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## CHAPTER 1: INTRODUCTION

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### 1.1 Background Information

The Republic of Mauritius is constituted of the main Island of Mauritius and a few small islands, islets and atolls. The Island of Mauritius, which covers an area of 1,865 square kilometres, lies in latitude 20<sup>0</sup> South and longitude 57.5<sup>0</sup> East, i.e., about 900 kilometres from Madagascar.

The estimated resident population of Mauritius as at 31<sup>st</sup> December 2004 was as given below:

	<i>Males</i>	<i>Females</i>	<i>Both sexes</i>
Island of Mauritius	593,951	607,033	1,200,984
Island of Rodrigues	18,190	18,580	36,770
Other islands	193	96	289
<b>Total (Republic of Mauritius)</b>	612, 334	625,709	1,238,043

In the Island of Mauritius, health services are provided mainly through the 13 hospitals, of which 5 are specialised ones, with 3,500 beds and 11 private clinics with 550 beds. Primary health care is provided in 2 Medi-clinics, 22 Area Health Centres and 108 Community Health Centres.

In 2004, there were 190,000 admissions in government hospitals and 28,000 in private clinics. The number of out-patients at hospitals was 2.8 million and another 4 million attendances at the peripheral centres.

In the Republic of Mauritius, there were 1,303 doctors, of whom 504 specialists. There were also 167 dentists and 286 pharmacists. In the government service, there were 2,774 nurses/midwives.

A few health indicators for the year 1994 and 2004 relating to the Island of Mauritius are given below:

	<i>1994</i>	<i>2004</i>
Crude Birth Rate	19.5	15.3
Crude Death Rate	6.7	6.9
Infant Mortality Rate	18.0	14.1
Under-five Mortality Rate	20.9	16.3
Stillbirth Rate	12.7	9.0
Maternal Mortality Rate	0.71	0.16
Life Expectancy : Males	66.2	68.7
Females	74.0	75.4

During the last few decades the main causes of morbidity and mortality have shifted from infections to chronic and degenerative diseases. Rapid industrialisation and economic growth during these years have brought major changes in the lifestyle of the population. The growing epidemic of non-communicable diseases (NCDs) in the Republic of Mauritius has placed health education high on the agenda of policy makers. The shift from curative to preventive service is being consolidated in order to stem down diseases like diabetes, hypertension and heart diseases as well as the related risk factors such as alcohol, smoking and high consumption of salt, sugar and fatty foods.

In 2003, the main causes of general hospital discharges were:

- (i) Deliveries
- (ii) Diabetes Mellitus
- (iii) Abdominal pain
- (iv) Ischaemic Heart Diseases
- (v) Non-Inflammatory Disorders of female genital tract

In the same year, the main causes of attendances at different dispensary service points were:

- (i) Influenza
- (ii) Abdominal pain
- (iii) Diseases of the eye
- (iv) Gastritis and duodenitis
- (v) Superficial injuries

The five main causes of death in 2003 were:

- (i) Heart diseases
- (ii) Cerebrovascular disease
- (iii) Diabetes Mellitus
- (iv) Hypertensive diseases
- (v) Bronchitis, emphysema and asthma

## **1.2 National Health Information System**

The Integrated National Health Information System (NHIS) has greatly contributed towards the success story of Mauritius in the health field through a more effective health service delivery and through efficient management at all levels. The Medical Records Division and the Health Statistics Unit of the Ministry of Health & Quality of Life are the two main Units which provide information support to the managerial process for National Health Development. The information required for monitoring, evaluation and decision-making is divided into five main components namely:

1. Population and vital statistics
2. Infrastructure and Personnel
3. Services
4. Morbidity
5. Mortality

Data on “Population & vital statistics ” and ‘Mortality’ are provided by the Central Statistics Office and the Civil Status Office. Other main sources of routine statistics are:

- Medical Records for hospital in-patient and out-patient data.
- Nursing Service for data from dispensary service points.
- The Community Health Service for data on maternal and child health
- Health Inspectorate for disease surveillance data

Data are also collected from the private sector for admissions and operations in the private clinics.

