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## EXECUTIVE SUMMARY

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The World Health Survey (WHS) is an initiative launched by the World Health Organisation to strengthen national capacity to monitor critical health outputs and outcomes through the fielding of a valid, reliable, and comparable household survey instrument. 72 countries from the six WHO regions participated in the survey programme in order to provide internationally comparable data on health states of the populations and on the functioning of health systems. Mauritius was one of the 18 participating countries of the WHO-AFRO region.

The ultimate aim of the WHS is to facilitate the use of information collected in appropriate strategic planning, programme management, monitoring and evaluation. Particular emphasis is placed on policy use of the monitoring of the Millennium Development Goal indicators and on the critical outcomes concerning the poor.

In Mauritius, the WHS was conducted by the Mauritius Institute of Health in 2003 with the technical guidance of the WHS team of Geneva. 3,964 households (response rate: 90.2%) and 3,888 individuals aged 18 and above (response rate: 88.5%) were studied. This preliminary report is based on tabulations submitted by WHO as from May 2005. The results are cross-tabulated across different subgroups such as gender, residence (urban/rural), age-groups and asset-quintiles. The households were grouped into 5 different socio-economic categories (called asset or income quintiles) using an index, construction of which combines information on household expenditures, household head characteristics, its ownership of certain assets (car, TV, computer etc) and housing characteristics.

The main findings of the World Health Survey 2003 conducted in the island of Mauritius are as follows:

### **A: socio-demographic characteristics**

- The average household size was 3.7
- Poorer households were in higher proportions in rural areas
- The median level of education of the head of household was ‘primary school completed’.
- 2.5% of women had obtained university level education compared to 5.6% of men.
- 15% of households were headed by females.
- Proportion of widowed among men was 2.3% compared to 14.3% among women.

### **B: Risk Factors**

- Only 10.7% of both men and women declared consuming 5 or more servings of fruit/vegetable per day (WHO recommendation).
- 15.7% of both men and women undertook physical activity (work and/or recreation related) insufficient to produce health benefits.
- The prevalence of daily smoking among men was 32.1%; there were more daily smokers among the poor
- Among regular smokers, average number of cigarettes taken per day was 9.2 in male and 5.6 in female.
- 25.3% men and 56.1% women had never consumed alcohol at some time in their life. The proportion of lifetime abstainers was significantly higher in urban region.
- The highest proportion of heavy drinkers was among men aged 30-44 years.
- 5.8% of households was not having access to total improved sanitation (i.e hygienic facilities)
- 1.4% of households was using solid fuels for cooking (exposure to indoor pollution).

### **C: Morbidity**

- The prevalence among adults aged 18 years and over in 2003 was 4.3% for Angina (heart), 7.4% for Arthritis, 4.6% for Asthma, 9.3% for Diabetes (known cases) and 6.4% for Depression.
- Prevalence rates for Arthritis and Depression were at least two times higher in women than in men.
- 95.5% of diabetic subjects declared to have received medical treatment in the last 2 weeks whereas only 42.5% of depressive subjects did.
- 23.5% declared having dental problems in last 12 months.
- 2.6% of men and 0.5% of women declared having received injuries due to road traffic accidents in the last 12 months. 6% of respondents reported injury due to other causes.
- At the time of survey, 0.05% of the households had a member in hospital/clinic/home for aged due to his/her condition.
- 9.2% of the households had a member who needed care because of long term illness or disability.

### **D: Prevention**

- 92.6% of women (aged 18 to 49 years) declared having seen a health care professional to have their pregnancy checked when they were pregnant.
- 36.7% of women said they were given counselling on HIV/AIDS during antenatal care.
- 11.2% of women (aged 40-64 years) had mammography examination in the last 3 years
- 14.5% of women (aged 18-69 years) had cervical smear test in the last 3 years.
- 9.4% of respondents (both males and females) had their last sexual encounter classified as risky; only 44.3% of them used a condom.

- Only 57.8% of children aged 12-23 months were vaccinated against measles by 12 months of age (WHO timeline recommendation); another 31.7% received that vaccine after the timeline.

### **E: Health System Goals**

- The preferences of the Mauritian population for the 5 goals of the health systems are :
  - Improving the responsiveness of the system: 24.6%
  - Improving the health of the population: 23.8%
  - Minimising difference in health between people: 20.3%
  - Minimising inequality/disparity in responsiveness: 20.0%
  - Fairness of financial contribution: 11.4%

### **F: Health State Descriptions (self-assessed health status)**

- The health status of males was significantly better than that of females. 27.6% of men were reported to be in very good health compared to only 17.2% of women. 17.1% of women were reported to be in bad health compared to only 8.9% of men.
- Persons from lower socio-economic groups were less likely to say they were in good health.

