

Country progress report - Mauritius

Global AIDS Monitoring 2017



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century (Department of Health 2001). The strategy is based on the principle of 'active ageing', which is defined as 'the process of optimising opportunities for health, participation in society and security in old age' (Department of Health 2001, p. 1).

The strategy is based on three pillars: health, participation and security. The Department of Health has set out a number of objectives for each pillar, and has identified a number of key areas for action. The key areas for action are: health, participation, security, and the environment (Department of Health 2001).

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Overall

Fast-track targets

Progress summary

The estimated prevalence of HIV among the population of Mauritius was 0.8% in 2016, representing an estimated 8,206 people living with HIV (PLHIV); 6,671 (5,061 males and 1,610 females) PLHIV were detected as of December 2016 and 4,406 PLHIV are presently enrolled in care with the Ministry of Health and Quality of Life. The epidemic can be described as follows:

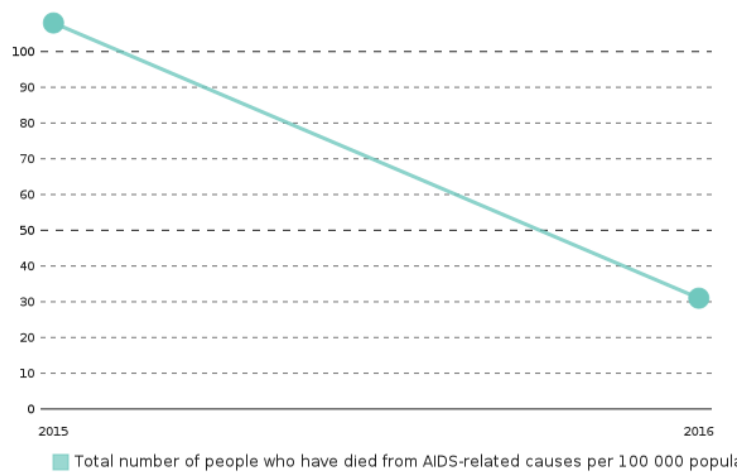
- Mauritius has a concentrated HIV epidemic, with a high prevalence among key populations, as follows: 44.3% among people who inject drugs (PWID), 15 % among female sex workers (FSW), 17.2 % among men who have sex with men (MSM), and 17.8 % among prison inmates (PI).

From the beginning of the epidemic in Mauritius until December 2016, 1,210 deaths of HIV infected individuals have been recorded, cumulatively..

In 2016, coverage of services to prevent mother-to-child transmission (PMTCT) of HIV in Mauritius reached more than 97%. The prevalence of HIV among pregnant women has remained under 1% till date. Prevalence among pregnant women aged 15-49 years remains in the range of 0.4% - 0.8% since 2008. However, prevalence within the age group of 15-24 has increased from 0.11% in 2004 to 0.97% in 2016.

The monthly reported cases also dropped from an average of 43 cases in 2007 to 2011 to 25 cases in 2012 to 2016. As at December 2016, 6,671 cases of HIV and AIDS had been detected cumulatively, out of which 1,610 (23.3%) are females.

3.1 AIDS mortality, Mauritius (2015-2016)



Commitment 1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

In its National HIV Action Plan 2017-2021, the Republic of Mauritius is giving itself the means to bring treatment to all who need it.

Goals of the response to HIV and AIDS

This 5-year NAP aims to meet the 90-90-90 targets released by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2014, thus preparing to control the HIV epidemic by 2030. A substantial strategic investment of funding, human resource, infrastructure and community systems strengthening is required to support this scale-up, backed up by focused interventions to support the 90-90-90 targets detailed in this NAP:

By the end of 2021, Mauritius will have:

A. 90% of PLHIV will know their status. This will require re-focusing the HTS (HIV Testing Services) program to high-yield settings, addressing negative social norms regarding HIV testing, generating service demand, facilitating testing for key populations, targeting testing geographically, boosting provider-initiated testing, family referrals for testing and referral to clinical services/HTS of adults and children and increasing demand for HTS, amongst others.

B. 90% of people diagnosed will be on ART. This will require expansion of peripheral ART services to balance the patient burden between sites; a concerted public education campaign to galvanize the population behind the 90-90-90 targets and motivate early ART uptake; Social and Behavioural Change Communication, expansion of patient support to enhance retention in care and counselling on adherence to clinical care and treatment.

