



Millennium Development Goals

Status Report 2013

Republic of Mauritius



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REPUBLIC OF MAURITIUS

FOREWORD

The Government of the Republic of Mauritius is pleased to present its third Report on the progress made towards achieving the Millennium Development Goals (MDGs).

This report confirms the continued progress of Mauritius towards the attainment of the MDGs despite the challenges posed by successive global crises. Mauritius has already attained MDG Goal 2 on the Achieving Universal Primary Education and is working to attain the remaining goals. The ability of the country to meet most MDGs by 2015 can best be explained by the Government's development initiatives which are centered around the advancement of our people, ensuring that high standards of human rights, democracy and good governance prevail in the country and taking steps to leave no one behind.

The Government is developing a ten year Economic and Social Transformation Plan (ESTP) that would lay down strategies and policies to facilitate the country's evolution towards becoming a high income economy. The objectives of **"Putting People First"** and turning Mauritius into a **"High-Income Country"** are self-reinforcing. It aims at improving the standards of living of our people and working towards doubling the income per capita of our citizens as well as building a modern, inclusive and caring society.

The progress made on the MDGs does not absolve us of the need to accelerate our efforts to complete our unfinished business, in particular, to meet the deadline for achieving the remaining goals and ponder on the future challenges that emerge from our Report. Issues that will require our careful attention in the years to come relate *inter-alia* to the rise in incidence of Non Communicable Diseases (NCDs), an ageing population, a growing number of persons with disabilities, environmental sustainability, a widening income gap and the relatively high prevalence of substance abuse. We believe that our strength in meeting all the current and future challenges will reside in our ability to build sufficient economic, social and environmental resilience as a Small Island Developing State (SIDS).

Finally, I wish to express my sincere appreciation to all those who have contributed to the preparation of this Report, especially the UNDP Office Mauritius and the Consultant.

A handwritten signature in black ink, appearing to be 'Arvin Boolell', written over a white background.

*Dr. The Honourable Arvin Boolell, GOSK,
Minister of Foreign Affairs, Regional
Integration and International Trade.*

EXECUTIVE SUMMARY

Mauritius is widely recognised by the international community for its sustained track record of democratic and good governance, a strong economic performance based on sound institutions and macroeconomic policies, despite adverse natural endowments and high vulnerability to external shocks. The country has been consistently ranked as a top performer in terms of governance according to the Mo Ibrahim Index. Moreover, the country has also improved to the 19th position worldwide in the 2013 Ease of Doing Business Index, progressed to the 45th place in the Global Competitiveness Report 2013-2014 and is ranked 80 out of 187 countries and territories with an HDI value of 0.737 in 2012.

Despite the difficult economic context globally, including the Euro zone crisis, the GDP has continued to grow by around 3.6% on a year to year basis. The Mauritian Government has also maintained investments in its social welfare system by building upon the various initiatives taken by successive Governments over the past 42 years. The economic and social well being of Mauritian citizens have thus far considerably improved.

The successive Human Development Reports have acclaimed the impressive record of the human development of Mauritius, particularly in the field of education where the Government of Mauritius provides free primary and secondary education, universal free health care that is constantly upgraded, free bus transport to students and spends 58% of its national budget on community and social services, of which 36% is paid as non-contributory Basic Retirement Pension to any citizen above 60 years of age. Through its economic and housing policies, the Government of Mauritius has facilitated its citizens in acquiring their homes resulting in 88.8% home ownership¹, one of the highest in the world - and in higher education for their children through their own savings.

It is therefore not surprising that Mauritius has achieved or near achieved a number of the fundamental Millennium Development Goals (MDGs). In fact Mauritius has already achieved MDG Goal 2 (Achieving Universal Primary Education) and is on track to attain the remaining goals. There is no extreme poverty as defined by the World Bank in Mauritius. The Net Enrolment Rate in primary education is 99% with 98.7% of pupils respectively reaching Grade 6. The literacy rate of those between 15 and 24 years of age has progressed to 98.1%. There is also no gender disparity both at primary and secondary levels.

In Mauritius, citizens have access to free medical treatment, including high medical technology such as open heart surgery and eye laser treatment. Pregnant women have, free of charge, at least one antenatal medical care and 99.5% of births are attended by skilled health personnel. The antiretroviral drugs are provided free of charge to known sufferers of HIV and AIDS. Vector borne diseases such as malaria have been eradicated with only a few cases arising from imported infection. 100 % of the population have access to free essential drugs. All households are provided with safe drinking water and 99.9% have improved sanitary facilities. Mauritius has managed to achieve all these while integrating the principles of sustainable development into country policies and programs and with lesser and almost no Official Development Assistance (ODA) of 0.7% of GDP as it is now classified as an upper middle income country as per the World Bank. It has managed to keep its debt servicing low at 0.7% exports of goods and services.

¹ Statistics Mauritius - The 2011 Housing and Population Census

Mauritius has already achieved 11 of the 21 MDG targets and is working towards achieving the remaining ones. The country recognises that in addition to its unfinished business and its inherent vulnerability as a Small Island Developing State, it has to face new emerging challenges.

While investing massively in tertiary education and targeting a 70% enrolment, the country is experiencing difficulty in providing productive employment to young graduates. Mauritius has put in place a Youth Employment Program to tackle unemployment among the youth and in its budget of 2014, the government will implement a “Back to Work” program for women.

Regarding gender equality and women empowerment, the report informs of the large range of measures and resources being engaged by the Government. Gender disparity in primary and secondary schooling in terms of enrolment has been achieved since long although differences in examination pass rates do persist in favour of girls. Economic empowerment of women has seen a further improvement between 2005 and 2010 with non-collateral based access to finance for entrepreneurship and indeed a larger number of women entrepreneurs are now in business with sustainable income. Noticeable progress has been made in the public sector and the judiciary, where there have been an increasing number of women participating in higher level decision-making. There is unfortunately no commensurate progress in the private sector. Although some improvements have been achieved in the last general elections of 2010 in terms of representation of women in Parliament, Mauritius remains far from the target political parties have committed themselves to.

Environmental challenges are a concern although the Government has deployed major policy decisions and programs such as the “Maurice Ile Durable” vision. The usual downside of a more and more affluent and rapidly developing country is evident. The proportion of land area covered by forest has been reduced from 30.6% in 1990 to 23.9% to date. Carbon dioxide emissions per capita are increasing and there is an alarming loss of biodiversity. An increasing number of endemic flora and fauna species are threatened to extinction. The one bright spot is the fact that the Government through regulatory instruments has managed to bring consumption of ozone depleting substances to zero. However, the impacts of climate change and the implementation of adaptation and mitigation policies are challenges that the Government of Mauritius needs to continue addressing.

Mauritius is deploying important efforts in the field of ICT to improve both access to technology and its use by individuals, in order to support the development of ICT based sectors. However the penetration of internet access and its use is not progressing fast enough.

The Report also draws attention to emerging challenges. Mauritius unfortunately suffers from the problem of substance abuse (hard drugs). The HIV/AIDS dimension of this problem, as a result of drug injection practice, is very well attended to and the Government has deployed harm reduction programs that are giving good results. However, the impact of substance abuse on human capital is an obstacle to the country’s poverty alleviation programs.

Even though there is no extreme poverty in Mauritius, relative poverty is growing slowly and the income gaps are widening as a result of diversification and structural changes in various sectors of the economy into more knowledge-intensive ones. Government has put in place poverty abatement programs. However, the substantial financial resources invested in these programs are yet to show measurable results due to the absence of monitoring mechanisms.

The demographic dynamics of the country also requires closer attention. The declining population growth rate, an ageing population, a declining fertility rate, and a growing number of persons with disabilities (4.8% of resident population) are causes for concern.

While Mauritius has no communicable diseases problem and has in place a very effective Communicable Disease Surveillance and Response System, the real challenge for the country is Non-Communicable Diseases (NCDs). NCDs constitute 80% of the disease burden in the country with 50% of all deaths attributable to cardiovascular diseases including those as a result of diabetes. Mortality due to cancer has reached 12% in 2012.

As a net food importing Small Island Developing State, food security is another challenge of strategic importance.

Mauritius is well on target to achieve most of the MDGs if no major external factor further impacts negatively on its economic growth. The country will have to focus its efforts and resources in pursuing the remaining unfinished MDG targets and to respond effectively to the emerging challenges.

INTRODUCTION

Mauritius is committed to achieving the outcomes of the eight human development goals of the Millennium Development Goals (MDGs) adopted following the Millennium Summit of the United Nations in September 2000.

Mauritius published its first MDG Status Report in 2002 covering the period 1990 to 2000. A second report was produced in 2010 to report on progress achieved and challenges remaining to achieve the targets. This report is the final status report prior to the 2015 target achievement date.

The MDGs are international commitments to reduce poverty and hunger, ensure gender equality, attain universal primary education and improve access to basic minimum facilities such as water and sanitation and promote sustainable development. The MDG framework consists of eight goals, 21 targets (several for each goal) measured by 60 indicators used to assess progress over the period 1990-2015, when the targets are expected to be met. These are used by countries to report on their progress in their national MDG Reports (MDGRs) or the annual reviews. The MDGR has a two-fold purpose of providing public information and social mobilisation as 'a tool for awareness raising, advocacy, alliance building, and renewal of political commitments at the country level, as well as to build national capacity for monitoring and reporting on progress'²

This 2013 MDG Status Report for Mauritius has been prepared by the Government of Mauritius with the joint collaboration of the United Nations Development Program (UNDP) Office and Mr. L. Amédée Darga of StraConsult, and provides the latest update on the progress achieved two years before the 2015 deadline. This report also looks at emerging challenges to human development for Mauritius in a Post 2015 perspective.

The Ministry of Foreign Affairs, Regional Integration and International Trade coordinated the preparation of this report. Statistics Mauritius (previously called the Central Statistics Office) provided active support and inputs. Several other Ministries such as the Prime Minister's Office, Ministry of Gender Equality, Family Welfare and Child Development, Ministry of Labour, Industrial Relations and Employment, Ministry of Health and Quality of Life, Ministry of Environment and Sustainable Development, Ministry of Renewable Energy and Public Utilities and the National Empowerment Foundation provided inputs for the report. The list of all contributors is given in Annex C.

The report also benefitted from the comments and inputs of NGOs, as well as from the good debate that took place in the Inception and Validation Workshops where public and private stakeholders were present.

All data used in this report are from official sources, from Statistics Mauritius, but also from the various relevant ministries and institutions.

² Report of the Secretary-General, Implementation of the first United Nations Decade for the Eradication of Poverty (1997-2006) and draft program of action for the International Year of Microcredit, 2005, United Nations General Assembly, 23 July 2003 pg 8

BACKGROUND INFORMATION

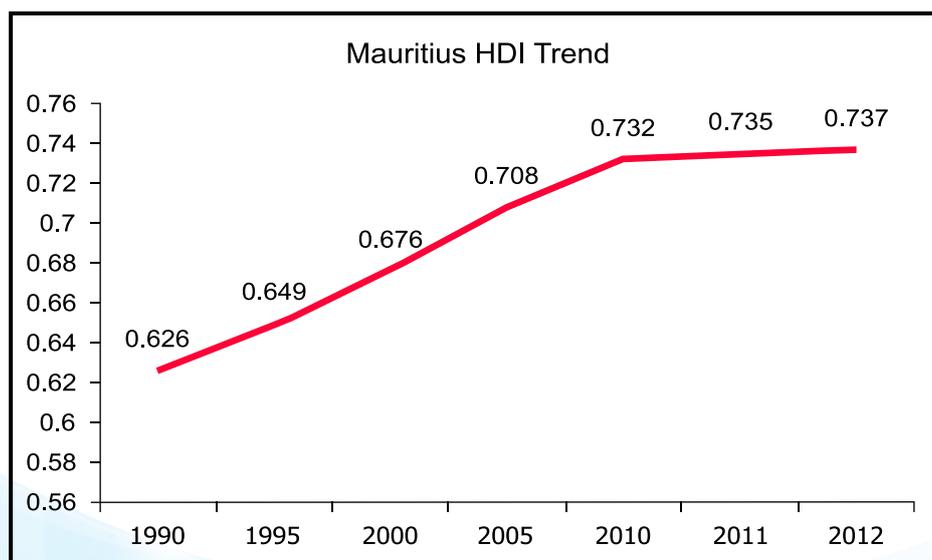
Mauritius has graduated to a middle income economy status since the 1990s. The economy has been growing at an annual rate of 4.2% from 2006 to 2012; the GDP per capita at market prices has grown by 55% for the same period.

Mauritius has a long record of sustainable growth over the last 45 years of independence. Prudent macro-economic management, political stability, favourable regulatory and institutional arrangements, investment in human capital development, an entrepreneurial culture and a developed financial system have led to a resilient economy with high growth and growing affluence that have been reasonably well spread in the population.

Mauritius also has a long history of impressive investment in human development through its social welfare policies and sustained emphasis on investment in social welfare transfers, free health care and free education through the various initiatives taken by successive Governments over the years.

This is very well reflected in the strong record of human development indicators of the country. Mauritius's HDI value for 2012 is 0.737 - in the high human development category - positioning the country at 80 out of 187 countries and territories. Between 1990 and 2012, Mauritius's HDI rose by 0.67% annually from 0.626 to 0.737.

Chart 1: Human Development Index Trend



It is therefore no surprise that Mauritius has already achieved 11 of the 21 targets and is well on track towards achieving the remaining ones, notwithstanding some concerns about regression with respect to relative poverty and environmental issues.

With bold reforms undertaken from 2005, namely a restructuring of tax and incentives systems, the setting up of a central revenue authority, the enactment of a public debt law, regulatory and institutional rules for doing business, Mauritius has managed to put the economy on a strong growth gear. The country restructured and moved two of its key economic pillars namely, the sugar and textile sectors to a non-preference based competitiveness and sustainability. It strengthened its macro-economic fundamentals, and diversified its economy by adding new pillars namely real estate development, a seafood processing sector, ICT, a Knowledge Hub and boosted the development of the country as an international financial hub along the Asia and Africa axis.

Reacting to the global financial crisis and its potential impact on the national economy, the Government set up a fiscal stimulus package amounting to Rs 10.4 billion (equivalent to 3.8% of GDP) in October 2008 to increase public spending by front-loading public salary-indexation, and spending contingency funds. Expansionary monetary policy measures were also taken with gradual reduction of the repo rate of 4.65% over the last four years. Public investment has also been boosted through large infrastructure investment projects, in particular in the transport and water storage sectors although implementation has been slowed due to challenges in the existing procurement processes and weak institutional capacity in project management.

The reform has led to a significant increase in GDP with an annual average growth of around 5.3% between 2006 and 2008 which, however, went into a dip to 3.0% in 2009, followed by a spike of 4.1% in 2010 before levelling around 3.9% in 2011 and 3.2% in 2012.

Indeed in the last two years Mauritius has been facing the challenge of sustaining the impressive achievements accomplished over the past decade.

Tourism has been going through a difficult period since 2011 and hotels as well as activities directly related to this sector have seen a decline in profitability. Delayed acceptance by the hotel operators that the tourism business models as well as hotel operations need be re-strategised and restructured, is prolonging the crisis in the sector.

The real estate sector promises, particularly with respect to the development of high value residential property for High Net Worth Individuals, have also dimmed partly due to competition on the world market and the impact of the crisis in Europe.

Human resources have emerged as important constraints to sustaining the 2006 to 2008 growth surge. The 'skills mismatch' as well as societal habits such as reluctance to work on a 24/7 basis remains a constraint to future growth. Declining labour productivity is also an important constraint to future growth.

Notwithstanding the above challenges, the Government has not only maintained but expanded both the value and scope of its welfare program. New measures such as free bus transport for students and the elderly have been introduced. It has also instituted since 2006, an Empowerment Program to ensure inclusive growth with equity. The program aims at widening opportunities for women, the unemployed and young people entering the labour force. The program also entails training and re-skilling, as well as special programs for unemployed women. Within the program is a component for the Eradication of Absolute Poverty (EAP) program which targets pockets of poverty through specific projects, and the Gender Responsive Budgeting Exercise.

The Government has also given due consideration to issues concerning the environment and has prioritised its “Maurice Ile Durable” initiative to promote sustainable development and to tackle the negative impacts of climate change.

Indeed the Government is conscious that certain emerging challenges remain to be addressed regarding a widening of the income gap, food security, an ageing population, a growing number of persons with disabilities, and the adverse impact of substance abuse on its poverty reduction programs, as well as the threat of natural disasters such as the tragic floods of March 2013.

It is in this context that the Government is elaborating a ten year Economic and Social Transformation Plan (ESTP).

SOME KEY FIGURES ABOUT MAURITIUS

	2001	2005	2009	2012
Population (as at 31st December)	1,205,388	1,248,296	1,277,562	1,293,253
Population density (per km²)	612	634	649	657
Population under 18 years	363,093	364,757	348,545	326,551
Population growth rate (%)	1	0.9	0.5	0.4
Total fertility rate	1.91	1.82	1.50	1.43
Adolescent fertility rate	35.7	35.1	32.6	29.4
Crude birth rate¹	16.4	15.1	12.0	11.2
Crude marriage rate²	17.7	18.2	16.7	16.1
Divorce rate³	2.5	1.8	3.4	3.1
Crude death rate⁴	6.7	7	7.2	7.2
Infant mortality rate⁵	14.3	13.2	13.4	13.7
Under 5 mortality rate⁶	16.8	15.8	16.1	15.7
Still birth rate⁷	12.2	9.7	8.9	9.6
Maternal mortality rate⁸	25	21	65	62
Life expectancy at birth (yrs)⁹:				
Male	68.4	68.9	69.5	70.3
Female	75.3	75.7	76.7	77.2
Literacy rate¹⁰				89.8
Labour force ('000)¹¹	526.8	542.5	566.3	593.1
Employed population ('000)¹¹	492.1	490.6	524.8	544.8
Unemployed population ('000)¹¹	34.7	51.9	41.5	48.3
Per capita GDP (Rs) (at market prices)	111,977	153,910	221,398	266,307
Inflation rate (%)	6.3	5.1	1.7	3.6
Total exports of goods f.o.b (Rs M)	54,846	63,219	61,681	80,359
Total imports of goods f.o.b (Rs M)	59,037	86,734	111,154	153,457

n.a: Not available

¹ The number of live births in a year per 1,000 midyear population

² The number of persons married in a year per 1,000 midyear population

³ The number of divorce in a year per 1,000 midyear population

⁴ The number of deaths in a year per 1,000 midyear population

⁵ The number of deaths in a year of infants aged under one year per 1,000 live births during the year

⁶ The number of deaths in a year of infants aged under 5 years per 1,000 live births during the year

⁷ The number of still births in a year per 1,000 total births (live births and still births) during the year

⁸ The number of deaths due to pregnancy, childbirth and the puerperium per 100,000 live births during the year

⁹ Provisional

¹⁰ Figure only available for Census 2011

¹¹ Labour Force, Employment and Unemployment (based on the results of the CMPHS) Year 2012

Source: Statistics Mauritius

MAURITIUS - STATUS OF GOALS AT A GLANCE

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
Goal 1: Eradicate Extreme Poverty and Hunger				POTENTIALLY ACHIEVABLE	
<i>Target 1 A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day</i>				ACHIEVED	
o Proportion of population below \$1 per day (%)	< 1% (1996/97)	<1% (2006/07)	< 1% (2012)		
o Poverty gap ratio (incidence, times, depth of poverty)	< 1% (1996/97)	< 1% (2006/07)	< 1% (2012)		
o Share of poorest quintile in national consumption (%)	7.7 (1996/97)	7.6 (2006/07)	7.4 (2012)		
<i>Target 1B - Achieve full and productive employment and decent work for all, including women and young people</i>				POTENTIALLY ACHIEVABLE	
o Growth rate of GDP per person employed (labour productivity)(%)	4.3	2.6	1.6		
o Employment-to-population ratio	0.52	0.56	0.55		
o Proportion of employed people living below \$1 (PPP) per day (%)	< 1% (1996/97)	< 1% (2006/07)	< 1% (2012)		
o Proportion of own-account and contributing family workers in total employment (%)	11.5	15.9	16.7		
<i>Target 1 C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>				ACHIEVED	