### **G: Health State Valuations (with respect to different domains)**

- The self-assessed health levels were worse for the following domains: ‘pain and discomfort’, ‘sleep and energy’, ‘mobility’ and ‘affect’. In particular,
  - 16.3% of respondents reported having severe/extreme difficulty in vigorous activities.
  - 16.5% declared having severe/extreme bodily aches or pains.

- 12.3% reported having severe/extreme problem with sleeping.
  - 10.8% considered having severe/extreme problem with worry or anxiety.
- There were significant variations in perceptions of health across asset quintile groups: lower quintiles were more likely to report bad health in numerous domains.

### **H: Health systems responsiveness**

- 48.2% of adults reported to have needed ambulatory (outpatient) care in last 12 months. For inpatient care, it was 7.1%.
- 99.8% of the population had received health care when needed.
- The relative importance given to the different attributes of responsiveness are:
 

1. 'communication'	(89.9% of respondents)
2. 'dignity'	(81.9%)
3. 'basic amenities'	(80.5%)
4. 'confidentiality'	(79.1%).
5. Autonomy	(63.7%)
6. Prompt attention	(63.1%)
7. Social support	(62.2%)
8. Choice of health care provider	(54.4%)
- Percentage of respondents who rated 'skills', 'equipment' and 'drug supplies' of public health facilities as 'adequate/more than adequate' were 95.8%, 94.2% and 92.8% respectively (for outpatient care services) and 94.8%, 95% and 92% respectively (for inpatient care services). The corresponding figures for private health establishments were more or less the same.

- Less favourable assessment in all domains of responsiveness was obtained for public health sector compared to the private sector in both ‘ambulatory care’ and ‘bed care’ segments.
- The domains where more than half of the respondents perceived poor responsiveness of the public health service are as follows:

**For inpatient care services**

Freedom of choice	92.9%
Communication (time for questions)	63.1%
Autonomy (treatment information)	59.3%
Autonomy (involvement)	54.3%

**For outpatient care services**

Freedom of choice	82.6%
Prompt attention (waiting time)	65.5%
Communication (time for questions)	54.8%
Basic Amenities (space)	53.8%
Autonomy (involvement)	51.8%

- Outpatient care services have a better responsiveness compared to inpatient care services except for the domain prompt attention (wait time) and basic amenities (space).
- 76% of the respondents were satisfied with the overall performance of our health system.
- 2% of patients waited for more than a month to be admitted.
- 5.8% of our citizens reported feeling discriminated when in contact with a health establishment for an ambulatory care. A higher percentage (8.8%) felt discriminated when in contact for inpatient care.

## **I : Health expenditure and health insurance**

- In 2003, on average a household spent Rs 826 per month on health ; this amount represented 7.9% of total household monthly expenditure.
- The poor (6.9% of the households) spent Rs 146 as compared to Rs 877 by the non-poor. The out-of-pocket health expenses as share of their household capacity to pay were 12% for the poor and 13.1% for the non-poor.
- Mean cost incurred by household for ambulatory care in public health facilities was Rs 69/= compared to Rs 1000/= in private health establishments.
- Mean cost incurred by household for inpatient care in a public hospital was Rs 278 compared to Rs 16,415 for bed care in a private clinic.
- 87.4% of households used their income to pay for health services; 12.6% had to borrow money or sell personal items. 29.8% of them also used their savings. The percentage of households relying on savings and borrowing went up with an increase in health spending levels (out-of-pocket expenses as a percentage of capacity to pay). 32.2% of respondents had to borrow or sell personal items in the highest spending level.
- 20.3% of the out-of-pocket health expenditure was for in-patient care (public or private), 16.7% for out-patient care, 41.8% for drugs and 1.3% for traditional care. Another 19.9% was for other services like dental care, lab tests etc.
- The percentage of households with catastrophic payments was 9% (i.e. proportion of households where health payments exceeded 40% of their capacity to pay).
- 2.6% of households fell below the poverty line as a result of their out-of-pocket health payments.
- Households residing in rural areas were more likely to face catastrophic expenditure and impoverishment than those in urban areas.
- 5.8% of the population had a health insurance coverage.

As a conclusive note, it is proposed to set up national focal point to follow-up on the process and findings of health system performance assessment.