**Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**

**1.0 Introduction**

1.1 The State of Mauritius recognizes that the good health of its citizens is vital to their unalienable human rights, the pursuit of happiness and an excellent quality of life. Since independence in 1968, successive Governments have sustained the provision of free health care services and included Universal Health Coverage (UHC) in their socio-economic development programme.

**2.0 Right to Health**

2.1 The State of Mauritius, being a welfare state, provides free primary, secondary and specialized medical treatment in public medical institutions. The right to health is guaranteed without discrimination to all citizens, including newborn, children, adolescents, women, and elderly.

2.2 The services provided in public health institutions include:

1. Maternal and Child Health services in 159 clinics;
2. vaccination in 173 clinics for babies;
3. family planning in 166 clinics;
4. antenatal and postnatal Domiciliary visits by midwife/nurses;
5. growth monitoring for children;
6. expanded programme on immunisation targeting babies, pregnant women, school children;
7. sensitisation campaigns on sexual, emotional and reproductive health;
8. early detection of cancers for women and girls;
9. HPV vaccination among adolescent girls; and
10. HIV and AIDS related services.

2.3 The State of Mauritius has developed the Health Sector Strategic Plan 2020-2024, which provides concrete strategies and interventions to address major health challenges in the country and peoples’ expectations for an enhanced quality of services across their lifespan. It also provides a coherent framework that will guide policymakers, stakeholders and partners, in health development, over the next five years. The document can be accessed on the following link:

<https://health.govmu.org/Documents/Main%20Page/Communique/HSSP%20Final%2004%20March%202021.pdf>

2.4 Moreover, the current budget for the financial year 2021-2022 makes provision for the construction of additional public health institutions namely;

1. a Cancer Centre at Solferino;
2. a new hospital at Flacq;
3. an Eye Hospital at Reduit;
4. 6 mediclinics at Quartier Militaire, Stanley, Coromandel, Bel Air, Grand Boisand Chemin Grenier;
5. 5 Community Health Centres at St Francois Xavier, Roche Bois, Grand Baie, Pointe aux Sables, and Trou d’Eau Douce;
6. 4 Area Health Centres at Henrietta, Cap Malheureux, New Grove, and Plaine Magnien; and
7. a modern Cardiac Centre at Cote d’Or.

2.5 Additionally, with regard to overseas treatment, measures have been announced to:

1. increase the threshold for eligibility for Overseas Treatment Scheme from MUR 50,000 to MUR 100,000; and
2. establish a framework with private clinics to allow patients to undergo treatment locally under the Overseas Treatment Scheme, if treatment is not available in public hospitals.

**3.0 COVID-19 pandemic**

3.1 The State of Mauritius was initially hit by the COVID-19 pandemic in March 2020. Since the first three cases were confirmed, the Government of Mauritius took a series of bold measures to protect the population while formulating appropriate national development policies that aim at the constant improvement of the well-being of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the benefits resulting therefrom.

3.2 The State of Mauritius is unfortunately experiencing a second wave of COVID-19 since 05th March 2021. The island was in lockdown from 10th March 2021 to 30th April 2021 and based on the lessons learnt, it has adopted a stringent health response with massive testing, contact tracing as well as other socio-economic measures to accompany its citizens in the pandemic. The virus is once again expected to be successfully contained with the collaborative approach, determination and discipline of its citizens.

3.3 Moreover, the State of Mauritius is effectively implementing its national vaccination campaign against COVID-19 since 26th January 2021. As of the 25th June 2021, it was noted that 500 000 doses of Covid-19 vaccine had been administered and some 40% of the population have already been vaccinated with a first dose, representing one out of two adults. Mauritius is nearing its objective of inoculating 60% of the population to enable the country to move forward with its plan to reopen its borders. Moreover, Mauritius aims to achieve herd immunity to minimise the transmission of the virus in the community by vaccinating 70% of its population.

**4.0 The impact of the COVID-19 on the right to sexual and reproductive health**

4.1 The health of citizens has been the primary concern in the response to the COVID-19 pandemic. The Ministry of Health and Wellness maintained the different services offered during the pandemic period, including HIV and AIDS treatment.

4.2 Home delivery of medicines was made to disabled and bed-ridden patients. A hotline (fixed and cellular) phone service was also made accessible to answer to queries of citizens with regards to COVID-19 as well as to provide them with advice on medical issues. Queries on the hotline pertained to postponed appointments at regional hospitals, area health centres or local health centres, renewal of medical prescriptions and transport facilities available to medical institutions. Moreover, emergency services were provided to any patient requiring same with the assistance of the Mauritius Police Force.

4.3 A home visit service was also put at the disposal of the population as a means to reach patients who needed medical support and some basic medication. The home visit team operated from calls relayed from the hotline service that needed on-site re-evaluation. Sanitary protocols were maintained as a prerequisite while accessing health facilities.