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
o Prevalence of underweight children (under five years) (%)	14.9% (1995 WHO estimates)	N/A	N/A		
o Proportion of the population below minimum level of dietary energy consumption. (%)	7% (1991/92 FAO estimates)	5% (2006/07 FAO estimates)	N/A		
Goal 2: Achieve Universal Primary Education				ACHIEVED	
<i>Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i>				ACHIEVED	
o Net enrolment rate in primary education	99	97	99		
o Proportion of pupils starting Grade 1 who reach last grade of primary (%)	96.9 (1991)	97.6	98.7		
o Literacy rate of 15 to 24 year olds (%)	91.2	94.5 (2000)	98.1 (2011)		
Goal 3: Promote Gender Equality and Empower Women				POTENTIALLY ACHIEVABLE	
<i>Target 3: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</i>				ACHIEVED	
o Ratio of boys to girls in primary, secondary and tertiary education					
– Primary	97.7	96.7	96.8		
– Secondary	99.7	105.4	104.8		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
<ul style="list-style-type: none"> - <i>Tertiary</i>² (figures refer to publicly funded institutions in Mauritius only) 	112.8 (1999)	121.7	142.9 (2011)		
<ul style="list-style-type: none"> o Share of women in wage employment in the non-agricultural sector (%) 	34.1	37.0	38.4		
<ul style="list-style-type: none"> o Proportion of seats held by women in the national Parliament (%)³ 	7.1	17.1	18.8		
Goal 4: Reduce Child Mortality				POTENTIALLY ACHIEVABLE	
<i>Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>				POTENTIALLY ACHIEVABLE	
<ul style="list-style-type: none"> o Under-five mortality rate (per 1000 live births)¹ 	23.1	16.1	15.7		
<ul style="list-style-type: none"> o Infant mortality rate (per 1000 live births) 	20.4	13.4	13.7		
<ul style="list-style-type: none"> o Proportion of one-year-old children immunised against measles (%)¹ 	76.1	93.0	88.7		Figures refer only to the public sector. About 10% of vaccines are made by private practitioners according to NHA Survey of 2010
Goal 5: Improve Maternal Health					
<i>Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>				POTENTIALLY ACHIEVABLE	
<ul style="list-style-type: none"> o Maternal mortality ratio (per 100,000 live births)¹ 	66	65	62		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
o Proportion of births attended by skilled health personnel (%) ¹	91.1	99.4	99.5		
Target 5B: Achieve by 2015, universal access to reproductive health.				ACHIEVED	
o Contraceptive prevalence rate (%) ¹	74.3 (1991)	78.1 (2002)	N/A		
o Adolescent birth rate (per 1,000 women aged 15-19 years)	45.2	32.6	29.4		
o Antenatal care coverage at least one visit (%) ¹					
- At least one visit	N/A	93 (2003 WHO estimates)	N/A		
- At least four visits	N/A	83 (2003 WHO estimates)	N/A		
o Unmet need for family planning (%) ¹	6.3 (1991)	3.3 (2002)	N/A		
Goal 6: Combat HIV and AIDS, Malaria and other Diseases					
<i>Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS.</i>				POTENTIALLY ACHIEVABLE	The level of 0.15% was reached in 2006 and has stabilised until now. The spread has been halted since 2006.
o HIV prevalence among population aged 15-24 years (%) Proxy indicator – Percentage of pregnant women aged 15-24 years who have been found HIV positive (%) ⁴	N/A	0.49	0.72		
o Condom use at last high-risk sex ⁴	N/A	34.4 (2008)	61.9 (2011)		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
o Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS ⁴	N/A	85.0 (2008)	81.0 (2011)		
<i>Targets 6B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it.</i>				ACHIEVED	
o Proportion of population receiving antiretroviral drugs among people with advanced HIV infection (%) ⁴	N/A	18.1	36.4		
<i>Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.</i>				ACHIEVED	
o Incidence of malaria (per 100,000 population) ¹	5.1	1.8	2.6		
o Death rate associated with malaria (per 100,000 population) ¹	0	0	0.1		
o Incidence of tuberculosis (per 100,000 population) ¹	11	9	9		
o Death rate associated with tuberculosis (per 100,000 population) ¹	2.4	1.3	1		
o Proportion of tuberculosis cases detected and cured under directly observed treatment short course (%) ¹	93.0 (2000)	86.0	89.3		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
Goal 7: Ensure Environmental Sustainability					
<i>Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>				ACHIEVED	
o Proportion of land area covered by forest (%)	30.6 (1995)	24.0	23.9		
o CO ₂ emissions, total, per capita and per \$1 GDP (PPP).					
- Total carbon dioxide emissions (Gg or thousand tons)	553.4	3075.0	3452.0		
- Carbon dioxide emissions (metric tons) per capita	0.7	2.4	2.7		
- Carbon dioxide emissions (metric tons) per \$1 GDP					
- Proxy used – Carbon dioxide emissions (metric tons) per 100,000 GDP	1.4	1.09	1.00		
o Consumption of ozone-depleting substances (CFCs metric tons)	64.60 (1993)	0.00	0.00		<i>Achieved</i>
o Proportion of fish stocks within safe biological limits					
- Ratio of fish catch (artisanal) to maximum allowable threshold 1700 tonnes.	96	48	41		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
- Ratio of fish catch (bank) to maximum allowable threshold 4200 tonnes.	55	53	56		
o Proportion of total water resources used (%)	70 (2000)	60	58 (2011)		
<i>Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</i>				STRUGGLING TO ACHIEVE	
o Proportion of terrestrial areas protected (%)	5.7	7.5	7.6		
o Proportion of total water resources used	70***	60	58		
o Proportion of marine areas protected (%)	3.9	3.9	3.9		
o Proportion of species threatened with extinction					
- Number of plants	87 (2004)	88	88		
- Number of animals	60 (2004)	65	89		
<i>Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</i>				ACHIEVED	
o Proportion of population using an improved drinking water source (%)	95.7	>99	99.6 (2011)		
o Proportion of population using an improved sanitation facility (%)	99.4	99.9 (2000)	99.8 (2011)		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
Goal 8: Develop a Global Partnership for Development					
<i>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.</i>				ACHIEVED	
o Debt Service as a percentage of exports of goods and services (%) ⁵	7.7 (2001/02)	3.0	3.7		
<i>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</i>					
o ODA received in SIDS as a proportion of GNI - Proxy used - Grant in Aid as a percentage of GDP	0.3	1.0	0.7 (2011)		
<i>Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</i>				ACHIEVED	
o Proportion of population with access to affordable essential drugs on a sustainable basis (%) ²	100	100	100		

GOALS & INDICATORS	BASELINE 1990	STATUS 2009	STATUS 2012	TARGET/GOAL ACHIEVABLE?	QUALIFYING REMARKS
<i>Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.</i>				POTENTIALLY ACHIEVABLE	
o Fixed telephone lines subscribers <i>(per 100 population)</i>	7.2	29.4	27.0		
o Cellular subscribers <i>(per 100 population)</i>	0.2	85.0	114.9		
o Internet subscribers <i>(per 100 population)</i>	2.3 (1999)	22.2	44.0		

All data sourced from Statistics Mauritius except:

- 1 - Data from Ministry of Health and Quality of life
2. Data from Tertiary Education Commission
3. Data from Electoral Commissioner's Office
4. Data from National Aids Secretariat
5. Data from Ministry of Finance and Economic Development

N/A – Not Available

COUNTRY SPECIFIC DEVELOPMENT CONTEXT AND THE MDGS

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1A: Reduce by half, between 1990 and 2015, the proportion of the people who live below the poverty line

Indicators:

- proportion of population below the \$1.25 per day/national poverty line;
- poverty gap ratio; and
- share of the poorest quintile in national consumption.

Summary Status

- ❖ There is no extreme poverty in Mauritius and the proportion of the population living below the poverty line as defined by the World Bank, namely below \$1.25 (PPP) per day, is non-existent in Mauritius.
- ❖ The proportion of households below the relative poverty line as defined in Mauritius, namely set at half the Median monthly household income per adult equivalent, has increased from 7.9% in 2006/07 to 9.4% in 2012.
- ❖ The Gini Coefficient shows a marked deterioration from 0.388 in 2006/07, to 0.413 in 2012.
- ❖ Income inequality has further increased between 2006/07 and 2012. The share of total income going to the 20% of households at the lower end of the income range which was 6.4% in 2001/02, has further decreased from 6.1% in 2006/07 to 5.4% in 2012. On the other hand, the share of income of the upper 20% of households increased from 45.6% in 2001/02 to 47.4% in 2012.

The first target to achieve the MDG goal 'Eradicate Extreme Poverty and Hunger' is to reduce by 50% the proportion of people living in extreme poverty by 2015. To monitor progress towards achieving this target, three indicators are used:

- proportion of population below the \$1.25 per day/national poverty line;
- poverty gap ratio; and
- share of the poorest quintile in national consumption.

Table 1: MDG Poverty Indicators

Indicators	1990	1996/97	2001/02	2006/07	2012
MDG 1.1 - Proportion of population below \$1.25 per day (%)	...	< 1%	< 1%	< 1%	< 1%
MDG 1.2 - Poverty gap at \$1.25 a day (%)	...	< 1%	< 1%	< 1%	< 1%
MDG 1.3 - Share of poorest quintile in national consumption (%)	...	7.7	7.6	7.6	7.4

Source: Statistics Mauritius

No Extreme Poverty in Mauritius

Mauritius does not have a situation of extreme poverty as defined by the UN for MDG purposes (US\$ 1.0 per day or US\$ 1.25 in PPP terms). The country remains with less than 1 percent of its population living in extreme poverty over more than one decade (see Table 1). Several factors explain the relatively low level of poverty in the country such as favourable policies, high economic growth, a welfare state with universal free health care and education, social transfers such as non-contributory pension scheme and other social factors such as the Asian-type of family structures which protect against income shocks, as well as extra income derived from informal activities carried out over and above the formal employment income. This extra income is estimated to be at 25% on average.

Empirical observations indicate that a certain percentage of the population living in poverty is made up of families and individuals who have migrated from the island of Rodrigues to the island of Mauritius. Some of those migrants chose to move to Mauritius to improve their living standards in the search for a more affluent lifestyle. Most had their own plot of land and housing in Rodrigues, but landed in squatter slums when reaching Mauritius. Deprivation resulting from substance abuse is another reason which explains the state of many living in poverty.

Slowly Growing Relative Poverty

Mauritius has seen a growing proportion of its population living in relative poverty during the last six years, from 7.9 percent in 2006/07 to an estimated 9.4 percent in 2012³.

Table 2: Selected summary indicators on Relative Poverty, Republic of Mauritius, 2001/02, 2006/07 & 2012 HBS

	1996/1997	2001/2002	2006/2007	2012*
Poverty line:- Half median monthly income ¹ per adult equivalent (Rs)	2,004	2,804	3,821	5,660
Estimated number of poor households	23,800	23,700	26,400	33,800
Proportion of poor households (%)	8.7	7.7	7.9	9.4

1. Income refers to employment income, property income, transfer income, income from own produced goods and imputed rent for non-renting households.

* Provisional

Source: Statistics Mauritius

Relative poverty is assessed using data collected at the Household Budget Survey (HBS) by Statistics Mauritius and a relative poverty line is defined as the half median monthly household income per adult equivalent. The median household income is the value that divides households into two equal-sized groups, one with income lower than, and the other with income higher than the median.

³ Statistics Mauritius. Household Budget Survey 2012 Preliminary Results

While the internationally measured poverty line is \$ 1.25 (PPP) a day per person PPP, the Mauritian poverty line as measured by Statistics Mauritius is set on the above indicated half median monthly household income per adult equivalent which is currently Rs 5,660 per household. However, for the purpose of its poverty alleviation programs, the Government has set its own monthly income threshold at Rs 6,200, exclusive of social benefits. Benefits for social assistance support provided by the Ministry of Social Security, National Solidarity and Reform Institutions are aligned on the same income threshold of Rs. 6,200.

Poverty Profile

The 2012 Household Budget Survey provides a clearer picture of the profile of the poverty stricken population.

The feminisation of poverty is very evident. The proportion of females heading poor households is twice that of males heading poor households (see Table 4).

Table 3: Poverty rate (%) by sex of head, Republic of Mauritius, 2012

Sex of Head	2012
Male	7.3
Female	16.9
Both sexes	9.4

* Provisional

Source: Statistics Mauritius Household Budget Survey 2012

The majority of persons in poor households have failed to successfully achieve primary education level, as shown in Table 4.

Table 4: Distribution (%) of persons aged 20 years and over in poor households by educational attainment, Republic of Mauritius, 2012

Educational attainment of head	2012
Below CPE	55.2
CPE passed	14.0
Above CPE	30.8
Total	100.0

* Provisional

Source: Ministry of Education and Human Resources

The dedicated program for the abatement of poverty has been the focus of successive Governments since 1995. In its 1995/96 budget, the Government announced the provision of Rs 500 million (about US\$ 17.0 million) for a Trust Fund for the Fight against Exclusion. Assistance from the Trust Fund covered several areas of vulnerabilities including poverty and related problems such as malnutrition and others. This Fund was converted into the Trust Fund for the Social Integration of Vulnerable Groups (TFSIVG) in March 1999.

Between 1995 and 2000, the Trust Fund implemented 242 projects in the Island of Mauritius and 180 projects in the Island of Rodrigues. An Action Plan for Poverty Alleviation was also prepared by the TFSIVG with the collaboration of the relevant ministries. The Action Plan sought to have a shared understanding of poverty, clear policy for a more balanced socio-economic development and a sound and coordinated management approach to the Poverty Alleviation Program. The 2001-2002 Budget provided another Rs 500 million for the TFSIVG Program.

In 2008, the Government created the National Empowerment Foundation which later absorbed the TFSIVG in order to have a more comprehensive and holistic approach to poverty abatement. Since 2010, the Government created a dedicated Ministry, namely the Ministry of Social Integration and Economic Empowerment with the objectives of economically empowering vulnerable families so that they can integrate into mainstream society and the National Empowerment Foundation became its operating arm.

The mandate of the Ministry is:

- (a) To formulate policies and strategies to fight poverty and social exclusion;
- (b) To drive and coordinate initiatives for the social integration and sustainable development of vulnerable groups and the enhancement of social progress;
- (c) To encourage and assist vulnerable groups to undertake income earning activities;
- (d) To provide demand-driven training and placement to empower vulnerable groups;
- (e) To provide emergency assistance to needy persons;
- (f) To widen the circle of opportunities for the empowerment of the vulnerable groups;
- (g) To eradicate absolute poverty and improve the living conditions of the absolute poor; and
- (h) To lay the foundation for sustainable human development and improve the life chances of children of poor families by providing a package of support programs and opportunities for learning and development from a very early stage.

In 2007, the National Empowerment Foundation (NEF) carried out a survey and identified about 200 small pockets hosting about 7,200 households living at the lowest level of relative poverty. No data is available on the number of families which have been sustainably pulled above the Relative Poverty line through the application of the different programs rolled out by the NEF and its other social partners.

Important resources have been deployed and different programs implemented by the NEF. The Foundation organised for 13,875 unemployed persons to be trained or re-skilled between 2009 and 2012 under a Training and Placement Program, out of which 7,447 were successfully retained for employment.

The NEF runs a Child and Family Development Program with emphasis on support to ensure that children of vulnerable families get adequate support to attend pre-primary and primary schooling. For the academic year 2013, 16,573 school children in Mauritius and around 5,000 in Rodrigues have benefitted from school materials and some 3,000 children of pre-primary and primary schools are currently benefitting from the package of services that includes amongst other things free meals, free transport, free schooling and school materials.

Life-skills training are delivered to people of deprived regions to help rebuild the human and social capital. The training sessions deal with subjects such as teenage pregnancy, substance abuse, alcoholism, family planning and budget planning and are delivered by appropriate resource persons.

In 2009, the Government brought in a framework for Corporate Social Responsibility (CSR) to contribute to poverty alleviation, human development and environmental protection. The CSR mandates companies to pay 2% of their book profits towards a range of programs of which the priority areas are:

- (a) Social housing,
- (b) Absolute poverty and community empowerment,
- (c) Welfare of children from vulnerable groups, and
- (d) Prevention of Non-Communicable Diseases.

Companies can either develop their own programs of action along guidelines prescribed by the Government or contribute funding to state run programs or NGOs. About 20 corporate foundations have been set up by companies to engage in CSR activities.

About 70% of the CSR funds target poverty alleviation programs. This is equivalent to about Rs 350.0 (US\$ 11.7) million per year.

Challenges

There is a real challenge for the Government to ensure the effectiveness of its poverty abatement programs.

Over the last six years since the setting up of the NEF, it is estimated that a total amount of Rs 5.0 billion (US\$ 167.0 million) has been invested by the State and from CSR funding in poverty alleviation programs. This is equivalent to an average of US\$ 23,148 per household (exclusive of established social transfers) if calculated on the basis of the initial 7,200 households surveyed by the NEF.

However, since there is no data indicating the number of households which have successfully and sustainably been pulled up above the poverty line, the effectiveness of the resources application cannot be evaluated.

The most important obstacles to the achievement of the desired objective lie clearly in:

- (a) The absence of focus of actions, follow up of target households, evaluation and monitoring.
- (b) Weak institutional capacity and coordination.
- (c) Absence of dialogue and coordination between public and private sector. Indeed while there has been a very successful tradition of public-private sector dialogue at the level of economic strategies, policies and programs, there is still a difficulty for similar strong engagement at the level of social policies and programs framework.

Under the Country Program 2009-2012, UNDP has provided assistance for the technical design of a Social Register of Mauritius (SRM) and a Proxy Means Test (PMT) to improve the targeting efficiency of poverty-related programs. The SRM is an instrument which is being developed with the intention to assist the Government in general, and in particular the Ministry of Social Security, National Solidarity and Reform Institutions and other Government agencies which are involved in social protection and poverty alleviation, in identifying the beneficiaries of each program and deciding the level and type of assistance for each beneficiary.

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

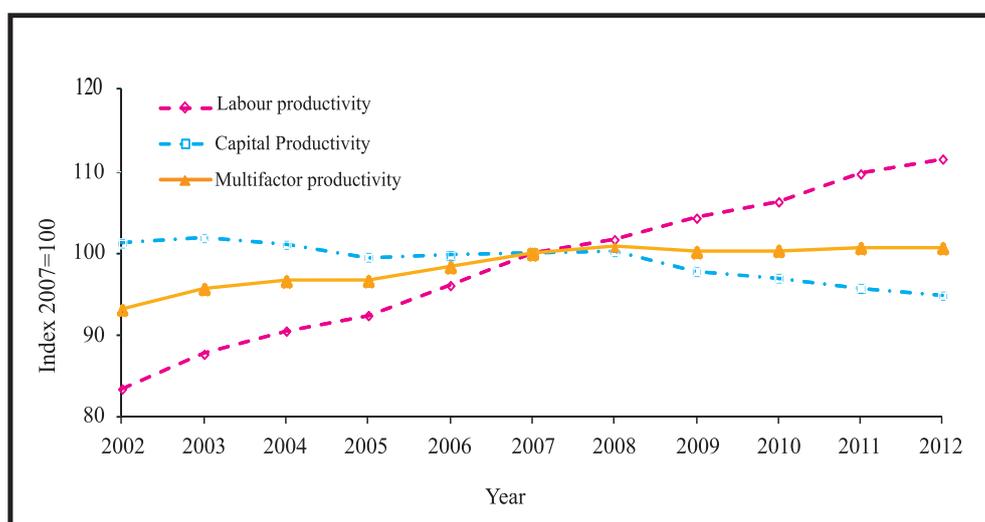
Indicators:

- **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**

Productivity

With an annual growth of 0.6% in the population and 4.2% in GDP at market prices, GDP per capita grew by 3.5% per annum during the period 2002 to 2012.

Chart 2: Trends in productivity indices – Total economy, 2002 to 2012

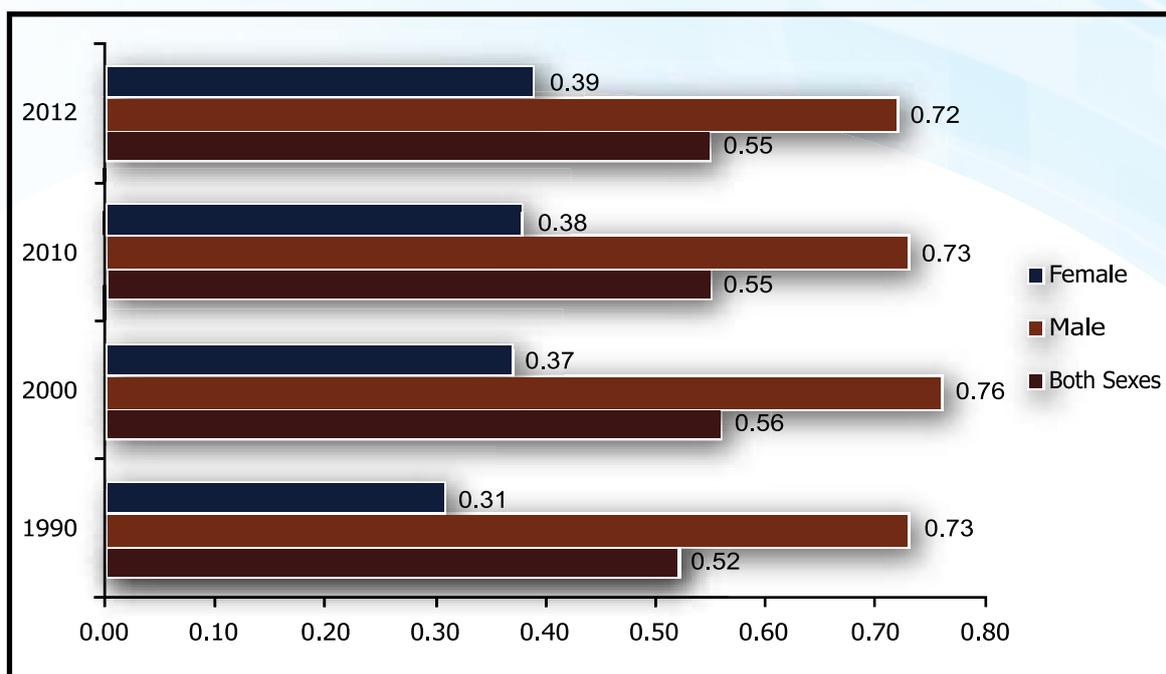


Source: Statistics Mauritius. Productivity and Competitiveness Indicators (2002 – 2012)

The index of labour productivity, defined as real GDP per worker, improved from 83.5 in 2002 to 111.6 in 2012, giving an average annual growth of 2.9%. In 2012 however, labour productivity grew at a lower rate of 1.6% compared to 3.2% in 2011. This was the result of a lower GDP growth of 3.3% coupled with a growth of 1.6% in labour input in 2012. In 2011, GDP grew by 3.5 % and labour input by 0.3%.

