i>Target 7C - Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</i> | | | | Achieved |

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|---|------------------|---------------------------|----------------|----------|
| MDG 7.8 - Proportion of population with sustainable access to an improved water source (percent) | 95.7 | 99.6 (2011) | | |
| MDG 7.9 - Proportion of population with access to improved sanitation (percent) ³ | 99.4 | 99.8 (2011) | | |
| <i>Target 7D - By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</i> | | | | |
| MDG 7.10 - Proportion of urban population living in slums | | | | |
| Percent population with access to an improved water source (percent) | 98.6 | 99.8 (2011) | | |
| Percent population with access to an improved sanitation (percent) | 81.0 | 95.1 (2011) | | |
| Percent population living in dwellings made up of durable materials (percent) | 85.9 | 97.4 (2011) | | |
| Percent population living in houses with less than 3 persons per room (percent) | 89.8 | 97.7 (2011) | | |
| Goal 8: Develop a Global Partnership for Development | | | | |
| Official Development Assistance (ODA) | | | | |
| MDG 8.5 - ODA received in Small Island Developing States as proportion of their GNI | 0.3 | 0.1 | | |
| Proxy used - Grant in Aid as a percentage of Gross Domestic Product (GDP) | | | | |
| <i>Target 8D - Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</i> | | | | |
| MDG 8.12 - Debt service as a percentage of exports of goods and services (percent) | 7.7 (2002) | 4.5 | 6.0 | Achieved |
| <i>Target 8E - In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</i> | | | | |
| MDG 8.13 - Proportion of population with access to affordable essential drugs on a sustainable basis (percent) | 100 | 100 | 100 | Achieved |
| <i>Target 8F - In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</i> | | | | |
| MDG 8.14 - Fixed telephone lines subscribers per 100 population | 7.2 | 29.5 | 30.0 | Achieved |

Millennium Development Goals

| GOALS & INDICATORS | BASELINE 1990 | CURRENT STATUS 2014 | TARGET 2015 | STATUS |
|--|------------------|---------------------------|----------------|----------|
| MDG 8.15 - Cellular subscribers per 100 population | 0.2 | 130.9 | 100.0 | Achieved |
| MDG 8.16 - Internet users per 100 population | 18.0 (2006) | 46.5 | 50 | Achieved |
| <i>Internet subscriptions per 100 population</i> | 2.3 (1999) | 58.3 | 60 | Achieved |
| <p>1 - Provisional 2 - Emissions refer to Net Carbon Dioxide emissions 3 - Improved sanitation includes shared facilities</p> <p>Note: (...) Data not available</p> | | | | |

COUNTRY SPECIFIC DEVELOPMENT CONTEXT AND THE MDGs



Goal 1: Eradicate Extreme Poverty and Hunger

HIGHLIGHTS

- ❖ Extreme poverty is negligible in Mauritius. The proportion of the population living below USD 1.25 (PPP) is less than 1 percent.
- ❖ The proportion of people living below the relative poverty (set at half the median monthly household income per adult equivalent) has increased from 8.2 percent in 1996/1997 to 9.4 percent in 2012.
- ❖ Income inequality is on the rise; the share of national consumption going to the poorest 20 percent population remained at around 7-8 percent: the Gini Coefficient also shows a deterioration from 0.387 in 1996/97 to 0.414 in 2012 implying a widening gap between the rich and the poor.
- ❖ Growth rate of GDP per person employed (labour productivity) was 4.3 percent in 1990 and peaked at 9.7 percent in 2000. Post 2000, this indicator has been on the decline reaching 2.2 percent in 2014 (*provisional data*).
- ❖ Employment-to-population ratio, expressed as a percentage, improved from 52 percent in 1990 to 55 percent in 2014. However, there is a strong gender disparity: the corresponding figure among males worked out to 71 percent against 40 percent for females. Over time, the gender gap is decreasing.
- ❖ Proportion of own-account and contributing family workers in total employment has recorded an increase from 12.9 percent in 2000 to 16.3 percent in 2014. A surge in the entrepreneurship through micro enterprises development accounts for the growth in this indicator.
- ❖ Proportion of children under 5 who are moderately or severely underweight was 14.9 percent in 1995.
- ❖ Proportion of the total population who are undernourished decreased from 8.1 percent in 1991/92 to 5.0 percent in 2014.

Target 1.A: Reduce by half, between 1990 and 2015, the proportion of the people whose income is less than one dollar a day

Indicators:

- **Proportion of population below the \$ 1.25 per day/ national poverty line**
- **Poverty gap ratio**
- **Share of the poorest quintile in national consumption**

Millennium Development Goals

There is no extreme poverty in Mauritius and the proportion of people living below the international poverty line of USD 1.25 (PPP) a day is negligible at less than 1 percent, based on data collected in the past four Household Budget Surveys (HBS 1996/97, 2001/02, 2006/07 and 2012) (Table 1)

The poverty gap, which measures the depth of poverty, is also less than 1 percent, based on USD 1.25 (PPP) per day.

Table 1: Poverty indicators based on \$ 1.25 a day poverty line for the MDGs

| | 1996-97 | 2001-02 | 2006-07 | 2012 |
|--|---------|---------|---------|------|
| Proportion of population below \$ 1.25 (PPP) per day (percent) | < 1 | < 1 | < 1 | < 1 |
| Poverty gap based on \$ 1.25 (PPP) a day (percent) | < 1 | < 1 | < 1 | < 1 |

Source: Statistics Mauritius

Several factors, such as favourable socio-economic policies, high economic growth and welfare transfers have contributed to the relatively low level of poverty in Mauritius.

More than half of the Government total expenditure goes to social protection, education, health, housing and community amenities, recreation, culture and religious organisations and activities. In 2013, the Government total expenditure amounted to Rs 97,413.5 million², of which a major share goes to social welfare. (Rs 55,452.4 million, 57.0 percent).

Growing Relative Poverty

Mauritius does not have an official poverty line. However, based on HBS data, Relative Poverty Line (RPL) is calculated to assess poverty situation in the country. It is set at half median monthly household income per adult equivalent and it is estimated at Rs 2,004 in 1996/97, Rs 2,804 in 2001/02, Rs 3,821 in 2006/07 and Rs 5,652 in 2012. Since 1996/97 to 2012, poverty level in relative terms is increasing in terms of both households and persons (Table 2).

Table 2: Poverty indicators based on Relative Poverty Line, 1996/ 97, 2001/ 02, 2006/ 07 and 2012

| | 1996/97 | 2001/02 | 2006/07 | 2012 |
|--|---------|---------|---------|-------|
| Relative Poverty line Half median monthly income per adult equivalent (Rs) | 2,004 | 2,804 | 3,821 | 5,652 |
| Proportion of households in relative poverty (percent) | 8.7 | 7.7 | 7.9 | 9.4 |
| Proportion of persons in relative poverty (percent) | 8.2 | 7.8 | 8.5 | 9.8 |

Source: Statistics Mauritius

²USD 1 = Rs 30.62 as at 2014

Poverty Profile

In 2012, poverty was highly prevalent among households:

- With 3 or more children (25percent);
- With heads who are widowed, divorced or separated (22percent);
- With heads who are less qualified, below CPE level (18 percent);
- With female heads (17percent); and
- With one parent and unmarried children only (16percent).

Income Inequality

Table 3: Selected indicators on income inequality, 1996/97, 2001/02, 2006/07 and 2012 HBS

| | 1996/97 | 2001/02 | 2006/07 | 2012 |
|--|---------|---------|---------|-------|
| Share of poorest quintile in national consumption (percent) | 7.7 | 7.6 | 7.6 | 7.0 |
| Gini Coefficient Index | 0.387 | 0.371 | 0.388 | 0.414 |
| Income Share to the lowest 20percentof Households (percent) | 5.9 | 6.4 | 6.1 | 5.3 |
| Income Share to the highest 20percentof Households (percent) | 46.2 | 44.0 | 45.6 | 47.5 |

Source: Statistics Mauritius

Notwithstanding the achievements of Mauritius in keeping poverty at a relatively low level compared to many Middle Income Countries (MICs), reducing inequality continues to pose a major development challenge. Based on the past four HBS, the share of national consumption going to the poorest 20 percent of the population, however, remains at around 7-8 percent.

The Gini coefficient, another measure of income inequality whose calculation is based on household income data, also points to a slight deterioration from 0.387 in 1996/97 to 0.388 in 2006/07 and has further worsened to 0.414 in 2012, except in 2001/02 (0.371) where a slight improvement was recorded. The analysis of household income by quintile also displays the increasing income inequality; the share of income going to the lowest 20 percent households decreased from 6.4 percent in 2001/02 to 5.3 percent in 2012. On the other hand, the share of income going to the highest 20 percent households increased from 44.0 percent to 47.5 percent for the same period.

Policy measures: Poverty Alleviation Programmes

To meet the MDGs and achieve the set targets by 2015, the Government together with the private sector, NGOs and international agencies/Development Partners have been

implementing various policies and programmes and channelling resources to alleviate poverty, targeting the most vulnerable groups of society. Some of the important initiatives, as outlined in previous MDG reports, include the following:

- The elaboration of an action plan for poverty alleviation in 2001;
- The creation of the National Empowerment Foundation (NEF) in 2008 to have a more comprehensive and holistic approach to poverty abatement;
- The creation of a dedicated Ministry of Social Integration and Economic Empowerment in 2010; and
- The introduction of a mandatory Corporate Social Responsibility (CSR) contribution of 2 percent of net profit.

For the improvement of the overall social protection system, the Government, with the support of the UNDP, implemented the Social Register of Mauritius (SRM) project in 2012 with the objective of establishing a database of eligible beneficiaries and for better targeting of social assistance.

The basic pension to the old, widows, orphans and persons with disabilities was increased by approximately 50 percent in December 2014.

The Government has recently announced an innovative and holistic approach to address the challenge of poverty. 38 pockets of poverty have been identified in the country. Companies will allocate their mandatory CSR contributions directly towards improving the living conditions of people in specific pockets of poverty under the parrainage³ system.

The earliest programmes included, among others, community development projects, social housing for the poor families, micro-credit and micro finance schemes and upgrading of social infrastructure and other facilities.

Major Achievements

- **Housing support:** From 2010 to 2014, some 3,800 vulnerable families in Mauritius benefitted from the social housing schemes.
- **Community development projects:** In deprived regions various projects to upgrade the living environment, including the construction of access roads and drains, provision of recreational facilities, sanitation, lighting of roads and setting up of recreational centres were implemented.

³Parrainage implies the taking over a pocket of poverty by a private company contributing to CSR and addressing its socio-economic development from the short, medium and long term perspectives including improving living conditions, raising the level of employment, curbing social skills, ensuring that all children attend school and develop fully their talents, creating sports and leisure facilities, and improving quality of life generally.

- **Child Welfare Programmes:** With a view to improving life chances of vulnerable children, maximum support is provided to children from vulnerable families. For the period 2010 to 2014, an average of 22,700 needy children received school materials, and some 3,700 students of pre-primary and primary schools in Mauritius were provided with meals and transport facilities.
- **Family Empowerment:** Projects are implemented to promote integration of vulnerable families. To date, some 4,400 heads of vulnerable households have benefitted from life skills training courses.

Moreover, a Detox Centre was set up in 2010 to address problems of substance abuse. Day Care Centres have also been set up to enable vulnerable mothers to join the labour market. A shelter was provided to female ex-detainees to facilitate their integration.

- **Training and Placement:** From 2012 to 2014, a total of 6,468 persons received technical training in semi-skilled and skilled jobs in Mauritius. As at 31 December 2014, 2,896 (1,963 Males and 933 Females) persons were on job placement in diverse fields of the economy. Nineteen job fairs were also organized by the NEF resulting in the registration of around 25,000 people with prospective employers.

NEF Interventions in Rodrigues

Given that the standard of living in Mauritius differs from that of Rodrigues, separate poverty lines are used in assessing the poverty rates for the islands. As per the Poverty analysis report 2006/07, the poverty incidence in Rodrigues was relatively higher than in Mauritius. The target beneficiaries in Rodrigues are families with monthly income not exceeding Rs 5,000. NEF assistance provided to needy children is in terms of school materials, provision of meals, transport and school fees. To date, 11 learning corners have been set up in Rodrigues; 500 single mothers have been sensitised on family planning and birth control in Rodrigues and 341 persons have benefitted from the Training and Placement programme in Rodrigues. From 2010 to date, building materials have been provided to 1,228 vulnerable families in Rodrigues for the construction of their housing units.

Bottlenecks and Challenges

Ensuring the effectiveness of poverty alleviation programmes has emerged as a real challenge for the Government. For instance, the implementation of outreach support to the vulnerable segment of the society has been fraught with difficulties. These include inefficient coordination, lack of monitoring and evaluation of the different social protection schemes, overlapping of programmes, lack of uniformity in criteria, over coverage, and wastage due to duplication of processing.

Way Forward

A Poverty Observatory has been recently set up. It serves as a permanent platform for all relevant stakeholders to sustainably address poverty in all its manifestations and to create linkages with SADC Regional Poverty Observatory for sharing of information and best practice.

A full-fledged Monitoring and Evaluation (M&E) system has been established to monitor and evaluate poverty alleviation programmes and to provide relevant information for policy formulation and strategies.

The SRM database needs to be updated regularly for monitoring of new entrants as well as existing beneficiaries. The SRM database will be used for all social assistance programmes. Furthermore, aggressive sensitisation campaigns need to be carried out among prospective beneficiaries.

Target 1.B: Achieve full and productive employment and decent work for all including women and young people

Indicators:

- **Growth rate of GDP per person employed**
- **Employment population ratio**
- **Proportion of employed people living below \$ 1 (PPP) per day**
- **Proportion of own-account and contributing family workers in total employment**

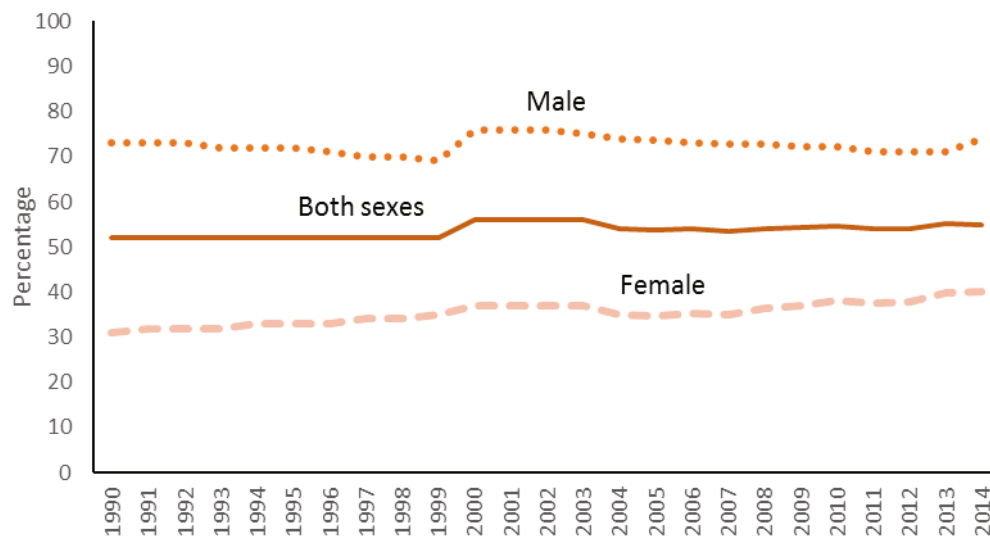
Labour productivity (Growth rate of Gross Domestic Product per person employed)

Labour productivity is a key measure of economic performance. It measures the amount of goods and services that a worker produces in a given amount of time, and indicates the extent to which an economy can generate and sustain decent employment opportunities. From 1990 to 2013, labour productivity increased continuously at an annual growth rate of 3.6 percent but a slowdown was noted in the period 2008-2014 (2.2 percent)⁴.

Gender disaggregated data reveals that the employment-to-population ratio is high for men at more than 70 percent indicating a gender bias against women in the labour market. However, the gender disparity is diminishing over time.

⁴ Provisional

Chart 1: Employment to population ratio, (*expressed as a percentage*), by sex, 1990 to 2014



Source: Statistics Mauritius

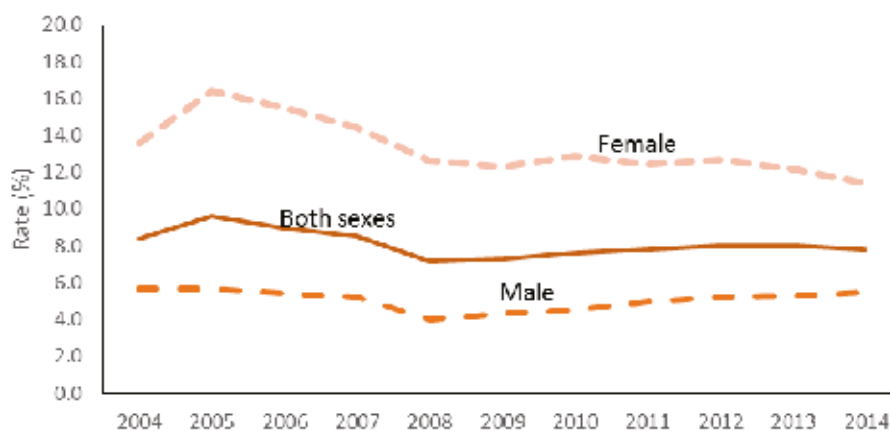
Vulnerable Employment

The vulnerable employment rate, defined by the United Nations as the percentage of own-account and unpaid family workers in total employment, made up 16.3 percent of total employment in 2014, up from 11.5 percent in 1990.

In the case of Mauritius, own-account and contributing family workers may not necessarily be vulnerable. They may have decided to work on their own due to the Government’s incentives to encourage people to start their own business.

Unemployment

Chart 2: Unemployment rate (percent) by sex, 2004 to 2014



Source: Statistics Mauritius

The unemployment rate has decreased from around 10 percent in the period 2005-2006 and now fluctuates around 7-8 percent. Unemployment rates continue to remain higher among women but the gender gap is gradually decreasing. Unemployment in Mauritius is structural, affecting mostly low-skilled youth and women. Unemployment rate is higher among the youth (aged 16 to 24 years) at 25.3 percent in 2014 compared to the national rate of 7.8 percent.

The Mauritian labour market is characterised by a mismatch in demand and supply of workers. There is a stronger demand for skilled workers in the financial services, ICT, health care and tourism sectors. On the other hand, there has been a decline in labour demand for lower-skilled textile, seafood, and sugar sectors, which increasingly rely on expatriate workers (around 4 percent of the total labour force).

Policy Measures for improving employment opportunities

The policy measures implemented include, *inter alia*, the following:

- **The Employment Service**, under the aegis of the Ministry of Labour, Industrial Relations, Employment and Training, is responsible for the registration of jobseekers and for facilitating their placement in productive employment. There are fourteen Employment Information Centres (EIC) located in different regions, including one in Rodrigues, for greater accessibility for those requiring these services.
- **Employment Opportunities for the Vulnerable Groups:** Training and Placement Programmes are implemented by the NEF; the Training and Employment of Disabled Persons Board (TEDPB) provides training in: agriculture, basketry, jewellery, wheelchair repair, embroidery, receptionist enhancing employability, and social entrepreneurship through the NGO Trust Fund.
- **The Human Resource Development Council (HRDC)** operating under the aegis of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research, since 2003 has been mandated to promote the development of the labour force in Mauritius in line with the requirements of a fast growing economy. The HRDC launched its first National Human Resource Development Plan in 2007 and the plan was updated in 2009 to meet emerging development needs on account of changes occurring in the global economic environment.
- **Circular Migration:** Under the Circular Migration initiative which started in 2007/2008, the unemployed can avail of employment opportunities for semi-skilled jobs in other countries like Canada, France and Italy. Since 2007, 476 workers have been placed in Canada. 31 Mauritians followed a training in 2013 and in May 2015, 70 people, including 15 from Rodrigues, were selected to proceed to Italy for a fifteen-day training programme.

- **The Mauritius Institute of Training and Development (MITD)** has been operating since 2009 under the aegis of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research with the objectives of promoting excellence in technical, vocational education and training.
- **The Youth Employment Programme (YEP):** The YEP programme, a joint Public-Private initiative, was set up in January 2013 in order to provide placement and employment opportunities to those aged between 16 and 30 years. To date, some 10,100 young persons have been placed in sectors like ICT, hotels and restaurants, trade and manufacturing, representing 72 percent of the number of youth registered. Following the success of the YEP, the duration of the placement of the youth under this programme has been extended to a period of 2 years (Budget 2015-2016) to enhance prospects of employment.
- **Other specific measures are being implemented to promote youth and female employment,** namely: Introduction of an Entrepreneurship programme in 2013, as a compulsory subject for students of Form 1 to 3; Introduction of HRDC Professional programme in 2014, whereby HSC students will be placed in enterprises for a period of 2 to 4 weeks; and Employability workshops organized with employers to ensure the early employment of university graduates.

Bottlenecks and Challenges

Skills mismatch among the youth is an impediment to employment

The training and reskilling of retrenched women workers (previously in the textile sector) have not been effective enough for women between the age of 45 and 59. Approximately 39,000 expatriates are currently working in the country to fill the skills gap in a few sectors, like textile, seafood processing, construction and bakery. A pool of highly skilled technical and professional manpower is required to cater for the emerging needs of the Mauritian economy which is shifting towards a high-tech capital intensive economy.