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4.4 The State of Mauritius did not experience any change in legal measures or policies with regards to the issues highlighted by the Special Rapporteur, namely:

1. access to legal abortion;
2. consensual sex between adults;
3. same sex sexual relations;
4. consensual sex between adolescents of similar ages;
5. sex work;
6. same sex marriage;
7. information on the right to sexual and reproductive health;
8. HIV transmission; and
9. autonomy and free decision making on one’s body and sexual and reproductive health.

4.5 It is worth noting that the Criminal Code (Amendment) Act 2012 provides for specific circumstances in respect to termination of pregnancy under Section 235A (Refer to ***Annex A***).

4.6 The Ministry of Health and Wellness reported that one of the main challenges faced during the lockdown situation was general transportation facilities which disrupted access to public health facilities.

4.7 Attendance in Public Health Institutions for the Year 2021 is as per table below:

No. of attendances for antennal care at Public Health Institutions (Year 2021):

|  |  |  |
| --- | --- | --- |
| Month | Hospital | Primary Health Care |
| January | 4,646 | 2,641 |
| February | 5,133 | 2,413 |
| March | 3,912 | 2,247 |
| April | 4,147 | 2,420 |

Family Planning Clients’ Attendance (Year 2021):

|  |  |
| --- | --- |
| Month | Island of Mauritius |
| January | 3,185 |
| February | 3,294 |
| March | 2,642 |
| April | 2,610 |

4.8 An analysis of the tables above indicates that attendances for antenatal care at Public Health Institutions during lockdown period (March and April 2021) have decreased slightly compared to January and February 2021. Moreover, there has been an average decrease of around 18.9% in Family Planning Clients’ Attendance for the months of March and April 2021 as compared to January and February 2021.

4.9 There has been a reprioritization of the budget of the Ministry of Health and Wellness with a view to providing better measures necessary to combat the COVID-19 pandemic, as compared to pre-pandemic period. The recurrent expenditure budget allocated under the Treatment and Prevention of HIV and AIDS has been adjusted from **MUR 95,800,000** for Financial Year 2019-2020 to **MUR 74,000,000** for Financial Year 2020-2021.

4.10 Furthermore, the State of Mauritius is proposing to apply for funding under the COVID-19 Response Mechanism (C19RM) of the Global Fund against AIDS, Tuberculosis and Malaria.

**5.0 Relevant Health Statistics**

5.1 It is worth noting that the State of Mauritius has achieved the 2030 SDG targets related to Child and Maternal Mortality. In 2019, for 1,000 livebirths, Infant Mortality Rate was 14.5 whereas the Maternal Mortality Ratio was 62 per 100,000 livebirths. Most infant deaths are due to congenital anomalies and diseases related to perinatal period, mainly respiratory distress of newborn.

5.2 For the year 2020, some 200 infant deaths (deaths to children aged under one year) were registered in the Republic of Mauritius against 187 in 2019, representing a rise of 7.0%. The infant mortality rate, defined as the number of infant deaths per 1,000 live births, increased from 14.5 in 2019 to 14.9 in 2020.

5.3 The number of infant deaths in the Island of Mauritius increased from 173 in 2019 to 184 in 2020, resulting in a rise in infant mortality rate from 14.3 to 14.7. For the Island of Rodrigues, the number of infant deaths increased from 14 to 16, with an infant mortality rate increasing from 17.3 in 2019 to 17.6 in 2020.

5.4 Disaggregated data from Statistics Mauritius pertaining to infant deaths and infant mortality rate for the Republic of Mauritius for the Years 2019 and 2020 is as follows:

|  |  |  |
| --- | --- | --- |
| **Island** | **Number of infant deaths registered** | **Infant mortality rate** |
| **2019** | **2020** | **2019** | **2020** |
| **Island of Mauritius**  | 173 | 184 | 14.3 | 14.7 |
| **Island of Rodrigues**  | 14 | 16 | 17.3 | 17.6 |
| **Republic of Mauritius** | **187** | **200** | **14.5** | **14.9** |

5.5 Moreover it was noted that in 2020, some 141 still births were registered in the Republic of Mauritius, which is 1.4% higher than the 2019 figure of 139. The still birth rate which is the number of still births in a year per 1,000 total births was 10.7 for 2019 and 10.4 for 2020. The Island of Mauritius registered 131 still births in 2019 against 132 in 2020, with the still birth rate decreasing from 10.7 to 10.4 during the same period. For the Island of Rodrigues, there were 8 still births registered in 2019 and 9 in 2020, and the still birth rate increased from 9.6 to 9.8 during the same period. Disaggregated data pertaining to same is illustrated in the table below:

|  |  |  |
| --- | --- | --- |
| **Island** | **Number of still births registered** | **Still birth rate** |
| **2019** | **2020** | **2019** | **2020** |
| **Island of Mauritius**  | 131 | 132 | 10.7 | 10.4 |
| **Island of Rodrigues**  | 8 | 9 | 9.6 | 9.8 |
| **Republic of Mauritius** | **139** | **141** | **10.7** | **10.4** |