On the other hand, during the period 2002 to 2012 the index of capital productivity declined at an average annual rate of 0.6% from 101.3 in 2002 to 94.9 in 2012. Capital productivity witnessed declines for four consecutive years as from 2009 with a drop of 0.9% observed in 2012.

Chart 3: Employment to Population Ratio



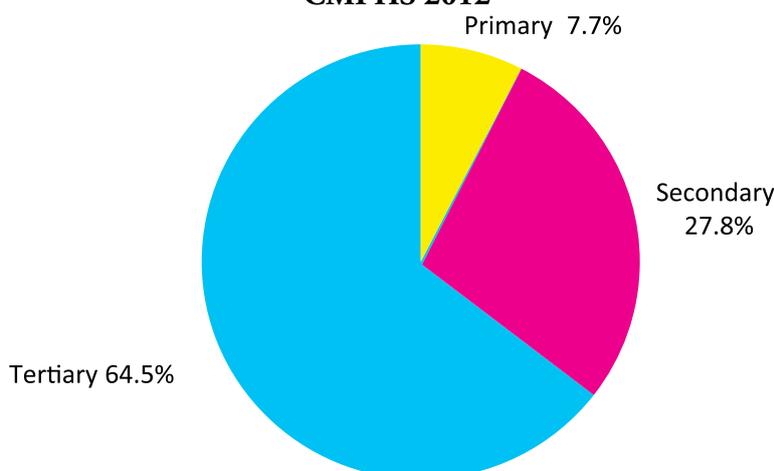
Source Statistics Mauritius

The employment to population ratio (expressed in terms of percentage) has remained around 55% over the last twelve years with 72% for males while females have increased from 31% in 1990 to 39% in 2012. During the period 2002 to 2012, female employment increased at a faster rate than male employment. On average, female employment increased annually by 2.8% whereas male employment increased by 0.9%.

In 2012, some 80% of the employed were employees while around 18% were self-employed (own account workers or employers) and the remaining 2% were contributing family workers. The female workforce as compared to the male workforce comprised a higher proportion of employees (83.7% against 77.5% among males) and contributing family workers (4.8% against 0.8%) but a lower proportion of self-employed (11.5% against 21.7% among males).

Out of every 100 workers, 65 were employed in the tertiary sector (covering trade, accommodation and food service activities, transportation and storage and all the other service industries), 25 in the secondary sector (covering manufacturing, electricity, gas, steam and air conditioning supply and water supply, sewerage waste management and remediation activities and construction) and 10 in the primary sector (covering agriculture, forestry and fishing and mining & quarrying).

Chart 4 Distribution (%) of employed population 16 years and over by industrial sector, CMPHS 2012



Source: Continuous Multi-Purpose Household Survey (CMPHS), Statistics Mauritius

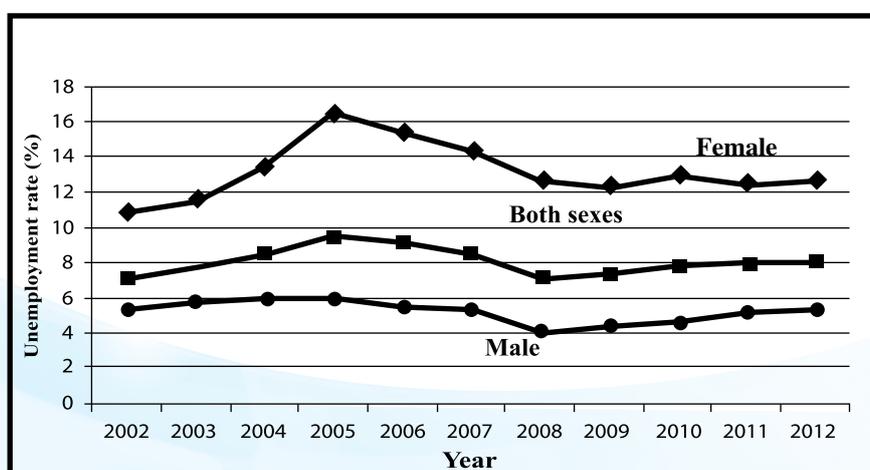
Table 5: Distribution of employed population aged 16 years and over by Industrial sector, CMPHS 2012

	Number	%
Primary	41800	7.7
Secondary	151600	27.8
Tertiary	351400	64.5
Total	544800	100.0

Source: Continuous Multi-Purpose Household Survey (CMPHS), Statistics Mauritius

With the slowing down of GDP growth during the last two years, job creation has provided only 80% of new labour coming into the market and therefore unemployment rate has grown from a low of 7.2% in 2008 to a provisionally estimated 8.1% in 2012. The unemployment rate for males has grown over the last three years but remains low at 5.3% while female unemployment rate is at 12.7% (see Chart 5).

Chart 5 – Unemployment rate by sex, 2002 – 2012



Source: Statistics Mauritius

The Mauritian economy has continued its growth and employment generation. The addition of new economic pillars, namely the seafood hub, the tertiary education and the health sector hub have also opened new opportunities for employment. The Government has recently launched an ambitious program for the development of an ocean economic sector which will offer both employment and entrepreneurship prospects for all categories of activities.

A profiling of the unemployed shows that:

- a) Unemployment rate was highest at the lowest age groups and decreased progressively with increasing age. It was 35.7% among those below 20 years and 2.6% at age 50 years and above. The disparity between male and female unemployment rate was highest in the lower age group; the difference was nearly 16 percentage points among the unemployed below 20 years and around 2 percentage points among those aged 50 years and above;
- b) Around 37% of them were aged below 25 years;
- c) About 19% had not reached the Certificate of Primary Education (CPE) level or equivalent and a further 32% did not have the Cambridge School Certificate (SC) or equivalent;
- d) 16% of the unemployed were heads of households;
- e) 13% lived in households with no employed persons; and
- f) 73.6% of the unemployed men were single while 61.9% of women were ever-married.

Challenges

Mauritius experiences this contradiction where it has unemployment and yet the country is also having a serious problem of availability of labour and still needs to have recourse to import of foreign labour to make up for the deficit. Mauritius is also experiencing a situation where there is both a lack of labour in adequate quantity to service its development needs and a mismatch of skills with respect to the reorientation of its development in new higher knowledge intensity sectors.

The country has been experiencing difficulty to address two dimensions of unemployment to deal with:

- (a) youth unemployment and here it is noted that there is a growing unemployment of young graduates,
- (b) the unemployment of low qualified persons.

The Government has put in place programs to address the matter. The National Empowerment Foundation runs a Training and Placement Program which involves a re-skilling component. The 2013 National Budget has provided Rs 330m (about US\$ 11.0 million) to assist the youth to obtain employment under the Youth Employment Program (YEP). The program concerns youth aged between 16 and 30 years who are currently unemployed and is particularly focussed on youth graduates.

The Ministry of Finance and Economic Development, in partnership with the Joint Economic Council, has established a joint public-private initiative called the Skills Working Group (SWG), in order to implement the Youth Employment Program.

The main objectives of the Youth Employment Program are:

1. To enable unemployed youth to obtain training/placement for an initial period of one year, with the possibility of permanent employment thereafter on condition of satisfactory performance;
2. To ensure that appropriate training is provided to youth to promote the development of necessary skills in the labour force; and
3. To assist employers in obtaining appropriate skilled manpower.

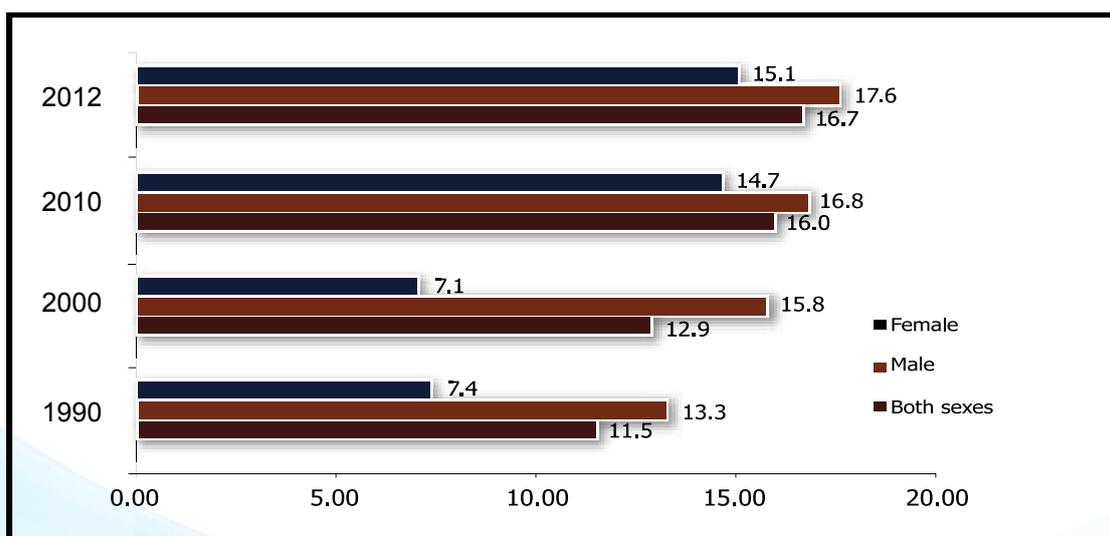
The YEP program runs on the basis that the state provides a subsidy of 50% on the stipend paid to the youth during his/her first year of placement/training. The total number of beneficiaries of the program and the number remaining in employment after the one year placement are not known.

Other programs cater for women, particularly those of a certain age who have essentially been retrenched as a result of the restructuring of the textiles and garment sector in the post-MFA phase, and who are not inclined to take up full time employment. Training support is offered to these women to derive income from self-employment as carers, who are increasingly in demand amongst the ageing population and persons with disabilities.

These programs however are not enough to resolve the full scale of the unemployment problem, the qualifications mismatch and the emerging attitudes particularly of the youth who are not willing to be employed unless the jobs offered meet their high aspirations.

A strong campaign for entrepreneurship supported by easier access to finance and institutional support have opened new opportunities for own micro and small business.

Chart 6: Proportion of Own-account and Contributing Family Workers



Source: Statistics Mauritius

The proportion of Own account and Contributing Family Workers to overall employment has increased significantly from 12.9 in 2000 to 16.7 in 2012. Whilst in many countries the growth of this category is indicative of downturns in the formal economy, this is not the case for Mauritius. Here it is a consequence of a booming domestic economy, a surge in entrepreneurship through micro enterprises promoted by the Government with a good support system. This in itself has proved to be a formidable job creation space.

Target 1C: 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**

There is no hunger problem and malnutrition is low in Mauritius. The Ministry of Health and Quality of Life argues that “hunger and malnutrition” in Mauritius is not necessarily related to starvation (lack of food) but may be due to behavioural and/or biological factors. For example, a child of a “rich” family may be underweight because of genetic factors. Moreover, with the methodology used to calculate underweight etc. there will always be a small proportion of children who will be found to be underweight because, as it is the case with most parameters in human beings, there are some cases that will be found to be on the extreme left of the U shape (Normal) Distribution (less than 3 or 2 Standard Deviation away from the Mean).

The indicator used is weight for age, and underweight determines children whose weights fall below the 3rd percentile of the growth standards in the Health Card. Overweight is taken as those children whose weights are above the 97th percentile in the Health Card.

Table 6: Incidence of Underweight and Overweight among Children, 2009 - 2012

Status	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%

Source: Ministry of Health and Quality of Life

The data is presented in three age groups namely: 0-11 months, 12-23 months and 24-59 months as shown in the Table 6.

It would appear that neither underweight nor overweight is a public health concern in the age group 0-59 months in Mauritius.

Goal 2: Achieve Universal Primary Education

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

Indicators:

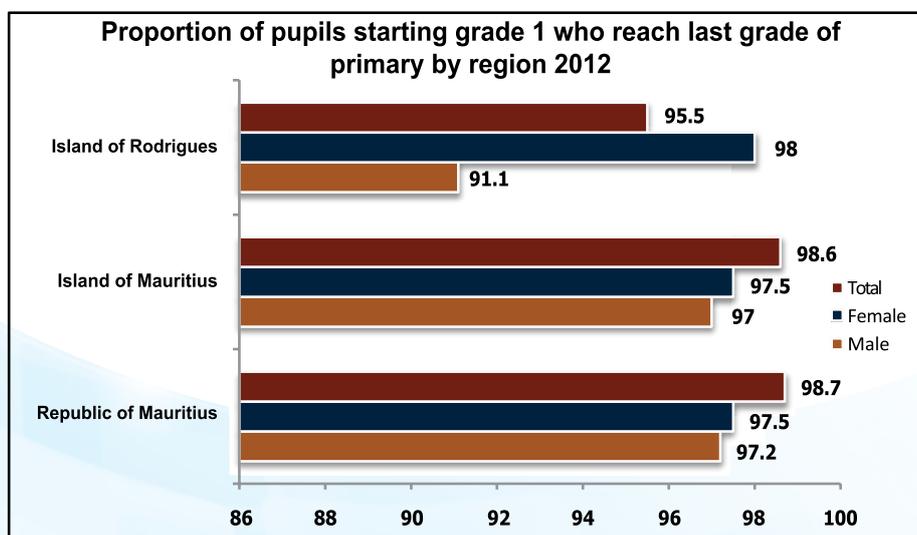
- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach last grade of primary
- Literacy rate of 15 – 24 years old, women and men

Summary Status

- ❖ The net enrolment ratio in primary school for both sexes stood at 99% in 2012, with males standing at 98% and females at 100%.
- ❖ The proportion of pupils starting grade 1, who reach the last grade of primary school for both sexes increased from 97.6 to 98.0 between 1995 and 2005 and is in 2012 at 98.7%.
- ❖ The Primary completion rate stands at 74.6% for 2012.
- ❖ The Literacy Rate of women and men between 15 and 24 years old, has improved from 91.2 % in 1990 to 94.5% in 2000. It is, in 2012, now standing at 98.1%.

The Mauritian Government has sustained its commitment to maintaining investments in education which has enabled the education sector in making significant progress towards achieving the education-related goals of the MDGs. Emphasis has been placed on broadening access and equity and improving the quality of education.

Chart 7: Proportion of Pupils starting Grade 1 who reach last grade of Primary by region 2012



Source: Ministry of Education and Human Resources

Mauritius has long achieved the goals of universal primary education and gender parity in enrolment. This is the result of a host of factors such as enabling legislations, favourable policy initiatives, budgetary support and infrastructural facilities.

Mauritius had a literacy rate of 98.1% for those aged between 15 and 24 years in 2012. The Gross Enrolment Rate (GER) has stabilised over the last decade to reach 101 percent in 2007 and Net Enrolment Rate (NER) in primary education has gradually improved to reach 99 percent. The gender parity index at the primary level is almost 1.0. The proportion of pupils starting grade I who reach the last grade of primary schooling (survival rate) is also very high at 98.7 %. There is no regional discrepancy for any of those indicators.

While nearly all children attend primary schools, the Primary Completion rate which is the ratio of the number of students successfully completing the last year of primary school (Std VI) in a given year to the total number of children aged 11 years and over stands at 74.6%. In terms of parity in learning outcomes, there are gender differences which persist in learning achievements in favour of girls, as measured by differences in examination pass rates.

Box 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 enrol in vocational programs;
- A battery of equity measures such as free meals for pupils in ZEP schools, student book loan scheme for secondary school students;
- Improved learning environments with the renovation of school infrastructure; and
- A host of quality initiatives directed to improve teaching and learning.

Source: Ministry of Education and Human Resources

In fact, Mauritius has, in the last decades, placed equal emphasis on access to secondary schooling and more recently focused on increasing access to tertiary education. All students who attend secondary and tertiary institutions are entitled to free transport. Secondary education is free and so is access to the two public universities.

There has been a sustained Government effort to increase the participation rate of Mauritians in higher education over the last decade, as reflected in the Gross Tertiary Enrolment Rate (GTER) which measures the total number of Mauritians enrolled in tertiary education, both locally and overseas, as a percentage of the population aged 20 to 24 years. The GTER has increased from 15.2% in the year 2000 to 46.6% in 2012. This has been achieved as a result of Government exempting students from paying university fees in public universities, expanding infrastructure facilities, expanding and diversifying courses on offer, and providing an opening for private tertiary education institutions to be operated.

Slightly more than 3% of women hold a university degree compared to nearly 5% for men. According to the 2011 Population Census, there were 19,167 females and 26,474 males who held post-secondary degrees.

In fact, the enrolment figures indicate that 58% of students enrolled in public tertiary education institutions were females, with 56.5% enrolled on full time basis. In private tertiary education institutions, 52% of students were females.

Apart from increasing the capacity of state owned universities, a conducive framework has attracted the setting up of private tertiary education institutions including foreign campuses. A target of 75% enrolment has been set for 2020. The Gross Enrolment Ratio (tertiary education enrolment as a percentage of the population aged 20 to 24 years) was 45.1% in 2010, and had a very slight decrease to 45.0% in 2011.

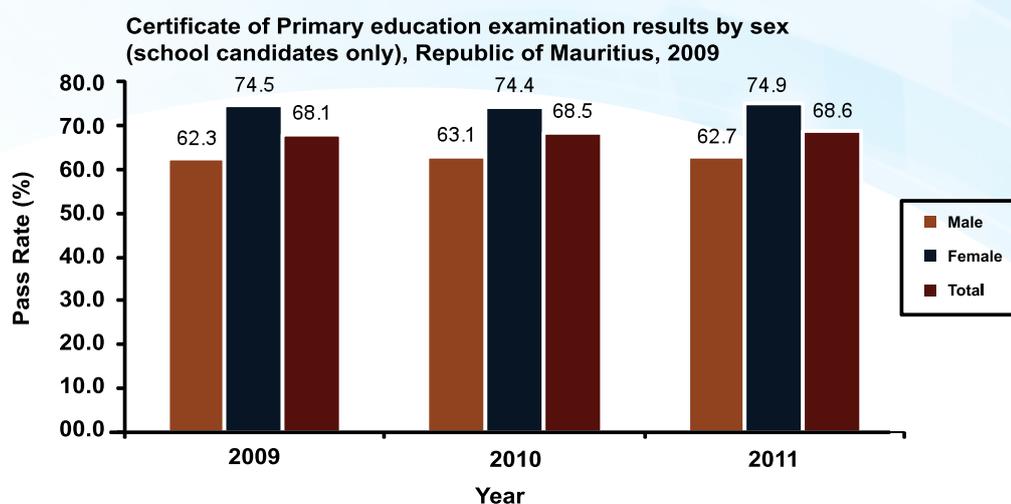
The majority of students (78%) were enrolled in tertiary education locally in both public-funded institutions (49%) and private institutions (29%). The remaining 22% of the students were enrolled in tertiary education overseas.

Challenges

One critical bottleneck that has constrained successful completion rate has been the end-of-cycle examination which serves the dual purpose of certification and selection for secondary schools as well as a deeply entrenched culture of competition. Notwithstanding attempts in different ways, the system has failed to reduce the rates of failures for the Certificate of Primary Education. The successful completion rate for a given cohort is around 85%.

A Report on a Study about street children⁴ indicated that an estimated number of 945 such street children existed in Mauritius. Of this population, about 36.2% (334) of all interviewees (5-19 years) were not attending school at the time of the interview. While education statistics in Mauritius are showing an enrolment rate of 71% in 2012 among the 12-19 population, the study reveals that enrolment rate was only 49.5% among these children interviewed within the same age group. The study explains that in Mauritius, the problem of street children or children in street situation is mainly one of “children on the streets” and/or “street working children” since the greater majority of the children interviewed had a home to retire to at the end of the day.

⁴ Mauritius Family Planning and Welfare Association and SAFIRE: Study on Street Children in Mauritius. 2012

Chart 8: CPE Examination results by sex, 2009 -2011

Source: Statistics Mauritius. Education Statistics 2012

Policy Measures to tackle the Challenges

The following measures are part of policy developments to address the above issue:

- A review of the Certificate of Primary Education is being undertaken;
- A National Curriculum Framework has been developed for pre-primary, primary and lower secondary education to respond to emerging concerns and full-scale implementation of the curriculum is being ensured;
- Measures are being undertaken to ensuring readiness of all pre-primary school children for primary school for early year interventions;
- The problem of out-of-schools pre-primary children due to poverty is being addressed to achieve universal enrolment at pre-primary level;
- The integration of children with special education needs in the regular school system is supported;
- The ZEP Strategy which aims at combating social inequalities and ensuring greater equity is being strengthened; and
- The introduction of digital technology in the classroom to improve the teaching/learning process.

Children failing the CPE examinations have the opportunity to be trained for an employable skill through pre-vocational schools. Enrolment in the schools offering pre-vocational education was 7,221 comprising 4,641 boys and 2,580 girls in 2012. About 30% of the students in pre-vocational schools were in state schools while others attended private ones.