It is paradoxical that while there is a high unemployment rate in Mauritius, the country is having recourse to foreign labour to make up for the labour deficit in certain sectors.

Youth and female unemployment

The country is also experiencing difficulties in addressing three important dimensions of unemployment namely:

- Youth unemployment, with a growing unemployment of young graduates;
- The unemployment of low skilled persons; and
- High unemployment among females.

Migration issues

With an ageing population of approximately 1.3 million, more young migrant workers will be required. At the same time, Mauritius will have to create additional employment opportunities for the increasing number of school leavers and graduates.

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators:

- **Prevalence of underweight children under 5 years of age**
- **Proportion of population below minimum level of dietary energy consumption**

In Mauritius, there is no hunger problem. Malnutrition among children remains very low and has considerably diminished over the last years.

With an increase in per capita income the quality of life of the Mauritian population, including that of children, has significantly improved over the years. There has been remarkable success in significantly eliminating malnutrition, iodine deficiency disorders, and vitamin A deficiency in children.

The last Survey on Nutrition to assess the general nutritional status of the child, adult and pregnant woman, including micronutrient nutrition, was conducted in 1995. The results showed that anaemia due to iron deficiency was practically non-existent in children, adults and pregnant women in Mauritius, but was still a problem, though minimal, in children in Rodrigues. Overweight and obesity were prevalent in about 40 percent of the adult population.

Prevalence of underweight children under 5 years of age

As per the recommendation of the 1995 Nutrition Survey, a Nutrition Surveillance System was set up to monitor the nutritional status of children between 0-5 years.

The Expanded Programme on Immunization which is being implemented at the national level covers all children 0-5 years. At the time of immunization, children's weights are recorded in a Health Card. These data are combined and analysed by nutritionists. The indicator used is weight for age. Children whose weights are below the 3rd percentile of the growth standards in the Health Card are considered to be underweight and conversely children whose weights are above 97th percentile are deemed to be overweight. These data are presented in three age groups, namely, 0-11 months, 12-23 months and 24-59 months. The percentage of underweight and overweight children for each age group for the periods 2009-2014 is given in Table 4. Neither underweight nor

overweight is a major public health concern in the age group 0-59 months in Mauritius as the incidence is less than 1 percent.

Table 4: Incidence rates (%) of underweight and overweight among children aged (0 - 59 months)

| | Underweight | | | Overweight | | |
|------|-------------|--------------|--------------|-------------|--------------|--------------|
| | 0-11 Months | 12-23 Months | 24-59 Months | 0-11 Months | 12-23 Months | 24-59 Months |
| 2009 | 0.1 | 0.3 | 0.8 | 0.1 | 0.1 | 0.4 |
| 2010 | 0.1 | 0.1 | 0.2 | 0.1 | 0.2 | 0.3 |
| 2011 | 0.1 | 0.2 | 0.1 | 0.1 | 0.2 | 0.4 |
| 2012 | 0.3 | 0.1 | 0.2 | 0.1 | 0.1 | 0.2 |
| 2013 | 0.2 | 0.3 | 0.6 | 0.1 | 0.1 | 0.3 |
| 2014 | 0.3 | 0.2 | 0.5 | 0.3 | 0.5 | 0.3 |

Source: Ministry of Health and Quality of Life

Table 5: Proportion of population below minimum level of dietary energy consumption

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|------|------|------|------|------|------|
| Proportion of children under 5 who are moderately or severely underweight (percent) ⁵ | ... | 14.9 | ... | ... | ... | ... | ... | ... | ... |
| Prevalence of undernourishment in total population (percent) ⁶ | 8.1* | 7.1 | 7.1 | 5.6 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 |

Source: Statistics Mauritius

Note: (...) Data not available

Policy Measures for Improving Maternal Health

Promotion of Breast-feeding

Exclusive breast-feeding, as recommended by the World Health Organisation (WHO), is being promoted. The International Code of Marketing of Milk Substitute and the Baby Friendly Hospital Initiative are being implemented. All health care personnel involved in antenatal and postnatal care have been trained in promoting breast-feeding with

⁵ Proxy indicator for MDG 1.8 - Prevalence of underweight children under 5 years of age

⁶ Proxy indicator for MDG 1.9 - Proportion of population below minimum level of dietary energy consumption; data for 1990 refers to year 1991

ongoing refresher courses being dispensed to them on a regular basis. Structured antenatal and postnatal clinics have been set up in all the public health institutions and the activities, *inter alia*, include the promotion of breast-feeding and appropriate weaning practices. In addition, awareness programmes on breast-feeding and weaning practices are carried out through the mass media, within the community and through regular visits at homes. The Ministry of Health and Quality of Life also works in close collaboration with NGOs for the promotion of breast-feeding.

Health Promotion Activities

Babies are followed up by Community Midwives up to the age of 3 years and at the time of the issuance of cash gift vouchers at birth, one year and three years. Public Health Nursing Officers then follow the children up to 5 years. During all the visits, nutrition education about breast-feeding, complimentary feeding and healthy eating habits for infants and children are reinforced

Several initiatives are in place to improve the quality of life of children in deprived areas. At the level of the National Empowerment Foundation (NEF), assistance provided to needy children in deprived areas also includes the provision of meals. In addition, to further enhance the quality of life of children, the Ministry of Education and Human Resources, Tertiary Education and Scientific Research, is implementing a National School Feeding Programme, which includes provision of daily hot meals in Zone d'Education Prioritaire (ZEP) schools and daily distribution of bread in all primary schools.

Way Forward

Whilst, by international standards, absolute poverty is insignificant in Mauritius, poverty alleviation continues to remain high on the Government reform agenda. Several measures have already been announced in the Government Programme 2015-2019 and in the Budget 2015-2016, which include among others:

- The elaboration of a medium to long term Marshall Plan to combat poverty and social exclusion;
- More housing units will be provided to the economically and socially disadvantaged (the target is to construct some 2,000 social housing units per year);and
- The introduction of the '*parrainage*' concept in the pockets of poverty to allow for long-term development of vulnerable families with the active participation of the private sector.

In the short-term, policy measures to address structural unemployment should primarily target the employability of the youth with low skills and educational attainment and facilitate adjustment through subsidised training.

In the long term, the most pressing challenge consists in enhancing educational attainment and vocational training of the youth. This remains the best strategy to upgrade the future workforce and address the skills mismatch.



2

Goal 2: Achieve Universal Primary Education

ACHIEVE UNIVERSAL
PRIMARY EDUCATION

HIGHLIGHTS

- ❖ The net enrolment ratio in primary school for both sexes stood at 98 percent in 2014, with males standing at 97 percent and females at 99 percent.
- ❖ The proportion of pupils starting Grade 1, who reached the last Grade of primary school fluctuated around 97- 99 percent since 1990.
- ❖ The Certificate of Primary Education (CPE) pass rate stood at 72.9 percent for 2014.
- ❖ The literacy rate among population aged 15 and 24 years old, has improved from 91.2 percent in 1990 to 94.5 percent in 2000 and further to 98.1 percent in 2014.

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicators:

- **Net enrolment ratio in primary education**
- **Proportion of pupils starting Grade 1 who reach last Grade of primary**
- **Literacy rate of 15-24 years old, women and men**

Mauritius achieved considerable progress in education following bold reforms initiated since independence. Free access to education to all from primary to tertiary remains a solid foundation of the Mauritian education system. These reform initiatives acted as a catalyst to a number of MDGs, where significant strides have been made. Mauritius is ahead on the main targets, in particular those relating to universal primary education, enrolment and gender parity in education.

Mauritius has long since achieved the goal of universal primary education following sustained commitments to maintaining investments in education and creating the enabling policy and legislative frameworks.

Mauritius has a literacy of 98.1 percent among the population aged 15-24 years in 2014, up from 91.2 percent in 1990 and a Net Enrolment Ratio (NER) in primary almost nearing 100 percent.

In 2014, around 70 percent of the employed population, aged 16 years and over, had secondary level or higher compared to only 45 percent in 1990. Public spending on education as a proportion of GDP has increased from some 3.3 percent in 2007/2008 to reach 3.6 percent in 2014. Government spent 15 percent (Rs 13.9 billion) of its total expenditure on education in 2014.

Policy Measures for Achieving Universal Education

Besides providing universal access to free education, the Government also introduced the following measures:

- **The abolition of ranking**

Abolished in 2003, ranking was replaced by grading and regionalisation of secondary education. This resulted in a significant improvement in secondary school enrolments. This measure was accompanied by major infrastructural development to provide a wider choice of schools.

- **The Promotion of Equity**

1. *The 'Zone d' Education Prioritaire'(ZEP)*

The ZEP project was conceived and implemented at the beginning of the previous decade to address educational failure in a few schools and concerned some 6 percent of the primary school population. It aims at combating social inequalities and ensuring the provision of equal opportunities for learning to all children of the country. Twenty-nine primary schools were identified as low performing schools having a percentage pass rate at CPE consistently below 40 percent for a number of consecutive years. These schools had poverty as a common denominator.

The ZEP project takes a 'whole school' approach to address under performance. It aims at integrating the school within its environment and focuses on the following five pillars:

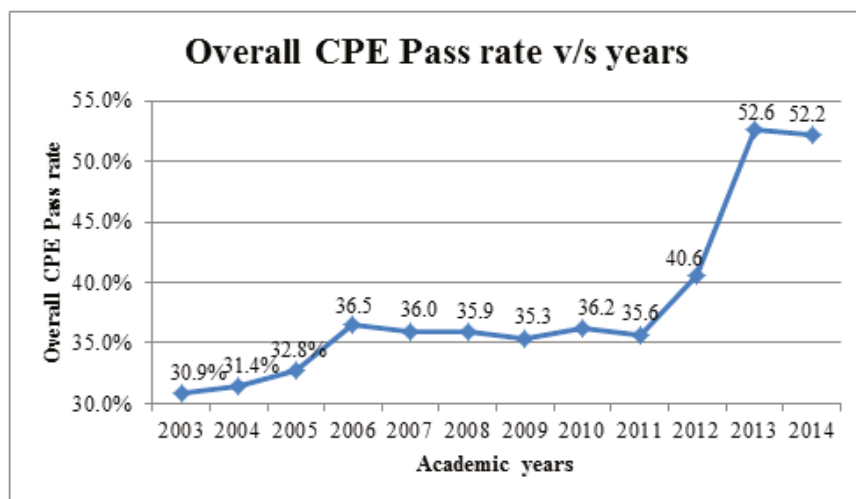
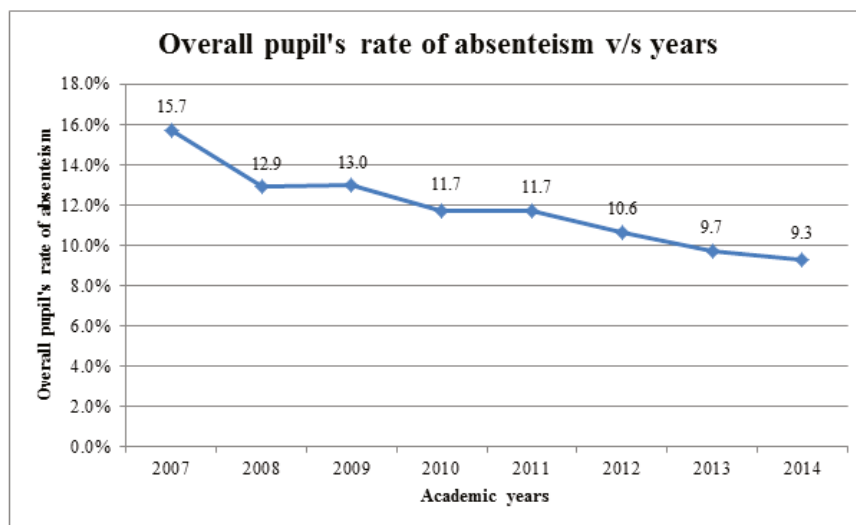
- More equitable reallocation of human resources to schools;
- Improvement of infrastructure and school environment;
- Formulation and implementation of a School Development Plan;
- Strengthening community links; and
- Developing an improved management structure for the project.

2. *Achievements Associated with the ZEP project*

The following progress is associated with the ZEP schools:

- The provision of a daily free pack lunch;
- Decrease in pupil absenteeism rate from 15.2 percent in 2006 to 9.3 percent in 2014; and
- Nearly half of the low performing schools have pass rates above 40 percent and are well on the way to graduate out of the ZEP classification as illustrated in Chart 3.

Chart 3: Absenteeism Rate and Pass Rate in ZEP Schools



CPE Pass rate overall

Source: Ministry of Education and Human Resources, Tertiary Education and Scientific Research

- **Introduction of Mother Tongue in Schools**

Kreol Morisien (KM) was introduced as an optional language in Grade 1 in 2012. An "Akademi Kreol Morisien" comprising relevant stakeholders was setup at that time. It undertook works relating to the standardization of the language including grammar and syntax, the validation of the orthography and the provision of necessary technical guidelines for the development of curriculum materials and training of teachers.

- **Policy Thrusts in Information and Communication Technology (ICT)**

The Ministry of Education and Human Resources, Tertiary Education and Scientific Research has embarked on several ICT Projects and continues to improve the ICT infrastructure in schools. The strategy initially consisted of teaching of Information

Technology (IT) as a subject so as to promote IT Literacy in the early years and increase learner familiarity with the tool. To that effect, a number of actions were undertaken, including equipping schools with ICT labs and the recruitment of ICT teachers.

This subsequently led to the utilisation of ICT as a tool for teaching and learning. Innovative projects were introduced in primary schools (illustratively, the ‘Sankoré Project’⁷) so as to enable the child to learn differently.

- **The Whole Child Development**

The competitive nature of the CPE examination resulted in an exclusive concentration on the academic achievement of the child, while other important dimensions for the development of the whole person were lacking. Emphasis is now placed on the holistic development of the learner and a new curriculum has been elaborated for that purpose.

Box No 1: Key factors that have contributed to progress:

- Free and compulsory education for all up to the age of 16;
- Free transport (bus facilities) to school children;
- Per capita grant for all enrolled pre-primary school children;
- Free textbooks to all primary school children;
- A prevocational program for pupils who fail the CPE to ensure that they can enroll in vocational programs;
- A battery of equity measures such as free meals for pupils in ZEP schools;
- Improved learning environments with the renovation of school infrastructure and;
- A host of quality initiatives directed to improve reaching and learning.

Source: Ministry of Education and Human Resources, Tertiary Education and Scientific Research

⁷The Sankoré project has as objective to help achieve the Education for All goals through digital empowerment and the use of innovative technology. Interactive projectors and laptops are provided to schools, along with a digitisation of the curriculum being effected for Primary schools. Through the provision of a new innovative learning environment, teaching and learning are transformed with classes made more lively and interactive.

Box No 2: Attaining Universal Primary Education: Mauritius Case

Mauritius has made significant progress in achieving the education related MDGs. Universal primary education has been achieved. The Gross Primary Enrolment Rate has stabilized at around 100 percent over the last decade, while the Net Primary Enrolment Rate has gradually improved to reach 98-99 percent over the period 2000-2014 with a Gender Parity Index (GPI) of 1.0 which suggest that children everywhere boys and girls alike successfully complete the full course of primary cycle. The survival rate, which is the proportion of pupils starting Grade 1 and culminating in the completion of the primary cycle, improved from 97.8 percent in 1999 to 99.2 percent in 2013 but suffered a slight decline in 2014 falling to 98.9 percent. The primary completion rates stood at 72.9 percent for 2014. The evolution of the Gross Enrolment Rate (GER) and the survival rate are shown in the table below.

Table 6: Gross Enrolment and Survival Rates in primary schools: 1999- 2014

| | 1999 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------------|------|------|------|------|------|------|------|------|------|
| GER (percent) | 105 | 104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 |
| Survival Rate (percent) | 97.8 | 98.9 | 98.2 | 98.0 | 98.2 | 98.1 | 98.7 | 99.2 | 98.9 |

Source: Ministry of Education and Human Resources, Tertiary Education and Scientific Research

- **Inclusion of Children with Special Education Needs (SEN)**

In compliance with the United Nations Convention on the Rights of the Child World Declaration on Education for All, the vision of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research for the Special Education Needs (SEN) sector is to ensure no child is left outside the education system on the basis of his/her disabilities. The concept of “children with special education needs” extends beyond those who may be included in categories of person with disability to cover those who are failing in schools for a wide variety of other reasons that will likely impede the child’s optimal progress. With a view to ensuring that all children, irrespective of socio-economic status, physical capabilities/disabilities, gender or race, have access to education, the Education and Human Resources Strategy Plan 2008-2020 sets the framework to ensure that, by 2020, all children requiring SEN in Mauritius enjoy access to relevant and high quality SEN education.

Table 7: Number of pupils in SEN schools by type of impairment and sex (2014)

| | Total | Boys | Girls |
|----------------------------------|--------------|--------------|--------------|
| Autism | 139 | 102 | 37 |
| Deafness and Hearing | 174 | 98 | 76 |
| Down's syndrome | 172 | 88 | 84 |
| Dyslexia | 139 | 91 | 48 |
| Emotional disturbance | 80 | 59 | 21 |
| Epilepsy | 168 | 106 | 62 |
| Intellectual (mental) | 802 | 502 | 300 |
| Physical disability | 182 | 109 | 73 |
| Severe and multiple disabilities | 136 | 87 | 49 |
| Visual | 158 | 104 | 54 |
| Other | 141 | 99 | 42 |
| Total | 2,291 | 1,445 | 846 |

Source: Statistics Mauritius

There are currently some 67 SEN Schools scattered throughout the country, 53 NGOs are also involved in the provision of SEN education thus complementing the efforts of Government in this specialised field.

The Ministry has put up new integrated units in government primary schools and registered new SEN schools run by NGOs. These new units have been set up to cater for different disabilities and the majority of them are operational in active collaboration with specialist NGOs.

Special Education Needs Resource and Development Centres (SENTRDCs) are also being set up around the country with a view to providing specialised support, equipment and training to those severely disabled that the SEN schools and Units cannot cater for. The SENTRDCs would be further decentralised so as to reach out those who would otherwise have to travel long distances.

The following facilities are made available to SEN Schools:

- Children with disabilities are provided free transport. Furthermore, the accompanying parent's transport is refunded by the Ministry of Social Security, National Solidarity and Reform Institutions;
- A sum of Rs 17.50 daily per child is included in the Grant-in-Aid of registered SEN Schools as Supplementary Feeding Programme;
- Registered SEN Schools (NGOs) receive a Grant-in-Aid from the Ministry of Education to offer more facilities and services to the SEN Children; and
- Facilities offered to SEN Students for examination: Enlarged print paper or Braille for visually impaired children; Service of Sign language interpreter for hearing impaired children; and additional time for all children with disabilities.

Other Measures taken:

- Prevocational streams for those who fail the CPE twice and setting up of the Industrial Vocational Training Board (presently known as the Mauritius Institute of Training and Development) for technical/vocational education. Since 2013 even those who fail CPE for the first time may, if they wish, join the pre-vocational stream;
- Policies (compulsory education up to the age of 16) to combat the problem of street children through an effective system of monitoring and communication between schools and parents;
- Introduction of Summer and Winter School Project to expose low performing schools to activity-based learning and other means for pupils of Grades 3 and 4 during the school holidays;
- A resit examination was introduced in 2013 for pupils who have not secured a pass in one subject at CPE level. It gives a second chance to pupils to acquire a CPE. Remedial classes are held after the CPE results are proclaimed to prepare them for the resit paper;
- Setting up of the Ministry of Social Integration and Economic Empowerment in 2010 to support the requirements of the vulnerable segment of the population and provision of school materials to the students belonging to this group;
- Construction of additional State Secondary Schools and Government primary schools with pre-primary units attached with necessary infrastructure to meet the demand for increasing seats from boys and girls alike;
- Implementation of the Sankoré Project (School ICT Project to develop a culture of IT among small children to make them computer literate since their early childhood) in line with the adoption of new technology in the process of learning and teaching;
- Recruitment of adequate number of teachers and;
- Training of all teachers (Primary and Secondary) by the Mauritius Institute of Education (MIE).

Challenges

Despite having achieved remarkable progress, the education system in Mauritius still faces a number of challenges such as the high failure rate at the end of the primary level, high repetition rate at the secondary level, the academic bias of the curriculum at all levels and a high level of competition resulting in an elitist system.

Low enrolment in science subjects at the Cambridge School Certificate (SC) and Cambridge Higher School Certificate (HSC) levels is another major constraint of the

education system. According to a study conducted by the Mauritius Research Council (MRC), it is estimated that less than 30 percent of students offer science subjects at the SC, whilst the proportion of those taking these subjects at the HSC is about 27 percent.

The high dropout rate continues to be a cause for concern.

Box No 3: Gender Parity in Education in Mauritius

Gender Parity: This indicator is reached when the Gender Parity Index (GPI) defined as girls' gross school enrolment ratio divided by the corresponding ratio for boys is between 0.97 and 1.03. In Mauritius, boys and girls alike are enrolled in primary schools; the gender parity index worked out to 1.0 since 1990.