90% of people on ART will be virally suppressed. This will require maintaining adherence to current levels of ART regimens and retention in ART programs through group- and individual-level support; continued scale-up of viral load monitoring to ensure timely switch to second line ART for patients failing first line therapy.

Policy questions

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

Yes

d) Is mandatory for certain groups

Yes

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

≤500 cells/mm³; Implemented countrywide

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

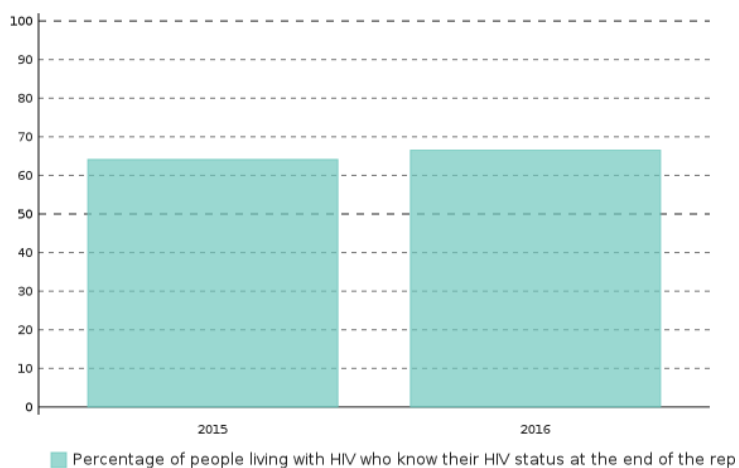
a) For adults and adolescents

Yes, fully implemented

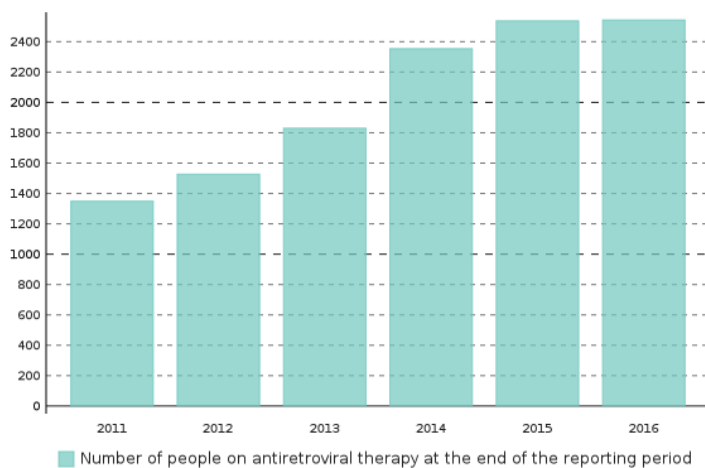
b) For children

Yes, fully implemented

1.1 People living with HIV who know their HIV status, Mauritius (2015-2016)



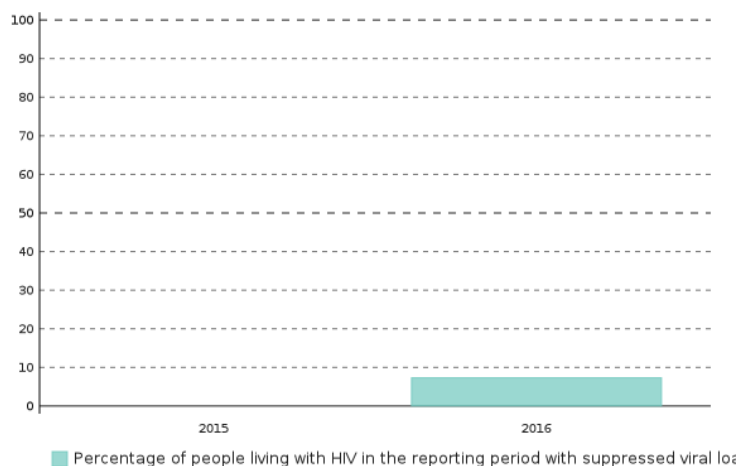
1.2 People living with HIV on antiretroviral therapy, Mauritius (2011-2016)