Goal 3: Promote Gender Equality and Empower Women

Target 3A: 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.**

Summary Status

- ❖ **Gender parity is well entrenched at the level of primary and secondary education.**
- ❖ **The Government has revised the regulatory framework for local Government elections so as to ensure a minimum of one third representation for any gender. As a result, women representation at that level has jumped from 13.5% in 2005 to 36.7% in 2012 municipal councils.**
- ❖ **Women in 2012 represented 39% of the judiciary.**
- ❖ **Although there has been significant progress in women representation at parliamentary level, a sustainable presence of a minimum of 33% remains a challenge.**
- ❖ **The presence of women at board level in the private sector remains dramatically low.**

Major progress has been accomplished in the empowerment of women and in the achievement of gender equality. Mauritius has a Gender Inequality Index (GII) value of 0.377, ranking it 70 out of 148 countries in the 2012 index. The GII reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity.

Since 2009, Statistics Mauritius compiles Economic and Social Indicators (ESI) on gender statistics. It presents a portrait of women and men in the Republic of Mauritius and includes their demographic profile, health, family status, educational attainment and labour force characteristics.

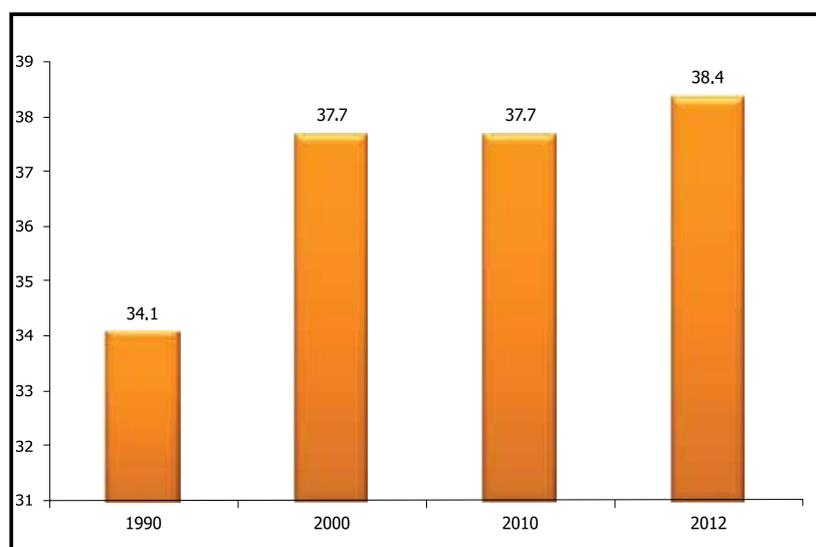
According to these statistics:

- (i) Diabetes, heart disease and cancer together accounted for 60.6% of causes of deaths among women against 68% of men's deaths;
- (ii) Disability prevalence is higher amongst the female population. In 2011, out of every 1,000 females, 49 were disabled against 47 males out of every 1,000;
- (iii) Men are more literate than women. However, the literacy gap between men and women has narrowed from 7.2 percentage points in 2000 to 5.0 percentage points in 2011;

- (iv) Employed women work on average six hours less than men;
- (v) More women are occupying high positions in Government services. The proportion of women in the most senior positions was 39%; and
- (vi) Domestic violence against men is on the increase, though women are more likely to be victims.

In terms of life expectancy, the universal trend of women living longer than men is observed. Women live 7 years longer than men. In 2012, life expectancy at birth for women was 77 years compared to 70 years for men. Since the past ten years, the gap between life expectancy of man and woman has tended to stabilise around 7 years.

Chart 9: Share of Women in Wage Employment in the Non-Agricultural sector



Source: Statistics Mauritius

Chart 9 shows that women are increasingly getting involved in wage employment outside the agricultural sector. This trend had already started in the 1980s when many Mauritian women went to work in the newly established Export Processing Zone especially in Textile and Garments factories.

Women in Politics and Decision Making Positions

Women's participation in decision making at the level of Local Government has increased at the last election. Following the amendment in the Local Government Act 2012 which imposes a gender quota, women comprised nearly 37% of the elected members at the Municipal Council Elections in 2012, compared to some 13% at the previous elections.

Table 7: Elected Members at the Municipal Council Elections, 2001, 2005 & 2012

	2001		2005		2012	
	Number	%	Number	%	Number	%
Men	109	86.5	110	87.3	57	63.3
Women	117	13.5	116	12.7	33	36.7
Total	126	100.0	126	100.0	90	100.0

Source: Gender Statistics, Statistics Mauritius July 2013

The increase in the representation of women is more significant at the Village Council Election; the share of women among the elected members is 25.4% in 2012 compared to 5.8% in 2005 and only 2.8% in 1997.

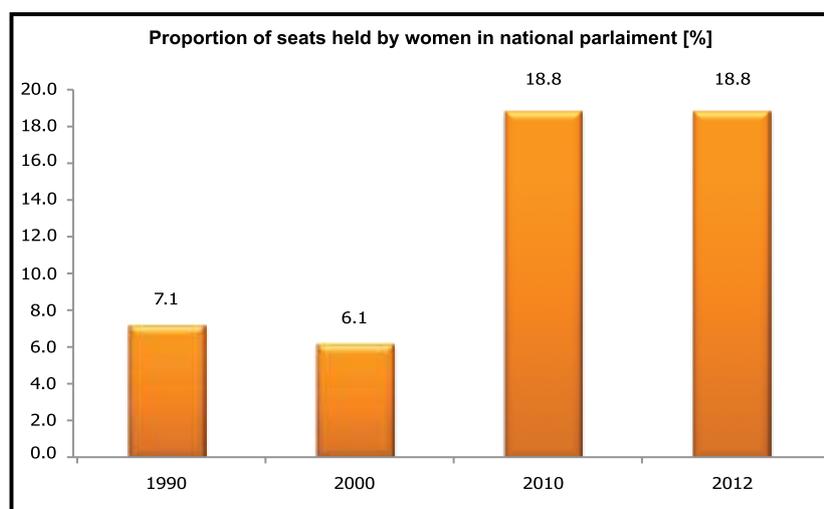
Table 8: Elected Members at the Village Council Elections, 1997, 2005 & 2012

	1997		2005		2012	
	Number	%	Number	%	Number	%
Men	1,435	97.2	1,390	94.2	873	74.6
Women	41	2.8	86	5.8	297	25.4
Total	1,476	100.0	1,476	100.0	1170	100.0

Source: Gender Statistics. Statistics Mauritius July 2013

At National Assembly level, though there has been an increase of 11.7% in the proportion of seats held by women from 1990 to 2012, eliminating gender disparity remains an unfinished agenda. Electoral reforms which have been on the political agenda of parties for the last fifteen years and where the provision of at least a guarantee of thirty percent representation for any gender to be ensured remains to be resolved.

Chart 10: Proportion of Seats held by Women in National Assembly



Source: Statistics Mauritius

In the Judiciary, women make up 39% of the personnel compared to only 7% at the Mauritius Police Force and an equal proportion at the Mauritius Prisons Department. However, women are more represented at the Probation and After-care service (63%).

Challenges

Women’s presence at decision making level in the corporate world remains another challenge. Women’s representation at board level in private companies is dramatically low. Of the top 100 companies of Mauritius, only 1 is chaired by a woman, while there are only 6 female CEO’s out of a total of 91. Likewise, out of 19 banks, there are only one female chairperson and 2 female CEOs.

The UNDP reports that domestic violence is not only an issue for women but also for men. There has been an increase in men reporting domestic violence, though women remain the more likely victims of such violence. According to the study on the Extent, Nature and Costs of Domestic Violence to the Mauritian Economy undertaken by the Ministry of Gender Equality in 2010, the burden of domestic violence in the Republic of Mauritius cost the economy some Rs 1.4 billion for the period 2008- 2009.

Goal 4: Reduce Child Mortality

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

Indicators:

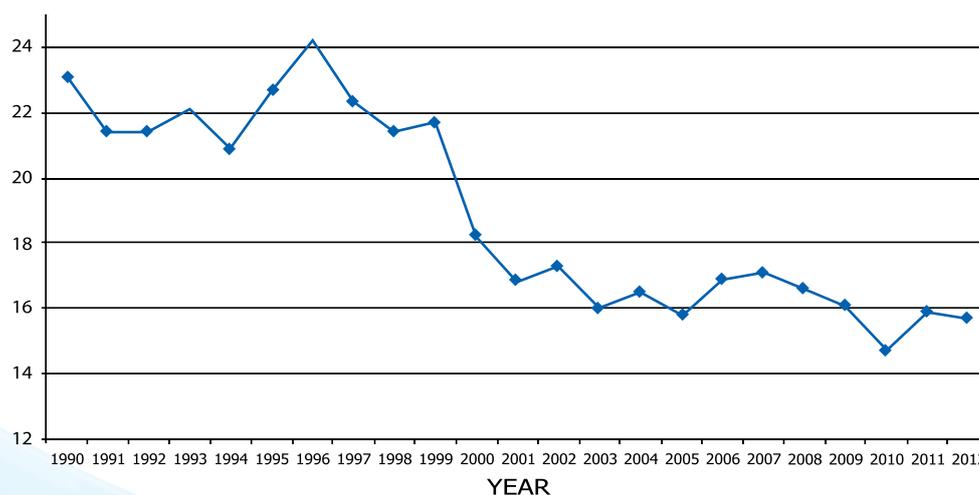
- Under-five mortality rate
- Infant mortality rate
- Proportion of one year old children immunised against measles

Summary Status

- ❖ Good progress has been achieved on the Under Five Mortality Rate (U5MR), however the target of reducing by two thirds the 1990 baseline still has to be achieved.
- ❖ Progress has been much faster in Rodrigues than in the island of Mauritius, although the level of U5MR still remains higher in the former.
- ❖ Infant Mortality Rate has been on steady decrease.

In Mauritius, under-five mortality and infant mortality rates have been reduced substantially during the past two decades. The provision of free health services coupled with country wide counselling facilities to mothers have allowed good progress to be achieved, but the country has not yet managed to reach the target of reducing the U5MR by two thirds with respect to its 1990 baseline.

Chart 11: Under Five Mortality Rate - Republic of Mauritius



Source: Ministry of Health and Quality of Life

The under-five mortality rate (death of children aged below five years) decreased from 23 per 1,000 live births in 1990 to 18 in 2000 and is presently at 15.7 in 2012. Data from the Ministry of Health and Quality of Life indicates that between 2008 and 2012, the male U5MR was higher than the female U5MR.

Congenital anomalies are the main cause of death (22.3%) while septicaemia and infections specific to the peri-natal period is the second most important cause.

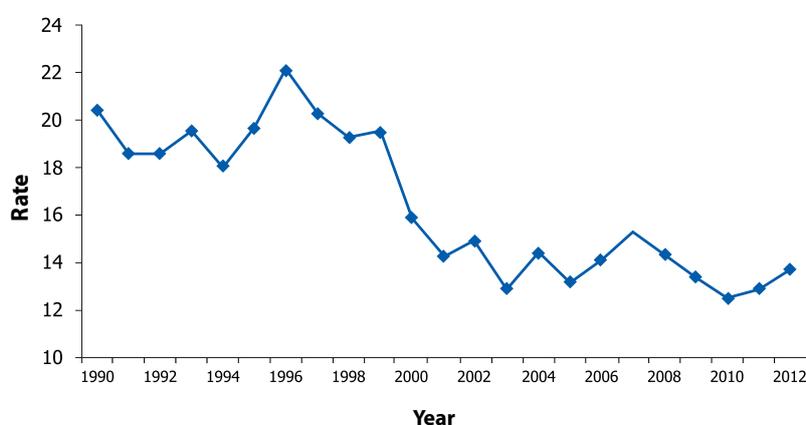
Progress is noted in the U5MR for both islands; however, results for the island of Rodrigues do not reach the same level of performance as the island of Mauritius. The main reason is probably the absence of a Neonatal Intensive Care Unit in Rodrigues.

Table 9: Under-Five Mortality Rate – Island of Mauritius and Island of Rodrigues

YEAR	2006	2007	2008	2009	2010	2011	2012
Island of Mauritius	16.1	17.2	16.4	16.2	14.6	15.6	15.3
Island of Rodrigues	31.8	15.4	19.2	13.9	16.8	21.5	23.4

Source: Statistics Mauritius – UNMDG by Island

Chart 12: Infant Mortality Rate – Republic of Mauritius



Source: Ministry of Health and Quality of Life

The Infant Mortality Rate (death of children aged below 12 months) for the Republic of Mauritius decreased from 20 per 1,000 live births in 1990 to 16 in 2000; it stood at 13.7 in 2012. One of the facilities granted by the Government is the free immunisation against infectious diseases. In 2009, the percentage of children immunised against measles was 93% compared to 84% in 2000 and to 76% in 1990⁵. In 2012 however, the percentage was 88.5% for the island of Mauritius and 93.5% for the island of Rodrigues.

Although Mauritius ranks as a middle income country and most health indices are comparable to those of developed countries, there is a high proportion of Low Birth Weight in Mauritius as compared to developed countries.

⁵ This indicator is based on inputs from Government's Expanded P on Immunisations only.

Table 10: Comparison table low birth weight (LBW) prevalence by country - 2008⁶

Country	Low Birth Weight Rate (% of live births)
United Kingdom	8
United States	8
United Arab Emirates	15
Singapore	8
China	4
India	28
South Africa	15
Ghana	9
Egypt	13
Rwanda	6
Angola	12
Mauritius	15

Low Birth Weight is considered to be a factor of post-neonatal infant mortality as well as of infant and childhood morbidity. The LBW rate has increased from 12.9% in 2000 to 17% in 2011.

A case-control study⁷ of quantitative and qualitative nature of live born babies was conducted to investigate the association of low birth-weight with a wide range of factors related to demographics, maternal health and pregnancy history, during the period 15 August to 15 December 2009 in the five regional hospitals in Mauritius. The study was funded by the World Health Organisation and carried out by a team of Ministry of Health and Quality of Life professionals.

The main risk factors identified in this study were educational and occupational status of mother, total family income, previous low birth-weight babies and preterm deliveries, alcohol consumption, height of mother, total antenatal visits, prolonged spontaneous rupture of membrane (preterm), weight of placenta, gestational age by date and sex of the baby. The study affirms that the reduction of the incidence of low birth weight babies could substantially reduce the number of infants dying in their first year of life, and will hence decrease the Infant Mortality Rate. Statistics available from the Ministry of Health and Quality of Life contradicts this argument.

⁶ World Health Organisation, World Health Statistics 2010

⁷ LBW Study Report Undated

Box 2**Measures being undertaken, either ongoing or newly adopted, to reduce child mortality in Mauritius**

Mauritius has placed maternal, neonatal and child health amongst the top priorities on its political agenda. Appropriate policies and institutional frameworks have been put in place to sustain progress towards attaining the MDG targets:

- Strengthening of Maternal and Child Health Care including through the implementation of the National Sexual and Reproductive Health Action Plan;
- Enhancing the Expanded Program on Immunisations against vaccine preventable diseases;
- The scheme for the physical presence of specialists, including paediatricians, gynaecologists and anaesthetists in the 5 Regional Hospitals on a 24-hour basis, rather than being on call;
- Clinical guidelines for the provision of comprehensive emergency obstetric and neonatal care have been reviewed and the role of midwives strengthened through continuous education;
- Setting up of neonatal ICU at Nehru Hospital (in addition to that of SSRN and Victoria Hospitals);
- The setting up of high dependency neonatal/paediatric ward at Flacq 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 early detection of complications;
- Setting up of an Institute of Women's Health and a Paediatric Hospital;
- Implementation of the Primary Care Physician Scheme;
- Enhanced awareness campaigns, including on the prevention of early pregnancy, exclusive breastfeeding and early antenatal care service attendance; and
- Screening of pregnant women for gestational diabetes.

Source: Ministry of Health and Quality of Life

Goal 5: Improve Maternal Health

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

Indicators:

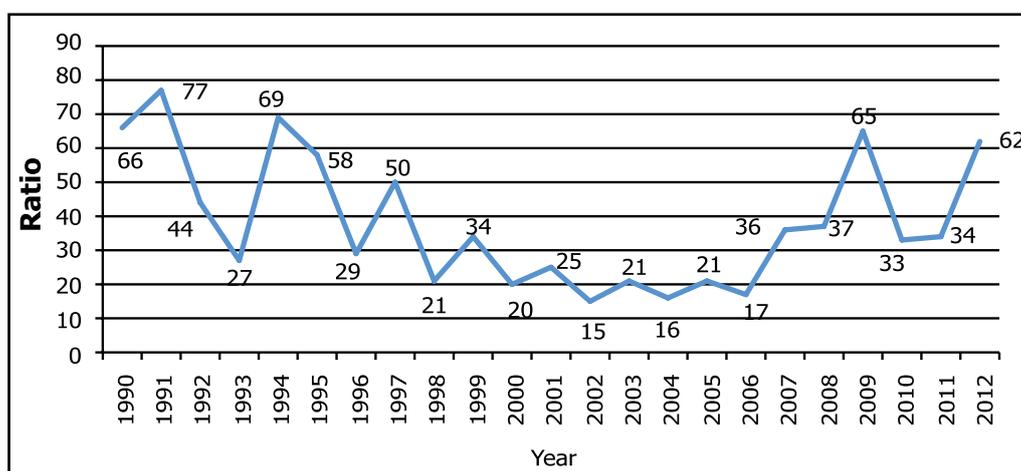
- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

Summary Status

- ❖ Access to reproductive health is free and there is wide and easy access to facilities and medical support.
- ❖ Maternal mortality which had seen constant regression over a period of sixteen years has surged back over the last eight years.
- ❖ Adolescent birth rate is on a downward trend.

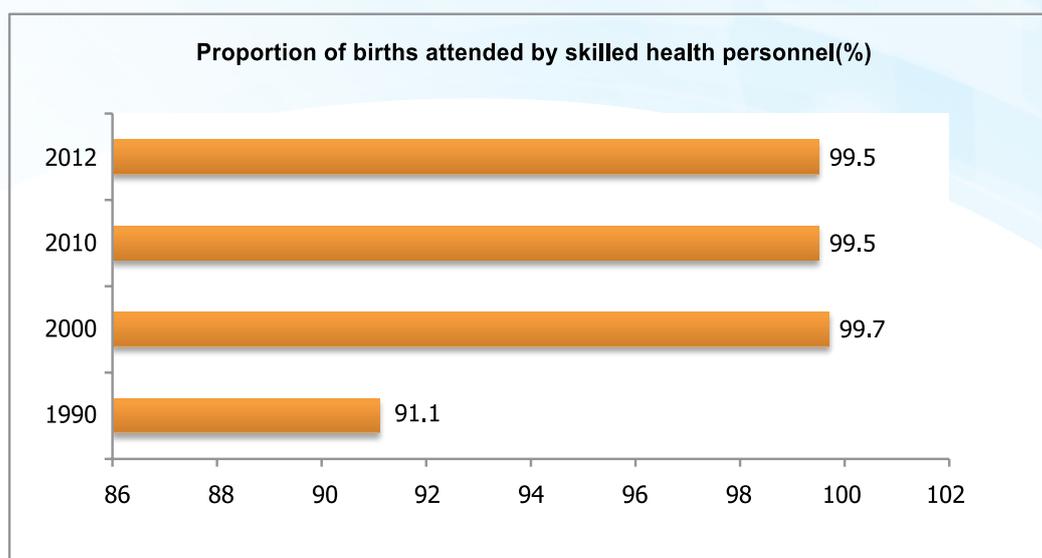
Maternal Mortality Ratio (MMR) has been very low in Mauritius and decreased sharply from 66 per 100,000 live births in 1990 to 17 in 2006, though the reversal of this trend in the past five years has been noted with concern. This situation is yet to be explained. MMR for Rodrigues has for the past ten years been zero except for 2010.

Chart 13: Maternal Mortality Ratio per 100,000 live births 1990 –2012



Source: Ministry of Health and Quality of Life

Mauritius has achieved considerable progress in the area of improvements in maternal health. This achievement is very much linked to health facilities prevailing in the country. The Government provides the people with universal access to free health care. There are special prenatal care medical clinics in hospitals and regional health centres for expecting mothers. One of the major reasons for the marked decrease in maternal death during the period is the very high level of skilled health personnel (doctors, nurses, midwives etc.) assisted deliveries which accounted for over 99% on an average since 1999. In 2010, there were 161 reproductive health service points all over Mauritius.

Chart 14: Proportion of Births attended by Skilled Health Personnel

Source: Statistics Mauritius

Box 3**Best Practice****A number of measures taken that have contributed to the constant reduction of maternal mortality:**

1. All pregnant women are encouraged to attend antenatal clinics in the first trimester of pregnancy;
2. Community and Area Health centres all over Mauritius offer antenatal services;
3. All pregnant women with bad obstetric history or any related problem are referred to a specialist clinic in regional hospitals;
4. Specialist services are available in all Area Health Centres;
5. All pregnant women with any suspected problem are attended by Specialist Obstetricians;
6. Haemoglobin is routinely tested to detect and treat anaemia;
7. Test is routinely done for HIV/AIDs for all pregnant women;
8. As Diabetes is common in Mauritius, all pregnant women are screened for diabetes;
9. All pregnant women admitted to Labour Ward have their blood cross-matched in case blood is needed urgently; and
10. Pregnancy hypertensive disorders are aggressively managed as this is the leading cause of maternal morbidity and mortality.

Source: Ministry of Health and Quality of Life

Challenges

The issue of increase in Caesarean Section (CS) as a means of child delivery has been raising concern. The percentage of delivery by CS stood at 26.8% of total number of deliveries in 2000. In 2009, the proportion had reached 42.4%.