Table 8: Gender Parity Index (GPI) in primary education, 1990-2014

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|
| GPI in Primary | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |

Source: Statistics Mauritius

Way Forward

Mauritius has attained universal primary education and access to education remains the key to national development as well as to individual wellbeing. Government has indicated its commitment to improve the quality of education from pre-primary to tertiary levels and proposes to:

1. Implementing the nine-year schooling of continuous basic education;
2. Institutionalising an assessment and evaluation of the schooling system across the sub-sectors (right from pre-primary through to secondary) so as to gauge progress in learning outcomes. This entails the necessity to elaborate and establish standards of learning at the national, institutional and individual learner levels;
3. Improving equity in the system to take on board, illustratively:
 - (i) The concerns of learners across the spectrum of learning abilities as well as those with severe disabilities.
 - (ii) The removal of the stigma of Technical, Vocation Educational Training (TVET) seen as a track fit only for the academically less endowed and representing a 'dead-end': a greater articulation is to be created between the TVET and academic pathways.
4. Addressing the issue of under-performance of boys as compared to that of girls to achieve gender equality in learning outcomes;

5. Increasing investment in Education: Government has to contemplate a progressive increase in the share of public investment in education and ensuring that the system provides the value-added dimension through improved efficiency and effectiveness as well as greater accountability;
6. Strengthening the management of the education system with a move towards greater decentralization and institutional autonomy;
7. Further strengthening the Outreach Project through a Parental Empowerment Programme that will be central to the School Plus Concept;
8. There is an urgent need to standardize the instruments and tools currently used to determine the rate of literacy. Conventional methods need to be revisited and the tools sharpened to provide empirical evidence of the literacy levels attained by different sections of the population; and
9. Emphasising the centrality of education for Sustainable Development in policy formulation and strategic implementation.



Goal 3: Promote Gender Equality and Empower Women

HIGHLIGHTS

- ❖ The number of literate women per 100 literate men has risen from 97.7 in 1990 to 99.9 in 2011, the date of the last census. The marginal difference in the literacy rate may be explained by the fact that a high proportion of women above 60 years did not attend school.
- ❖ The indicator on Gender Parity has been achieved in the education sector at the level of primary, secondary and tertiary levels.
- ❖ The female activity rate, measured by the percentage of female labour force to population aged 16 years and over and representing female participation in the labour market is 45 percent compared to 75 percent of male activity rate.
- ❖ Gender disparity with regard to unemployment was evident with a higher proportion of female unemployment (11.4 percent) to male unemployment (5.5 percent).
- ❖ Mauritius has witnessed four general elections during the period 2000 to 2015, the last one being held in December 2014. Percentage of seats held by women in the National Assembly increased from 3.0 percent in 1991 to 18.8 percent in 2010 and declined to 11.6 percent in 2014. However, for Municipal elections held in June 2015, the number of female elected candidates stood at 35 percent.

Target 3.A: Eliminate Gender Disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Indicators:

- **Ratio of girls to boys in primary, secondary and tertiary education**
- **Share of women in wage employment in the non-agricultural sector**
- **Proportion of seats held by women in National Parliament**

The rights and freedom of women are “*de jure*” safeguarded in Mauritius. According to the 2014 Human Development Report, Mauritius has attained a Gender Inequality Index (GII) value of 0.375, ranking it 72 out of 187 countries. The GII measures gender inequalities in three important aspects of human development—reproductive health (maternal mortality ratio); empowerment (proportion of parliamentary seats occupied by females and proportion of adult females with secondary education; and economic status (labour force participation rate of female above 15 years).

In the context of the MDG on Gender Equality and Women Empowerment, Mauritius is doing well in the education sector with Gender Parity Index (GPI) in favour of girls at primary, secondary and tertiary levels.

Indicator 1- Ratio of girls to boys in primary, secondary and tertiary education

Education has been a critical factor in ensuring gender equality and empowerment. The education system in Mauritius is democratic and provides equal access to both males and females. The enrolment of girls in primary education and graduating to higher levels of education has led to achieving gender parity in education.

Table 9: Gender Parity Index by education level (2000- 2014)

| | 1990 | 2000 | 2002 | 2005 | 2010 | 2013 | 2014 |
|----------------------------------|------|------|------|------|------|------|------|
| Gender Parity Index ⁸ | | | | | | | |
| -Primary Level | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| -Secondary Level | 1.0 | 1.0 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 |
| -Tertiary Level | ... | ... | 0.98 | ... | 1.2 | 1.2 | ... |

Source: Statistics Mauritius

Note: (...) Data not available

The GPI, which is the ratio of the Gross Enrolment Ratio (GER) for female to the GER for male commonly used to assess gender differences in school enrolment, is slightly above one, indicating that a higher proportion of girls is enrolled in schools (Table 9). The GPI for the tertiary education has been improving gradually and gender equality was achieved in 2010.

In Rodrigues, there is no gender disparity in primary schools (GPI of 1.0 since 1990), and more girls than boys are enrolled in secondary schools (GPI of 1.1 since 1990).

The choice of subjects made by girls reflected the pervasiveness and influence of stereotypes regarding what were considered appropriate subjects and career choices for girls.

Since 2000, there has been a positive change in attitude and an increasing number of girls are now opting for scientific and technical fields both at the tertiary and vocational levels. A growing number of women are being employed in fields that were previously considered male dominated areas such as, meteorological services, engineering, architecture, public transportation, masonry, and disciplined forces.

Indicator 2- Share of women in wage employment in the non-agricultural sector

Women's access to paid employment is an indication of their integration into the labour market. As women benefit from more regular income, they are more likely to achieve greater autonomy, self-reliance in their personal development and decision-making power. With the growing level of development and related structural economic changes, production tends to move from the agricultural sector towards the non-agricultural sectors.

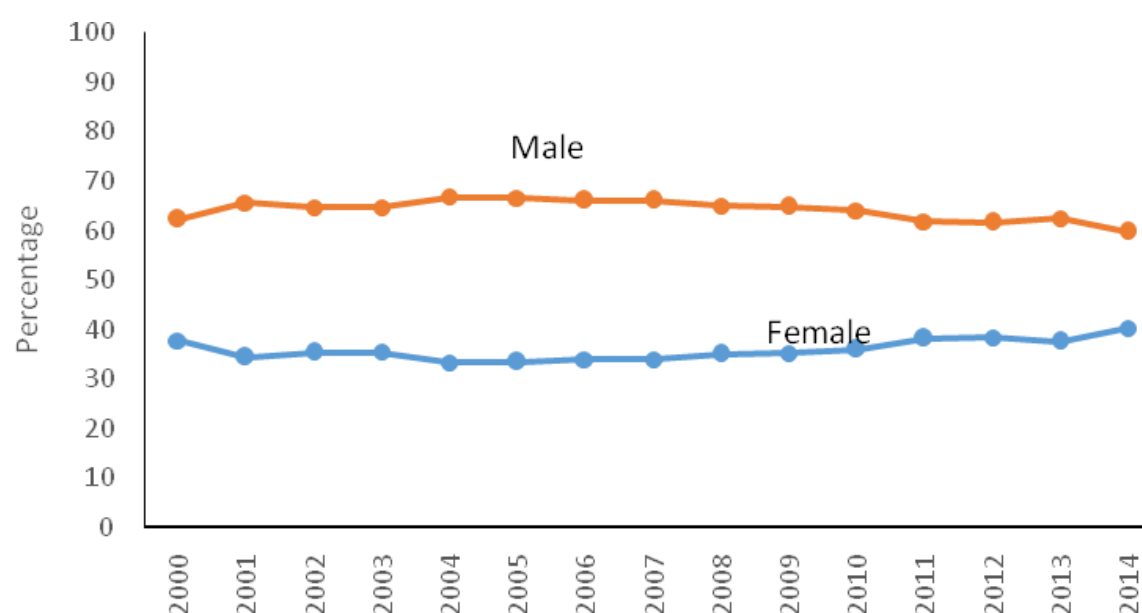
⁸Gender Parity Index is an MDG indicator – Ratio of boys to girls is assessed using Gender Parity Index

Table 10: Share of women in 1990- 2014

| | 1990 | 2000 | 2002 | 2005 | 2010 | 2013 | 2014 |
|---|------|------|------|------|------|------|------|
| Share of Women in wage employment in the non-agriculture sector (percent) | 34.1 | 37.7 | 35.3 | 33.4 | 35.9 | 37.5 | 40.2 |

Source: Statistics Mauritius

The share of women in wage employment in the non-agricultural activities has been increasing gradually, ranging from 34 percent to 40 percent over the period 2000-2014.

Chart 4: Percentage of employed persons in wage employment in the non-agricultural sector by sex, 1990 - 2014

Source: Statistics Mauritius

Income disparity exists at the level of occupational groups by gender. Income gap is substantial, particularly among low occupational groups, such as agricultural and fishery workers, craft and related trade workers, plant and machine operators and assemblers, and elementary occupations (Table 11).

Table 11: Average monthly income for employees by occupational group, length of service and sex, 2013

| | Average monthly income (Rs) | | | | | |
|---|-----------------------------|---------------|---------------|---------------|----------------|---------------|
| | 0 - 10 years | | 11 - 20 years | | Above 20 years | |
| | Male | Female | Male | Female | Male | Female |
| Managers, senior officials and legislators; professionals; technicians and associate professionals | 30,800 | 20,900 | 35,800 | 27,500 | 45,700 | 37,300 |
| Clerks | 13,900 | 12,300 | 23,800 | 19,500 | 25,900 | 26,300 |
| Service workers and shop sales workers | 11,600 | 7,500 | 19,300 | 14,300 | 25,700 | 17,200 |
| Skilled agricultural and fishery workers; craft and related trade workers; plant and machine operators and assemblers | 11,500 | 6,300 | 14,900 | 7,100 | 19,300 | 8,400 |
| Elementary occupations | 9,100 | 4,800 | 13,000 | 6,400 | 17,000 | 8,700 |
| All occupational groups | 15,000 | 10,800 | 21,800 | 18,400 | 29,000 | 27,900 |

Source: *Statistics Mauritius*

Indicator 3- Proportion of seats held by women in National Parliament

Since 1997, Mauritius has aligned its policies with the SADC Protocol on Gender and Development which revised its target on women's participation in decision-making positions from 30 percent to 50 percent by 2015, in line with the AU Protocol on the Rights of Women. According to the SADC Gender Protocol 2014 Barometer, Mauritius ranked 83rd out of 189 countries worldwide and 10th among SADC on women's political representation.

Table 12: Proportion of seats held by women in National Parliament by year of National Assembly Election

| | 1991 | 1995 | 2000 | 2005 | 2010 | 2014 |
|--|------|------|------|------|------|------|
| Proportion of seats held by women in National Parliament (%) | 3.0 | 9.1 | 5.7 | 17.1 | 18.8 | 11.6 |

Source: *Statistics Mauritius*

Political Parties are aware of the pledge to increase women's representation in the National Assembly. The election of the first woman as President of the Republic and that of the first woman as Speaker of the National Assembly in the history of Mauritius are strong encouragement for the participation of women in politics. Mauritius also has a woman Vice President.

The latest amendments brought to the Local Government Act in January 2012, paved the way for an increased participation of women at the last Municipal election held in June 2015, resulting in remarkable rise in the number of women elected.

The representation of women at the Village Council Election improved from 2.8 percent in 1997 to 25.3 percent in 2012.

In its 2015 Report on Directors' fees in Mauritius, the Hay Group, in association with the Mauritius Institute of Directors, deplores that the presence of women on boards and subcommittees is rare. Only 4.58 percent of the 612 directorships reported in its survey are held by women. Only 5.6 percent of board members are female. None of the non-executive chairpersons in the survey are female.

Table 13: Women, Politics and Decision Making⁹

| | No of Females | Total | Percent Female |
|---|---------------|-------|----------------|
| Ministers | 3 | 25 | 12 |
| Private Parliamentary Secretary | 2 | 10 | 20 |
| Members of Parliament | 8 | 69 | 11 |
| Elected Members at Municipal Council | 42 | 120 | 35 |
| Elected Members at Village Council | 296 | 1170 | 25.3 |
| Permanent Secretaries / Senior Chief Executives of Ministries | 15 | 45 | 33.3 |
| Judges | 8 | 19 | 42 |
| Magistrates | 28 | 41 | 68 |

Source: National Assembly & Ministry of Local Government, Ministry of Gender Equality, Child Development and Family Welfare

Though Mauritius is yet to achieve the objective with regard to the “Proportion of seats held by women in National Parliament”, progress at the level of decision making in the public sector with 15 women out of 45 officers in the post of Permanent Secretaries and above. A notable progress has also been made in the Judiciary with 42 percent women as Judges and 68 percent as Magistrates.

⁹ Table shows figures as at 2014 excluding

- a) Elected Members at Municipal Council: figures from last election in 2015
- b) Elected Members at Village Council: figures from last election in 2012

Policy Measures

The Ministry of Gender Equality, Child Development and Family Welfare has adopted a Rights-based Approach to implement its policies and programmes for women's empowerment and the promotion of gender equality. The Ministry, through the Gender Unit, operates at two levels:

(a) Policy level

- (i) Using the National Gender Policy Framework as the guiding document;
- (ii) Assisting line Ministries to engender their sectoral gender policies. The Ministry of Gender Equality, Child Development and Family Welfare with the support of the United Nations' Development Programme (UNDP) has provided technical assistance to all Ministries in the formulation of their respective Sector Gender Policies; and
- (iii) Setting up of Gender Cells at the level of each Ministry.

(b) Programming level

The Ministry of Gender Equality, Child Development and Family Welfare is working towards women's empowerment and gender equality through capacity building, awareness-raising, inculcating a woman's entrepreneurship culture, and networking for advocacy and gender issues. It has under its aegis two Councils namely, the National Women's Council and the National Women Entrepreneur Council.

Challenges and Bottlenecks

- Entry into the labour market by women is predominantly in the manufacturing and social sectors. The gender imbalance in the engineering and information technology sectors may lead to missed opportunities in emerging economic pillars;
- Women face high unemployment rates even among first time entrants in the labour market despite higher educational achievements; and lower returns on their educational achievements;
- The structure of employment is skewed towards male for certain specific sectors (e.g. construction, transportation, disciplined forces);
- Low participation of women in politics is attributed to prevailing patriarchal norms;

- Out of 2,301 cases of domestic violence recorded at the level of the Ministry of Gender Equality, Child Development and Family Welfare in 2014, 90 percent of the victims were women;
- There are a number of cases of disabled women and girls being abused, some of which go unreported;
- Household Budget Surveys show that poverty is more acute among female headed household (17 percent) than male headed household (7 percent);
- Low priority, institutional and financial constraints on gender mainstreaming strategies;
- Women's presence at decision making level in the corporate level in the private sector remains another challenge;
- Lack of technical expertise on gender issues;
- Lack of sex disaggregated data to inform policy formulation and decisions;
- Gender is often seen as an add-on for policy makers and are viewed as issues related to the Ministry of Gender Equality, Child Development and Family Welfare; and
- Inadequate allocation of resources for the implementation of policies and programmes for women's empowerment.

Way Forward

The Government Programme (2015-2019) has announced the setting up of a National Coalition against Domestic Violence Committee under the aegis of the Prime Minister's Office, to ensure that victims of domestic violence are given immediate consideration to lead a normal life.

Government is committed to support women in distress by working jointly with NGOs and providing them with the necessary financial assistance, specialized human resources and Child Day Care facilities.

The Ministry of Gender Equality, Child Development and Family Welfare in collaboration with international organizations, is laying high emphasis on training and capacity building in areas of political leadership and decision making, gender mainstreaming, governance and communication and business management among others.

REDUCE
CHILD MORTALITY

Goal 4: Reduce Child Mortality

HIGHLIGHTS

- ❖ There has been a notable decline in Under-Five Mortality Rate per thousand live births from 23.1 in 1990 to 16.0 in 2014.
- ❖ Infant mortality rate has followed a general declining but uneven trend during the recent years.
- ❖ Mauritius has the most favourable maternal and child health indicators in the African Continent.
- ❖ Immunization against measles is universal among children under 1 year.

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Indicators:

- **Under-five mortality rate**
- **Infant mortality rate**
- **Proportion of one year old children immunized against measles**

Since independence, the State has sustained the provision of health services, free of any user cost, from primary care to hospital services, including specialised treatment, to all citizens and residents. There has been a significant increase in public health spending since 1990. In 2014, per capita public expenditure on health amounted to approximately USD 235¹⁰. Government expenditure on health represented 8.1 percent of total government expenditure and 2.4 percent of the Gross Domestic Product.

The Government of Mauritius acknowledges health as a human right and perceives investment in health as an investment in human development and a driver of economic growth. For these reasons, health is placed at the top of the socio-economic agenda.

Maternal and Child Health (MCH) indicators have reached levels comparable to those of developed nations. Premature morbidity and mortality associated with infectious, parasitic and water-borne diseases have significantly decreased. Most vaccine preventable diseases, water borne diseases and other communicable diseases are no longer a matter of critical concern for the country.

The last case of poliomyelitis was notified in 1965. Certification of Mauritius as a polio free zone is underway. Over the last twenty years, no case of neonatal tetanus was notified and only five cases of whooping cough have been recorded since 1990. Other

¹⁰ USD 1= Rs 30 as at 2014

communicable diseases such as measles, mumps, rubella and tuberculosis are under control.

The country has also successfully implemented its reproductive health programme. Fertility rate is controlled at about two children per family from a high level of six in the 1960s. Contraception prevalence rate for all methods is 75.9 percent and about 40.7 percent for new up-to-date methods. The population growth rate was 0.1 percent in 2014.

Infant and Child Health

Improving infant and child health are pivotal to fulfilling the rights of children under the United Nations Convention on the Rights of the Child. Infant and child health are among the top priorities of the Government of Mauritius.

Mauritius has a good record in child health with remarkable achievements over the last two decades. Since 1990, infant mortality rate per thousand live births declined by almost 29 percent and under-five mortality rate by 31 percent. Immunization coverage rate has reached nearly 100 percent.

Under-Five and Infant Mortality Rates

The steady improvements in under-five survival and infant health are explained by a combination of factors, which include, a high level of literacy in the population, increasing per capita income, enhanced quality of life, universal coverage of high quality and effective maternal and child services and improved health-seeking behaviours among pregnant women.

Since 1990, Mauritius has made significant progress in reducing the under-five mortality rate from 23.1 to 16 per thousand live births over the period 1990 to 2014. The under-five mortality rate registered a considerable decline over the decade 1990 – 2000 from 23.1 to 18.2. The trend in respect to this indicator since 2000 has been more or less constant with an overall average of 16 per thousand live births.

The trends of under-five mortality and infant mortality rates per thousand live births and the crude birth rate in the country for the period 1990 to 2014, are given below.

Table 14: Under-Five Mortality Rate, Infant Mortality Rate and Crude Birth Rate, 1990-2014, Republic of Mauritius (per 1,000 live births)

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|------------------------|------|------|------|------|------|------|------|------|------|------|
| Under 5 mortality rate | 23.1 | 22.7 | 18.2 | 17.3 | 15.8 | 14.7 | 15.9 | 15.7 | 14.5 | 16.0 |
| Infant mortality rate | 20.4 | 19.7 | 15.9 | 14.9 | 13.2 | 12.5 | 12.9 | 13.7 | 12.1 | 14.5 |
| Crude birth rate | 21.3 | 18.3 | 17.0 | 16.6 | 15.3 | 12.0 | 11.7 | 11.5 | 10.9 | 10.6 |

Source: Ministry of Health and Quality of Life

An analysis of the causes of under-five mortality reveals that 26.3 percent of deaths were attributed to congenital anomalies, followed by septicaemia and infections specific to the perinatal period which account for 9.1 percent of deaths. In 1990, the two principal causes of under-five deaths were congenital anomalies and intestinal infections representing 18.5 percent of deaths, respectively. In 2014, deaths resulting from intestinal infections were nil, as a result of better child care facilities and sanitation. There has been a consistent increase from 18.5 percent to 26.3 percent of deaths due to congenital anomalies with the rate being higher for female. Efforts are being made to reduce the number of deaths caused by infections during the perinatal period.

The Infant Mortality Rate (IMR, per 1,000 live births) in 2014 was 14.5 per 1,000 live births as compared to 20.4 in 1990 (Table 14). The setting up of Neonatal Intensive Care Units at Victoria Hospital in 1992 and SSRN Hospital in 2001 have contributed to lower the IMR from 15.9 in 2000 to 12.5 in 2010. However, despite a falling Crude Birth Rate, the increase in IMR in 2014 to 14.5 remains a challenge.

In 1990, the three main causes of IMR were (i) slow foetal growth, foetal malnutrition and immaturity (29.7 percent), (ii) hypoxia, birth asphyxia and other respiratory conditions of new-borns (29.3 percent) and (iii) congenital anomalies (10.6 percent).

In 2014, congenital anomalies represented 27.4 percent of child mortality, whilst deaths due to birth asphyxia accounted for 7.3 percent of total deaths followed by slow foetal growth representing 5.6 percent.

Over the period 1990-2014, considerable progress has been made to reduce deaths due to slow foetal growth from 29.7 percent to 5.6 percent and birth asphyxia from 29.3 percent to 7.3 percent, mainly due to improved antenatal and maternal health care facilities.