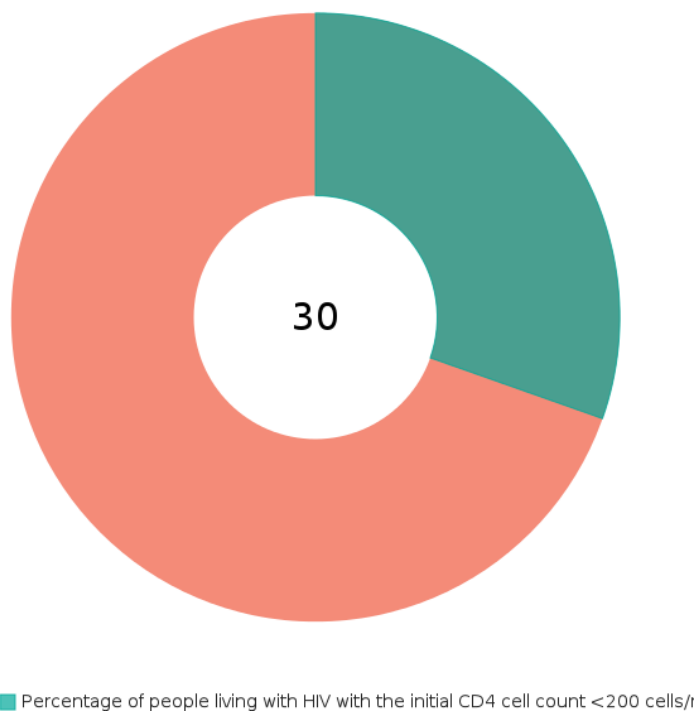
1.3 Retention on antiretroviral therapy at 12 months, Mauritius (2011-2016)



1.4 People living with HIV who have suppressed viral loads, Mauritius (2015-2016)

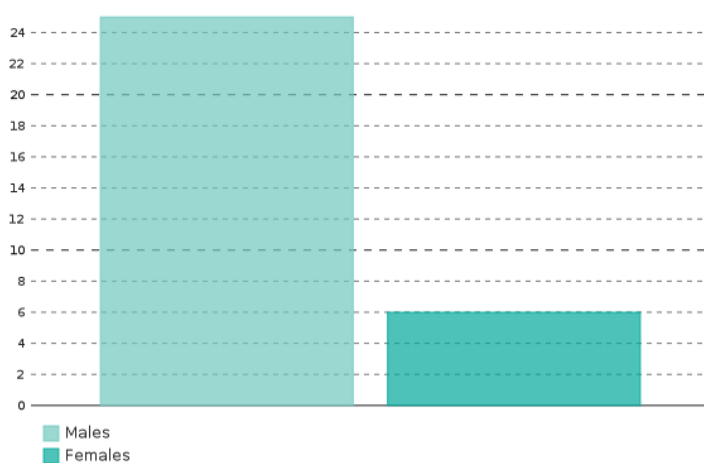


1.5 Late HIV diagnosis, Mauritius (2016)



1.7 AIDS mortality, Mauritius (2016)

Number of people dying from AIDS-related causes in 2016



Commitment 2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

As a result of Option B+, the majority of HIV-infected infants have been found through testing known HIV-exposed infants, since at-risk children in paediatric wards are routinely tested and initiated on ART, based on a protocol. The prompt initiation of ART in hospital will be further reinforced with stronger referral systems to ART services closer to home, and follow-up of the mother and child after the child is discharged.

The MOH is currently reviewing various options for improving early infant treatment initiation coverage, including moving PCR testing to the labour ward or post-natal ward and introduction of point-of-care devices for infant HIV diagnosis.

HIV+ children will be linked to age appropriate treatment, care and support services delivered in facility and community settings. Youth, particularly adolescents, found negative, will be reached through targeted social and behavioural change communication (SBCC) and sexual and reproductive health (SRH) services. Adolescent and youth in particular will be provided age-appropriate prevention services. While the majority of female sex workers are single, some report living with someone, and/or have children; high FSW HIV prevalence, coupled with high fertility, creates unique vulnerabilities for vertical transmission of HIV to their children. Interventions targeting FSW should integrate paediatric case finding through index testing, and link HIV+ children into treatment and care services.