A copy of the report can be accessed on the following link: <https://statsmauritius.govmu.org/Documents/Statistics/ESI/2021/EI1572/Pop_Vital_Yr20_150321.pdf>

5.6 Maternal mortality has been mostly due to health-related complications. Maternal Mortality Ratio per 1,000 live births and Infant Mortality Rate per 1,000 live births for the last 10 years are as follows:

|  |  |  |
| --- | --- | --- |
| ***Year*** | ***Maternal Mortality Ratio***  | ***Infant Mortality Rate #*** |
| 2010 | 0.33 | 12.5 |
| 2011 | 0.34 | 12.9 |
| 2012 | 0.62 | 13.7 |
| 2013 | 0.66 | 12.1 |
| 2014 | 0.52 | 14.5 |
| 2015 | 0.47 | 13.6 |
| 2016 | 0.46 | 11.8 |
| 2017 | 0.74 | 12.2 |
| 2018 | 0.39 | 14.0 |
| 2019 | 0.62 | 14.5 |
| # per thousand live births |

*Source: Ministry of Health and Wellness*

A break-down of selected causes of infant and maternal death for the period 2015-2019 can be found at ***Annex B.***

**6.0 Conclusion**

6.1 All women of reproductive age, including adolescent girls have universal access to sexual and reproductive health services through family planning clinics in all of the 140 health service delivery points. Counselling services and different modes of contraception are provided free of cost.

6.2 The State of Mauritius is firmly committed to provide free quality health care facilities to the population. Every citizen of the country, irrespective of gender, age, disability, geographical location, social status and ability to pay, can not only access community health services but also avail of the most sophisticated medical treatment in public health institutions.

**02.07.2021**

**Annex A**

**Provisions of the Criminal Code (Amendment Act) 2012**

**235A. Authorised termination of pregnancy**

(1) No person shall provide treatment to terminate a pregnancy unless he

1. Is a specialist in obstetrics and gynaecology who is registered as such under the Medical Council Act?
2. Provides the treatment in a prescribed institution and
3. Complies with all the requirements of this section.

(2) The specialist referred to in subsection (1) (a) may only provide treatment to terminate a pregnancy where another specialist in obstetrics and gynaecology and other specialist in the relevant field share his opinion, formed in good faith, that-

(a) the continued pregnancy will endanger the pregnant person’s life;

(b) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant person;

(c) there is a substantial risk that the continued pregnancy will result in a severe malformation, or severe physical or mental abnormality, of the foetus which will affect its viability and compatibility with life;

(d) the pregnancy has not exceeded its fourteenth week and results from a case of rape, sexual intercourse with female under the age of 16 or sexual intercourse with a specified person which has been reported to the police.

(3) notwithstanding sections 297 and 298 of the Criminal Code, any person who, for the purpose of procuring treatment to terminate pregnancy, knowingly makes a false declaration of rape, sexual intercourse with a female under 16 or sexual intercourse with a specified person to the police shall commit an offence and shall on conviction, be liable to penal servitude for a term not exceeding 10 years.

(4) (a) subject to subsections (5) and (6), the specialist referred to in subsection (1) (a) shall carry out a termination of pregnancy under this section except with the informed consent of the pregnant person.

(b) (i) subject to subparagraph (ii), consent under paragraph(a) shall be given in writing.

(ii) where the pregnant person is unable to read or write, she may give her consent by affixing her thumbprint to a written statement which is read out to her.

(5) Where a request for treatment to terminate a pregnancy under this section is made by pregnant person who is under the age of 18, no treatment shall be provided to terminate the pregnancy except with the written informed consent of one of her parents or her legal guardian, as the case may be.

(6) Where a woman is, in the opinion of the specialists referred to in subsection (2)

 (a) severely mentally disabled to such an extent that she is incapable of understanding the nature of or the consequences of undergoing, the treatment to terminate her pregnancy; or

(b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request, and to consent to, treatment to terminate her pregnancy, the specialist referred to in subsection (1) (a) may terminate her pregnancy upon the request and with the written informed consent of her partner, spouse, parents or legal guardian, as the case may be.

(7) Where counselling shall be provided to a pregnant person before and after a termination of pregnancy.

(8) No person shall, by means of coercion or intimidation, compel or induce a pregnant person to undergo treatment to terminate a pregnancy against her will.