Rodrigues

In the period 2010-2014, there was an average of 14 deaths among children aged 0-4 years in Rodrigues, with 33 deaths in 1990 (Table 4.2) . The trend of the under-five mortality rate is uneven because of the small absolute number of deaths recorded,

Table 15: Under-Five Mortality Rate (Rodrigues)

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2014 |
|---|------|------|------|------|------|------|
| Under-Five Mortality Rate per 1,000 Live Births | 41.1 | 24.8 | 24.8 | 14.5 | 16.8 | 23.3 |

Source: Ministry of Health and Quality of Life

Proportion of One year Old Children Immunized against Measles

Mauritius has achieved universal vaccination coverage, including coverage against measles, as shown in the table below.

Table 16: Proportion of 1 Year Old Children Immunized Against Measles (IAM), 1990-2014, Republic of Mauritius

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---------------------------|------|------|------|------|------|------|------|------|------|------|
| Immunized Against Measles | 76.1 | 89.4 | 84.0 | 85.1 | 88.6 | 88.7 | 89.0 | 88.7 | 89.9 | 88.4 |

Source: Ministry of Health and Quality of Life

NOTE: Figures on Immunization refer to public sector only

Mauritius continues to sustain the implementation of the Expanded Programme on Immunization. The coverage has already attained 100 percent. The proportion of one year old children immunized against measles in the public sector has gone up from 76.1 percent in 1990 to 88.4 percent in 2014. Coverage in the private sector is around 11 percent.

Policy Measures

These achievements are attributed to the successful implementation of an integrated package of primary health care services, which, *inter alia*, include, the expanded programme of immunization, maternal and child care services, preventive medicine and health promotion activities.

- Audit of infant and under-five mortality in Mauritius and Rodrigues.
- Implementation of the Primary Care Physician Scheme.
- Enhanced awareness campaigns on the prevention of early pregnancy, exclusive breastfeeding and early antenatal care service attendance.
- Strengthening of Maternal and Child Health Care services, including the implementation of the National Sexual and Reproductive Health Plan of Action.
- Enhancing the Expanded Programme on Immunization against vaccine preventable diseases with the introduction of new vaccines in line with WHO recommendations.
- Recruitment of additional paediatricians, gynaecologists and anesthetists.
- Review of clinical guidelines for the provision of comprehensive emergency obstetric and neonatal care.

- Setting up of a third neonatal ICU at Nehru Hospital (in addition to that of SSRN and Victoria Hospitals).
- Echography service and examination of pregnant women by obstetricians and gynaecologists at all Area Health Centres for the early detection of complications.
- Screening of pregnant women for hypertension, anaemia and gestational diabetes.
- Better clinical management of gestational diabetes through the recruitment of endocrinologist.

Challenges

Most perinatal conditions and congenital diseases causing child death are mainly due to genetic factors. Similarly, certain causes of maternal death are inevitable, namely ectopic pregnancy and non-obstetric conditions such as diabetes, hypertension, respiratory and cardiovascular diseases complicating pregnancy, childbirth and the puerperium. The proportion of new-borns being exclusively breastfed is low.

Way Forward

Although Mauritius did not manage to meet the target of reducing child mortality ratio by two third, it has registered an impressive performance with almost all birth being attended by skilled health personnel. There is a strong political will in support of child and maternal health through concerted actions, sound strategies and adequate resources and there are signs that further progress in these areas is possible.



Goal 5: Improve Maternal Health

HIGHLIGHTS

- ❖ Maternal Mortality Ratio (MMR) decreased from 66 per 100,000 live births in 1990 to 15 per 100,000 live births in 2002. In 2014, 7 maternal deaths were registered in Mauritius, which represented an MMR of 52 deaths per 100,000 live births.
- ❖ This still falls short of the target to reduce the maternal mortality figure of 17 deaths per 100,000 live births.
- ❖ Mauritius leads countries in Africa with the most favourable MMR.
- ❖ Nearly, 100 percent of births are attended by skilled health personnel.
- ❖ Contraceptive prevalence decreased from 74 percent in 1991 to around 64 percent in 2014.
- ❖ Adolescent childbearing decreased by almost half from 45 in 1990 to 25 births per 1,000 girls aged 15-19 years in 2014.

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators:

- **Maternal Mortality Ratio**
- **Proportion of births attended by skilled health personnel**

According to the World Health Organization (WHO), maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, obstructed labour and pre-existing medical conditions exacerbated by complications arising from diabetes, malaria, HIV and obesity.

Maternal Mortality

The MMR in respect to the MDG baseline year in 1990 was already very low in Mauritius. As per Table 17, the country data indicates that MMR followed a slightly decreasing trend between 1990 and 2014. MMR was 66 per 100,000 live births in 1990 compared to 52 per 100,000 live births in 2014, while between 2002 and 2006 MMR was relatively lower.

In spite of the declining number of maternal deaths registered since 1990, MMR has not followed the same decreasing trend, given that simultaneously the number of live births has been decreasing constantly.

Table 17: Maternal Mortality Ratio (per 100,000 live births), 1990-2014, Republic of Mauritius

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-----|------|------|------|------|------|------|------|------|------|------|
| MMR | 66 | 58 | 20 | 15 | 21 | 33 | 34 | 62 | 66 | 52 |

Source: Ministry of Health and Quality of Life

- **Maternal Mortality in Rodrigues**

Between 1990 and 2002, a total of 7 maternal deaths were registered, whereas one death was reported in the period 2003-2014, namely in the year 2010, in Rodrigues. In 2014, there were 688 live births in Rodrigues.

The increase registered in the number of maternal deaths since 2009 may be partly explained by the change in the data collection methodology and the implementation of the new guidelines of WHO concerning the definition of underlying causes of maternal deaths.

Despite remarkable improvement in access to maternal health care where 99 percent of deliveries are attended by skilled health personnel and a comprehensive package of maternal health care services are provided during pregnancy and after delivery throughout the country, bringing down further the MMR remains a challenge. The situation is being closely monitored and a Maternal Death Audit is being carried out.

Proportion of Births Attended by Skilled Health Personnel

Proportion of births attended by skilled health personnel in Mauritius is nearly 100 percent.

Target 5.B: Achieve by 2015, universal access to reproductive health

Indicators:

- **Contraceptive prevalence rate**
- **Adolescent birth rate**
- **Antenatal care coverage (at least one visit and at least four visits) - not applicable to Mauritius**
- **Unmet need for family planning - not applicable to Mauritius**

The table below summarizes the contraceptive prevalence in Mauritius from surveys conducted in 1991, 2002 and 2014 by the WHO.

Table 18: Reproductive Health Indicators

| | 1991 | 2002 | 2003 | 2010 | 2014 |
|---|------|------|------|------|------|
| Contraceptive Prevalence Rate (percent) | 74.3 | 75.9 | ... | ... | 64.4 |
| Adolescent Birth Rate (fertility rate per 1,000 women aged 15-19 years)* | 46.3 | 37.6 | 37.7 | 31.9 | 24.7 |
| Antenatal care coverage | | | | | |
| - at least one visit (percent) | ... | ... | 93 | ... | 100 |
| - at least four visits (percent) | ... | ... | 83 | ... | 98 |
| Unmet need for family planning (percent) | 6.3 | 3.3 | ... | ... | 12.4 |

* Republic of Mauritius

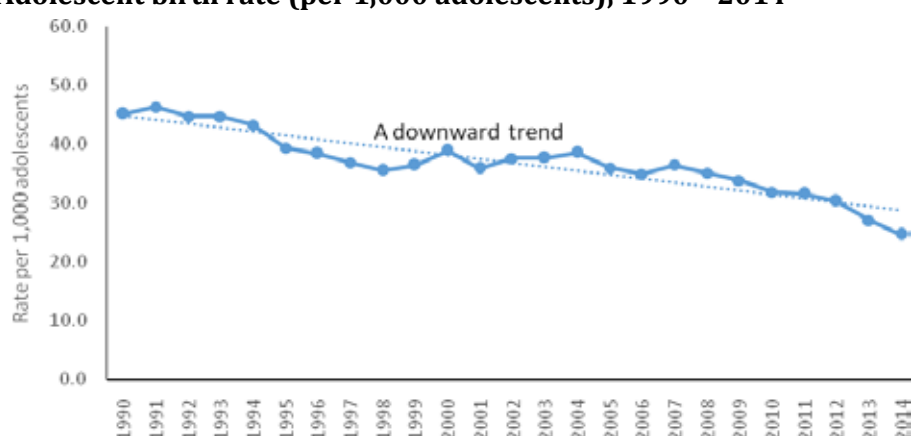
Source: Statistics Mauritius

Note: (...) Data not available

Whilst over the decade 1991 to 2002, contraceptive prevalence rate has been around 76 percent, a decline was noted in 2014. In 2014, the rate stood at 64 percent. Despite a decline in the contraceptive prevalence rate, the fertility rate has remained low. The replacement level, which normally should have been 2.1, is at present only 1.4. In 1990, adolescent birth rate was 45 births per 1,000. It decreased by almost half to reach 25 births per 1,000 in 2014.

Adolescents birth rate in Mauritius witnessed a declining trend over the period 1990 to 2014 as may be seen from the chart below:

Chart 5: Adolescent birth rate (per 1,000 adolescents), 1990 - 2014



Source: Statistics Mauritius

Adolescence birth rate in Rodrigues was higher than the rest of the Republic of Mauritius. However, the yearly rates for 2013 and 2014 indicate a decrease in fertility among adolescents in Rodrigues, as indicated in the table below.

Table 19: Adolescent birth rate (fertility rates of mothers aged 15-19 years) in Rodrigues

| | 1990 | 2000 | 2010 | 2013 | 2014 |
|-----------------------|------|------|------|------|------|
| Adolescent birth rate | 75 | 65 | 65 | 60 | 52 |

Source: Ministry of Health and Quality of Life

Policy Measures

Investing in maternal health not only contributes to the well-being of the mother, but also to that of her family, the community and the economy at large.

Mauritius provides free universal access to Primary Health Care (PHC) services to all its citizens. PHC institutions, as the entry point to the national health system, act as “gatekeepers” for patients’ access to hospitals. A comprehensive package of primary care services is provided through a network of 18 Area Health Centres (AHCs), 116 Community Health Centres (CHCs), 5 Medi-Clinics, 2 Community Hospitals and other satellite PHC institutions. 100 percent of the population has reasonable access to the first point of contact with the health system within a radius of three miles.

The secondary level comprises 3 district hospitals (including one in Rodrigues) and five regional hospitals which provide primary inpatient and outpatient medical care to their respective catchment populations, emergency services and supervision of satellite AHCs and CHCs. Services provided include accident and emergency, general medicine, general and specialised surgery, gynaecology and obstetrics, orthopaedics, traumatology, paediatrics and intensive care services.

Mauritius has nearly attained universal health coverage for primary care services. Accessibility and coverage of primary care services is currently high. 98 percent of pregnant women have four antenatal care visits compared to the global average of 55 percent. Nearly 100 percent of deliveries are attended by skilled personnel compared to the global average of 70 percent.

The development and implementation of effective policies, strategies and programmes have contributed to improve maternal health in the country as highlighted in box 4.

Box No 4: Policies and strategies for improving maternal health in Mauritius

- 141 primary health care institutions throughout the country provide antenatal services;
- Some primary health care institutions offer a twenty four hour service during the whole week;
- All pregnant women are encouraged to attend antenatal clinics in the first trimester of pregnancy; in normal pregnancy, patients are reviewed once monthly until 28 weeks of pregnancy, fortnightly until 36 weeks and weekly until delivery;
- Echography services are available at AHCs and Medi-Clinics;
- All pregnant women with high risk obstetric history or any related problem are referred to specialist clinics in Regional Hospitals;
- Specialist services, including visits by obstetricians, are provided at the level of primary care;
- Patients are given iron and calcium tablets and other multivitamins;
- All pregnant women with any suspected problem are attended by obstetricians;
- Haemoglobin is routinely tested to detect and treat anaemia, Haemoglobinometers are available in all AHCs and Medi-Clinics;
- Test is routinely done for HIV/AIDS for all pregnant women;
- All pregnant women are screened for gestational diabetes;
- All pregnant women admitted to the labour ward have their blood crossed-matched in case blood transfusion is needed urgently;
- Pregnancy hypertensive disorders are aggressively managed; and
- All deliveries are done in hospitals, attended by skilled midwives, medical officers and obstetricians.

Source: Ministry of Health and Quality of Life

Challenges

- One of every 3 mothers-to-be suffers from anaemia.
- Only one of every 3 pregnant women attending government antenatal care services for check-up does so at a gestational age of 3 months or less.
- The percentage of low birth weight remains high (8 percent in 1990, 13 percent in 2000, 17 percent in both 2010 and 2014).
- The percentage of deliveries by Caesarean Section (CS) continues to increase in the Island of Mauritius (28 percent in 2000, 44 percent in 2010 and 49 percent in 2014).
- The incidence of cancers, including women reproductive organs, is on the rise.
- Gestational diabetes is becoming more and more a matter of concern.

Way forward

To further improve maternal health, Mauritius has already initiated the following actions:

- Planning the implementation of the Primary Care Physician Scheme (in the pipeline);
- Strengthening of Maternal and Child Health Care including through the implementation of the National Sexual and Reproductive Health Action Plan;
- Enhancing the Expanded Programme on Immunisations against vaccine preventable diseases with the introduction of new vaccines in line with WHO recommendations;
- Review of clinical guidelines for the provision of comprehensive emergency obstetric and neonatal care;
- Screening of pregnant women for hypertension, anaemia and gestational diabetes;
- Better clinical management of gestational diabetes through the recruitment of five endocrinologists; and
- Looking into the possibility of having obstetricians, gynaecologists, anaesthesiologists and paediatricians to be physically present in hospitals on a 24/7 basis rather than being on-call after normal working hours. Implementation of this measure is considered to be fundamental for further reducing MMR.



Goal 6: Combat HIV and AIDS, Malaria and other Diseases

HIGHLIGHTS

- ❖ Efforts to combat HIV/AIDS, Malaria and Tuberculosis have yielded positive results, Mauritius has achieved the target in respect of HIV/ AIDS.
- ❖ The prevalence of HIV/AIDS among the population is 0.86 percent.
- ❖ A comprehensive Prevention of Mother to Child Transmission Protocol is effective.
- ❖ Mauritius is facing a growing challenge with respect to Non-Communicable Diseases.

Target 6.A – Have halted by 2015, and begun to reverse the spread of HIV/AIDS

In Mauritius investment in health has paid rewarding dividends. Mauritius has achieved remarkable gains in longevity since 1990. Life expectancy increased from 69 years in 1990 to 74 years in 2014. Improvement in living conditions, enhancement in the quality of life of people and universal coverage for primary care services account for this rise. Efforts to combat HIV/AIDS, Malaria and Tuberculosis have yielded impressive results. Mauritius is on a strong path to reverse their spread. However the high prevalence of Non-Communicable-Diseases (NCD) is a serious concern.

Indicators:

- **HIV Prevalence among Population aged 15-24 years**
- **Condom use at last high risk sex**
- **Proportion of Population aged 15-24 years with comprehensive correct knowledge of HIV /AIDS**

In the early 1980s and especially between 1989 and 2006, there was a significant increase in the rate of transmission of HIV in Mauritius. Thereafter, the country succeeded in reversing the trend, enabling it to achieve the target on HIV/AIDS. The epidemic is described as being of low prevalence, but of a concentrated nature, due to the high prevalence among certain Key Affected Populations (KAPs), namely People who Inject Drugs (PID) (44 percent), Female Sex Workers (FSW) (22 percent), Men who have Sex with Men (MSM) (20 percent), and Prison Inmates (PI) (22 percent).

Injecting behaviour has largely been responsible for the spread of the HIV epidemic in Mauritius. Proactive actions (HIV and AIDS Act, Needle Exchange Programme (NEP) and Methadone Substitution Therapy (MST)) from the Government and other partners have brought positive results.

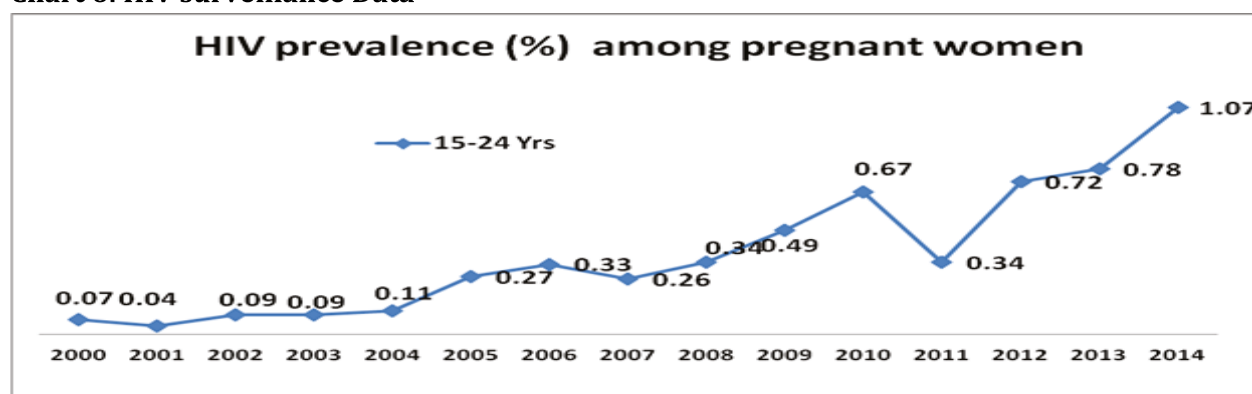
In 2014 the estimated prevalence of HIV among the population of Mauritius was 0.86 percent, representing 9191 People Living with HIV (PLHIV). It is projected that this trend will continue provided that the national response to eliminate the epidemic is scaled up.

Indicator 1: HIV Prevalence among Population aged 15-24 years

Actual data from antenatal clinics were used to determine the prevalence of HIV among youth aged 15-24 years old. During antenatal testing in 2014, out of 12,005 women in that age group, 45 women were identified as HIV positive out of 4,200 in the same category. 14 of the cases belong to 15-19 age group and the remaining 31 to the 20-25 age group.

Although HIV estimates, calculated using the UNAIDS software Spectrum, indicate that HIV incidence is decreasing in Mauritius, the curve shows an upward trend among pregnant women reaching a prevalence rate of 1.07 percent in 2014, as indicated in chart below.

Chart 6: HIV surveillance Data



Source: Ministry of Health and Quality of Life

Despite meeting, and in some instances exceeding, the targets and commitments of the 2011 United Nations Political Declaration on HIV and AIDS, Mauritius, is facing greater challenges in mitigating the epidemic among the young people aged 15-24 years.

Condom use at last high risk sex

Condom promotion is key to lowering new infections. The correct and consistent usage of condoms in high-risk sex are being encouraged and advocated. As from 2010, an average of 960,000 to 1 million condoms are distributed free of charge annually.

Table 20: HIV/AIDS Indicators

| | 2004 | 2008 | 2011 | 2014 |
|---|------|------|------|------|
| Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular in the last 12 months. | 46.4 | 34.4 | 61.9 | 59.5 |
| Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS | 21.9 | 85.0 | 81.0 | 77 |

Source: Ministry of Health and Quality of Life

According to the Behavioral Surveillance Survey (BSS) 2014:

- 98 percent of the population of the Republic of Mauritius have heard of HIV and AIDS and the majority, 66 percent, first heard about the infection through the media; and
- 97 percent of the population are aware of at least one of the HIV-related programmes and activities available in Mauritius.

Target 6B – Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator 1: Proportion of population with advanced HIV infection with access to antiretroviral drugs

The public health sector has ensured universal coverage for persons in need of Anti-Retroviral Therapy (ART), through the decentralisation of these services across the country. By the end of 2014, there were 5 National Day Care Centres for the immunosuppressed, including one in Rodrigues. HIV and AIDS services are also available to all prison inmates.

As at end of 2014, 6,090 cases (4,716 male and 1,374 female) were detected, of whom 4085 are receiving ART.

Access to ART which started in 2002 is universal. PLHIV, clinically eligible according to the treatment protocol aligned to WHO Guidelines, 2013, are placed under treatment after counselling and preparation. The Mauritius HIV epidemic is concentrated among key populations. Follow up at every stage of the treatment cascade is a great challenge. Constant effort has been made to increase access to ART resulting in a rise from 18.7 percent in 2006 to 48.2 percent in 2014.

Infected women are put on ART during pregnancy to prevent Mother To Child Transmission (MTCT). After delivery the treatment continues for life. All the services for PLHIV are free of user cost. Since Mauritius has succeeded to bring access to 97 percent of people in need, the Government is now aiming at the complete elimination of the MTCT.

Challenges

The HIV epidemic is dynamic and if Mauritius wants to mitigate further spread, it has to remain vigilant on all fronts. A more aggressive HIV response is warranted for Mauritius. A critical reflection at the national level followed by innovative strategies is required to ensure long term sustainability of a successful response across different identified vulnerable groups.

Way Forward

It is urgent to close the gaps at all stages of the treatment cascade from detection, through treatment to viral load suppression, so as to ensure optimum quality of life for all PLHIV, thus moving towards halting the transmission of HIV. Another challenge remains the development of the structural prevention strategies for young people aged between 15-24 years. Efforts must also continue to integrate Fertility Management and Reproductive Health (FMRH) within HIV outpatient care and improve early infant diagnosis and paediatric follow-up. Finally education remains an important tool in the fight against the epidemic as the need to strengthen outreach and peer education programmes among key populations cannot be overemphasised.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators:

- Incidence and death rate associated with malaria
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- Incidence, prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Indicator 1: Incidence and death rate associated with malaria

The last indigenous case of malaria was found in 1968. Consequently in 1973, Mauritius was officially declared free from malaria by the WHO. The country has now scaled up efforts to prevent the re-introduction of the disease. Most of the cases detected after that period have been importation by international travellers, with however, a few introduced cases. A total number of 54 (2011), 33 (2012), 49 (2013) and 20 (2014) imported cases were detected by the active surveillance system in place.