Most of the data of the Health System in Mauritius are processed at the level of the Ministry of Health & Quality of Life. The four main Annual Reports are:

- (a) Health Statistics Annual (Island of Mauritius)
- (b) Digest of Vital & Health Statistics (Island of Rodrigues)
- (c) Return of work performed in Hospitals
- (d) Family Planning & Demographic year book

These reports contain information on the following:

- (a) Population & Vital Statistics
- (b) Morbidity and Mortality
- (c) Health Infrastructure
- (d) Health Manpower
- (e) Hospital & Other Services
- (f) Maternal and Child Health
- (g) Sanitation and Food Hygiene
- (h) Private Clinics

Monthly Reports are also published on the following:

- (a) Maternal and Child Health
- (b) Expanded Programme on Immunization
- (c) Incidence of Communicable Diseases such as Malaria, TB
- (d) HIV/AIDS
- (e) Use of contraceptive methods

Routine statistics are limited in the sense that data at national level are not always available. For instance service and morbidity statistics of medical practitioners in the private sector are not collected.

In Mauritius, Demography and Health Survey (DHS) is not conducted. A national census of the population is carried out every 10 years but detail on health is not covered except on certain types of disability

### **1.3 Rationale of the World Health Survey**

Two major challenges face health policy-makers at the national and international levels:

1. Decision-makers require timely, reliable information to fulfil their mandates of improving the health of the populations they represent.
2. The increased international attention that has been focused on the role of the health in human and economic development has resulted in increasing resources committed to improving the health of the world's people. It is crucial that decision-makers have the capacity to monitor and evaluate the impact of these additional resources, to ensure that they are achieving their desired objectives. Only then will they be able to adjust their strategies, programmes and policies as soon as there is evidence that it is necessary.

One can respond to these challenges through good quality baseline information on the outcomes associated with investment in health systems; baseline evidence on the way health systems are currently functioning and ability to monitor inputs, functions, and outcomes over time and to make the necessary modifications to strategy.

Although routine Health Information Systems can provide some of this information, this is not enough. Surveys can supplement this information to facilitate the monitoring of health systems performance and develop the baseline information required to assess the effect of large increases in health resources on the outcomes that people value and on the way that system functions.

Accordingly, WHO implemented the world health survey program which is a multi-country study covering more than 70 countries all over the world. It aims at compiling comprehensive internationally comparable baseline information on the health of populations and functioning of health systems.

The WHS was implemented within a comprehensive programme with a long-term view on the development of national health information systems that will ensure periodic data input from household surveys in a cost-effective way. With this goal in mind, WHS was undertaken in individual countries through consultations with policy-makers, particularly those involved in planning the scaling-up of health activities in response to the prospective increase in available resources. It also involved collaboration of multiple parties such as survey institutions, national statistical offices and people involved in routine health information systems so as to build the national capacity required in sustaining the survey programme.

#### **1.4 Survey Objectives**

The objectives of the study are to:

1. Develop a means of providing valid, reliable and comparable information at low cost, to supplement the information provided by routine health information systems.
2. Build the evidence base necessary for policy makers to monitor if health systems are achieving the desired goals, and to assess if the expected large increase in available health resources is having the desired effect.
3. Provide policy makers with the evidence they need to adjust their policies, strategies and programmes as necessary.

#### **1.5 WHS and Millennium Development Goals**

The Millennium Development Goals give high prominence to health: three of the eight development goals, nine of the 18 targets spread over six of the goals, and 18 of the 48 indicators. WHO is responsible for monitoring and reporting on 17 of the goals' 18 health indicators to track progress and measure achievements. The WHS will contribute to helping countries identify important bottlenecks to achieving the MDGs by generating information on up to 11 MDG health indicators and by providing complementary information on health system performance particularly with respect to health equity across the population.

#### **1.6 Partners in Implementation of WHS in Mauritius**

The Mauritius Institute of Health worked in collaboration with Geneva to conduct the survey in Mauritius. The Ministry's approval for the Institute to participate in the World Health Survey was received in August 2001. A Steering Committee composed of the Chief Medical Officer, a representative of WHO local office, the Director of the Mauritius Institute of Health and the Director of Central Statistical Office was set up to facilitate and monitor the implementation of the survey.