(9) Any person who contravenes this section shall commit an offence and shall, on conviction, be liable to imprisonment for a term not exceeding 5 years and to a fine not exceeding 100,000 rupees.

(10) In this section-

 “informed consent” means consent, obtained freely and without threat or improper inducement, to receive treatment to terminate a pregnancy after the risks, benefits and alternatives have been adequately explained to the person concerned;”

“prescribed institution” has the same meaning as in section 38A of the Medical

Council Act;

“specified person” has the same meaning as in section 249(5).

**Annex B**

| **SELECTED CAUSES OF INFANT DEATHS – 2015 – 2019** |
| --- |
| **Cause:**  | **Year** |
| **2015** | **2016** | **2017** | **2018** | **2019** |
| Acute Bronchitis and Acute Bronchiolitis | 3 | 3 | 4 | 3 | 8 |
| Pneumonia | 5 | 1 | 0 | 4 | 3 |
| Congenital anomalies | 31 | 34 | 38 | 28 | 39 |
| Slow foetal growth, foetal malnutrition and disorders related to short gestation and low birth weight | 8 | 8 | 5 | 10 | 11 |
| Intrauterine Hypoxia and birth asphyxia | 7 | 11 | 8 | 11 | 3 |
| Septicaemia and infections specific to the perinatal period | 21 | 19 | 21 | 21 | 21 |
| Other septicaemia and bacterial diseases | 1 | 1 | 0 | 2 | 2 |
| Neonatal haemorrhage | 9 | 1 | 0 | 2 | 2 |
| Disseminated intravascular coagulation in newborn | 7 | 4 | 5 | 8 | 11 |
| Sudden Infant Death Syndrome  | 11 | 6 | 1 | 5 | 3 |
| Ingestion of food causing suffocation  | 3 | 1 | 2 | 0 | 2 |
| Respiratory Distress of Newborn | 21 | 20 | 25 | 24 | 24 |
| Pulmonary Haemorrhage | 13 | 6 | 10 | 11 | 18 |
| All other cases  | 25 | 28 | 29 | 39 | 26 |
| **TOTAL**  | **165** | **143** | **148** | **168** | **173** |

*Source: Ministry of Health and Wellness*

| **Maternal Deaths by cause with age-at-death (years) 2015-2019** |
| --- |
| **Causes****Year** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **No** | **Age at death** | **No** | **Age at death** | **No** | **Age at death** | **No** | **Age at death** | **No** | **Age at death** |
| Postpartum haemorrhage | **-** | ***-*** | **-** | **-** | **-** | **-** | **1** | 33 | **1** | 40 |
| Antepartum or intrapartum haemorrhage (with coagulation defect) | **-** | ***-*** | **-** | **-** | **2** |  ***34******21*** | **1** | 29 | **1** | 42 |
| Disruption of obstetric wound and other compl of puerperium  | **-** | ***-*** | **-** | **-** | **-** | **-** | **-** | **-** | **1** | **33** |
| Complications following abortion | **-** | **-** | **2** | *26 19* | **-** | **-** | **-** | **-** | **1** | **41** |
| Eclampsia and other maternal hypertension | **2** | *31 32* | **2** | *27**23* | **3** | *34 40**36* | **-** | **-** | **1** | **26** |
| Amniotic fluid, pulmonary and other obstetric embolism | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** |
| Sepsis, pyrexia and other puerperal infections | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **1** | ***24*** | **-** | ***-*** |
| Diseases of the Circulatory System complicating pregnancy, childbirth and puerperium | **-** | ***-*** | **1** | *30* | **2** | **29** **26** | **2** | **27****36** | **-** | ***-*** |
| Placental Disorders | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** |
| Abdominal or ectopic pregnancy | **1** | *32* | **1** | *33* | **1** | *27* | **-** | ***-*** | **2** | ***30 32*** |
| Diseases of the Resp. System compl. pregnancy, childbirth and puerperium | **-** | ***-*** | **-** | ***-*** | **1** | *31* | **-** | ***-*** | **-** | ***-*** |
| Diseases of the digestive System compl. pregnancy, childbirth and puerperium | **1** | *21* | **-** | ***-*** | **-** | ***-*** | **-** | ***-*** | **1** | ***16*** |
| Death from any obstetric cause occurring more than 42 days | **-** | ***-*** |  |  |  | ***-*** | **-** | ***-*** | **-** | ***-*** |
| Infections of genitourinary tract in pregnancy | *-* | *-* | *-* | *-* | **1** | *17* | **-** | ***-*** | **-** | ***-*** |
| TOTAL | **4** |  | **6** |  | **10** |  | **5** |  | **8** |  |

*Source: Ministry of Health and Wellness*