As shown in Table 21, the incidence of malaria has decreased from 5.1 per 100,000 population in 1990 to 1.6 per 100,000 in 2014.

Table 21: Incidence of Malaria (Per 100,000 Population)

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2012 | 2013 | 2014 |
|---|------|------|------|------|------|------|------|------|
| Incidence of malaria (per 100,000 population) | 5.1 | 4.1 | 5.2 | 2.9 | 4.2 | 2.6 | 3.9 | 1.6 |

Source: Ministry of Health and Quality of Life

Policy Measures

The Government sustains the implementation of a rigorous Malaria Control Programme (MCP), the main components of which are:

- Active surveillance at ports of entry and active follow-up with visitors from high risk countries;
- Early detection and treatment;
- Vector control activities, including vector surveillance;
- Free chemoprophylaxis for travellers;
- Health education; and
- Monitoring resistance to anti-malaria drugs.

In Rodrigues, during the period 1990-2014, only 5 cases of malaria were reported (one in each of the following year: 1997, 1998, 2001, 2008 and 2011) with an incidence rate ranging from 2.6 to 2.8 per 100,000 population. No death caused by malaria has been reported during the last 25 years.

Tuberculosis, incidence, prevalence and death rate associated with tuberculosis/Proportion of tuberculosis cases detected and cured under directly observed treatment short course

The incidence of tuberculosis (TB) has declined from 11 per 100,000 population in the year 1990 to 10 in the year 2014, an incidence rate which has been maintained for the past 10 years. Death rate associated with this disease has declined by 50 percent from 2.4 per 100,000 population in 1990 to 1.1 per 100,000 population in 2014. The proportion of tuberculosis cases detected and cured under directly observed treatment fell from 93 percent in 2000 to 88.9 percent in 2014.

In Rodrigues, the incidence of tuberculosis is very low, with an average of around one case per year. In 2014, there were 2 cases compared to 7 cases in 1991, the highest number recorded in the last two decades.

Table 22: Incidence of Tuberculosis and Death Rate (Per 100,000 population) Associated with Tuberculosis

| | 1990 | 2000 | 2005 | 2010 | 2014 |
|---|------|------|------|------|------|
| Incidence of Tuberculosis | 11 | 11 | 10 | 10 | 10 |
| Death rate associated with Tuberculosis | 2.4 | 0.5 | 1.1 | 0.9 | 1.1 |

Source: Ministry of Health and Quality of Life

The objectives of the National Tuberculosis Control Programme (NTCP) are to further reduce deaths caused by the disease through early detection, enhanced management and care of infected persons and prevention of drug resistance. Measures undertaken to combat tuberculosis during the last decade include:

- Immunisation of all new-borns against TB;
- Treatment of all TB cases as per WHO Directly Observed Treatment Short Course (DOTS) protocol;
- Screening of all migrant workers on entering Mauritius;
- Partnership with reference laboratories abroad and regular training of lab technicians in new techniques;
- Screening of all contacts of TB patients and high risk groups including newly-diagnosed HIV patients;
- Close collaborative activities (training and workshops) between TB and HIV units;
- Initiation of preventive therapy among HIV patients;
- Awareness and education of TB patients and their relatives to prevent possible contamination and increasing compliance with the treatment; and
- Regular updates on TB to medical staff through Continuous Medical Education

Challenges

Despite various initiatives taken by the Government, Mauritius remains exposed to communicable diseases due to trade and travel links:

1. The tourism industry is one of the pillars of the economy with a considerable number of population movements into the country.
2. Migrant workers are recruited from countries with a high prevalence of communicable diseases such as malaria, dengue, chikungunya and TB.

3. Many Mauritian nationals travel to countries with a high prevalence of communicable diseases.
4. The risk of increasing global vector population, vector behavioural patterns and pathogen multiplication due to climate change. Newly emerging diseases such as the recent outbreaks of chikungunya, dengue fever and H1N1 have become threats to the health of people and the state of the economy.

Non-Communicable Diseases (NCD)

In Mauritius, non-communicable diseases such as diabetes, cardiovascular diseases, cancers and chronic respiratory diseases related to affluence, unhealthy lifestyles and dietary practice are major health concerns. Some of the causes contributing to these diseases include bad eating habits, lack of physical activities, tobacco use and alcohol abuse. Addressing the social determinants of health that may be fostering NCD is a challenge.

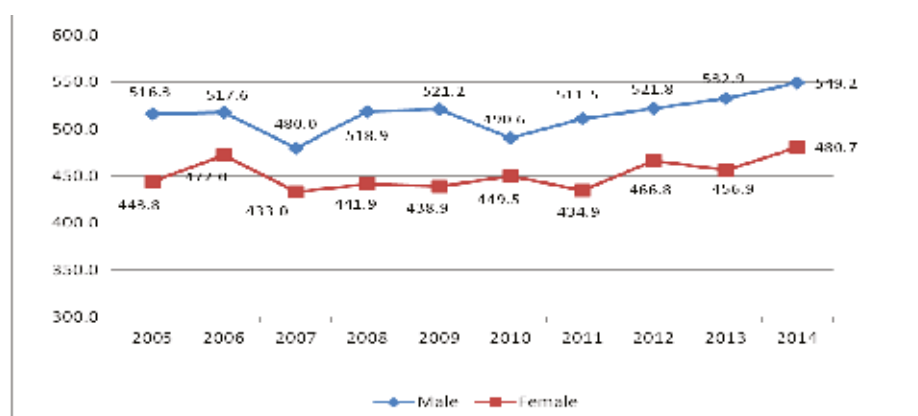
Mauritius conducted its first NCD Survey a quarter of a century ago. As per the NCD survey carried out in 1987, among adults aged 30 years and above, the prevalence of diabetes was 14.3 percent and that of hypertension was 30.2 percent. The most recent survey in 2009 reveals prevalence of diabetes to be at 21.3 percent and that of hypertension at 37.9 percent.

NCD notably, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases amongst others, are responsible for the majority of morbidity, disability and premature deaths in Mauritius. In fact it is estimated that NCD constitute 80 percent of the burden of disease in Mauritius.

In Mauritius an ageing population coupled with rapid lifestyle modifications and environmental changes have contributed to making cancer a major health problem. In 2013, a total of 2,107 new cases of cancer were registered - 1,244 cases females and 863 males. Cancer was the cause of the death of 1,203 persons in 2013, bringing the percentage of mortality caused by the disease to 12.9 percent of all deaths in that year. 31.8 percent of mortality in 2014 was due to cardiovascular diseases compared to 35.8 percent in 2000.

Death rates due to NCD followed a slightly decreasing trend in the period 2005-2011. However, since 2012, an increasing trend has been observed. Death rates due to NCD are higher among men.

Chart 7: Death Rate (per 100,000 population) due to NCDs, Republic of Mauritius



Source: Ministry of Health and Quality of Life

Policy Measures

Some of the measures to address the challenges of NCDs and their risk factors being implemented are:

- The WHO 2008-2013 Action Plan;
- A National Service Framework for Diabetes (NSFD) which aims at preventing and providing quality care for people with diabetes;
- A sensitisation campaign for the population on healthy lifestyles. The Ministry has a Memorandum of Understanding with the national television station to carry out regular TV and radio programmes on health matters;
- A national comprehensive School Health Programme. Information on Healthy lifestyle has been introduced in the curriculum at primary school level whilst teaching on healthy lifestyle is integrated within the teaching of various subjects at secondary school level. Evidence based management of type 1, type 2 and gestational diabetes has been introduced. Assays of glycosylated haemoglobin and microalbuminuria have been introduced;
- A National Digital Retinal Screening Service;
- A National Plan of Action on Nutrition, which includes amongst others, dietary guidelines for healthy nutrition, fruit and vegetable promotion initiatives and regulation of the sale of foodstuffs on school premises, has been implemented. A second National Plan of Action on Nutrition has already been prepared and will be implemented this year. Regulations will be made on trans-fatty acids;
- A National Salt Reduction Strategy (NSRS) is being prepared. A salt intake survey has been carried out and sensitisation to reduce salt intake has started;

- An Action Plan for tobacco control which is in line with the Framework Convention for Tobacco Control. There is a ban on smoking in enclosed public places, of advertising, promotion and sponsorship, of sale to minors and it is now mandatory for cigarette packages to bear health warnings and pictorials. A new Action Plan on tobacco will be implemented this year. Latest data indicate that the number of imported cigarette sticks was 996 million in 2014 compared to 1.3 billion in 2009;
- An Action Plan for cancer control and prevention. In addition to a major media campaign on health education on healthy lifestyles for cancer prevention, emphasis is also being laid on early detection of cancers. The National Cervical Screening Programme (NCSP) will be revamped. Human Papilloma Vaccine (HPV) will be introduced as from next year;
- An Action Plan on physical activity. In particular, great emphasis is being given to physical activity in schools. Already physical education has been introduced as an examinable subject at secondary school level. Free swimming lessons have been provided to the population;
- An Action Plan for the harmful use of alcohol has been prepared. Regulations have been introduced to ban advertising, promotion and sponsorship of alcoholic drinks. According to the latest data, a decrease has been registered in the number of litres of alcoholic products produced or imported from 56.0 million in 2011 to 51.1 million in 2014;
- The Diabetes and Vascular Health Centre at the Souillac Hospital has been opened leading to capacity building in diabetes care in collaboration with the Mauritius Institute of Health (MIH);
- Amendments have been made to the Food Act for the control of saturated fats in cooking oils; and
- A ban on the sale of aerated soft drinks and unhealthy snacks in our educational institutions. An excise duty of 3 cents per gram of sugar in soft drinks has also been introduced. The Government will invest in a new Cancer Centre and significant investment will be made in state of the art medical equipment and logistics.

The above programmes have yielded promising results. The percentage of cases treated as in-patient in public hospitals due to cardiovascular diseases or diabetes as main condition has decreased from 15.1 percent in 2005 to 12.6 percent in 2014. Admissions in the Mental Health Care Centre (MHCC) due to mental and behavioural disorders associated with the use of alcohol have continuously decreased from 50.7 percent in 2009 to 40.0 percent in 2014.

Challenges

The burden of the NCD constitutes a major challenge. It accounts for 60 percent of attendance at the public health institutions further straining both the health system and the budget. The NCD also negatively affect the productivity of the nation and the quality of life of its population, with negative consequences for the economy, household and individual. High-tech medicine and the rising expectations of patients for improved quality of care are escalating the costs of clinical interventions.

An additional constraint has been the lack of appropriately trained medical personnel, such as endocrinologists, diabetes specialist nurses, podiatrists and primary care physicians trained in chronic disease management to deal effectively with the control of the NCD.

Way forward

Addressing the challenges posed by the NCD requires a holistic approach. It is now well appreciated that prevention of NCD is generally driven only to a very limited extent by the health sector alone. The major challenge faced by Mauritius, as well as by other countries worldwide, is to have effective multi-sectoral actions such as the development of an environment, including work environment, conducive to healthy lifestyles, strict control of agents driving unhealthy lifestyles and bringing about population behavioural change.



Goal 7: Ensure Environmental Sustainability

HIGHLIGHTS

- ❖ The principles of sustainability have been mainstreamed in the overall development process and integrated into successive budgets for implementation.
- ❖ Although the loss of environmental resources could not be reversed, it has been contained.
- ❖ While total carbon dioxide emissions have increased, carbon dioxide emissions per \$1 of GDP have decreased.
- ❖ Biodiversity loss has, in most cases, been kept in check.
- ❖ There was no further reduction in the proportion of land area covered by forest since 2005.
- ❖ The proportion of endangered animals has increased over the last 5 years.

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators:

- **Proportion of land area covered by forest**
- **CO2 emissions, total, per capita and per \$1 GDP (PPP)**
- **Consumption of ozone-depleting substances**
- **Proportion of fish stocks within safe biological limits**
- **Proportion of total water resources used**

In line with the vision of becoming a sustainable country, policies and programs in Mauritius have been geared towards the protection of its natural resources and promotion of sustainable practices whilst enhancing economic development. The concept of sustainable development was incorporated within the first Environment Protection Act proclaimed in 1991, as amended in 2008.

The principles of sustainability have been mainstreamed in the overall development process and integrated into successive budgets for implementation by relevant ministries.

Additionally, recommendations of major international agreements on sustainable development, *inter alia*, the Barbados Programme of Action 1994 (BPoA), the Johannesburg Programme of Implementation 2002 (JPOI), the Mauritius Strategy of Implementation 2005 (MSI), Rio+20 (2012) and the SIDS Accelerated Modalities of

Action 2014 (SAMOA) Pathway, have been integrated within national policies, programmes and projects.

Sectoral policies have also been developed across various thematic areas such as energy, coastal zone management, land, biodiversity, forests, wastewater, solid waste, and tourism. Some of these policies include: the National Biodiversity Strategy and Action Plan (2006-2015), the National Forestry Policy (2006), the Long Term Energy Strategy (2009-2025), the Islets National Park Strategic Plan (2004) and the National Program on Sustainable Consumption and Production (2008-2013) for Mauritius.

In 2008, the “Maurice Ile Durable” project was initiated as the long term vision for achieving sustainable development. A “Maurice Ile Durable” Policy, Strategy and Action Plan spelling out, among others, appropriate actions to protect the environment and to mitigate the impacts of climate change and address biodiversity challenges, was adopted in June 2013.

Prominent initiatives undertaken to protect the environment and ensure sustainable development include the banning of extraction of lagoon sand in 2001, the formulation of a National Physical Development Plan (1994), the National Development Strategy Report (2003) and Outline Planning Schemes, which demarcated areas and zones for building and development purposes, protection of islets and wetlands.

Mauritius became a signatory party to the Ramsar Convention on 30 September 2001 through the designation of its very first Ramsar Site: the Rivulet Terre Rouge Estuary Bird Sanctuary. This was followed by two additional Ramsar Sites of international importance designated in Mauritius: Blue Bay Marine Park (2008) and Pointe D’Esny Wetland (2011).

Indicator 1: Proportion of land area (excluding inland waters) covered by forest

The limited land area available is subjected to economic and developmental pressures. Forest lands have been converted for economic activities. The proportion of land area (excluding inland waters) covered by forest has shrunk from 30.6 percent in 1995 to 25.6 in 2005 (Table 23). However, the deforestation process has been halted and the land area covered by forest has remained around 25.7 percent since 2005. The extent of the forest cover in Mauritius is currently around 47,103 hectares (Table 24).

Table 23: The proportion of land area covered by forest (excluding inland waters)

| | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|------|------|------|------|------|------|------|------|------|
| Proportion of land area (excluding inland waters) covered by forest (%) | 30.6 | 30.4 | 30.4 | 25.6 | 25.7 | 25.7 | 25.7 | 25.7 | 25.7 |

Source: Statistics Mauritius, Ministry of Agro-Industry and Food Security

Table 24: Forest area in Mauritius

| | 1990 | 2009 | 2012 | 2014 |
|------------------|--------|--------|--------|--------|
| Extent(hectares) | 56,723 | 47,159 | 47,143 | 47,103 |

Source: Ministry of Agro-Industry and Food Security

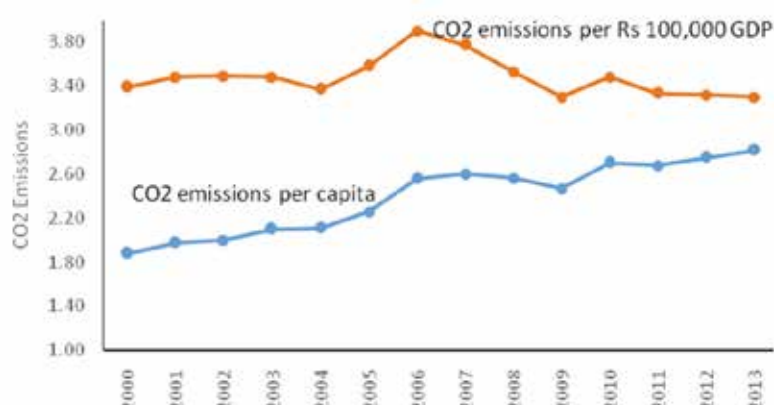
Indicator 2: Carbon dioxide emissions, total, per capita and per \$1 GDP (PPP)

Table 25: Carbon dioxide emissions, 1990, 1995, 2000, 2005, 2010 - 2013

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 |
|--|------|-------|-------|-------|-------|-------|-------|-------|
| Carbon dioxide emissions* (Gg or thousand tons) | 553 | 1,517 | 2,228 | 2,772 | 3,375 | 3,351 | 3,452 | 3,544 |
| Carbon dioxide emissions* (metric tons) per capita | 0.5 | 1.4 | 1.9 | 2.3 | 2.7 | 2.7 | 2.7 | 2.8 |
| Carbon dioxide emissions* per Rs 100,000 GDP at constant 1990 prices | 1.40 | 3.03 | 3.39 | 3.58 | 3.48 | 3.33 | 3.32 | 3.30 |

Source: Statistics Mauritius

Carbon dioxide emissions have been steadily increasing over the years along with economic growth (Table 25 and Chart 8). A major issue for the country remains the dependency on fossil fuels.

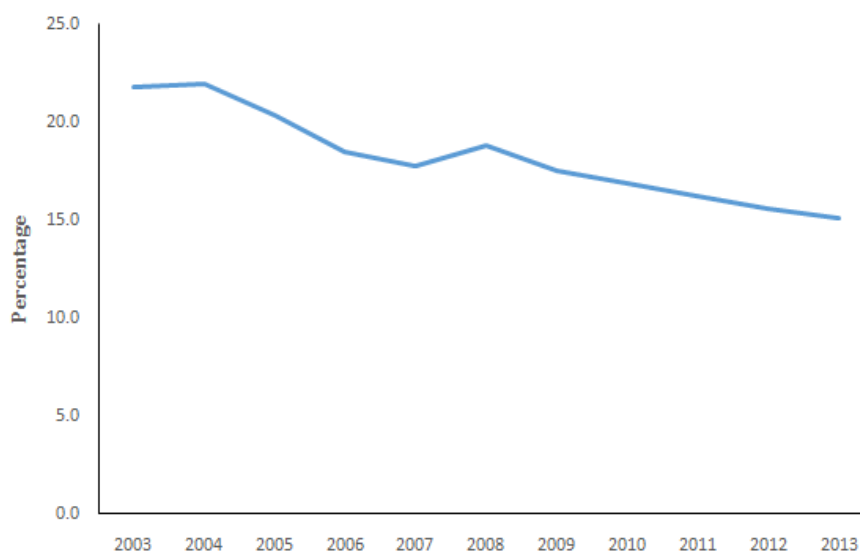
Chart 8: Carbon dioxide emissions

Source: Statistics Mauritius

In 2013, total energy production from local renewable sources - hydro, wind, landfill gas, photovoltaic, bagasse and fuel wood - was 219.4 kilojoule, that is, 15 percent of total energy production. Overall, bagasse accounted for 92 percent of total local

renewable source of energy. The share of renewable energy in the primary energy requirement has decreased from some 22 percent in 2003 to some 15 percent in 2013 owing to a constant decline in the use of bagasse in the production of energy (from 249 kilojoule in 2003 to 202 kilojoule in 2013).

Chart 9: Percentage renewable energy in primary energy requirement



Source: Statistics Mauritius

Energy Industries (electricity) is the main Green House Gas (GHG) emitter and contributed to 61.6 percent of the national GHG emissions in 2013.

On a positive note, carbon dioxide emissions per \$1 GDP has been decreasing, falling from 2.65 metric tons in 1995 to 0.97 metric ton in 2013, reflecting an energy efficient economic growth.

Indicator 3: Consumption of Ozone-Depleting CFCs

Table 26: Consumption of ozone-depleting CFCs (metric tons)

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 |
|---|------|-------|-------|------|------|------|------|------|------|
| Consumption of ozone-depleting CFCs (metric tons) | ... | 24.75 | 19.26 | 7.40 | 0.00 | 0.00 | 0 | 0 | 0 |

Source: Statistics Mauritius

Note: (...) Data not available

Mauritius successfully phased out Chlorofluorocarbons (CFCs) in 2005, five years ahead of the Montreal Protocol targeted date of 2010. Between 1995 and 2002, some 25 metric tons of CFCs were phased out following awareness campaigns and provision of fiscal incentives. Less Ozone Depleting Potential, such as Hydrochlorofluorocarbons (HCFCs) and Hydrofluorocarbons (HFCs) are being used.

However, as HCFCs have high global warming potential, Mauritius started its phasing out in 2011 and a complete phasing out of HCFCs is envisaged by 2025. The installation of state of the art equipment with the technical support of a German implementing agency, will allow the country to leap frog to natural refrigerants.