Target 5B: 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 4 visits)**
- **Un-met need for family planning**

Access to Reproductive Health

As Table 10 shows, Antenatal care coverage (at least one visit and at least four visits) has been very high in Mauritius though more recent data is not available.

There has been a sharp and steady decline in adolescent birth rate to around 29.4 per 1,000 in 2012 compared to around 45 in 1990.

The falling population growth from 1% in 2001 to 0.4% in 2012 is an indication that Family Planning measures including use of contraceptives are effective in the country.

However, data on Contraceptive Prevalence and on unmet needs for Family Planning have not been updated since 2000.

Table 11: Reproductive Health Indicators

Indicators	1990	2000	2010	2012
Contraceptive prevalence rate ¹	74.3	78.1
Adolescent birth rate	45.2	38.9	30.6	29.4
Antenatal care coverage (at least one visit and at least four visits)				
At least one visit ²	...	93%
At least four visits				
Proxy used:- at least three visits ²	...	83%
Unmet need for family planning ¹	6.3	3.3

¹ - Figures for 1990 and 2000 refer to years 1991 and 2002 respectively. Indicators are based on Contraceptive Prevalence Survey 1991 & 2002.

² - Figure for 2000 refers to the year 2003. Indicator is based on World Health Organisation (WHO) survey.

Source: Statistics Mauritius

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

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS

Indicators:

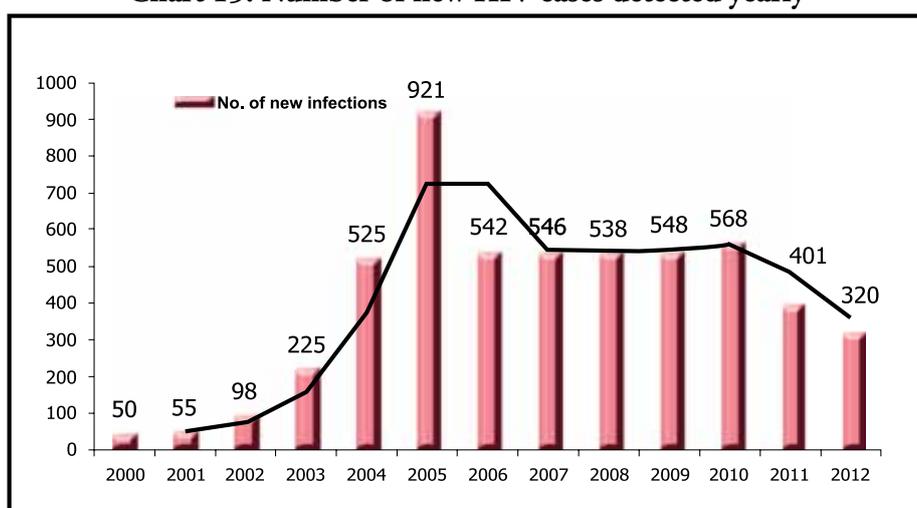
- HIV prevalence among population aged 15 -24 years (%)
- Condom use at last high –risk sex
- Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS
- Ratio of school attendance of orphans to school attendance of non orphans aged 10 – 14 years

Summary Status

- ❖ There is a notable decline in new HIV infections.
- ❖ The Prevalence of HIV in the population aged 15-24 years old is 0.72% (using ANC data as proxy)
- ❖ A comprehensive Prevention of Mother to Child Transmission Protocol is in place.
- ❖ Percentage of pregnant women receiving PMTCT amounts to 95% (PMTCT)
- ❖ Mauritius is facing a real challenge with respect to Non Communicable Diseases.

Mauritius has a concentrated epidemic with a prevalence of 1.02% amongst the population aged 15+ and a prevalence above 5% among People Who Inject Drug, Sex workers and Men Having Sex with Men. The number of newly detected HIV/AIDS cases among Mauritians is on the decline from 568 in 2010, to 401 in 2011, and to 320 in 2012 as shown in Chart 15. As at December 2012, 5,508 cases of HIV and AIDS had been detected cumulatively, out of which 1,133 (20.5%) were females. The total number of deaths registered among Persons Living with HIV (PLHIV) is 674.

Chart 15: Number of new HIV cases detected yearly



Source: National HIV and AIDS Surveillance, Ministry of Health and Quality of Life

Nevertheless, the subsequent potential for a heterosexual transmission remains a possible threat. However, it is comforting that the percentage of population aged 15 – 24 years having comprehensive

knowledge of HIV/AIDS has greatly increased from 21.9 in 2004 to 81.0 in 2011 as a result of massive awareness campaigns carried out by various Government services as well as NGOs.

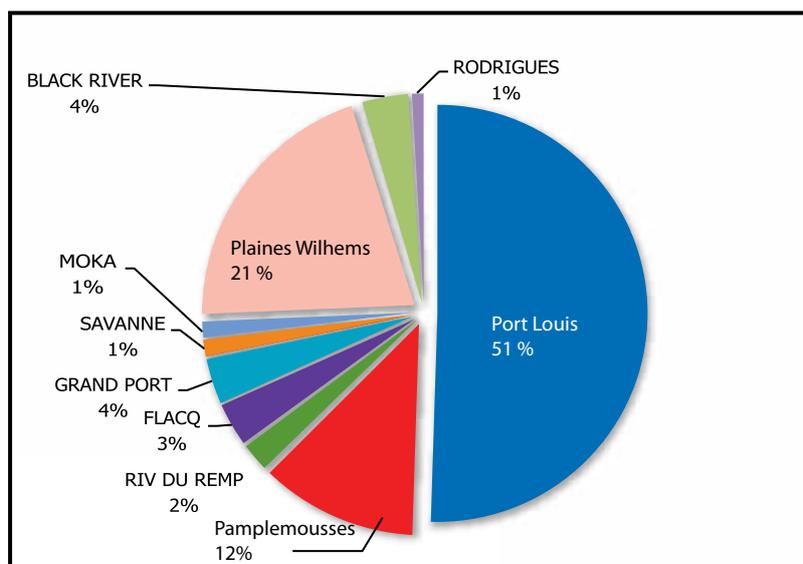
It is also reported that 62% of young people claim to use condoms during sexual intercourse with a non-regular sexual partner.

Table 12: HIV/AIDS Indicators

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

Source: KABP Study 2008, 2011

Chart 16: Distribution of HIV/AIDS cases by District – 1987-2012



Source Ministry of Health & Quality of Life

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

Indicator:

- **Proportion of population with advanced HIV infection with access to antiretroviral drugs**

The successful drive against progress of the HIV/AIDS spread in Mauritius has been the result of resolute political will championed by the Prime Minister with the Ministry of Health and Quality of Life as a main service provider, a multi-sectoral approach, the partnership of stakeholders, strong NGO activism, a results-based National Strategic Framework, a strong monitoring and evaluation system and a surveillance plan.

Box No. 4

Success story of containing the prevalence of HIV/AIDS at around 1%

As from 2001, the HIV epidemic followed an exponential trend in Mauritius. It peaked in 2005 mainly fuelled by injecting drug use. However, the risk of new infection has been reduced through the introduction of a three-pronged strategy: HIV and AIDS Act 2006, Needle Exchange Program and Methadone Substitution Therapy. In addition sensitisation campaigns with focus on vulnerable groups, decentralisation of the testing and counselling facilities to Area and community Health centres, the setting up of additional Treatment and Care Centres and Drop-in centres greatly help in our national response.

The Methadone Substitution Therapy (MST), set up in November 2006, and the Needle Exchange Program, also initiated in 2006, have been essential components in the fight against HIV and AIDS. Since the setting up of the MST program up to July 2013, 6,500 clients have been induced on Methadone. The MST Program has been implemented by the Ministry of Health and Quality of Life in close collaboration with the National Agency for the Treatment and Rehabilitation of Substance Abusers (NATReSA) and NGOs namely: The Dr. I. Goomany Centre, Sangram Sewa Sadan, Lacaz A, HELP De Addiction Centre and Groupe Renaissance de Mahebourg. After their induction, clients are advised to report to their respective treatment centres for psycho-social support, whereby they are continuously counselled to adopt a positive lifestyle free of drugs, and thereby helping to decrease the HIV transmission among drug users.

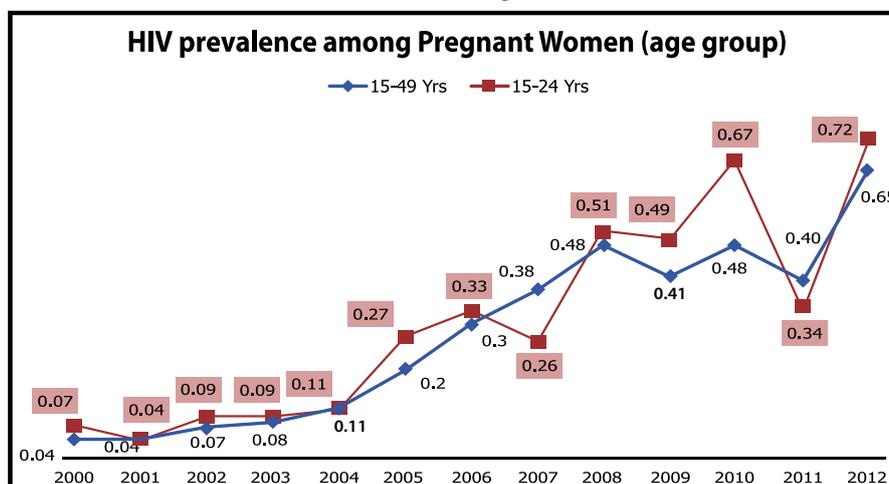
The above measures have resulted in a decrease from 92% in 2005 to 47% in 2012 in the transmission of HIV through injecting drugs.

Source: National HIV and AIDS Surveillance

Maternal and Infant Care – HIV/AIDS

The PMTCT program, initiated in December 1999, makes provision for the detection of all pregnant women with HIV in all public health facilities and the universal provision of free PMTCT services. All deliveries are carried out in hospitals, and the coverage of HIV testing for pregnant women is 95%, the remaining 5% being women who follow Ante Natal Care (ANC) privately.

Chart 17: HIV Prevalence among Ante-Natal Care Clients



Source: Ministry of Health & Quality of Life and National Aids Secretariat

The prevalence of HIV among pregnant women has been increasing gradually from less than 0.1% in 2000 to 0.6 % in 2012 (see Chart 17). It has since stabilised to 60 to 75 cases being detected annually with a prevalence rate below 1%, indicating that the epidemic is not a generalised one.

It was assumed that adherence to PMTCT was originally high because of a 95% uptake of HIV test. However, it is only when reporting on the United Nations General Assembly Special Session on AIDS (UNGASS) Indicator “Number of HIV-infected pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission”, that it became evident that in 2009 only 68.3% of HIV positive pregnant women were accessing PMTCT (See Box No.5).

Box No. 5

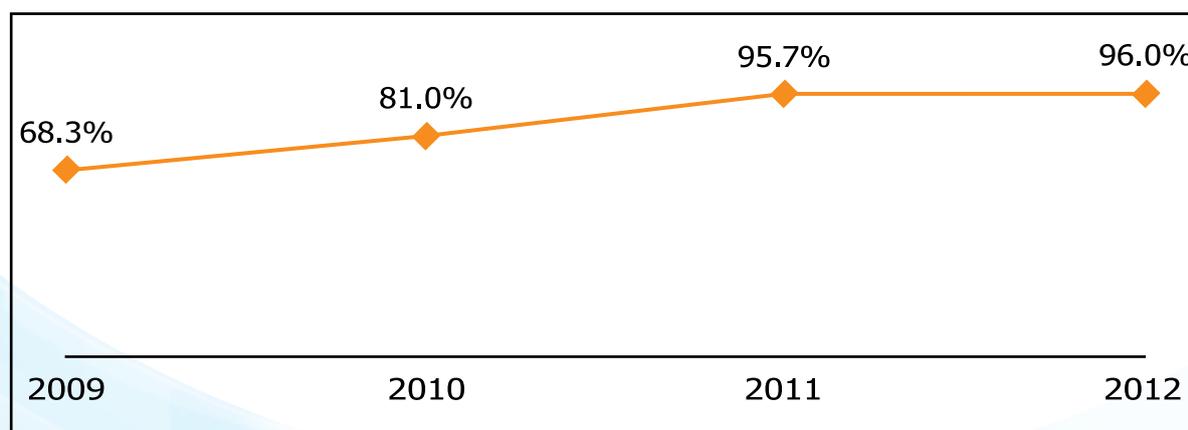
Recognising that the service faces a major obstacle in its Prevention of Mother to child Transmission program, the Ministry of Health and Quality of Life and all stakeholders met under the leadership of the National AIDS Secretariat to develop strategies to trace all HIV-infected pregnant women and bring them to treatment and care. A team was constituted to contact-trace HIV positive pregnant women lost to follow up and a strong coordinating structure was set up between the AIDS Unit, the Central Health Laboratory, and the clinical team.

An effective communication strategy has been put in place with midwives at periphery level who are in constant contact with the central level and a personalised management protocol was adopted to accompany the HIV-positive pregnant mothers in order to increase adherence.

The result has been encouraging with an 81% adherence rate to PMTCT in 2010 which progressed to 95.7% by the end of December 2011 to 96% in 2012 (see Chart 18).

Source: National Aids Secretariat

Chart 18: Percentage of HIV Pregnant Women who received PMTCT, 2009-2012



Source: Ministry of Health and Quality of Life

Achieving Universal Access to Treatment for HIV/AIDS for all those who need it

The three components of the PMTCT Program are:

1. Testing of all pregnant women at ANC clinics
2. Provision of PMTCT to all pregnant women who are HIV-positive
3. Follow-up of all babies born to HIV-positive women.

Around 13,500 tests for HIV are carried out at ANC clinics annually, and approximately 50 to 70 positive cases are being diagnosed and referred to the National Day Care Centres for the Immuno-suppressed (NDCCI) for PMTCT services. HIV-infected pregnant women are detected at the Virology Department of the Central Laboratory at Victoria Hospital, the NDCCIs and in hospitals at the time of delivery.

The protocol for PMTCT is as follows:

- Provision of Anti-Retroviral (ARVs) starting at 14th week of gestation;
- Determining the mode of delivery (Normal Delivery or Caesarean Section) according to results of viral load at 34th week of gestation;
- Provision of ARVs during delivery.

All cases referred to NDCCIs are also referred to gynaecologists at Regional Hospitals and all deliveries are notified to the NDCCIs. All babies born to HIV-positive women are followed up at the NDCCIs and subjected to a Polymerase Chain Reaction (PCR) test at two/three months. Artificial milk is provided free of charge and an adapted vaccination protocol is implemented. ARVs are provided in a timely manner, when indicated. However, for various reasons, some babies are still lost to follow up and therefore new follow-up strategies are being put in place to trace and test all babies/children born to HIV-positive mothers.

Women who do not receive PMTCT are either those who were diagnosed at ANC clinic and referred to NDCCIs, but who did not follow treatment during pregnancy, or those who did not attend ANC at all and only presented themselves at the hospital for delivery.

These cases can be explained by the fact that many women belong to the key populations at risk of HIV, and as such, they are either taken up in other activities or because of self-stigmatisation, they do not take advantage of free ANC services.

The Republic of Mauritius is targeting to reach e-MTCT (Elimination of Mother to child Transmission) by 2015.

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

The Republic of Mauritius has since decades, been declared a malaria-free country by the World Health Organisation (WHO). The few (5.2 in 2000 and 2.6 per 100,000 population in 2012) reported cases of Malaria are imported ones, that is, there is no local transmission of the disease.

With respect to the Island of Rodrigues only in three out of the past 21 years, have cases of malaria been reported with highest recorded incidence of only 2.8 out of 100,000 population.

With regards to tuberculosis, the Republic of Mauritius recorded 11 cases per 100,000 population in 2000 and 9 cases in 2012.

The island of Rodrigues has also a very low incidence rate of tuberculosis.

Challenge

Most imported cases of Malaria and Tuberculosis occur among expatriate workers. Hence, there is a need to closely monitor the situation.

Box No. 6

Chikungunya and Dengue

After a first epidemic wave of Chikungunya in 2005, when 3,586 cases were detected, the country faced a second, more extensive, wave of infection in 2006. During that year 10,072 positive cases were reported, 555 of these were from the island of Rodrigues. However in 2007, only one case was reported. Since then only a few cases have been reported, all of which are imported. In 2012, only one case has been reported.

During the outbreak of Dengue fever in 2009, 252 cases were reported. In 2010, 2011, and 2012, only 11, 8 and 13 cases respectively were reported, all of which were imported.

Source: Ministry of Health and Quality of Life

Policy Measures for Vector Control and Disease Surveillance

The successful prevention and control of Chikungunya and Dengue fevers was achieved through the implementation of a comprehensive action plan. This plan provides for prevention and control strategies to be deployed for the duration of the epidemic, as well as during the inter-epidemic period. Vector control and disease surveillance are two major components of the plan. Vector control is achieved by adopting an Integrated Vector Management (IVM) strategy, which includes community participation and inter-sectoral collaboration. In this respect, meetings are held with all stakeholders concerned, each of them to monitor the contributions made.

In addition, vector control activities are being evaluated regularly by making use of internationally established vector surveillance indicators which are used in anti-mosquito field operations. Furthermore, nationwide and community based awareness campaigns are undertaken on a regular basis.

Disease surveillance is an ongoing activity and the detection of cases is supported by the Central Health Laboratory. However, in the context of climate change, the risk of increasing global vector population, vector behavioural patterns and pathogen multiplication remain major challenges. In 2009, the Communicable Diseases Surveillance and Response System was strengthened. The High Response Capacity adopted a multi-sectoral approach. The Ministry of Health and Quality of Life got strong support from various sectors such as the Special Mobile Force and other Ministries and local authorities, as well as the private sector such as the tourism and sugar sectors. The resources were mobilised very rapidly. This intervention prevented the Chikungunya epidemic from re-emerging with no further case reported. It also curbed the epidemic of dengue from the very beginning.

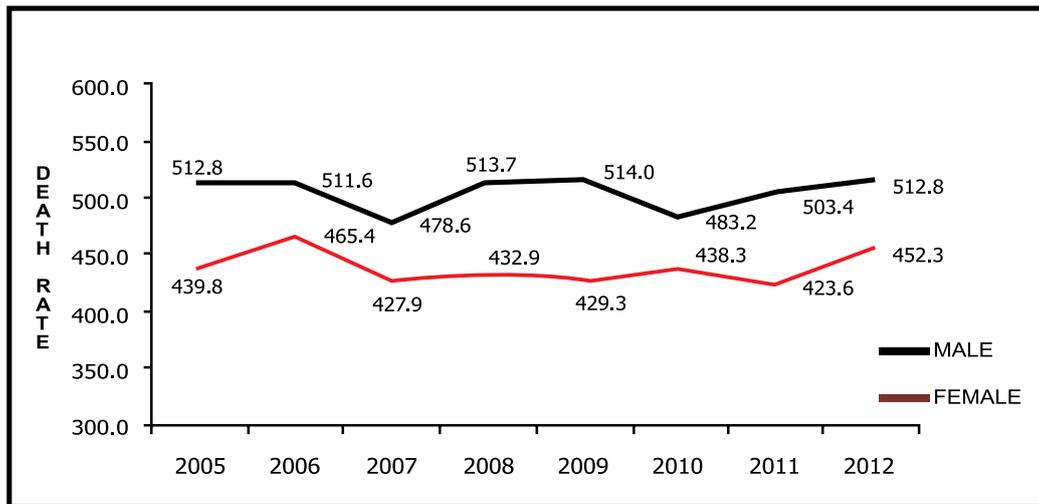
Given that Mauritius is vulnerable to threats of emerging and re-emerging infectious diseases, the Communicable Diseases Surveillance and Response System is being further strengthened with an improved early warning system with a view to responding more rapidly.

Major Health Challenge: Non-Communicable Diseases

The real challenge for Mauritius is not communicable but Non Communicable Diseases (NCDs).