Policy questions

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 90%

Year: 2021

Elimination target(s) (such as the number of cases/population) and Year: 0

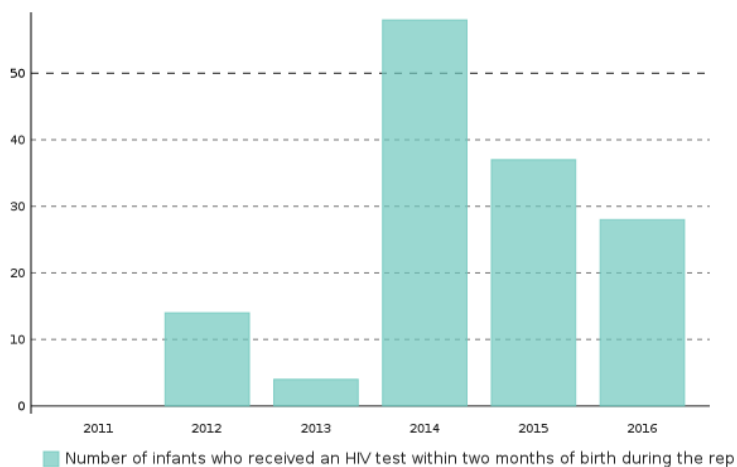
Year: 2030

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

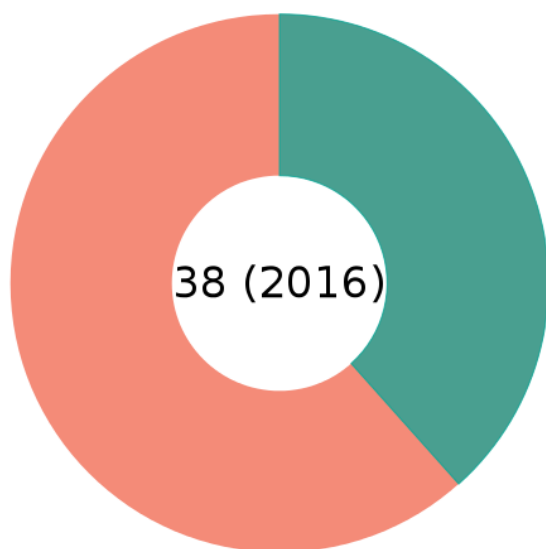
Yes, with an age cut-off to treat all of <5 years

Implemented countrywide

2.1 Early infant diagnosis, Mauritius (2011-2016)



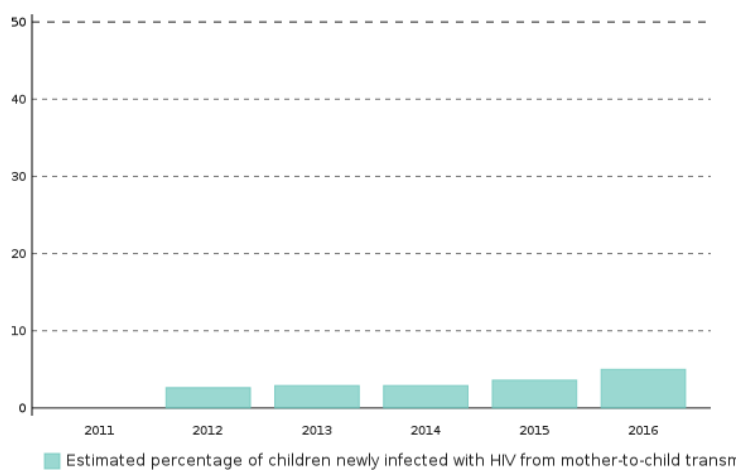
2.1 Early infant diagnosis, Mauritius (2015-2016)



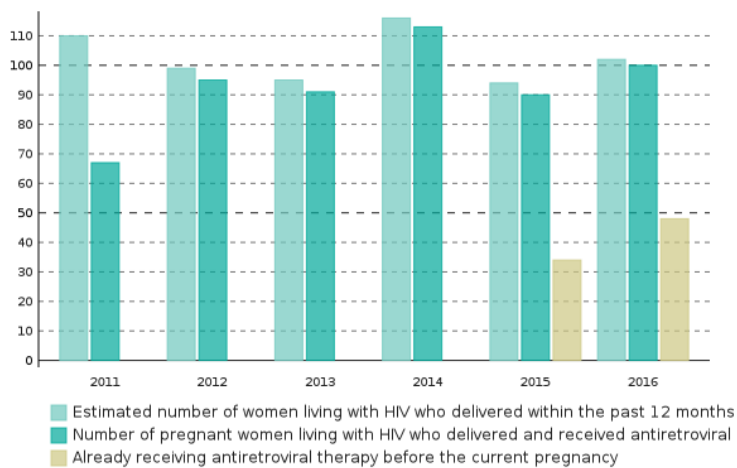
↓ 41.1 (2015)