Indicator 4: Proportion of Fish Stocks within Safe Biological Limits

Table 27: The proportion of fish Stocks

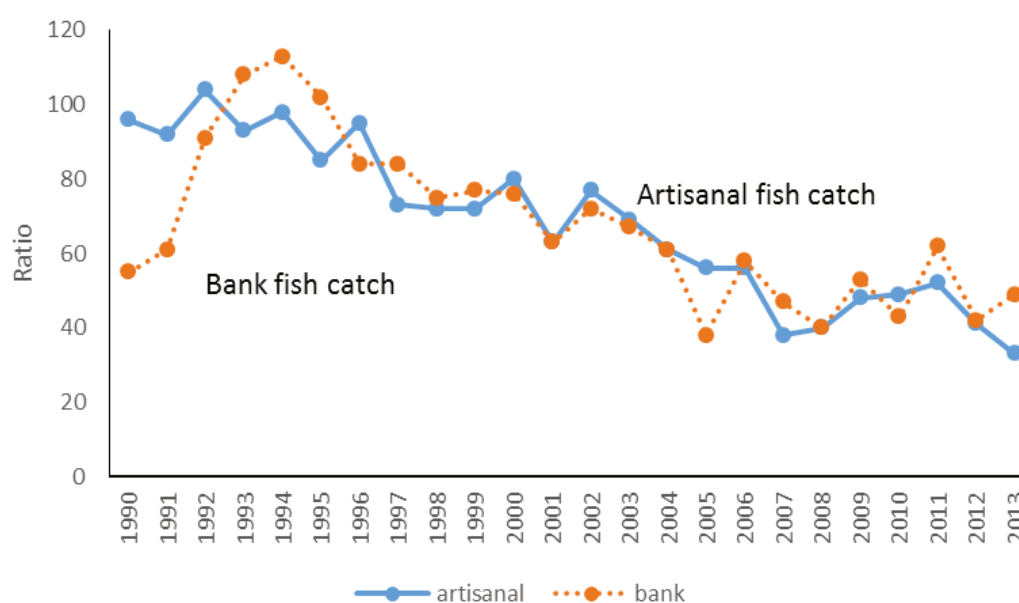
| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 |
|-----------------------------------|------|------|------|------|------|------|------|------|------|
| Proportion of artisanal catch (%) | 96 | 85 | 80 | 77 | 56 | 49 | 52 | 41 | 33 |
| Proportion of banks catch (%) | 55 | 102 | 76 | 72 | 38 | 43 | 62 | 42 | 49 |

Source: Statistics Mauritius

The proportion of artisanal catch was high at 96 percent in 1990 and close to the Maximum Sustainable Yield (MSY) threshold of 1,700 tons¹¹. However, following strong measures introduced to sustain fishery development and to avoid depletion of existing stock and to replenish the lagoons, the proportion of artisanal fish catch has been constantly decreasing to reach 33 percent in 2013 (Table 27). Likewise, the proportion of banks catch has decreased from 76 percent in 2000 to 49 percent in 2013, due to the introduction of sustainable fishing methods.

The proportion of fish stocks within safe biological limits is considered by the Ministry of Ocean Economy, Marine Resources, Fisheries, Shipping and Outer Islands to stand at 90 percent in 2014. Banks' catch level of exploitation as well as artisanal fishery are currently within the limit of MSY (Chart 10).

Chart 10: Ratio of fish catch over the allowable threshold, 1990 - 2013



Source: Statistics Mauritius

¹¹MSY threshold for banks catch is 4,200 tons

Indicator 5: Proportion of Total Water Resources used

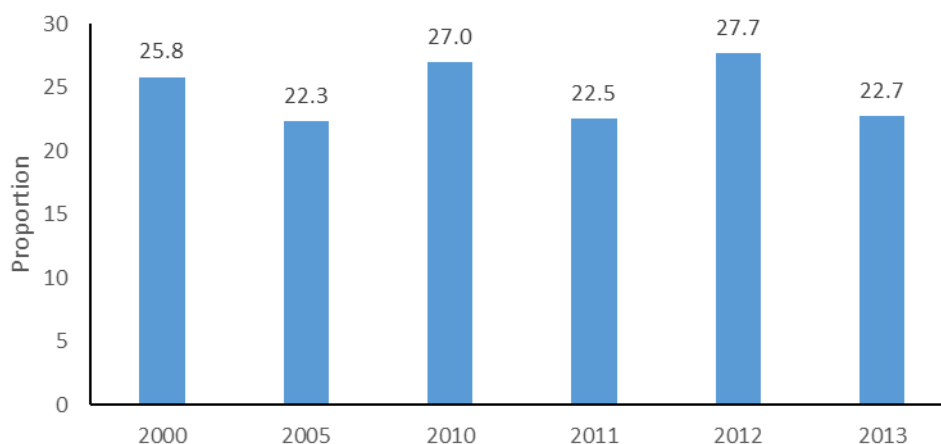
Table 28: Proportion of renewable water resources used¹², 2000, 2005, 2010 - 2013

| | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|------|------|
| Proportion (%) of renewable water resources used over total actual renewable water resources | 25.8 | 22.3 | 27.0 | 22.5 | 27.7 | 22.7 |
| Proportion (%) of renewable water resources used over total exploitable renewable water resources | 70.0 | 62.0 | 76.0 | 58.0 | 75.0 | 64.0 |

Source: Statistics Mauritius

The UN defines renewable water resources as the total volume of groundwater and surface water withdrawn for human use (in the agricultural, municipal and industrial sectors). It considers water resources to be abundant if the proportion of total renewable water resources, used for agricultural, domestic and industrial purposes is less than 25 percent. In Mauritius, this proportion decreased from 26 percent in 2000 to 23 percent in 2013.

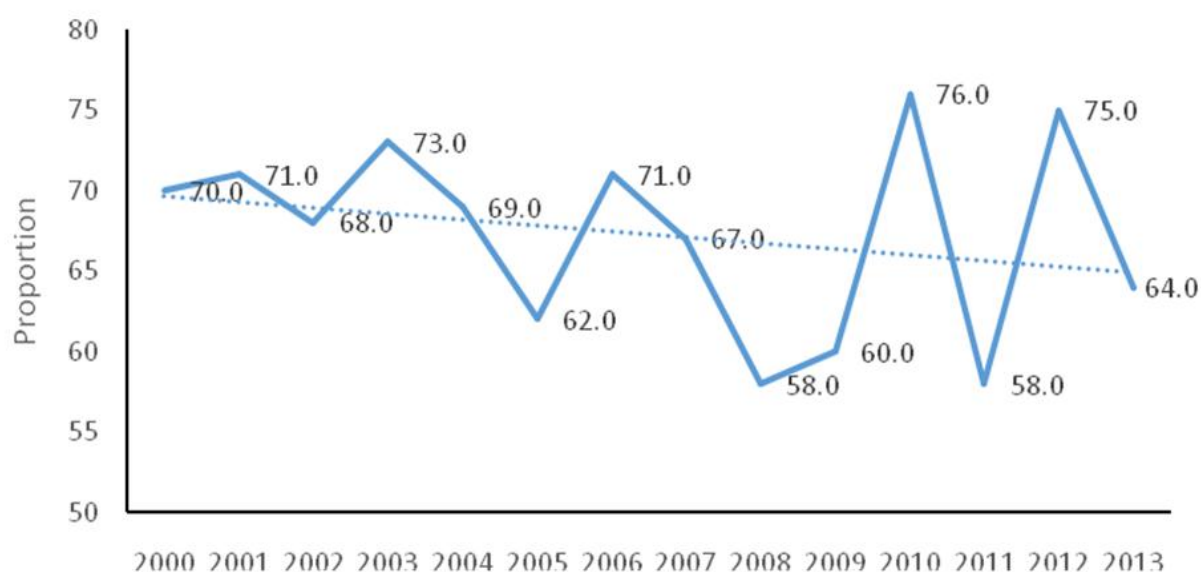
Chart 11: Proportion of Total water Resources Used



Source: Statistics Mauritius

According to local experts from the Water Resources Unit of the Ministry of Public Utilities and Energy, it is more relevant to compute the proportion based on total exploitable renewable water. The proportion of total exploitable renewable water resources used decreased from 70 percent in 2000 to 64.0 percent in 2013.

¹²figures refer to island of Mauritius

Chart 12- Proportion of total exploitable renewable water resources used, 2000 – 2013

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicators:

- Proportion of Terrestrial and Marine Areas Protected
- Proportion of species threatened with extinction

Indicator 6: Proportion of Terrestrial and Marine Areas Protected

Mauritius aims at having 10 percent of Mauritian terrestrial area within a protected area network by 2015. The proportion of terrestrial protected areas which stood at 5.7 percent in 1990 increased to 7.1 percent in 1995 and to 7.6 percent in 2013, comprising 12 legally proclaimed protected areas, 7 mainland nature reserves and 16 offshore islets (Table 29). Sixteen offshore islets are also formal State Protected Areas and include eight islets National Park, seven Nature Reserves and one Ancient Monument - covering a total area of 735 hectares.

Table 29: Proportion of terrestrial and marine areas protected, 1990, 1995, 2000, 2002, 2005, 2010-2013

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 |
|----------------------|------|------|------|------|------|------|------|------|------|
| Terrestrial only (%) | 5.7 | 7.1 | 7.1 | 7.3 | 7.4 | 7.5 | 7.6 | 7.6 | 7.6 |
| Marine only (%) | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 |

Source: Statistics Mauritius

The total Marine Protected Area (MPA) for the Republic of Mauritius is 155.2 km² (71.9 km² for Mauritius and 83.3 km² for Rodrigues). Two marine parks and six fishing reserves have been declared MPA.

Mauritius has proclaimed five Fishing Reserves, four Marine Reserves and a multiple-use Marine Protected Area, the South East Marine Protected Areas (SEMPA) in Rodrigues. With more than 43 km² of area, SEMPA is the largest marine park of the Republic of Mauritius.

The evolution of data on terrestrial and marine protected areas suggests that more actions are required for the proclamation of new sites as nature reserves, national parks and others as terrestrial and marine protected areas.

Indicator 7: Proportion of Species Threatened with Extinction

Table 30: Proportion of species threatened with extinction, 2005, 2010-2013

| | 2005 | 2010 | 2011 | 2012 | 2013 |
|---------------------|------|------|------|------|------|
| Percentage of flora | 88 | 88 | 88 | 88 | 88 |
| Percentage of fauna | 64 | 65 | 89 | 89 | 89 |

Source: *Statistics Mauritius*

Pressure for land for development, infrastructure as well as agriculture has greatly undermined the capacity for conservation and protection of the country's biodiversity. This pressure has been exacerbated by climate change, the impacts of which affect our biodiversity through the advent of pests and diseases, loss of habitat.

In 2005, 88 percent plants and 64 percent animals were threatened by extinction. While the number of threatened plants did not change since 2005, the number of animals threatened by extinction recently soared from 65 percent in 2010 to 89 percent in 2013.

Positive trends have been registered for endemic species of which four fauna species (three birds and one bat, have been down listed in the last four years on the International Union for Conservation of Nature criteria (IUCN) Red List of Threatened Species from Critically Endangered to Endangered (*Psittaculaeques*, *Foudiarubra*), Endangered to Vulnerable (*Pteropusniger*), and Vulnerable to Near Threatened (*Foudiaflavicans*). Negative trends have been registered for two bird species: Mauritius kestrel (*Falco punctatus*) and Mauritius cuckoo-shrike (*Coracina typical*) from 2002 to 2013¹³.

61 of the country's native species are already classified as extinct. 141 of the flowering Mascarene endemic plant species are classified as Critically Endangered. 55 species are endangered and 98 are classified as vulnerable. While in 2012, 192 native plants species were classified as critically endangered as per IUCN criteria out of which 43 have been successfully propagated.

¹³Fifth National report to CBD

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators:

- **Proportion of population with sustainable access to an improved water source**
- **Proportion of population with access to improved sanitation facility**

Potable Water

100 percent of the population has access to safe drinking water and improved sanitation in both rural and urban areas. Generally Mauritius has adequate water supply although the water distribution network in some localities requires upgrading, either in terms of quantity and/or pressure.

Potable water produced per capita per day increased from 460 litres in 2007 to 487 litres in 2013 while potable water consumed per capita per day increased marginally from 213 litres in 2007 to 216 litres in 2013. In 2013, 49 percent of potable water was from storage reservoirs and rivers, and 51 percent was from ground sources. Climate change impacts causing very uneven rainfall patterns significantly affect water production. While rainfall may be abundant in some years, in others dry spells and even severe droughts may occur.

Basic Sanitation

The proportion of the population with access to improved sanitation has been constantly increasing from 83.6 percent in 1990 to reach 99.8 percent in 2011. Currently, access to sanitation facilities is through on-site disposal or through the sewer system. Improvements in basic sanitation in Mauritius and better water and wastewater management strategies may also explain the considerable decrease in water-borne, water-related and water-vector diseases over the past years.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators:

- **Proportion of urban population living in slums**

In 2012¹⁴, the United Nations noted that there existed no extensive slum settlements in Mauritius. Although some slum conditions of living -mainly insecurity of tenure and high rates of room occupation- did exist, they were not concentrated in large areas,

¹⁴ United Nations Human Settlements Program (UN-Habitat), 2012, Mauritius National Urban Profile

but in specific geographical locations.

The UN recommends that the proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the following five characteristics:

- (i) Lack of access to improved water supply;
- (ii) Lack of access to improved sanitation;
- (iii) Overcrowding (3 or more persons per room);
- (iv) Dwellings made of non-durable material; and
- (v) Security of tenure.

Based on the 2011 Housing Census, around 4 percent of households in the urban regions were living in at least one of the first four 'slum conditions'.

- 0.2 percent had no access to an improved water source such as piped water and tank wagon;
- 0.1 percent had no access to toilet;
- 2.6 percent lived in dwellings made wholly of iron/tin sheets; and
- 1.7 percent lived in dwellings with 3 or more persons per room.

Mauritius has a very high record of 88 percent of home ownership. The proportion of residential and partly-residential buildings with concrete, iron or tin as type of wall and roof materials in urban region has been as high as 99 percent since 1990. The proportion of private households in urban regions with less than three persons per room has significantly improved from 91.8 percent in 1990 to 98.6 percent in 2011. Proportion of owner occupied dwellings increased from 75.9 percent in 1990 to 88.8 percent in 2011.

Participatory Slum Upgrading Program

Launched in 2008, the Participatory Slum Upgrading Programme (PSUP) aims at improving the living conditions of people living around towns and cities. Although slum settlements per se do not exist in Mauritius, it has been selected to implement the PSUP.

Phase 1 of the project was completed in 2012 by elaborating the Urban Profiles in three regions, namely Port Louis, Beau-Bassin, Black River as well as a National Urban Profile.

Phase 2 of the PSUP is ongoing and concerns Action Planning and Program Document Formulation. The following deprived settlements have been identified for development and implementation of projects on a pilot basis: Karo Kalyptus for Port Louis; Cité EDC for Black River; and Cite Barkly for Beau-Bassin/Rose-Hill.

The next phase of the project, PSUP 3, will focus on project implementation.

Policy Measures and Strategies

Mauritius has made significant efforts to mainstream sustainable development concepts in the design and implementation of national and sectoral development strategies. As such, sustainable development has been incorporated within the legislative framework at various levels.

(A) LEGAL FRAMEWORK (ENVIRONMENT PROTECTION ACT) AND ENVIRONMENTAL IMPACT ASSESSMENT MECHANISM

The 1991 Environment Protection Act (EPA) provided the legal framework and mechanism to manage and coordinate the proper implementation of governmental policies and regulations to maintain the balance between economic growth, development trends and environmental protection.

The Environmental Impact Assessment (EIA) is a major tool to ensure sound environmental planning for scheduled undertaking as detailed in the EPA. Promoters are mandated to take into consideration a number of precautionary measures to ensure that projects are environmentally sustainable and these include protection of the biodiversity and natural resources, pollution prevention, solid waste management, recycling and composting, incorporating measures to enhance energy efficiency in buildings, promoting sustainable construction, water conservation and recycling.

(B) SECTORAL FRAMEWORKS, POLICIES AND STRATEGIES

Various sectoral frameworks have been developed to mainstream sustainable development aspects. These include: the Energy Efficiency Act; the Building Control Act; the National Biodiversity Strategy and Action Plan (2006-2015); Long Term Energy Strategy (2009-2025), as well as the National Forestry Policy (2006).

The various policies and strategies aiming at maintaining a balance between biodiversity and development include the National Development Strategies and the demarcation of Environmentally Sensitive Areas with a view to protecting and to maintaining the fauna and the flora. Reforestation programs under the Protected Areas Network Expansion Project are ongoing and will be reinforced to extend the forest area.

The Energy Efficiency Act and the setting up of an Energy Efficiency Management Office (EEMO) have been instrumental in promoting energy efficiency in Mauritius. Other major contributions include the reviewing of the Building Control Act, development of a Long Term Energy Strategy, capacity building of Energy Auditors, as well as the development of a Certification Scheme for Energy Management and an Energy Audit Software Tool.

Measures to sustain fishery development include banning of underwater fishing and fishing with explosives, closed season of six months for net fishing in the lagoon (from October in a year to the last day of February of the following year) and regulations on undersized commercial fishes, banning of fishing with cast nets since 1998. Moreover with a view to phasing out net fishing, a Nets Buy Back scheme was introduced in 1996. With this scheme fishermen were encouraged to relinquish their nets upon payment of compensation. Fishing pressures in the lagoons were reduced through encouraging artisanal fishers to fish off-lagoon. Another measure was the setting up of Fish Aggregating Devices around Mauritius to relocate fishing effort to offshore areas. Fishers were encouraged to purchase boats for off-lagoon fishing through loan facilities at low interest rates through the Development Bank of Mauritius and were provided appropriate training. Artisanal fishers who group into cooperatives are also being provided with floating cages to start aquaculture activities.

The Ministry of Ocean Economy, Marine Resources, Fisheries and Outer Islands is implementing a special scheme to provide financial support to fishermen to enable them to purchase better equipped boats as a tool to enhance their livelihood and encourage fishers fish off lagoon. Under the scheme a registered fisher is eligible for a grant representing 50 percent of the cost of a boat, “Canotte”, and engine up to an amount of Rs 200,000 per “Canotte”.

A Master Plan on Aquaculture was developed to enhance large-scale marine aquaculture production. Regulations for 31 sites have been proclaimed for that purpose.

Fisheries Management, along the principles of Ecologically Sustainable Development (ESD) has been advocated and focuses on the broader ecosystem and marine environmental issues. In line with the Fisheries Master Plan for Mauritius (2011-2020) and the ESD approach, the following goals have been set: domestic fish stocks to be managed for long-term sustainability; the need to actively support and encourage initiatives to ensure sustainable fishing practices; and the elimination of Illegal, Unregulated and Unreported (IUU) fishing. Mauritius has acceded the FAO Agreement on the Port State Measures to Prevent, Deter and Eliminate IUU Fishing.

Initiatives aimed at increasing water supply and protecting water resources include the preparation of an Integrated Water Resources Management Plan, implementation of a National Sewerage Program and reduction of unaccounted-for-water with a current loss of about 50 percent in the network. The Study on Environmentally Sensitive Areas has also set out a policy and legal framework for protecting freshwater bodies. Water-use efficiency is being promoted through the implementation of the National Program on Sustainable Consumption and Production.

The main threat to biodiversity in Mauritius is invasive alien species. Since the establishment of the National Parks and Conservation Service, more than 300 hectares of native forest have been restored in national parks, nature reserves and forest lands. An ambitious target of restoring more than 1000 hectares of forest by 2017 has been set in the National Biodiversity Strategy and Action Plan. The removal and weeding of invasive species is core to reversing the loss of biodiversity.

Various initiatives and programmes have been initiated to conserve endemic fauna and flora, as detailed below.

Major conservation schemes have been developed to protect biodiversity: Ex-situ Conservation of endemic fauna at Gerald Durrell Endemic Wildlife Sanctuary (GDEWS) and captive breeding of endemic fauna at GDEWS; In-situ Conservation of Endemic Fauna in the wild, and Mauritius Reptile Recovery Programme in line with the NBSAP (2006-2015) to support the nation's obligations to the CBD (Convention of Biological Diversity) and Aichi Biodiversity Targets (2011-2020).

A Protected Area Network (PAN) project, including a PAN Strategy, is being formulated to increase the area of protected lands by 80 percent and to restore more than 400 hectares of native forests among others.

The national biodiversity strategy action plan 2006-2015 is being reviewed so as to be in line with the new CBD strategic plan (2010-2020) and the Aichi Targets.

The legislative framework is being reinforced through the elaboration of two new bills, namely, the Native Terrestrial Biodiversity and National Parks Bill and the Wetland Bills.

Various measures have been taken to improve water supply in Mauritius and Government is stepping up these measures, which however, are very costly. All defective pipes in the network will be replaced to reduce water losses. The construction of new dams and reservoirs is also envisaged to improve water storage. To address water production and distribution in Rodrigues, which is a severely water depressed area, desalinated water plants are being set up.

The need for new wastewater infrastructure to mitigate environmental degradation was identified as far back as 1990 when the country's first National Environmental Action Plan (NEAP) was prepared. In 1994, the Sewerage Master Plan was developed and provided an overall framework and strategy for improvements in sanitation to be achieved by 2013. To date, 22.4 percent of the population, mostly in urban areas, has been connected to sewer facilities and this figure is projected to increase to 25 percent in 2015.