Mauritius conducted its first Non-Communicable Diseases (NCDs) Survey a quarter of a century ago. At that time, that is in 1987, the prevalence of diabetes stood at 14.3% and that of hypertension at around 30%. The most recent survey in 2009 reveals the prevalence of diabetes to be at 21.3% and that of hypertension at 37.9%. It is also estimated that NCDs constitute 80% of the disease burden in the country. Also, around 50% of all deaths are attributable to cardiovascular diseases, including those as a consequence of diabetes. In 2012, mortality due to cancers reached 12%

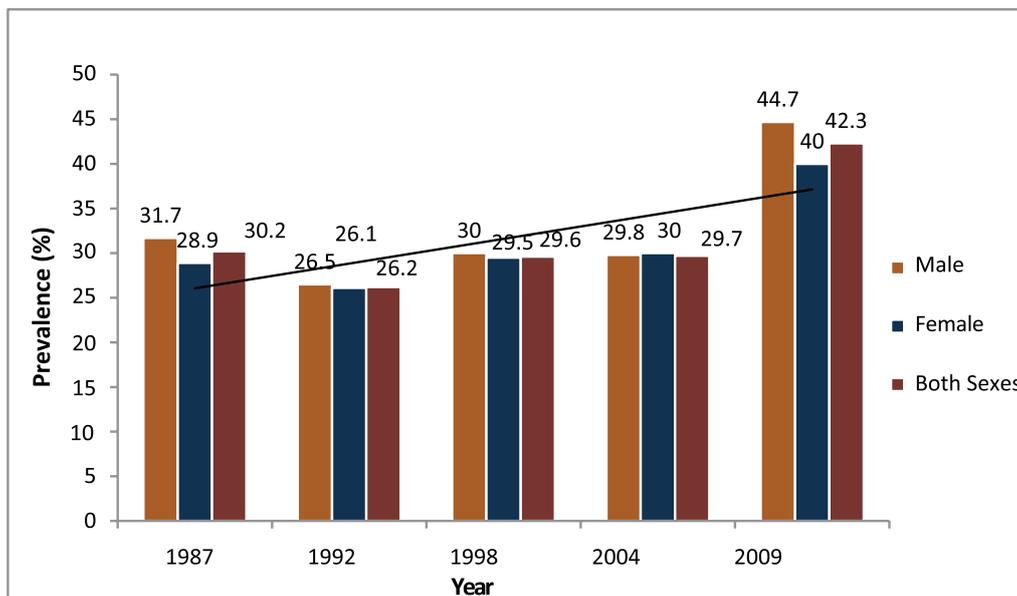
Chart 19: Death Rate per 100,000 population due to NCDs, Mauritius



Source: Ministry of Health and Quality of Life

Chart 19 shows that the rate of deaths due to NCDs was more or less stable from 2005 to 2012. The rate is slightly higher among males (503.8 per 100,000) as compared to females (438.7 per 100,000).

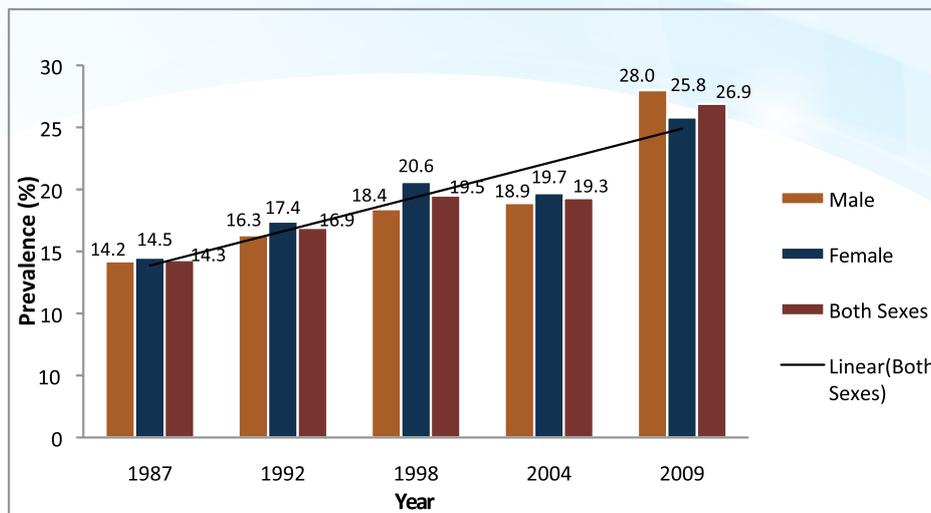
Chart 20: Prevalence of Hypertension among Adults 30 years above 1987 – 2009



Source: Ministry of Health and Quality of Life

The prevalence of hypertension for people aged 30+ has increased by more than 12% from 1987 to 2009. The prevalence is again higher among males as compared to females.

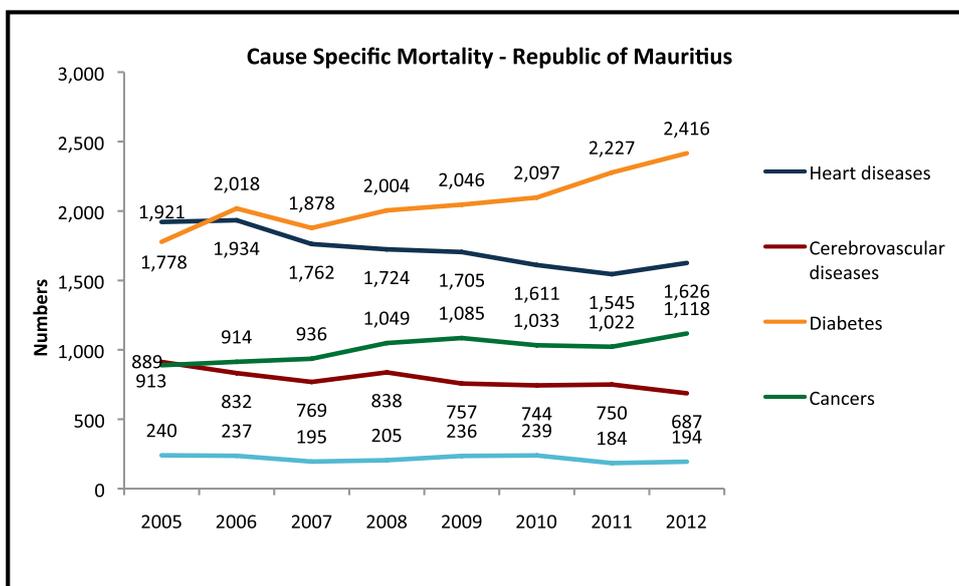
Chart 21: Prevalence of Type II Diabetes Mellitus 30 years and above



Source: Ministry of Health and Quality of Life

All these diseases are related to affluence and dysfunctions in lifestyles and dietary practice. Bad eating habits, lack of physical activity, tobacco use and abuse on alcohol have contributed to this state of affairs. The Fast Food Industry, the Tobacco Industry, the Alcohol Industry and the Marketing Agencies are the main culprits. Addressing the social determinants of health that may be fostering NCDs is another challenge.

Chart 22: Cause Specific Mortality due to NCDs



Source Ministry of Health and Quality of Life

Box No. 7

The Ministry of Health & Quality of Life has taken the following key actions in line with the WHO Global Plan of Action for the Prevention and Control of NCDs:

- Mass media campaign on the NCDs and their risk factors. A National Framework for a Health Literacy Program is being finalised to strengthen the preventive strategies;
- A Master Plan for Primary Health Care has been prepared which takes on board further consolidation of our primary care services;
- Revamping of the Counselling and Screening Program at Your Doorstep;
- A Diabetes Prevention Project is under way;
- A Population Study on salt intake has been completed in Mauritius and a National Strategy for the reduction of salt intake in the population is being developed;
- All the major measures as recommended by the Framework Convention for Tobacco Control have already been implemented;
- National Digital Retinal Screening Service and Podiatry Services are available for persons with diabetes; and
- Implementation of the National Cancer Control Program Action Plan since 2010 is ongoing. This Action Plan focuses on primary prevention but it also incorporates other cancer control strategies such as screening, diagnosis, treatment, palliative care, planning of cancer services and cancer surveillance and research. The Ministry is planning the introduction of a National Human Papilloma Virus Vaccination Program for the prevention of cervical cancers.

Source: Ministry of Health and Quality of Life

Some positive outcomes of the above measures are:

- (i) the percentage of cases treated as in-patient in Government general hospitals due to cardiovascular diseases or diabetes as the main condition has decreased from 15.1% in 2005 to 13.7% in 2012;
- (ii) admissions in Brown Sequard Hospital due to mental and behavioural disorders associated with the use of alcohol has continuously decreased from 50.7% in 2009 to 42.5% in 2012;
- (iii) data obtained from the Mauritius Revenue Authority indicates that the number of imported cigarette sticks was 1 billion in 2012 compared to 1.3 billion in 2009; and
- (iv) death due to cardiovascular diseases (circulatory system) was 31.4% in 2012 compared to 37.3% in 2005.

In the National Report for the Republic of Mauritius on the Post-2015 UN Development Agenda, the Government recommends that all health related goals that is Goals 4, 5 and 6 be regrouped in one single goal entitled “Universal Health Coverage” where all health challenges are taken into account including NCDs as a target. Apart from NCDs, this aggregated goal would allow to monitor the access of citizens to all health facilities including Maternal and Child care, Family Planning, Sexual and Reproductive Health Education, prevention and treatment of Substance Abuse, HIV/AIDS and other emerging and re-emerging health challenges.

Goal 7: Ensure Environmental Sustainability

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

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

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**
- **Proportion of terrestrial and marine areas protected**
- **Proportion of species threatened with extinction**

Summary Status

- ❖ Notwithstanding clear regulatory policy and institutional measures taken by the Government as well as the concrete programs of the Maurice Ile Durable Policy, Strategy and Action Plan, current data shows that there is a worsening situation with respect to some important indicators concerning environment protection.

Mauritius has made considerable progress in developing environmental policies and strategies in most sectors to ensure environmental protection. The country's institutional architecture and legal framework for environmental governance is anchored in the concept of sustainable development and incorporates the relevant recommendations of major UN Conferences on environment.

The country has been pursuing a sustainable planning approach since three decades based on the proposals in the Mission d'Aménagement du Territoire à l'Île Maurice (MATIM) 1976, National Physical Development Plan (NPDP) in 1994 and National Development Strategy (NDS) Report 2003, although the MATIM and NPDP were not formally approved⁸.

⁸ Ministry of Housing and Lands

Integrating Principles of Sustainable Development in the Country Policies and Programs

The first National Environment Strategy and National Environment Action Plan (NES 1 & NEAP 1) were developed in 1988, for the period 1988 - 1998. The NEAP 1 developed the policy, institutional and legislative framework for environmental management in the country. The priority areas for environmental protection and management under the NEAP 1 included physical planning, water resources management, biodiversity conservation and restoration, and solid waste management and sanitation, amongst others.

The second NES and NEAP were then developed for the period 1999 - 2009. The NES 2 and NEAP 2 focused on projects geared towards improving environmental quality. Projects such as monitoring of water resources, the setting up of a cleaner production centre, a framework for Integrated Coastal Zone Management, the demarcation of Environmentally Sensitive Areas, the development of an Environment Information System and industrial management, were given high priority.

Sectoral policies have also been developed across various thematic areas such as energy, coastal zone management, land, biodiversity, forests, wastewater, solid waste, and tourism amongst others and these have a direct bearing on MDG Goal 7. Some of these policies include: the National Biodiversity Strategy & Action Plan⁹ (2006-2015), the National Forestry Policy (2006), the Long Term Energy Strategy (2009-2025), the Islets National Park Strategic Plan¹⁰ (2004) and the National Program on Sustainable Consumption and Production¹¹ (2008-2013) for Mauritius.

In 2008, “Maurice Ile Durable” (MID) was announced as the new long term vision for achieving sustainable development. In this context, the “Maurice Ile Durable” Policy, Strategy and Action Plan¹² was adopted in June 2013. The MID Policy, Strategy and Action Plan lays particular focus on Energy, Environment, Employment, Education and Equity and comprises some 130 section areas. The aim of the MID Framework is to reconcile the three pillars of sustainable development that is environmental protection, economic development and social justice with the ultimate goal of providing a better quality of life for all citizens. The MID Policy Framework is seen as a catalyst for change that will shape a better future for Mauritius.

The MID policies and targets will be delivered through four MID Priority Programs, namely: Energy; Cleaner, Greener and Pollution Free Mauritius; Green Economy; and Ocean Economy.

⁹ <http://www.cbd.int/doc/meetings/nbsap/nbsapcbw-seafr-01/other/nbsapcbw-seafr-01-mu-nbsap-en.pdf>

¹⁰ <http://www.gov.mu/portal/sites/legaldb/files/rodmgmt.pdf>

¹¹ http://www.un.org/esa/dsd/dsd_aofw_ni/ni_pdfs/NationalReports/mauritius/THE-TEN-YEAR-FRAMEWORK-OF-PROGRAMS-ON-SUSTAINABLE-CONSUMPTION-PRODUCTION-PATTERNS.pdf

¹² <http://www.gov.mu/portal/sites/mid/MIDReports.htm>

Some of the policies and specific targets underscored in the five sectors include *inter-alia*:

- Increase the share of renewable sources in electricity production from 16.2% in 2011 to 35% by 2025;
- Develop a sustainable transportation system aimed at reducing the consumption of energy in the transport sector by 35% by 2025;
- Reduce energy consumption in public and non-residential buildings by 10% by 2020;
- Conserve and sustain the management of our natural resources, including integrated land use planning, watershed management, food security and biodiversity protection;
- Strengthen pollution control and waste management for the protection and improvement of health and quality of life of all citizens;
- Reduce the ecological footprint to be in the upper quartile of similar income nations, by 2020; and
- Increase the percentage of green jobs from 6.3% in 2010 to 10% by 2020.

A MID Fund has also been instituted to fund sustainable development projects such as conservation of local natural resources, use of local sources of renewable energy, energy efficiency and conservation, promotion of resource use efficiency, waste recycling and Research and Development (R&D) pertaining to environmental sustainability. Various projects¹³ such as the solar water heater grant scheme, the installation of photo-voltaic panels in public and private schools, the rain water harvesting scheme for market and fairs for local authorities; the water saving campaign for heavy water users, the promotion of the household composting scheme, and the carbon footprint project have been implemented.

However, while the MID project aims at the future, current data shows that there is a worsening of the situation with respect to some of the indicators concerning environment protection as shown below.

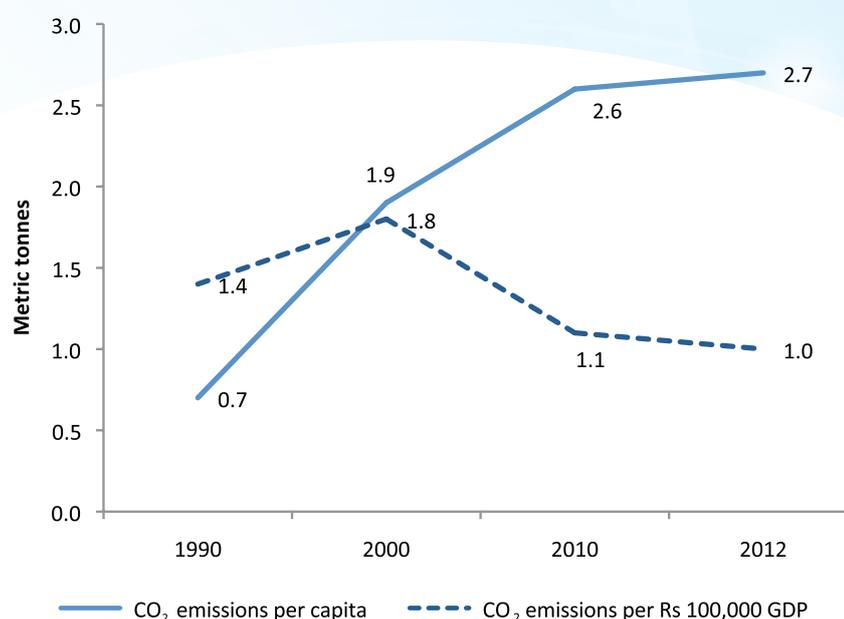
Emissions

The per capita and per GDP Green House Gases (GHG) emissions has risen during the last decade due to an increase in the consumption of fossil fuels. The electricity sector is the main GHG emitter and contributed to 60.6% of the national GHG emissions in 2011. Sectoral data shows that electricity generation, transport and manufacturing industries contribute to 60.6%, 25.3% and 9.2% of carbon dioxide emissions from fuel combustion activities, respectively.

Some stakeholders believe that CO₂ emissions per capita provides an appropriate picture of the evolving reality indicating that economic growth as well as changing patterns of production, consumption and service delivery are directly proportional. Others believe that the measure by \$1 of GDP is a better measure because it also reflects the fact that while the economy is growing, it is also becoming more efficient, namely with the implementation of appropriate measures to reduce CO₂ emissions.

¹³ <http://www.gov.mu/portal/sites/mid/MIDFOnProj.htm>

**Chart 23: Carbon Dioxide (CO₂) emissions per capita and Per Rs. 100,000 GDP
1990,2000,2010 and 2012**



Source: Statistics Mauritius

In 2013, Mauritius adopted its first National Climate Change Adaptation Policy Framework, which aims at enhancing resilience of socio-economic development and environmental assets on which the livelihood of the people depends. The Framework assesses the socio-economic impacts of climate change on key sectors, namely: agriculture including terrestrial ecosystem, water, fisheries including marine ecosystem and tourism including coastal zone management. Health, gender and environment are important cross-cutting sectors across the policy framework. Strategies and action plans have been formulated with regards to enabling activities for climate change adaptation in these sectors and these also include research and development and the need for continuous monitoring and evaluation.

Table 13: Green House Gases Emissions per Capita and Per GDP

	2002	2005	2010	2011
GHG emissions / Capita	110.7	114.3	135.7	132.1
GHG emissions/GDP	93.4	76.9	59.3	54.2

Base Year 2000 = 100

Source: Ministry of Environment and Sustainable Development

Consumption of Ozone Depletion Substances

Between 1995 and 2002, 17 (24.75 metric ton in 1995 to 7.4 metric tons in 2002) metric tons of Chlorofluorocarbons (CFC) were phased out, amounting to 69% of local CFC consumption. In 2005, Mauritius achieved zero imports of CFCs five years ahead of the scheduled date of the Montreal Protocol. In parallel to the CFC phase out, alternatives of less Ozone Depleting Potential, such as Hydrochlorofluorocarbons (HCFCs) and Hydrofluorocarbons (HFCs) are being used. The successful achievement rested on the multipronged approach combining project implementation, awareness raising, training and financial incentive measures.

In September 2011, Mauritius started implementing its HCFCs Phase-out Management Plan. An early phase-out of HCFCs is being envisaged and targeted to be completed by 2025.

The Ministry of Industry, Commerce and Consumer Protection is taking a number of initiatives to promote sustainable industrial development, as follows:

- In line with the need to promote energy savings for industrial productivity, the Ministry jointly with the Ministry of Energy & Public Utilities and United Nations Development Program (UNDP) has implemented a project on “Provision of Consultancy services for the setting up of a Framework for Energy Efficiency and Energy Conservation in Industries” which was funded by the Global Environment Facility (GEF) and the Alliance of Small Island States/Small Island Developing States Dock (AOSIS/SIDSDOCK). The project, geared at capacity building, has involved training of fifty participants from the private and public sectors and provision of a Guidebook, a Code of Good Practice in Energy Management and an Energy Audit Software Tool.
- The Ministry is envisaging to secure funding from UNDP under the GEF for a project relating to the establishment of a Certification Scheme and Accreditation Program at Mauritius Standards Bureau and The Mauritius Accreditation Service (MAURITAS), respectively, with respect to ISO 50001:2011 - Energy Management System.
- A Resource Efficiency & Cleaner Production (RECP) Project has been approved under the MID Policy, Strategy and Action Plan. The Project aims at building capacity in resource efficient and cleaner production, assisting enterprises in implementing practices geared towards resource efficiency and cleaner production and sensitisation of enterprises.

Box No. 8

Mauritius has made significant progress over the past years to implement its renewable energy and energy efficiency policy and strategy, as enshrined in the Long-Term Energy Strategy (LTES 2009-2025) with the following actions:

- Consumers are being encouraged to become small Renewable Energy based electricity producers;
- The Energy Efficiency Act enacted in 2011;
- The Utility Regulatory Authority (URA) Act 2004 has been proclaimed. The URA is currently being set up;
- The Energy Efficiency Management Office¹⁴ (EEMO) is operational since December 2011;
- The “Observatoire de l’Energie” was set up in 2011 and provides a national database on energy usage. It is a practical tool for assisting in defining appropriate energy strategies and facilitates the evaluation of the effectiveness of any applied energy strategy by allowing comparison with previous periods. The Energy Observatory Report is intended for use by institutional and economic decision-makers, investors, the education sector, planners, students and any other organisation or individual with an interest in energy in Mauritius

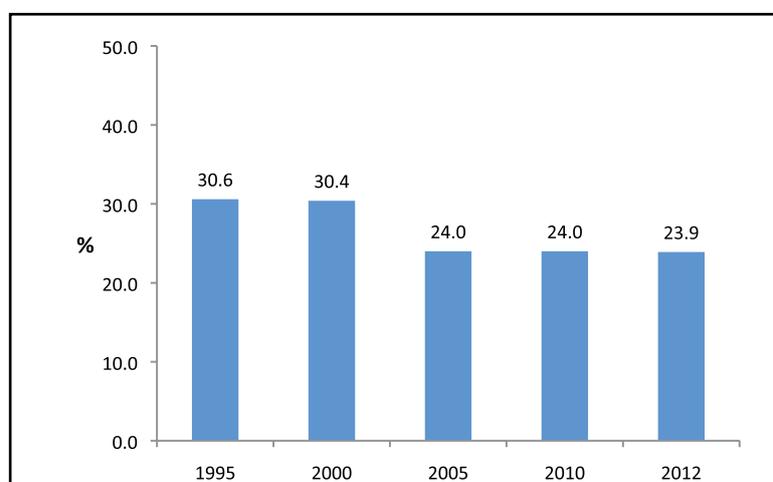
¹⁴ <http://eemo.gov.mu/English/Pages/default.aspx>

- Labelling of electrical appliances will be implemented shortly;
- A certification system for energy auditors and energy managers is being developed;
- Design Guide for Energy Efficient Buildings less than 500 m² has been developed;
- Guidelines for Passive Solar Design have been developed;
- The Energy Efficiency Building Code has been developed for buildings with a surface area of more than 500m²;
- A Report on Energy Audit Management Scheme for non-residential buildings has been prepared;
- Mandatory energy audits will have to be carried out by large consumers of electricity;
- Since 2011, Small Scale Distributed Generation (SSDG) has been allowed into Central Electricity Board's (CEB) grid. Capacity of SSDGs under the Feed-in-Tariffs (FIT) has been increased to 3MW (incl. 204 kW for Rodrigues);
- A Renewable Energy Development Plan is being developed;
- FITs for renewable energy power plants above 50 kW are being developed;
- Grid-connected photovoltaic plants of a total capacity of 25 MW are being set up;
- 50,000 street lights are being replaced by low energy bulbs in urban and rural areas;
- One million Compact Fluorescent Lamps (CFLs) were sold at subsidised prices to households. All traffic lights have been replaced by Light-Emitting Diode (LED);
- Environment Impact Assessment (EIA) licenses require proponents to use renewable energy, as well as energy efficient systems;
- A wind farm of 29.4 MW at Plaines Sophie is expected to be operational in 2015 or early 2016;
- A Landfill Gas to Energy Plant started operation in 2011 and generates 2-3 MW of electricity;
- Policy and guidelines on sustainable buildings and a building rating system have been developed;
- Rs 150 M have been provided in 2012 and 2013 as subsidy for the purchase of solar water heaters;
- A resource mapping of offshore wind has been initiated;
- CEB will continue to modernise all the available generation capacities to ensure that the operations are environmentally acceptable and economically viable. It also proposes to integrate waste heat recovery systems in its new generation units to improve efficiency; and
- A comprehensive national energy savings program is being implemented by the EEMO to raise public awareness on energy efficiency and to solicit their collaboration in the national endeavour to make the country energy efficient.