■ Percentage of infants born to women living with HIV receiving a virological test

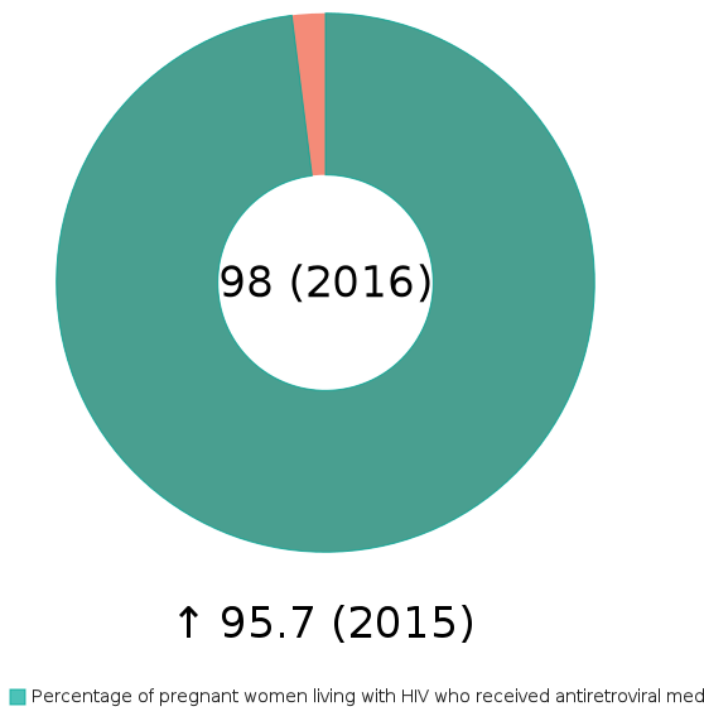
2.2 Mother-to-child transmission of HIV, Mauritius (2016)



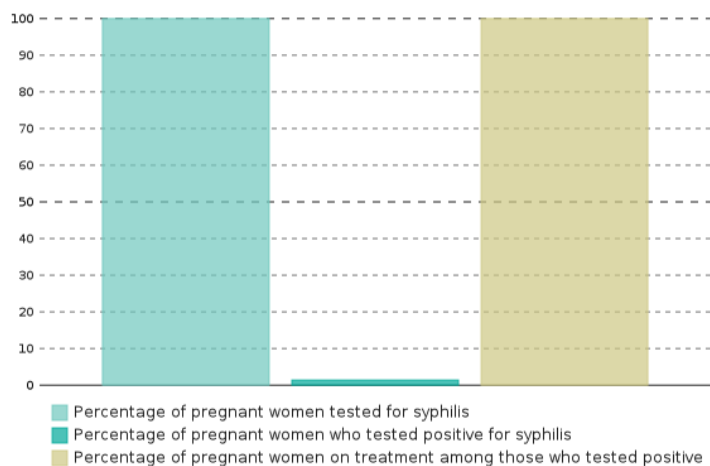
2.3 Preventing the mother-to-child transmission of HIV, Mauritius (2011-2016)



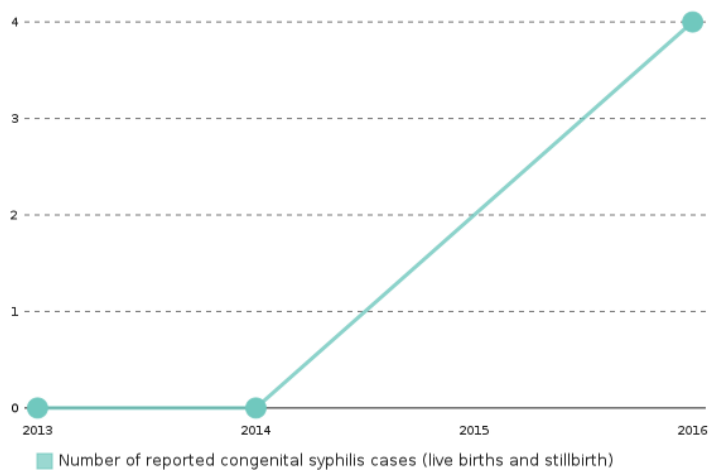
2.2 Preventing the mother-to-child transmission of HIV, Mauritius (2015-2016)



2.4 Syphilis among pregnant women, Mauritius (2016)



2.5 Congenital syphilis rate (live births and stillbirth), Mauritius (2011-2016)



Commitment 3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

The NAP will continue to scale all evidence based HIV prevention interventions including condoms, lubricant, behavioral change counselling (BCC), post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), NEP and MST.