The target set by Government to provide at least 75 percent of the population with sewer facilities by 2033 is challenging. The fact also remains that connection to a sewerage system and maintenance of an efficient system is very onerous.

Following the State Land Act some 2,700 squatters have been regularised and hold long term formal leases over the sites occupied. Squatters have benefitted from the housing scheme of the NEF for either Corrugated Iron Sheet (CIS) or Concrete-cum CIS (CCIS) housing units.

Improving security of tenure is key to reducing vulnerability to poverty. Some 5000 housing units have been constructed for vulnerable families with the participation of the private sector through the Corporate Social Responsibility Fund. The Government plans to empower 19,442 families to become owners of low-cost housing units.

Recently, a number of measures have been taken to improve housing conditions namely:

- Increasing from 39m² to 50m² to accommodate two bedrooms; the one-off cash grant for casting of expanding a scope under roofs slab schemes.
- Accessibility to building materials schemes. As at date, some 52,981 families have benefited from the casting of roof slab and purchase of building materials schemes and Government has spent some Rs 2.2 billion on these schemes.

The tables below provide details of housing schemes and special grants currently in place.

Table 31: Housing Schemes

| | Size of housing units/ plot of land | Targeted Monthly Income Range | Implementing Agency |
|----------|---|--------------------------------------|--|
| Scheme 1 | Housing units of approx. 39m ² | less than Rs 6,200 | Housing Development Trust (Ministry of Finance and Economic Development) / Ministry of Social Integration (National Empowerment Foundation). |
| Scheme 2 | Housing units of approx. 50m ² | between Rs 6,200 and Rs 10,000 | Ministry of Housing and Lands / National Housing Development Company Ltd (NHDC). |
| Scheme 3 | Serviced lots of approx. 65 Toises (250m ²) | between Rs 10,000 and Rs 25,000 | |

Source: Ministry of Housing and Lands

Challenges and Bottlenecks

- Funding remains the number one constraint as initiatives and action plans to ensure environmental sustainability and environment protection require massive financial resources. Increasing renewable energy sources, upgrading/rehabilitation of degraded coastal zones, land drainage programs, sewer systems, are very costly initiatives;
- Lack of competencies and equipment to develop integrated models of management in key sectors like air quality, freshwater, climate change, chemicals and waste management;
- Inadequate institutional and human capacity, research and development, monitoring and enforcement;
- Lack of data to allow effective implementation of projects. For instance, historical data on marine currents which are vital for beach re-profiling and upgrading are not available;
- Initiatives undertaken may not yield desired results immediately. For instance reforestation programs started will yield results in 15 to 25 years' time; and
- Climate change, as a major emerging challenge to Mauritius, threatening its biodiversity (loss of habitat and vulnerable to pests and diseases), coral bleaching, sea-level rise.

Way Forward

It is characteristic of the difficulties of SIDS in striking the delicate balance between sustaining economic growth and ensuring environmental sustainability. Total carbon dioxide emissions have been on an increasing trend while the share of renewable energy is on the decline, in spite of various projects initiated. Mauritius has not been successful in reversing environmental loss and biodiversity loss. On the contrary, the number of endangered animals has increased over the last five years. Moreover, because of the rising value of land, private forest owners are more inclined to convert their forest lands to more profitable land use such as housing development and deer ranching. There are increasing risks of loss of biodiversity and increase in number of endangered species.

Mauritius needs enhanced access to both financial and technical resources to effectively monitor and mitigate climate variability and change as well as sea-level rise in coastal regions.

Additionally, Mauritius lacks the necessary technologies and technical capacity to carry out monitoring exercises, surveys and data collection to monitor the

environmental media. The monitoring of air quality, terrestrial and marine biodiversity, and coastal ecosystems is essential to ensure a good quality of living.

Support is also needed for the provision of sustainable energy for the sustainable development of SIDS, through enhanced accessibility to modern energy services, energy-efficiency and use of economically-viable and environmentally-sound technologies.



Goal 8: Develop a global partnership for development

HIGHLIGHTS

- ❖ Mauritius has practised prudent fiscal and budgetary policies and, as a result, has low debt servicing as a share of total exports.
- ❖ Given its Middle Income Country (MIC) status, Mauritius receives very little Official Development Assistance (ODA). Development Partners need to favourably review their financing to the SIDS Middle Income Countries and provide greater facilities and opportunities in the form of soft loans, access to markets and circular migration.
- ❖ 100 percent of the population has access to essential drugs and free health care services throughout the country.
- ❖ Mauritius has made remarkable progress in ICT and aims at further upgrading IT services for more value added in the sector.
- ❖ Greater technical, financial and quality manpower resources are needed to enable the country to achieve the high income country status in the near future.

TARGET 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.

Indicators:

- **Debt services as a percentage of exports of goods and services**
- **ODA received in SIDS as a proportion of GNI proxy used- Grant Aid as a percentage of GDP**

In recent years Mauritius embarked on a bold reform programme to leverage external markets and attract foreign investors. The reform programme was structured around four pillars:

- (i) Strengthening fiscal consolidation and public sector efficiency;
- (ii) Enhancing trade competitiveness;
- (iii) Improving the investment climate; and
- (iv) Widening opportunities.

The reforms in the business environment aimed at moving the country from reliance on trade preferences to global competitiveness through a focus on self-adherence guidelines and ex-post monitoring rather than ex-ante controls. Business registration procedures and the tax framework were simplified and the foreign ownership regime was streamlined. Concurrently, some public-private sector initiatives were set up, such as the Joint Public-Private Sector Business Facilitation Task Force and the Inter-Ministerial Committee on Business Facilitation to further identify and eliminate red tape and bureaucracy. The policy was to leverage fully on the use of IT systems for a

more transparent and user friendly investment regime. These reforms had a significant impact on the business environment.

In December 2014, the Ministry of Financial Services, Good Governance and Institutional Reforms was set up to fight fraud, eradicate corruption, malpractices and irregularities in all aspects of public life and foster development. It has also the responsibility of spearheading institutional reforms and reinforcing good governance practices which are fundamental principles at the core of development and progress.

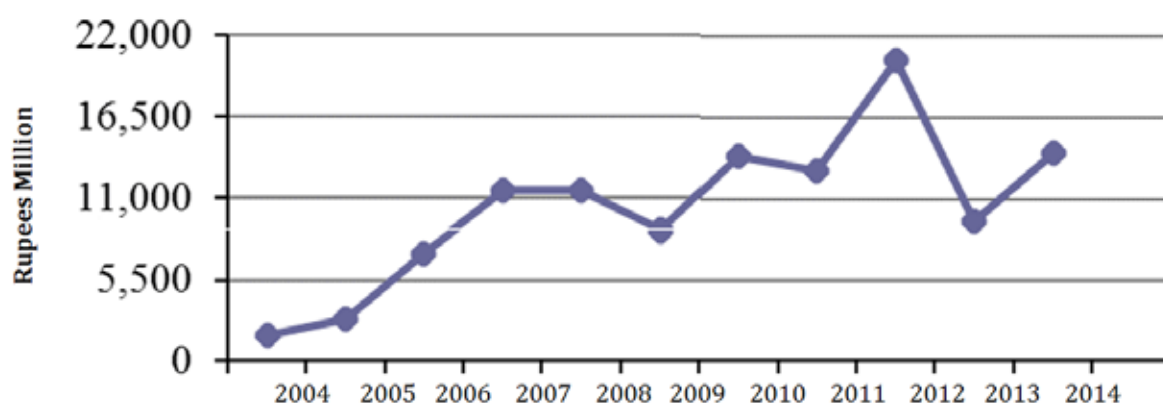
The reforms in the business environment had positive impact on Foreign Direct Investment (FDI), which rose significantly over the past few years as shown below:

Table 32: Trend in Foreign Direct Investment 2004-2014 (Millions)

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------|-------|-------|-------|--------|--------|-------|--------|--------|--------|-------|--------|
| MUR ¹⁵ | 1,796 | 2,807 | 7,222 | 11,514 | 11,419 | 8,793 | 13,948 | 12,894 | 20,373 | 9,512 | 14,151 |

Source: Ministry of Finance and Economic Development

Chart 13: Foreign Direct Investment, 2004-2014



Source: Bank of Mauritius

External Trading Environment

Mauritius remains highly dependent on external trade. Total trade in goods and services turns around 115 percent of GDP with the current account showing an average annual deficit of nearly 10 percent of GDP over the past five years. The trade deficit (goods only) as a share of GDP stood at 19.8 percent in 2014 compared to 12 percent in 2000, with exports declining from 33.4 percent to 25 percent over this period, while the level of imports of goods has been at around 45 percent of GDP. However, with positive outturn in services and in the capital account, the overall Balance of Payments (BOP) has recorded surpluses since 2007. In 2014, the BOP surplus represented 5 percent of GDP.

¹⁵ Mauritian Rupees

The European Union (EU) accounts for nearly 60 percent of the country's commodity exports (mostly sugar, textiles and fisheries) and two thirds of its tourist arrival. Mauritius imports nearly 70 percent of its food requirements and 83 percent of energy needs making it highly vulnerable to price volatility. However, considerable efforts are being made to explore and expand trade opportunities in Africa and towards enhanced regional economic integration through membership in various regional organizations, namely the SADC, COMESA, IOC and IORA. Mauritius signed the Agreement establishing a Tripartite Free Trade Area among COMESA-EAC-SADC countries in June 2015. The OECD Trade Facilitation Indicators rank Mauritius first amongst sub-Saharan African countries and MICs.

Moreover, the conducive business environment coupled with the low tax jurisdiction established over the past few years is helping the country to attract global businesses in emerging sectors like financial services, ICT, hospitality and property development, seafood and marine industry as well as the biomedical industry. In 2013, there were some 20,500 entities registered in Mauritius and these are expected to lay the foundation for new growth poles in the coming years.

Participation in multilateral trade negotiations is of critical importance to Mauritius. A predictable rule-based international trading system will have positive results on public policies and the welfare of the citizens.

The conclusion of the Doha Development Agenda (DDA) which has been in an impasse for more than a decade is urgent.

Improving market access in the areas of agricultural and industrial products and services and building on progress made in respect of Trade Facilitation (TF) will enable weaker and smaller economies to use trade as a policy instrument to realise the Post 2015 Development Agenda.

TARGET 8.B and 8.C: Address the special needs of landlocked developing countries and Small Island Developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the Twenty-Second Special Session of the UN General Assembly)

Indicator:

- **ODA received in SIDS as a proportion of GNI: Proxy used-Grant Aid as a percentage of GDP**

As a middle income country, Mauritius has limited access to Grants/Official Development Assistance (ODA) which has remained consistently less than one percent of GNI.

As per the table below, Grant in Aid as a share of GNI decreased from 0.3 percent in 1990 to 0.1 percent in 2014. However, from 2010 to 2012, the rate was 0.7 percent and in 2013 it was 0.4 percent, following the grant from the European Union for Budget Support in the context of the Accompanying Measures for Sugar Sector Reform for an amount of Euro 325 million for the period 2007-2013.

Table 33: Grant in Aid as a percentage of GNI

| | 1990 | 1995 | 2000 | 2002 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-----------------------|------|------|------|------|------|------|------|------|------|------|
| ODA as a share of GNI | 0.3 | 0.4 | 0.1 | 0.2 | 0.2 | 0.7 | 0.7 | 0.7 | 0.4 | 0.1 |

Sources: Statistics Mauritius and Ministry of Finance and Economic Development

Accessing financial resources to implement development, while ensuring environmental sustainability, is a challenge for SIDS Middle Income Countries, like Mauritius. Most MICs do not have access to preferential treatment, sufficient ODA, concessionary financing and other special programs for development.

Table 34: Foreign Grants

| | Rs 000 | | |
|--|----------------|------------------|-------------|
| | 2004/05 | 2010 | 2014 |
| Total ODA | 444,000 | 1,991,000 | 406,000 |
| <i>o/w</i> | | | |
| Foreign Governments | 114,764 | 2,063 | 406,304 |
| International Organisations | 329,257 | 1,988,902 | - |
| <i>European Development Fund (EDF)</i> | <i>327,892</i> | <i>1,922,217</i> | - |
| Total ODA as a percent of GDP | 0.2 | 0.7 | 0.1 |

Source: Ministry of Finance & Economic Development

Foreign assistance has been mainly from the international organisations, especially from the European Development Fund to support the transformation of the sugar and agricultural sectors.

It is critical to have more simplified financial and other assistance mechanisms to build the capacity of SIDS and to have access to available climate and environmental funds. Such critical assistance will enable the country to implement a number of environmental sustainability projects and initiatives, like the development and storage of clean and renewable energy sources, rehabilitation of degraded coastal zones, improving land drainage and sewer systems and reducing water losses. An estimated Rs 20 billion will be required only for pipe replacement works over the next 8 years so as to significantly reduce water loss from some 50 percent currently to 25 percent.

Support of the international community is also needed to allow SIDS, like Mauritius, to engage into new avenues of economic growth and development. A roadmap has been developed to promote Mauritius as an Ocean Economy which aims at contributing 20 percent to GDP by 2025. The roadmap encompasses several core activities, namely petroleum and mineral exploration, fishing, seafood processing and aquaculture, Deep Ocean Water Application (DOWA), marine services, port-related activities, marine renewable energies and ocean knowledge. International support for a sound management of ocean resources for the benefit of current and future generations is vital for the sustainable development of the country.

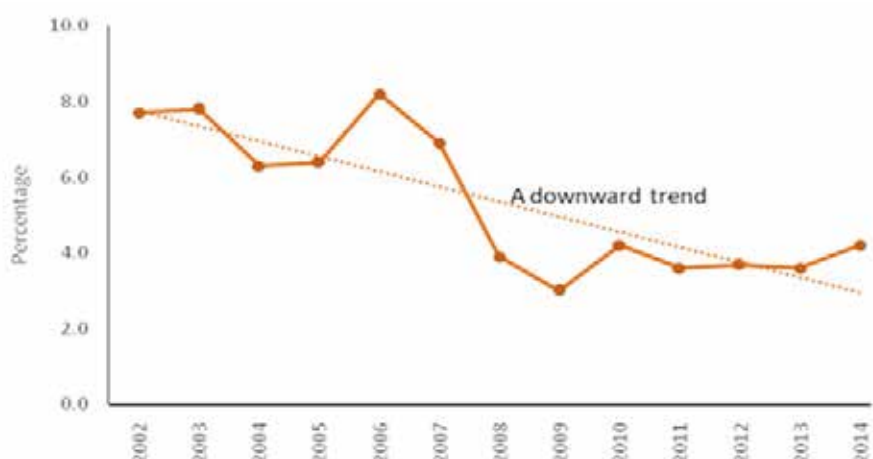
TARGET 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Indicator:

- **Debt service as a percentage of exports of goods and services (percent)**

Debt service as a proportion of exports of goods and services declined from a high of 8 percent in 2002 to 4.0 percent in 2014, as shown below:

Chart 14: Percentage of debt service on total exports of goods and services, 2002 – 2014



Sources: Statistics Mauritius and Ministry of Finance and Economic Development

This significant decline in debt service was largely due to:

- Early repayment of some foreign loans;
- Cancellation of the drawdown of the last tranche of a project loan and one budget support loan;
- Priority being given to financing Government borrowing requirements from domestic sources thus minimising foreign debt in the public sector; and
- Use of alternative mode of financing, especially through the public private partnership initiative to finance major infrastructure projects.

According to the Public Debt Management Act 2008, total public sector debt should stand at 50 percent of GDP by 2018. The debt service ratio will be kept within 6 percent over the medium term, with a tolerance level of 10 percent. This will, however, be a key challenge in the coming years, given that there is no control over foreign borrowings by the private sector. There are also increasing pressures for the local currency (MUR) to depreciate.

Total public sector debt increased significantly in nominal terms over the past ten years, reaching a high of Rs 237.6 billion in 2014, from Rs 140 billion in 2005. However, as a share of GDP, it declined from 69.4 percent in 2005 to 61.5 percent in

2014 and averaged 59 percent of GDP over the period 2010-2013, hence the need for greater efficiency in mobilizing resources through fiscal means and for greater influx of ODA to keep public debt within the required limit by 2018.

TARGET 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator:

- **Proportion of population with access to affordable essential drugs on a sustainable basis.**

Mauritius, as a welfare state, provides universal free health services, including medicines in all its public health institutions.

Access to essential drugs in Mauritius is 100 percent. Moreover, the formulary of the Ministry of Health and Quality of Life includes above 700 items. This is well above the World Health Organisation (WHO) essential drugs list and it includes high tech medicines, like monoclonal antibodies for the treatment of cancer and other diseases.

The Ministry of Health and Quality of Life ensures that generic medicines and drugs purchased are of good quality. Since 20th May 2014, Mauritius is a full member of the WHO drug monitoring programme to ensure that pharmacovigilance is a major activity for surveillance of usage of medicines in society at large. Some control is exercised on the sale price of medicines and drugs provided by the private sector so that they are available to the public at affordable prices. In this respect, a mark-up of 14 percent is allowed at wholesale price and 21 percent at retail price.

TARGET 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators:

- **Fixed telephone lines subscribers per 100 population**
- **Cellular subscribers per 100 population**
- **Internet users per 100 population**

Policy Measures: Developing the ICT sector as a Key Driver of Development

The ICT sector has grown from a nascent industry into one of the country's leading sources of employment and is considered as an important pillar, contributing 6.4 percent to GDP in 2014. The sector has evolved significantly over the last five years, employing approximately 25,000 people in 2014.

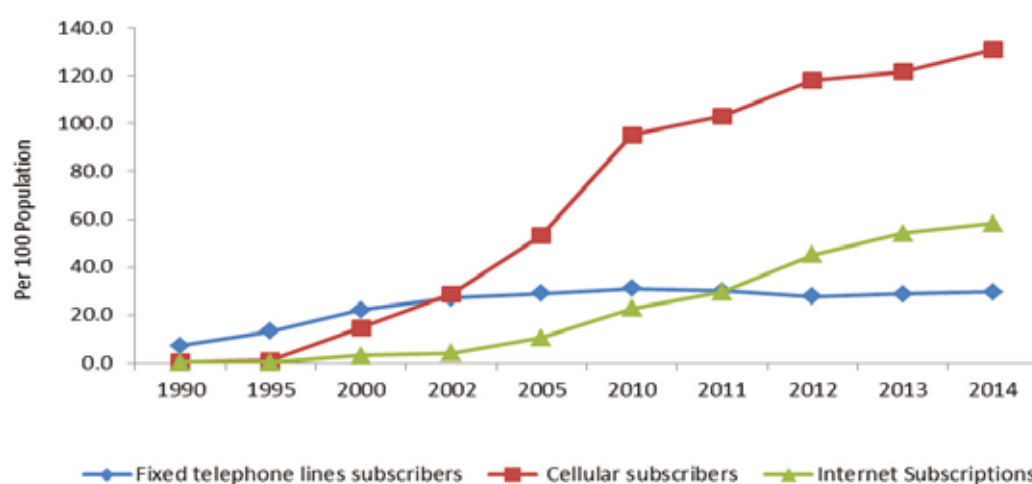
There is significant progress in the field of ICT as evident from the Table and Chart given below.

Table 35: Indicators on ICT (per 100 Population), 1990- 2014

| | 1990 | 1995 | 2000 | 2005 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-----------------------------------|------|------|------|------|------|-------|-------|-------|-------|
| Fixed telephone lines subscribers | 7.2 | 13.1 | 22.0 | 29.0 | 31.0 | 29.9 | 27.8 | 28.8 | 29.5 |
| Cellular subscribers | 0.2 | 1.0 | 14.6 | 53.3 | 95.2 | 103.2 | 118.2 | 121.7 | 130.9 |
| Internet Subscriptions | ... | ... | 2.9 | 10.4 | 22.7 | 29.5 | 45.2 | 54.0 | 58.3 |
| Internet users* | ... | ... | ... | ... | 30.5 | ... | 37.6 | ... | 46.5 |

**Data on Internet Users is compiled every two years.*

Chart 15: Access Fixed telephone lines, Cellular and internet subscriptions, 1990-2014



Sources: Statistics Mauritius and Ministry of Technology, Communication and Innovation

Fixed line telephone subscribers increased from 7.2 percent in 1990 to 31.0 percent in 2010. It then decreased to 29.5 percent in 2014 due to the emergence and rapid expansion of cellular phones. Cellular subscription which stood at 0.2 percent in 1990 reached 130.9 percent in 2014. Internet penetration is also increasing rapidly. Internet users aged 12 years and above made up 18 percent of the population in 2006. This proportion has more than doubled and has reached 38 percent in 2012.

Rodrigues has also been positively affected by ICT developments, where a population of around 40,000 people is having greater access to ICT devices. Latest Household Budget Survey data for 2006/07 and 2012 indicates that the proportion of households having mobile cellular phones has increased from 65 percent to 87 percent over this period. In 2012, internet access reached 14 percent. With these developments, the

proportion of the population using fixed telephone lines in Rodrigues decreased from 60 percent in 2006/07 to 42 percent in 2012.

The key to the country's ICT sector development has been the successive formulation of National Strategic Plans since 1998 and the review of the legislative framework. The latest plan is the National ICT Strategic Plan 2011–2014 (NICTSP-2014), which provides policy framework to transform the country into a high-value economy while ensuring inclusiveness in its approach. The overall objective is to convert Mauritius into a regional ICT hub and to achieve I-Mauritius (Intelligent Mauritius) through full broadband island-wide connectivity and thus narrow the digital divide. Currently, a Smart Mauritius Strategy is being developed, based on the ultra-high bandwidth concept to be implemented over the next five years.