Source: Ministry of Energy and Public Utilities

Reducing Biodiversity Loss

Chart 24: Proportion of land covered by forest area, 1995, 2000, 2005, 2010 & 2012



Source: Statistics Mauritius

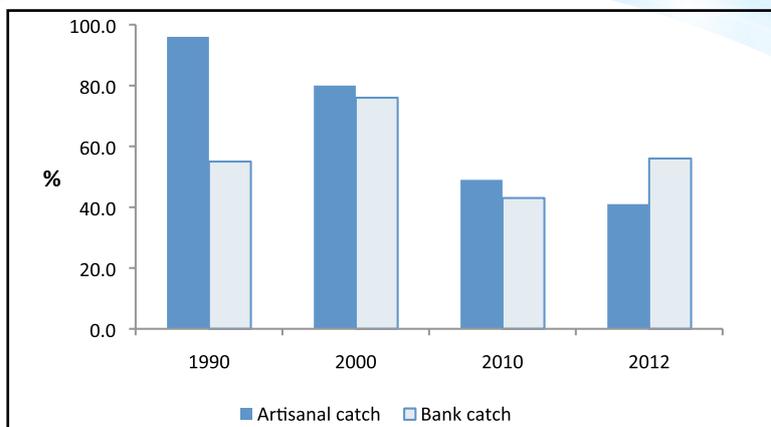
Given the limited land area available in Mauritius, there is considerable pressure to release land for development purposes. The proportion of land area covered by forests has decreased from around 30.4% in 2002 to 23.9% in 2012. The National Forest Policy¹⁵ was adopted in 2006 to protect and enhance the country's natural environment, biodiversity and national heritage, while at the same time promoting recreation and tourism. A National Forest Action Program is under preparation to implement the national policy. Reforestation programs are ongoing and will be reinforced to extend forest cover. Mauritius is also implementing a GEF-funded (Global Environment Facility) project entitled "Expanding Coverage and Strengthening Management Effectiveness of the Terrestrial Protected Area Network on the Island of Mauritius" to safeguard threatened biodiversity.

Biodiversity is one of the national priorities of the Government. Conservation, protection and management of native biodiversity, as well as offshore islets' management are being done through collaboration and partnerships by Government departments, private sector organisations, academic institutions, research organisations and NGOs. A number of policies and strategies have been adopted by the Government for conservation and sustainable use of biodiversity. These include the National Environment Policy (2007), National Biodiversity Strategy and Action Plan (2006 - 2015), National Invasive Alien Species Strategy and Action Plan (2010), National Forest Policy (2006) and Study on Environmentally Sensitive Areas.

¹⁵ <http://agriculture.gov.mu/English//DOCUMENTS/NATIONAL%20FORESTRY%20POLICY.PDF>

Fish Stocks

Chart 25: Proportion of fish catch (Artisanal and Bank) over the maximum allowable threshold, 1990, 2000, 2010 & 2012

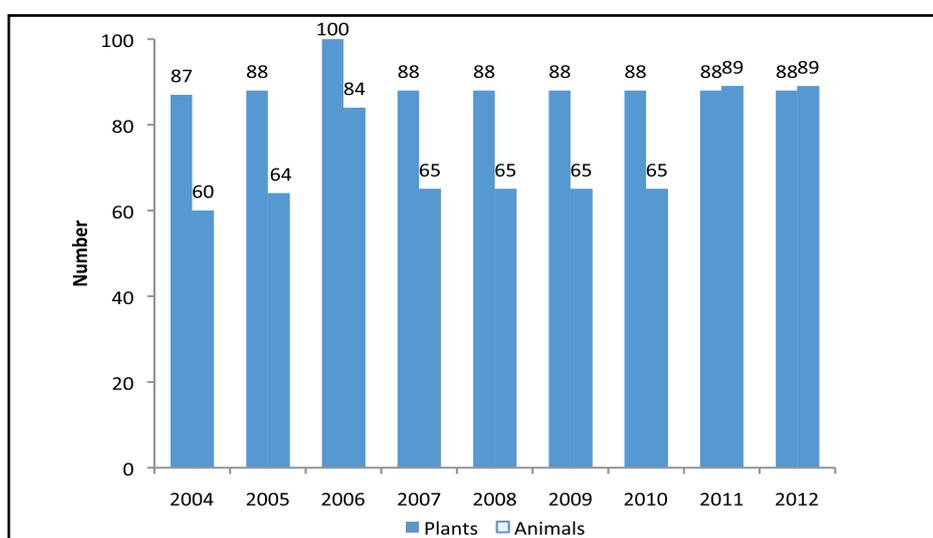


Source: Statistics Mauritius

The proportion of marine area protected (island of Mauritius) has remained at 3.9%. The proportion of terrestrial area protected has increased sharply from 5.7% in 1990 to 7.1% in 2000 but more slowly to only 7.6% in 2012.

As far as the proportion of fish stocks within safe biological limits is concerned, the proportion of fish catch over the maximum allowable threshold from 1990 to 2011 has declined sharply. However, several measures have been taken to sustain fishery development and these include banning of underwater fishing and fishing with explosives, closed season for net fishing in the lagoon and regulations on undersized commercial fishes, banning of fishing with cast nets since 1998, reduction of fishing pressures in the lagoon by encouraging artisanal fishers to fish off-lagoon, setting up of Fish Aggregating Devices around Mauritius in order to relocate fishing effort to offshore areas, training of fishers and loan facilities at very low interest rates through the Development Bank of Mauritius to registered fishers for purchase of boats for off-lagoon fishing, amongst others.

Chart 26: Number of threatened plants and animals, 2004-2012



Source: Statistics Mauritius

Mauritius has 12 legally proclaimed protected areas: one National Park, seven Nature Reserves and four reserves, covering a total area of 7,292 ha. 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 ha. Forty three areas of native vegetation have been listed as priority areas for conservation management, whilst twenty areas of lowland native vegetation have been identified as requiring urgent conservation management and additional vegetation surveys. Six fishing reserves and two marine parks, namely Balaclava (485 ha) and Blue Bay (353 ha) have been proclaimed.

According to the International Union for the Conservation of Nature (IUCN), Mauritius has the third most endangered terrestrial flora in the world, with around 691 species of indigenous flowering plant, of which 273 are endemic. 89% of the Mauritius endemic flora is considered threatened as several endemic plant species are classified as 'Critically Endangered', 'Endangered' and 'Vulnerable'. Invasive alien species are also a major problem to native and planted forests at large as well as to native fauna and flora.

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

Indicators:

- **Proportion of population using an improved drinking water sources**
- **Proportion of population using an improved sanitation facility**

Proportion of total water resources used

Since the past twenty years, economic development and improvement in the standard of living have led to an increase in water demand. However, as defined by the United Nations, Mauritius is a water-stressed country and needs to optimise collection and storage of water to meet individual needs as well as for future development. The principal challenges in the water sector arise due to increasing demand from economic development, agriculture, industry, tourism and a growing urban population. These in turn result in heavy water extraction and also the pollution of water resources.

Various initiatives aimed at increasing water supply and protecting water resources have been put in place. An Integrated Water Resources Management Plan has been prepared, the National Sewerage Program is under implementation, and a project for reduction of unaccounted-for-water has been initiated. 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.

Table 14: Access to Potable Water

Indicators	2007	2008	2009	2010	2011
Potable water produced (MCM)	205	209	220	223	203
Potable water produced per capita per day (L)	460	465	486	492	445
Potable water consumed per capita per day (L)	213	209	217	221	212

Source: Ministry of Energy and Public Utilities

Proportion of People without Sustainable Access to safe Drinking Water and Basic Sanitation

Potable Water: Mauritius commissioned one new storage reservoir in 2003 and has also accelerated the development of extraction of ground water. In 2012, 49 % of potable water was from storage reservoirs and rivers, and 51 % was from ground sources. The water supply situation in Mauritius is currently of good level, although there are some localities where water supply is not adequate, either in terms of quantity and/or pressure. The water distribution networks is a combination of parts from the old systems, some dating back to more than 100 years to which new parts of more recent origins have been added in order to accommodate the increasing demand. However, some of the facilities presently in use are still inadequate in terms of storage and/or conveyance capacities and need to be replaced or reinforced. Losses in the various networks are known to be high, above 50% of the total input in certain areas. Water cuts are imposed upon consumers in some areas, especially during the dry season. There is also a growing demand for potable water resulting from the increase in population and from the development of tourism and other industries. In order to address the foregoing and to improve the overall efficiency of water supply in Mauritius, the Central Water Authority (CWA) has put in place a plan to enable the optimum utilisation of the existing infrastructure and ensure the sustainable and cost effective development of future infrastructure by 2025.

Presently, 99% of Mauritian households are connected compared to 75% some 15 years ago. Moreover, the CWA has developed its existing infrastructure to improve its service and keep pace with the needs of the economy. Given the rate of population growth and economic development, it is expected that the present water distribution network will be inadequate to cater for future domestic needs and for the requirements of different sectors of the economy. At present, about 99.6% of the population has access to piped potable water. Between 1980 and 2000, the WHO and the UNICEF jointly conducted a monitoring program for water supply and sanitation. The report concluded that in the year 2000, 100% of the population had access to safe drinking water in both rural areas and urban areas.

Generally Mauritius has adequate water resources, which should enable the country to meet future demands for water to safeguard the continued economic development and social upliftment of the population. Nevertheless, it is also a fact that seasonal water scarcity and shortage of water do occur. Population growth, irrigation requirements, growing industrial, commercial and touristic activities, water set aside for hydropower generation and changes in land use practices cause a number of problems as witnessed in Mauritius today, in the form of stress on the resource and degradation of the environment. In addition to these factors, serious consideration should also be given to the impact of climate change on the availability of the water resources which can be expected to impact at different times and locations across the island. A case in point was the 2010/2011 dry spell which in particular was felt most notably in the western and central zones of the island of Mauritius. This approach to water supply management considers water as a requirement that must be met, and not as demands that may be variable or of controllable nature.

In this context, 'future requirements' is understood to mean that an uninterrupted (24 hours/ 365 days) supply of potable water can be sustained throughout a planning horizon up to year 2050. It also means that the needs of raw water for irrigation purposes are met. To meet the projected water demand for the whole country covering both the requirements for potable and irrigation water over that time horizon, a detailed plan has been worked out for building new water storage facilities and to explore additional underground water sources. With the implementation of this plan, Mauritius would ensure a water secure future throughout the planning horizon up to 2050.

Sanitation: Almost the whole of the population has access to sanitation facilities, either through on-site disposal or through the sewer system. In order to sustain its rapid economic growth and preserve the country's fragile environment, Mauritius has to address environmental issues related to demographic growth and rapid changes in the use of water and land resources. In response to this need, the country's first National Environmental Action Plan (NEAP) was prepared in 1990. The document identified the need for new wastewater infrastructure to mitigate environmental degradation. In 1994, the Sewerage Master Plan provided an overall framework and strategy for improvements in the sanitation sector, identifying a series of projects to be realised over the next twenty years until 2013. Since 1999, the plan has been implemented and 22.4 % of the population, mostly in urban areas, have been connected to sewer facilities. As works are still ongoing, this figure is projected to be 25% in 2015.

Recent health statistics on water-borne diseases show that cases of such diseases are fairly small in Mauritius. There has been a considerable decrease in water-borne, water-related and water-vector diseases over the past years, owing to a significant improvement in basic sanitation in Mauritius, and better water and wastewater management strategies. The Government plans to provide at least 75 % of the population with sewer facilities by 2033. Approximately 25% of the Mauritian population living in small villages or sparse groups of houses that are too remote from centralised treatment systems, will continue to rely on on-site sanitation systems beyond the year 2033.

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

Indicator:

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

Achieving a Significant Improvement in the lives of Slum Dwellers

While providing housing forms part of poverty alleviation, it is to be recognised that Mauritius does not have a serious housing problem. Indeed, the country has a very high record of 88% owner occupiers of homes.

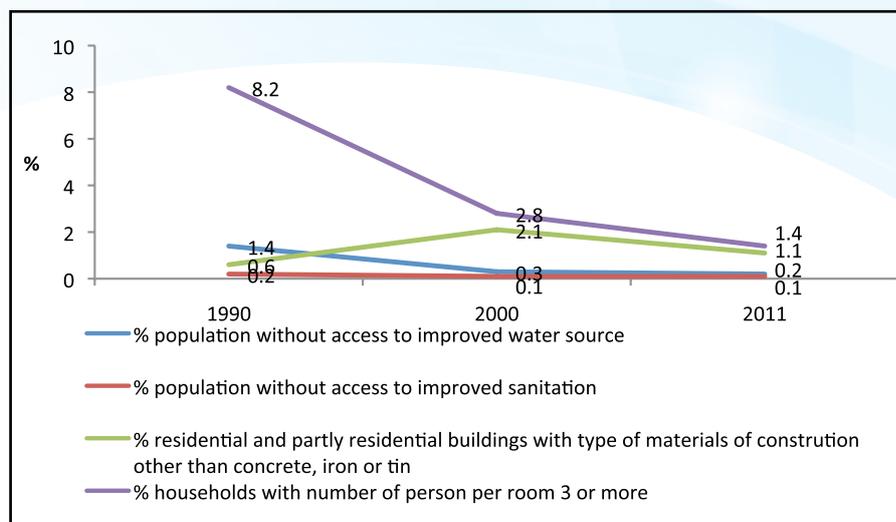
United Nations Human Settlements Program¹⁶ notes in a report in 2012:

“There exist no extensive slum settlements as may be the case in other countries and even if some slum conditions of living (mainly insecurity of tenure and high rates of room occupation) do exist, they are not concentrated in large areas, but on specific geographical locations.”

Nonetheless, the National Empowerment Foundation (NEF) and the Ministry of Housing and Lands through its operating arm the National Housing Development Company (NHDC), have housing programs for the households in vulnerable situation. The NEF focuses on social and decent housing and environmental conditions which are essential for the welfare of citizens especially the vulnerable families. The Program includes the improvement and upgrading of the living environment in pockets of poverty around the island.

¹⁶ United Nations Human Settlements Program (UN-Habitat), 2012. Mauritius National Urban Profile

Chart 27: Selected indicators on housing and living conditions of the urban population, 1990, 2000 and 2011



Source: Statistics Mauritius

Those who are owners of land are provided with facilities to erect a Corrugated Iron Sheet (CIS) or Concrete-cum CIS (CCIS) houses. People living in poverty in a few identified regions have benefitted from concrete housing units in the context of the Integrated Housing Schemes. So far, some 5000 CIS, 262 CCIS and 274 individual housing units have been constructed for vulnerable families. The private sector shares the cost of housing projects through the Corporate Social Responsibility fund. Moreover, a new scheme has been put in place for the upgrading of houses of vulnerable groups. Beneficiaries are required to enter into a social contract with NEF. Some of the conditions of the contract are that children should be educated and the consumption of alcohol controlled.

The Ministry of Housing and Lands has a National Housing Program for the next ten years, which aims at increasing access to housing and land for the low income groups, targeting families earning a monthly household income of up to Rs 25,000. The program comprises of four mixed housing development schemes consisting of the construction of housing units of approximately 39m² and 57m² and the provision of serviced plots of State Land. The program helps inclusion and equality among the low income groups and also strengthens social and cultural integration through the provision of appropriate social and recreational facilities in social housing development. Regarding families earning less than Rs 6200, the Ministry of Housing and Lands provides land to the National Empowerment Foundation as and when required for the construction of houses.

The housing units are built and sold to beneficiaries by the executive arm of the Ministry of Housing and Lands, i.e., the National Housing Development Company Ltd (NHDC). Beneficiaries settle the costs of the houses via cash deposits and Government sponsored loans from financial institutions such as the Mauritius Housing Company, at low interest rates.

The various schemes and related income ranges are as follows:

Table 15: Housing Schemes

Housing scheme	Size of housing units/ plot of land	Monthly Income range	Implementing Agency
Scheme 1	Housing units of 39m ²	less than Rs 6,200	Housing Development Trust/ National Empowerment Foundation
Scheme 2	Housing units of 39m ²	between Rs 6,200 and Rs 10,000	Ministry of Housing and Lands /National Housing Development Company Ltd (NHDC).
Scheme 3	Housing units of 57m ²	between Rs 10,000 and Rs 15,000	
Scheme 4	Serviced lots of approx. 65 Toises (250m ²)	between Rs 10,000 and Rs 25,000	

Source: Ministry of Housing and Lands

All beneficiaries are granted a long term residential lease on the plot of land. Annual rentals for leases regarding sites built up with a housing unit are at a nominal rate based on the beneficiaries' income. However as from 01 January 2013, the lessees paying annual rental Rs 500 or less are paying only Rs1 per annum as a one off payment. On the other hand, rentals for serviced lots are at a yearly rate of Rs 3,000 with a 50% increase for each subsequent period of 10 years up to the year 2060. Beneficiaries of serviced lots will have to construct their own houses. As a means of subsidy, the Government also bears the cost of infrastructure provision on housing development sites. So far, the NHDC has provided some 12,000 housing units to needy families.

The Government also encourages self-help construction of housing units by very low to low income families who already own a plot of land. These families are financially assisted through a grant scheme either for the casting of roof slabs to complete their construction or for the purchase of building materials to start their construction. As at date, some 50,989 families have benefited from that scheme and the Government has spent some Rs 2.1 Billion. Details of the scheme are as follows:

Table 16: Special Housing Grants

Existing Housing Schemes	Household Income Eligibility	Amount	Details of Scheme
Roof Slab Grant	≤Rs8,500	Maximum One-off cash grant of Rs 65, 000	Households who own a plot of land but cannot afford to complete construction of their house and has reached up to the beam level. The grant is for casting of the roof slab for an area up to 110m ² .
Purchase of Building Materials	≤Rs5,000	Maximum One-off cash grant of Rs 55, 000	Households who own a plot of land but cannot afford to start construction of a housing unit of up to 110m ² . The grant is for purchase of building materials to start construction.

Source: Ministry of Housing and Lands

The Housing Program gives particular attention to families which are facing hardships, such as fire victims, cyclone victims, victims of floods, landslides and other natural calamities, as well as families being evicted from their home and other social cases.

Improved access to land tenure to reduce vulnerability to poverty

Improving security of tenure is an essential instrument to reduce vulnerability to poverty. The forms of tenure protected by the law in Mauritius are freehold ownership, either individual or collective i.e., “co-propriété”, leasehold rights as well as tenancy rights.

While the State Land Act tends to discourage the illegal occupation of State lands, it also allows the regularisation of squatters by the grant of a building site lease over the occupied site. In 2004, a Government policy was introduced towards regularising pre-July 2001 residential squatters by the grant of building site leases expiring in the year 2060. Subject to satisfying all the policy requirements, squatters on State land are being regularised and granted a building site lease, again at a nominal rental. Some 2700 squatters have thus been regularised and now hold long term formal leases over the sites occupied. Most of these squatters have benefitted from the housing scheme of the National Empowerment Foundation for either corrugated iron sheet (CIS) or concrete-cum CIS housing units.

Furthermore, in cases regarding relocation of regularised squatters, the Ministry of Housing and Lands will provide infrastructure on sites identified for the relocation exercise. Three sites totalling some 11A69 will be provided with onsite and offsite infrastructure, to allow some 154 families to become lessees of their residential plot.

The Government’s intervention in social housing in Mauritius dates as far as 1955, with inter-alia the setting up of a Central Housing Authority (CHA) for the construction of some 19,300 low cost houses. These houses, and the land on which they had been built, were leased to the tenants by the CHA. In the year 1989, the ‘right to buy’ policy was set up by the Government to empower 19,442 families to become owners of their ex-CHA housing unit. Since then, almost all the CHA beneficiaries have become owners of their housing unit. This policy has been extended since 2007 to the sale of State land on which stand these CHA houses. The plot of land is being sold to owners at a nominal price of Rs 2,000. Some 9,850 families are now full owners of their land.