Communication to the general public and key population groups will focus on demystifying male and female condoms, to strengthen distribution and uptake of these commodities. Male and female condoms will continue to be distributed all over the island through a well-established network. Condoms will be delivered using traditional as well as non-traditional platforms targeting all who are sexually active and especially those in short-term relationships, key populations and youths. Hard to reach populations such as sex workers and men who have sex with men, including transgender individuals will be provided with condoms through outreach by peers. Additionally, there would be a scale-up of lubricant for MSM and FSWs. Additional communication to MSM and FSWs will be needed to promote the appropriate use of condom-safe lubricant to discourage breakage. Leaflets and posters will be developed on lubricant use amongst MSM and FSWs.

Drug dependents coming for treatment will be provided a holistic based programme with much focus on the after care and rehabilitation process. This will be implemented by multi-disciplinary team.

Policy questions: Key populations

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

No specific legislation

Is drug use or possession for personal use an offence in your country?

Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

Constitutional prohibition of discrimination based on gender diversity

Sex workers

No

Men who have sex with men

Constitutional prohibition of discrimination based on sexual orientation

People who inject drugs

Yes

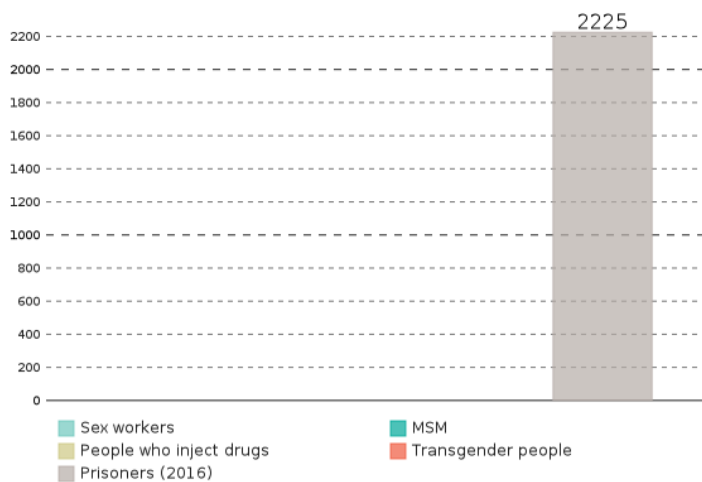
Policy questions: PrEP

Is pre-exposure prophylaxis (PrEP) available in your country?