Box No 5: The Community Empowerment Programme by the National Computer Board (NCB) for greater access to ICT

The Community Empowerment Programme (CEP) aims at building an all-inclusive information society to improve digital literacy and to encourage the development of local content and creativity. In the context of the CEP, the National Computer Board (NCB) has set up a total of 280 Computer Clubs (CCs) in social welfare centres and community centres around the island in collaboration with other public bodies.

CCs provide information and communication infrastructure and promote ICT for educational, personal and social development by providing free Internet access. Each CC is equipped with around 3 Net PCs/tablets and free internet access. So far, 1,367,396 registrations, including recurrent users, have been noted in CCs to have benefited from the free access to ICT tools and internet. In addition, access to ICT infrastructure and internet has been accelerated by the set-up of Public Internet Access Points (PIAPs) in the 95 post offices around the island. 5 PIAPs are also available in Rodrigues.

Three cyber caravans travel across the country on a daily basis to provide ICT training and computer awareness courses, particularly in areas where ICT facilities are not readily available and accessible. In a bid to further create an Intelligent Mauritius and to increase broadband penetration, the installation of wireless fidelity (Wi-Fi) networks across Mauritius and Rodrigues is underway under the purview of the Universal Service Fund of Mauritius.

Challenges

Despite positive developments in building global partnership for growth, Mauritius is facing enormous challenges, which, if left unattended, will hamper progress and further delay the achievement of the status of a High Income Country in the short to medium term. The key challenges relate mostly to the following:

- High costs of internet connectivity and limited quality ICT manpower;
- Infrastructure constraints, mainly in terms of road network and water delivery;
- Increasing environmental vulnerabilities, especially with respect to climate change and natural disasters affecting SIDS;
- Rising income inequality and ageing population; and
- High youth unemployment coupled with skills mismatch and low labour productivity.

Way Forward

Addressing the above challenges and constraints would require deeper structural transformation and the development of new growth drivers like the Ocean Economy. However, all these require substantial technical, financial and manpower resources. Critical assistance from the development partners and the global community at large is necessary for Mauritius to achieve the status of high income country.

The Transition from the MDGs to SDGs

The experience of a decade and a half in implementing and achieving the MDGs in Mauritius has generated some important lessons which can inform both the Post 2015 Development Agenda and future policy making.

Initial Conditions

Initial conditions play a critical role in achieving the MDGs. Even before the Millennium Summit in September 2000, Mauritius was doing well regarding the Goal on universal primary education owing to the education related policy initiatives adopted by the country after its independence. Similarly, as a result of the welfare and health policies, the child and maternal mortality rates were already low when the MDGs came into being, making further incremental reductions difficult.

Political Stability and Governance

The political stability and strength of democratic institutions in Mauritius have significantly contributed to the progress towards the realization of many goals.

Data Availability and Management

Availability of timely and adequate data is critical for policy formulation and assessing progress towards achieving the MDGs. MDG monitoring and reporting and trend analysis require the use of disaggregated data. Mauritius has a relatively robust and detailed data collection and management system which has enabled the country to assess and regularly report on progress in MDG targets/indicators. Where data for some of the indicators are not available, Mauritius makes use of alternative proxy indicators. Mauritius has also domesticated the MDG indicators. Besides the UN MDG indicators, Mauritius has also developed a set of 60 national MDG indicators. The Mauritius experience reveals that investment in building up robust data collection systems is instrumental for regular monitoring of progress and taking corrective policy initiatives for addressing lagging MDGs thereby supporting MDG achievement.

Leadership and Ownership

Ownership of the MDGs and effective political commitment and leadership to nationally support its achievement are vital for the success of such international development goals. Mauritius was a signatory to the Millennium Declaration at the UN Millennium Summit in September 2000 and committed to work towards achieving the MDGs through appropriate policies and strategies which have borne remarkable results.

Policies and Strategies

Supportive socio-economic policies and strategies go a long way in facilitating MDG achievement. Mauritius integrated the MDGs in its development planning frameworks. This has highlighted the gains that can be leveraged through planning as well as inter-

sectoral synergies. As highlighted in the Report, the noteworthy achievements of the country in areas such as education and health can be attributed to the various policy initiatives taken by the Government such as free education, free healthcare and the large social welfare system catering to diverse needs. Over 50 percent of the total Government expenditure is channelled to the social sectors.

Advocacy and Follow up

Though MDGs are not binding commitments, the MDG achievements in Mauritius can, *inter alia*, be attributed to the advocacy by the Government and various stakeholders and regular follow up processes at the national level through the regular monitoring and reporting of MDG achievements. A National MDG Coordination Committee (NCC) comprising various related Ministries and other relevant stakeholders was set up under the aegis of the Ministry of Foreign Affairs, Regional Integration and International Trade to support monitoring and reporting of MDGs. The country has produced three previous MDG Status Reports (2002, 2010, and 2013) since the beginning of the MDG framework. Effective communication of performance including through national country reports, such as this fourth and final report, mobilized civil society and helped to sustain the commitment to deliver on the pledges.

Partnerships

Effective partnerships and financial and capacity building support from Development Partners, foreign diplomatic missions, international community, private sector and Civil Society Organisations (CSOs) and NGOs are critical to attain international development goals. Despite being an upper middle income SIDS country, the continued support through grants, technical assistance and capacity building support from the UNDP and various UN agencies, the EU, the World Bank, the African Development Bank (AfDB) and others in areas such as poverty alleviation, education, gender, health, environment, energy, water and sanitation and housing have substantiated the country's endeavours towards MDG achievement.

The private sector, through their support to various social causes through the CSR mechanism, has facilitated MDG achievements. Similarly, the CSOs and NGOs have been active in many areas, especially in poverty eradication, gender equality and the preservation of the environment.

Unfinished Business of MDGs

While Mauritius has made significant progress and achieved many MDGs, the progress has been relatively slow in the case of some of the goals/ targets. Going forward, the country has to address the lagging MDGs along with the emerging challenges in the Post 2015 Development Agenda period. The lagging MDGs relate to promoting gender equality and empowerment of women (Goal 3), reducing child mortality (Goal 4), improving maternal health (Goal 5), ensuring environmental sustainability (Goal 7) and accessing financial resources (Goal 8).

Goal 3: Promote gender equality and empower women

There is no gender disparity in primary, secondary and tertiary education, but achieving gender equality in some important areas remains a challenge. There has been considerable progress in increasing the share of women in paid non-agricultural sector, but less so in increasing the number of women in the National Assembly and their participation in politics. Gender-based violence has yet to be fully addressed though successive Governments have taken action to tackle this issue.

Goal 4: Reduce Child Mortality

Maternal and Child Health (MCH) indicators in Mauritius have reached levels comparable to those of developed countries. Nevertheless, Mauritius lags behind the target of reducing by two-thirds, between 1990 and 2015, the under-five mortality rate. The country has made significant progress in reducing under-five mortality rate from 23.1 per 1,000 live births in 1990 to 16.0 in 2014. It is, however, insufficient to reach the 2015 target of 7.7. The significant child health achievements of the country are attributed to the successful implementation of an integrated package of primary health care services, which, *inter alia*, includes the expanded programme of immunization, maternal and child care services, preventive medicine and health promotion activities.

Goal 5: Improve Maternal Health

Though Mauritius is the leading country in Africa with the most favourable Maternal Mortality Ratio, it will still miss the MDG target of reducing maternal mortality ratio by three-quarters, between 1990 and 2015. MMR decreased sharply from 66 per 100,000 live births in 1990 to 15 in 2002. In 2014, 7 maternal deaths were registered in Mauritius, representing an MMR of 52 deaths per 100,000 live births. Notwithstanding this significant progress, it is insufficient to reach the 2015 target of 17 per 100,000 live births. As 99 percent of deliveries are attended by skilled health personnel and a comprehensive package of maternal health care services is provided across the country, bringing down the MMR further remains a challenge.

Goal 7: Ensure Environmental Sustainability

Mauritius has mainstreamed the principles of sustainability in its overall development process and successive budgets for implementation. However, attaining environmental sustainability is characteristic of the difficulties of SIDS in striking the delicate balance between economic growth and environmental preservation. Total carbon dioxide emissions have been on an increasing trend, while the share of renewable energy is on the decline despite various projects initiated. Mauritius has not been successful in reversing environmental and biodiversity loss. On the contrary, the number of endangered animals has increased over the last five years. The

proportion of land area (excluding inland waters) covered by forest has shrunk from 30.6 percent in 1995 to around 25.7 percent since 2005.

Goal 8: Accessing Financial Resources

Limited access to international support and financing has become a major constraint for Mauritius, despite its vulnerability to exogenous shocks and increasing detrimental impacts of climate change. These are posing major challenges to human lives, security, social and economic infrastructure, and growth and development.

Other challenges

Mauritius has achieved the goal of universal primary education and has demonstrated success through innovative policies. Improving the quality of education and reducing the dropout rates remain a challenge.

Mauritius, a country with high transmission potential, has been successful in eliminating malaria and preventing its recurrence. Its approach to complete elimination and prevention of malaria remains multifaceted and comprehensive. Efforts are also being focused on the prevention and treatment of non-communicable diseases (NCD), further reducing child and maternal mortality, reinforcing the fight against HIV/AIDS, and addressing mental health issues more effectively.

Emerging Issues

Some of the emerging concerns and priorities for Mauritius relate to the widening of the income gap, unemployment, health, demographic challenges, substance abuse, food security, environment and climate change issues as also accessing financial resources globally.

Although extreme poverty is negligible in Mauritius, relative poverty increased from 7.7 percent in 2001/2002 to 9.4 percent in 2012. Income disparity is also a major challenge. The gap between those who are highly remunerated and those in the low income group continues to widen. Access to decent jobs is a sustainable exit strategy from poverty. However, growth in the past few years has not generated a commensurate number of jobs to lift a significant number of people out of poverty. Attention needs to be given to the creation of decent jobs to further promote inclusive growth.

Food Security

The threat of food insecurity is one of the major challenges for Mauritius, which imports 77 percent of its food requirement. This high dependence on imported food and raw materials has increased vulnerability and can have serious implications in the future. As a SIDS and a Net-Food Importing Developing Country, Mauritius remains vulnerable to the rapidly changing and volatile global food situation.

Demographic challenge

Mauritius has also to contend with demographic challenges such as an ageing population, decline in fertility rates and population growth. Addressing the issue of an ageing population has both social and economic costs. It exerts pressure on Government budget in terms of pensions, old age care and other benefits.

Mauritius has also to provide for an increasing number of people with disabilities. People suffering from disabilities require renewed consideration in terms of health care and social welfare and need to be integrated into the community. This means additional investments, not only in health care but also provision of employment opportunities.

High prevalence of substance abuse

Mauritius faces the challenge of substance abuse, which is not only adversely impacting development, but also aggravating the poverty problems. The drug issue is also exacerbating HIV prevalence.

Environmental sustainability

- ***Loss of Biodiversity***

The main threats to biodiversity are degradation/ loss of habitat due to land clearing for development and other purposes (mainly in privately owned land), invasive alien species, habitat modification for deer ranching, pollution from land based sources and activities and adverse impacts of climate change. These call for continued actions to reverse the trend.

- ***Renewable Energy***

Mauritius is heavily dependent upon fossil fuel and coal imports to meet its energy needs (i.e. its power generation, transport and industry). As the Mauritian economy and society expand and modernize further, there will be additional strain on energy resources. Efforts are being made to reduce dependence on fossil fuels and move towards green energy.

Global Partnership

Access to finance remains a formidable challenge to SIDS. While Mauritius has to cope with numerous vulnerabilities, it has also to strive to overcome the middle-income trap, whereby it becomes a victim of its own success. This is evident from the low level of assistance that Mauritius has received in terms of ODA over the past fifteen years. The future does not augur too well if the country remains sidelined with respect to financial and technical assistance from global partners. Yet the country is fully playing its role in the global scene through active membership and participation in several regional and international organisations while also lending support to initiatives towards deepening democracy and an

open and fair trading system worldwide.

Transition from MDGs to Post 2015 Agenda

The year 2015 is significant as it marks the culmination of the MDGs and the transition to new international development goals defined by the Sustainable Development Goals (SDGs). Mauritius has to prepare for a smooth transition from MDGs to SDGs by drawing upon the experience from its MDG achievements, challenges and lessons learnt. Besides addressing the unfinished business of MDGs, the country has to gear up to put in place the data systems, monitoring mechanisms, institutional structures and policies and strategies to facilitate tracking and achievement of the new set of international development goals.

The new development agenda *Transforming Our World: The 2030 Agenda for Sustainable Development*, has been approved by the United Nations.

The Agenda will guide the development process for the world for the coming 15 years after the expiry of the Millennium Development Goals in December 2015 and seeks to address the three dimensions of sustainable development - economic, social and environmental - in a balanced and integrated manner.

It lays emphasis on poverty eradication as the biggest global challenge and an indispensable requirement for sustainable development. It is dedicated to providing every person on the planet with food, water, energy, healthcare, housing, jobs and education.

It is people-centred and assures rights, freedoms and access to information. It attempts to sustain oceans, forests, agriculture, land ecosystems and the earth's climate.

The post-2015 agenda for sustainable human development in Mauritius needs to focus on ensuring inclusive and sustained economic growth and vulnerability reduction in development planning, resource allocation, and implementation and monitoring of goals.

Data, Monitoring and Follow-up

The lifeblood of the SDGs will be data that are accurate, timely, and accessible to managers, policy makers and the public. Governments should invest in a real-time reporting system for the SDGs to produce reliable data.

This would result in improved methods of measuring progress that consider variation in initial conditions and advances towards long-term sustainable financing for human development and social security. The implementation of the Agenda would benefit

significantly from a clear overarching framework of monitoring and evaluation objectives and coordinating mechanisms, established from the very outset.

Another priority relates to the need for a strategy that incorporates multilateral and bilateral support for national capacity development, including the mobilization of sufficient resources. A system linking country, regional and global levels will be imperative.

A proper monitoring and evaluation at all levels will be essential for deliberations and decision-making by stake holders and enhance the ability to make necessary improvements and corrections in the realization of the goals.

SIDS

It is urgent to develop a global partnership that takes into account the specific vulnerabilities and challenges of Small Islands Developing States. The SDGs must address the following:

- The supply constraints of SIDS, including upper middle income countries like Mauritius, to ensure their integration within the global trading system;
- Support and recommend the building of resilience and address the issue of population dynamics, given that SIDS are confronted with severe bottlenecks at different levels; and
- Adopt a pragmatic approach with regard to the question of special treatment for financial access to Climate Funds and technical assistance for SIDS. There is need for SIDS to gain special international recognition within the UN System.

Climate Change

Mauritius is highly vulnerable to the impacts of climate change which result in considerable economic loss, humanitarian stresses and environmental degradation. The direct climate change impacts, likely to adversely affect Mauritius, include an increase in the frequency of intense rainfall episodes, sea level rise of 18 – 59 centimetres expected by 2100 and an increase in intensity of tropical cyclones.

Mauritius needs enhanced access to both financial and technical resources to effectively monitor and mitigate climate variability and change as well as sea-level rise in coastal regions. Additionally, Mauritius lacks the necessary technologies and technical capacity to carry out monitoring exercises, surveys and data collection to monitor the environmental media. The monitoring of air quality, terrestrial and marine biodiversity, and coastal ecosystems is essential to ensure a good quality of living. Support is also needed for the provision of sustainable energy for the sustainable development of SIDS, through enhanced accessibility to modern energy services, energy-efficiency and use of economically-viable and environmentally-sound technologies.

Migration

With an ageing population, it is clear that more migrants and skilled workers will be required if Mauritius wishes to realize its aspirations of joining the league of high income countries. At the same time, it will have to find jobs for the increasing number of graduates churned out by a growing tertiary education sector.

Besides addressing the issue of skills mismatch through educational reforms and training, it is important for Mauritius to work out a coherent migration strategy to overcome the internal strains caused by an ageing population, a declining fertility rate, increasing youth unemployment (particularly graduate unemployment) and an increasing number of foreigners coming to work in the country, as new sectors of economic activity emerge and grow.

Partnerships

It will also be important to galvanize support for the SDGs. The SDGs will not be achieved without the involvement of the government, the private sector and the civil society. International organisations and multinational companies bring unique strengths: a worldwide reach, cutting-edge technologies, and massive capacity to reach large-scale solutions, are all essential for success.

The MDGs relied on voluntary financing mechanisms, notably the foreign aid outlays voted. However, only a handful of countries have so far abided by their promises to give 0.7 percent of their GNI as official development assistance.

The enhancement of North-South, South-South and triangular regional and international cooperation is important in realizing the Post 2015 Agenda.

Technology Transfer

When it comes to elimination of extreme poverty, it is important to expand the reach of crucial technologies (including medicines, diagnostics, electrification, high-yield seeds, and broadband) from high-income to middle-income as well as low-income economies.

The SDGs will therefore need the unprecedented mobilization of global knowledge operating across many sectors and regions. Governments, international institutions, private business, academia, and civil society will need to work together to identify the critical pathways to success, in ways that combine technical expertise and democratic representation. A new mechanism to facilitate the transfer of technology will be crucial for the implementation of the Post 2015 Development Agenda.

Financing for Development

It is important for the global community to reflect on how SIDS, like Mauritius, can finance and meet the world's new sustainable development agenda.

The development community must reflect on new and innovative avenues for assistance to middle-income countries and SIDS which continue to face enormous challenges to maintain and improve their growth paths. Attaining the SDGs and the long term goal of Mauritius to become an Ocean Economy require substantial investments and technical capacity which are presently beyond the reach of small economies. It is critical that new funds and development assistance schemes be developed rapidly to ensure a favourable outcome on the SDGs.

Mauritius at Crossroads

After more than three decades of remarkable progress with sustained economic growth and significant improvement in the standard of living, Mauritius today finds itself at crossroads. In order to realize the country's vision of attaining the status of high income country, Mauritius needs to develop and consolidate the economic pillars around tourism, financial services, manufacturing, trade and logistics, real estate and I-Mauritius. It also requires diversifying into new sectors, like the ocean economy, bunkering, sea ports, knowledge and medical hub and research and innovation services.

New Vision 2030

Conscious of the challenges ahead, Government is fully engaged in charting an appropriate strategy to lead the country to a new development path. A new Vision 2030 has been launched. The vision contains a series of underlying strategic thrusts, aimed at creating 100,000 new jobs within the coming five years in 11 sectors of the economy through major investment projects to the tune of Rs 183 billion and achieving an average growth rate of 5.5 percent annually as from 2017.

Four key focus areas have been identified, namely addressing unemployment; alleviating poverty; opening up the country and new air access policies; and sustainable development and innovation.

The economic model chosen for the development of the country will be centred on a number of core areas to fundamentally transform the economy. These include:

- A revamped and dynamic manufacturing base for the country;
- Leveraging on the Exclusive Maritime Economic Zone to develop the Ocean Industry;
- Revisiting the services sector; and
- Renovating the Innovation, Technology and Communication sector.

Another major feature is the Africa Strategy being adopted to transform Mauritius into a regional platform for trade, investment and services. This would be achieved through enhanced economic exchanges and improved air and sea connectivity, with the eventual creation of both a regional air and shipping company.

Tourism, higher education and developing the potential of Mauritius as a regional hub for healthcare and medical services as well as a medical education centre of excellence for Africa are among identified areas of growth.

Founded on strong multi-stake partnerships, especially an effective public-private sector cooperation, the country is poised to implement its Vision as outlined below:

Manufacturing Sector

Government aims to increase its share from 18 percent of the economy to 25 percent within the next three years by revamping the manufacturing base of the country.

Ocean Industry

Port Louis harbour will be developed as a major port for the region so as to handle much higher traffic and other port-related activities. As regards the fishing sector, Government is negotiating with major international fishing companies for the setting up of fishing and seafood processing facilities locally.

Innovation, Technology and Communication sector

The focus will move towards the provision of high end activities like software and animation development, big data analytics, disaster recovery and cloud computing, amongst others.

Initiatives include establishing a techno entrepreneurship culture in Mauritius especially among the youth by supporting the creation of high-end and state-of-the-art incubators; and transforming Mauritius into a SMART island to embed the use of technology in the day-to-day life of every Mauritian.

Job Creation

Some 40 major private sector investment projects to the tune of Rs183 billion, are in the pipeline, of which foreign direct investments represent Rs140 billion. These projects will have the potential of creating 100,000 new direct and indirect jobs within the coming five years.

Sustainable development

The Public Sector Investment Programme for the next five years amounts to some 75 billion rupees. These heavy investments in the water sector, electricity, waste management, wastewater management, roads, port, airport and communication, amongst others, have already been announced and are being accelerated.

Works under the Road Decongestion Programme will kick off next year, in July at latest, and Government will invest Rs 15 billion over the next five years to address the road congestion problem.

Vision 2030, as a strategic forward planning document, will also help in addressing several of the emerging challenges and facilitate the attainment of SDGs/Post 2015 Development Agenda as targets, benchmarked against international standards will be established.

Vision 2030 will map the sustainable development path of Mauritius. It will rest on every citizen to ensure that this collective journey meets with success and that its gains become irreversible.

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