Yet, in the year 2012, it was found that a number of vulnerable families, mainly pensioners, widowers, disabled and lone parents could not benefit from this policy due to financial difficulties. Such vulnerable lessees of ex-CHA Housing Estates are granted the land free of charge, through a waiving of the purchase price of Rs 2,000, registration fees as well as fees for the Notary and for the private land surveyor. As at date, some 500 families have benefited from this scheme.

Land being a valuable asset, it is very important to judiciously use and manage this scarce resource in such a manner as to ensure appropriate return on investment. However, to achieve sustainable development, the social aspect should also be addressed and taken on board. In line with MDG 1 pertaining to the eradication of poverty the Government has taken measures such as the allocation of building site leases to hardship cases at nominal rent to enable the poor households to secure a loan from any banking institution to construct a house. The National Empowerment Fund also works in the same direction.

The Government has recently taken the decision to alleviate the burden of low income families holding a building site lease on State land by allowing them to pay a symbolic rent. The Government is furthering its objective to democratise access to land tenure so that more families become owners of a plot of land. Accordingly under the 2000 Mauritius Sugar Producers Association (MSPA) – Government Deal, the Government has acquired some 135 A of land and intends to acquire a total 900 A in the next seven years to achieve its goal. The State Land Act has been amended to empower the Minister of Housing and Lands to sell those lands by private contract.

Furthermore, Government in its Budget for year 2013 has empowered the security of tenure for residential leases and leases with a residential component by allowing these lessees to become owner of their plot of state land against the payment of a sum of Rs 2,000 with notarial and surveyor's costs. The State Land Act will be shortly amended to empower the Minister of Housing and Lands to sell these plots of land by private contract.

Participatory Slum Upgrading Program

Mauritius has been selected to implement the Participatory Slum Upgrading Program (PSUP), which is a key initiative of the UN Habitat to improve the living conditions of people living in slums.

The PSUP is being implemented through the collaboration of the European Commission, the Secretariat of the ACP Group of States, and UN-Habitat. In Mauritius, the Ministry of Housing and Lands is the focal point for its implementation.

The Participatory Slum Upgrading Program (PSUP) and the Urban Sector profiling is an initiative of UN-Habitat to adopt a different approach towards poverty issues and ultimately help to prepare an innovative housing policy for Mauritius. One of the PSUP main objectives is to obtain consensus among local and national stakeholders through the creation of a common platform for all involved in upgrading projects for social housing. The report has appraised existing policies and frameworks on the urban process and has evaluated their application and impact on two different towns and one district, namely Port Louis, Beau Bassin and Black River.

Mauritius has already embarked on the implementation of Phase II of the PSUP which is Action Planning and Program Document Formulation. The overall aim of Phase II is to select a list of “slums” across the 3 selected regions wherein pilot projects can be developed and implemented, using the full multi-stakeholder participatory approach.

The following deprived settlements have been identified for consideration:

- KaroKalyptus for Port Louis;
- Cité EDC for Black River; and
- Barkly for Beau-Bassin/Rose-Hill.

Phase 2 will comprise 5 main outputs which are:

1. Slum situation analysis;
2. Review of urban and housing policy and regulatory framework;
3. City-wide slum upgrading and prevention strategy;

4. Resource mobilization strategy;
5. Concept notes and/or project documents.

Phase II will conclude with the submission to the EU for funding of a series of project documents for the upgrading of the slums selected. Those project proposals which will be successful will constitute the third phase of PSUP. It is hoped that these projects can be replicated in other pockets of deprived areas in Mauritius.

Key bottlenecks constraining progress towards the MDG Goal

The following bottlenecks are constraining progress towards MDG 7:

- Competing demands for scarce resources to pursue implementation of environmental policies and strategies and 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, data collection, monitoring and enforcement.

Goal 8: Develop a Global Partnership for Development

Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial systems. 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**

Summary Status

- ❖ Mauritius has practised prudent fiscal and budgetary policies and as a result has a low debt servicing as a percentage of exports of goods and services.
- ❖ The country receives very low ODA. In view of the emerging challenges for Post-2015, development partners should consider designing new financing support schemes for supporting Small Island Developing Countries in the middle income group in order to deal with such challenges.
- ❖ Mauritius provides universal and easy access to essential drugs.
- ❖ Mauritius has made good progress in Information Communication and Technology (ICT) as an economic sector but more efforts are required to widen and deepen the extent of internet penetration in the population. The target for the broadband penetration home assets was 50% in 2014, 65% in 2016 and the actual 2013 is 48%.

Mauritius, with a good track record of prudent macroeconomic management is implementing structural reforms even though challenges remain. Macroeconomic management has delivered low inflation, declining debt-to-GDP ratios, and satisfactory growth in the face of difficult external environment.

Trade policies in Mauritius are an integral part of economic policies aimed at improving the standard of living of the population through the establishment of a thriving, competitive and modern economy growing at high rates. However, given that it is a small net-food importer, Mauritius remains vulnerable to external trade shocks.

Mauritius has since the 1980's undertaken bold reforms aimed at liberalising its trade regime while creating the conditions for boosting competitiveness of Mauritian goods and services. The reforms also aim to transform the country into a duty-free island. Mauritius has a Tariff binding coverage of 17.9% at the WTO. Tariffs have however voluntarily been brought down to zero on 5,611 national tariff lines representing 88.9% of all tariff lines. The total number of national tariff lines is 6,314.

The high ratio of trade in goods and services to GDP (around 120% on average) reflects the importance of external trade for Mauritius, given its small domestic market and its limited natural resources, including land. Mauritius has traditionally run trade deficits, which have been occasionally offset by traditional surpluses on the services account.

The World Bank reports¹⁷ that:

“These reforms have helped to lower Mauritius’ MFN Tariff Trade Restrictiveness Index (TTRI) to 3.1 percent, making the country’s trade regime substantially less restrictive than that of an average Sub-Saharan Africa (SSA) (11.3 percent) or upper-middle-income (6.9 percent) country. It ranks 13th among 125 countries (with 1st being least restrictive)”

However, as a small island developing state, Mauritius has been very vocal with a view to ensuring that its concerns are adequately addressed in the context of the WTO negotiations. Its main concerns are characterised by the exiguity of its market, geographical isolation, and proneness to natural disasters amongst others. In this regard, it has been at the forefront regarding the elaboration of a Work Program for Small Economies in accordance with Paragraph 35 of the Doha Ministerial Declaration. One of the major concerns of Mauritius is related to the erosion of trade preferences. In this regard, it has with its ACP partners identified those products that are the most vulnerable to preference erosion for which it is seeking a trade solution.

Mauritius is fully committed to the conclusion of a mini-package in Bali that includes the establishment of a special and differential treatment ‘Monitoring Mechanism’ and a ‘Trade Facilitation Agreement’ amongst others, while ensuring that the overall balance of the Doha Development Agenda (DDA) is not disrupted.

¹⁷ Mauritius Trade Brief. World Trade Indicators 2009/10

Target 8C: Address the special needs of landlocked developing countries and Small Island Developing States (through the program of action for the sustainable development of Small Island Developing States and the outcome of the Twenty-Second Special Session of the General Assembly)

ODA and Debt

As a middle income country, Mauritius has limited access to ODA. Annual grants (ODA) as a share of GDP have decreased from 1% in 2008-09 to 0.7% over the period 2010-2012.¹⁸

Debt service as a proportion of exports of goods and services has been brought down from a high of 7.8% in July 2002 to June 2003, to 6.3% in July 2003 to June 2004, to 3.7% in 2012.

Target 8E: 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**

Provide access to affordable essential drugs in developing countries.

Mauritius has made remarkable progress in this direction and has already attained the target. The proportion of population with access to affordable essential drugs on a sustainable basis has been 100% during the last four decades. Essential drugs are available freely in all public hospitals.

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication

Indicators:

- **Fixed telephone line per 100 inhabitants**
- **Mobile cellular subscriptions per 100 inhabitants**
- **Internet users per 100 inhabitants**

Making the Benefits of New Technologies, especially ICT available to the Population

The Government of Mauritius has steadily pursued a forceful ICT policy, creating a dedicated ministry for this portfolio since 1995. The vision has been double pronged, namely (a) to make ICT an important pillar of the economy and transform Mauritius into a regional ICT hub and (b) to optimise the empowerment of the population through the ICT technologies.

The Government published a “National ICT Strategic Plan 2011-2014: Towards i-Mauritius” which follows an ambitious National ICT Strategic Plan (NICTSP) 2007–2011 in October 2007.

As an economic sector, ICT has seen a growth rate of 9.5% in 2011, with a 6.5% contribution to GDP and provides 13,000 jobs¹⁹ mainly to young persons. However, the ICT Development Index of the country albeit improving constantly remains at the level of 4.18.

¹⁸ Information from the Ministry of Finance and Economic Development

¹⁹ Figure refers to employment in large establishment

Table 17: ICT Development Index

ICT Development Index				
Country	2012		2011	
	Index	Global Rank	Index	Global Rank
Switzerland	7.68	10	7.48	9
Singapore	7.66	12	7.47	10
Mauritius	4.18	74	3.95	70
Egypt	3.66	83	3.44	81
India	2.10	119	1.98	116

Source: ITU; Adapted from Measuring the Information Society 2012

There are currently two fixed-line operators in Mauritius. These are Mauritius Telecom and Mahanagar Telephone [Mauritius] Ltd. There are three mobile operators in the country.

Table 18: Subscription to ICT services per 100 Inhabitants

Per 100 Inhabitants	2006	2010	2012
Fixed telephone lines subscriptions	28.4	30.2	27.0
Mobile cellular phone subscriptions	61.5	92.8	114.9
Internet Subscriptions	11.4	22.1	44.0
Broadband Internet Subscriptions	6.9	20.1	32.7

Source: Ministry of Information Communication and Technology

All state owned primary schools are connected and networked through the Government Online Centre (GOC). All private and public owned secondary schools are connected to broadband access.

Measures taken by the National Computer Board (NCB) for greater access to ICT

Under the Community Empowerment Program, the NCB has set up Computer Clubs on a regional basis to provide free access to ICT tools and Internet. The project is funded by United Nations Development Program, Microsoft and Mauritius Telecom Foundation.

Computer Clubs provide information and communication infrastructure and promote ICT for educational, personal and social development by providing free internet access. It targets people who cannot afford a computer and also large families who already own a PC but for whom usage of only 1 PC is not convenient.

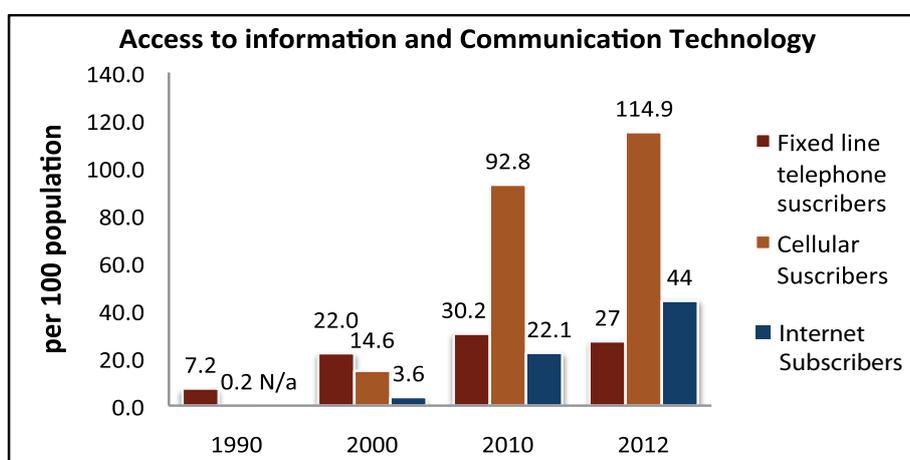
Each Computer Club is equipped with around 3 Net PCs and free internet access. As at date, a total of 235 Computer Clubs have been set up across the island namely in:

- 23 Youth Centres;
- 17 Women Centres;
- 103 Community Centres;
- 57 Social Welfare Centres;
- 20 Day Care Centres; and
- 16 NGOs/Municipal Councils/Village Hall.

An additional 35 Computer Clubs and 10 learning corners are being set up in 29 Communit Centres, 7 Village Halls/NGOs and 10 in Rodrigues.

So far, 854,201 registrations, including recurrent users, have been noted in Computer Clubs to have benefited from the free access to ICT tools and Internet.

Chart 28: Access to ICT



Source: Statistics Mauritius/National Computer Board

Challenges

Consumers indicate that the following appear to be obstacles to deeper penetration and wider use of ICT, particularly with respect to access to internet:

- (a) insufficient infrastructure capacity restricting the adequate accessibility of internet in certain regions of Mauritius; and
- (b) the cost of use for individuals.

UNFINISHED BUSINESS AND EMERGING PRIORITIES FOR MAURITIUS

1. Health

Mauritius still has unfinished business with respect to Goal 4 to achieve a level commensurate with its position as a middle income country.

Dealing with Non Communicable Diseases is a critical challenge, which Mauritius has to deal with and requires important mobilisation of financial, technological and human resources, as well as drastic changes in the lifestyle of Mauritians.

In order to ensure healthy lives, there is a need for the adoption of a “Universal Health Coverage” in the Post-2015 Development Agenda. This will reduce health inequities and ensure that funds from donors are available to drive national health driven agenda.

2. Demographic Challenges

The demographic dynamics of Mauritius shows an important decrease in population growth. One of the concerns of the Government is the drop in fertility. There is very little information on this decrease. The results of the 2002 CPS reveal that 3.6 percent of currently married women aged 45-49 years are childless. Therefore, based on the assumption that the desire to remain childless within marriage is extremely rare, it is estimated that roughly 3.6% of currently married Mauritian women have primary infertility. The Government is determined to undertake research to understand the reality of this issue.

The ageing population of the country and the increasing number of persons suffering from disabilities also require new consideration, first in terms of the causes of the disabilities and second in terms of how social welfare should be reconsidered to provide comprehensive support and care to these groups.

In its report on the Post-2015 UN Development Agenda “The Future that We Want”, Mauritius recommends that the international community should address the issues related to population dynamics.

3. Food Security

The threat of food insecurity in the future is one of the major challenges for the Republic of Mauritius, which imports 77% of its food. While this did not raise more than a mild concern previously, Mauritius is in a highly precarious situation because of its high dependency on imported food and raw materials, and this could have serious implications for the future. The food import bill, equivalent to 18% of the country’s total import bill, continues to rise, placing a heavy burden on trade balance and Government spending, while local production is highly dependent on high external, fossil-fuel based inputs.

As a SIDS, and a Net-Food Importing Developing Country, Mauritius is particularly vulnerable to the rapidly changing global food system resulting from rising and volatile prices of basic food commodities, climate change and diversion of food crops to bio-fuels. As was demonstrated in the recent past, production drops in exporting countries resulted in reduced availability of food on the global market, and escalating food prices locally. There is, therefore, a need to shore up the country’s ability to produce its own food. Competing demands on the limited land resources, coupled with the problems of a changing climate, decreasing soil fertility, irrigation water scarcity, increasing pest and disease problems, as well as insufficient interest of the young generation in primary agricultural activities, make this a particularly challenging issue. With the increase in global production figures for genetically modified

seeds and planting material, the availability of non-GM seeds and planting material may represent an additional challenge for food security in the future.

4. The Environment and Climate Change

Ensuring environmental sustainability will require sustained efforts beyond 2015 to meaningfully achieve set targets and will remain an ever present challenge for a Small Island Developing State. Global preparedness to manage natural disasters, preserve the natural endowments and the implementation of mitigation and adaptation policies are becoming more and more urgent challenges that the Government need to address.

5. Accessing Financial resources

Accessing financial resources to implement a people-centred development, while ensuring that the environment is equally preserved, is a challenge for middle-income SIDS, like Mauritius. Most Middle-income SIDS do not have access to appropriate preferential treatment, sufficient Official Development Assistance (ODA), concessionary financing and other special programs due to lack of formal recognition of a SIDS category and the fact that the other categories do not recognize the inherent vulnerability as one of the criteria for funding. Mauritius therefore depends on expensive financing from the international financial institutions, which further exacerbates its vulnerability.

New innovative and sustainable financing mechanisms which cater for middle-income SIDS need to be taken into consideration from the outset in a post-2015 development agenda.

6. Substance Abuse

Mauritius has a high level of substance abuse relative to its small population. Although no agreed official data is available, it is estimated that there are around 10,000 drug users - excluding alcohol abuse. The drug issue is too often, if not always, treated as a means to HIV transmission instead of as a social issue per se, with major impacts on poverty. Various services are being provided to drug users such as Day Care, Residential Rehabilitation, and Methadone Substitution Program, Needle Exchange Program. Although these services have gone a long way to curb HIV/AIDS, the negative impact of substance abuse on social capital of the drug-user population remains an obstacle to the various poverty reduction programs.

There is an urgent need for the Drug Control Masterplan to be determined and for ensuing programs to be implemented. Considering the multidimensional aspect of the substance abuse problem relating both to supply and demand reduction as well as people rehabilitation, Mauritius may equally need support from the international community.

7. Widening of Income gap

The widening of income gap needs to be addressed, although it is not yet a severe issue. This trend is running counter to the objective of inclusive growth. It could become an amplifying structural problem, especially with the transformation of economic development into more capital and knowledge intensive sectors coupled with the demographic dynamics of reduced population growth and ageing population. Untargeted social welfare transfers further compound inequality of income resulting from the structure of the economy.

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ANNEX B: ACRONYMS

ACP	African, Caribbean, and Pacific Group of States
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
AOSIS/SIDSDOCK	Alliance of Small Island States/Small Island Developing States Dock
ARV	Anti-Retroviral
CEB	Central Electricity Board
CFCs	Chlorofluorocarbons
CFL	Compact Fluorescent Lamp
CHA	Central Housing Authority
CIS	Corrugated Iron Sheet
CCIS	Concrete-cum Corrugated Iron Sheet
CO ₂	Carbon Dioxide
CPE	Certificate of Primary Education
CPS	Contraceptive Prevalence Survey
CS	Caesarean Section
CSR	Corporate Social Responsibility
CWA	Central Water Authority
DOTS	Directly Observed Treatment Short Course
EEMO	Energy Efficiency Management Office
EAP	Eradication of Absolute Poverty (Program)
EIA	Environment Impact Assessment
EPCO	Environmental Protection and Conservation Organisation
ESI	Economic Social Indicators
ESTP	Economic and Social Transformation Plan
EU	European Union
FAO	Food and Agriculture Organisation
FIT	Feed-in-Tariffs
GDP	Gross Domestic Product
GEF	Global Environment Facility
GER	Gross Enrolment Rate
GHG	Greenhouse Gas
GII	Gender Inequality Index
GNI	Gross National Income
GOC	Government Online Centre
GTER	Gross Tertiary Enrolment Rate
Ha	Hectares
HBS	Household Budget Survey

HCFCs	Hydrochlorofluorocarbons
HDI	Human Development Index
HFCs	Hydrofluorocarbons
HIV	Human Immunodeficiency Virus
HSC	Higher School Certificate
ICT	Information and Communication Technology
IDF	International Development Fund
IDU	Injecting Drug Users
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IT	Information Technology
IUCM	International Union for the Conservation of Nature
IVM	Integrated Vector Management
kW	Kilowatt
L	Litre
LBW	Low Birth Weight
LED	Light-Emitting Diode
LTES	Long-Term Energy Strategy
MATIM	Mission d'Aménagement du Territoire à l'Île Maurice
MAURITAS	The Mauritius Accreditation Service
MDG	Millennium Development Goals
MDGR	Millennium Development Goals Report
MFA	Multi-Fibre Agreement
MID	Maurice Ile Durable
MCM	Million Cubic Metres
MPC	Monetary Policy Committee
MSPA	Mauritius Sugar Producers Association
MST	Methadone Substitution Treatment
MW	Mega Watt
NAS	National AIDS Secretariat
NATReSA	National Agency for the Treatment and Rehabilitation of Substance Abusers
NCB	National Computer Board
NCD	Non Communicable Diseases
NDCCI	National Day Care Centres for the Immuno-suppressed
NDS	National Development Strategy
NDU	National Development Unit
NEF	National Empowerment Foundation
NEAP	National Environment Action Plan
NEP	Needle Exchange Program

NER	Net Enrolment Rate
NES	National Environmental Strategy
NGOs	Non Governmental Organisations
NHA	National Health Association
NHDC	National Housing Development Company
NPDP	National Physical Development Plan
NWEC	National Women Entrepreneurs Council
ODA	Official Development Assistance
PCR	Polymerase Chain Reaction
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Children Transmission
PPP	Purchasing Power Parity
R&D	Research and Development
RECP	Resource Efficiency & Cleaner Production
Rs	Rupees
SADC	Southern African Development Community
SC	School Certificate
SIDS	Small Island Developing State
SRM	Social Register of Mauritius
SWG	Skills Working Group
SSDG	Small Scale Distributed Generator
TFSIVG	Trust Fund for the Social Inclusion of Vulnerable Groups
U5MR	Under-five Mortality Rate
UN	United Nations
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Populations Fund
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Organisation on Drugs and Crime
URA	Utility Regulatory Authority
WHO	World Health Organisation
WTO	World Trade Organisation
YEP	Youth Employment Program
ZEP	Zone d'Education Prioritaire

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