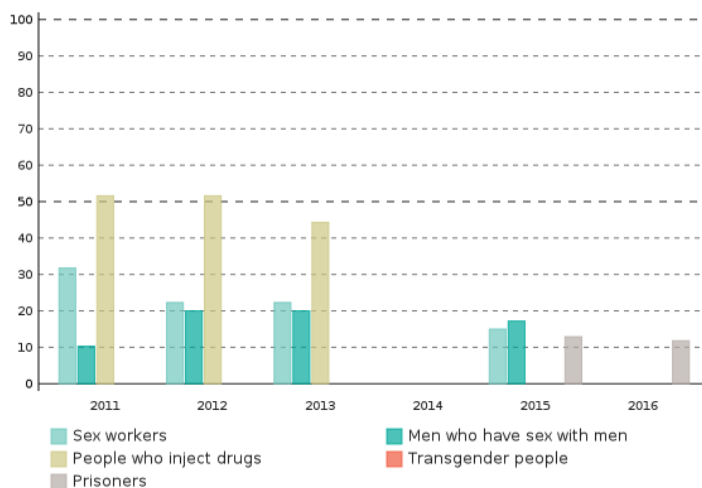
Yes

Provided as part of a pilot project

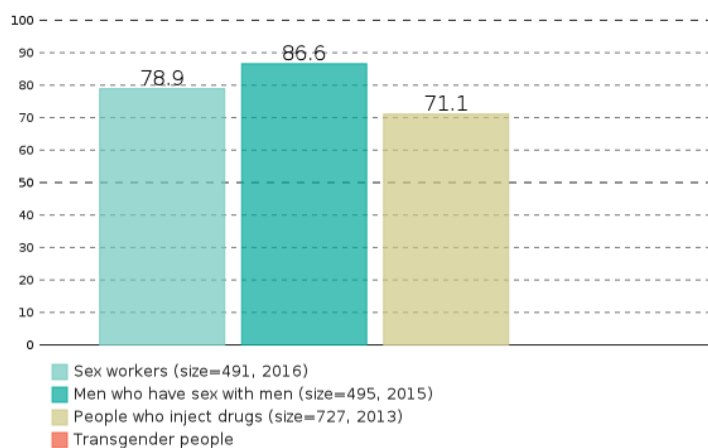
3.2 Estimates of the size of key populations, Mauritius



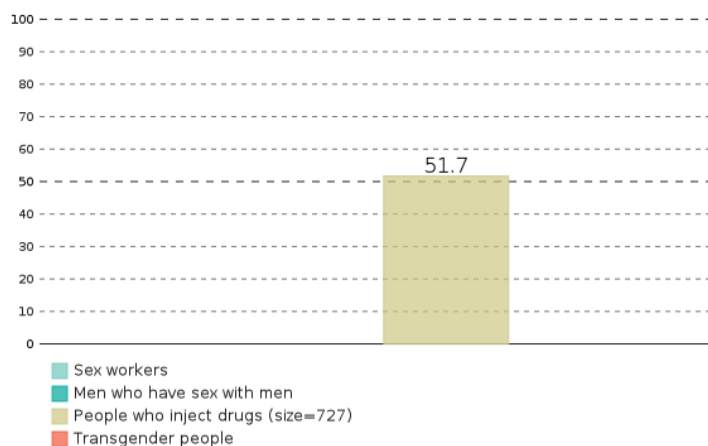
3.3 HIV prevalence among key populations, Mauritius (2011-2016)



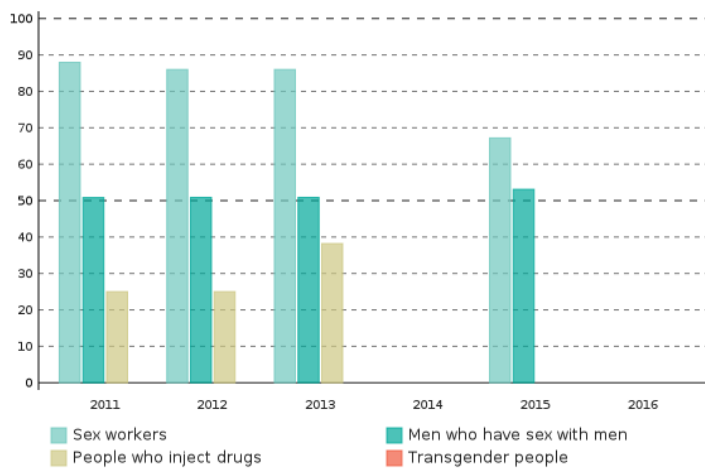
3.4 Knowledge of HIV status among key populations, Mauritius



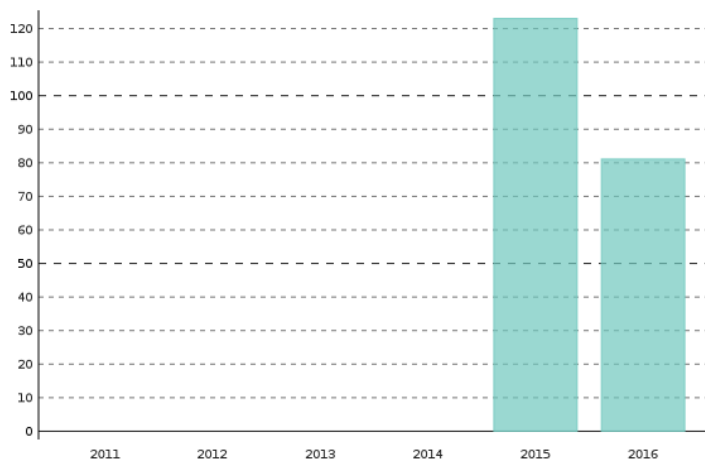
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Mauritius



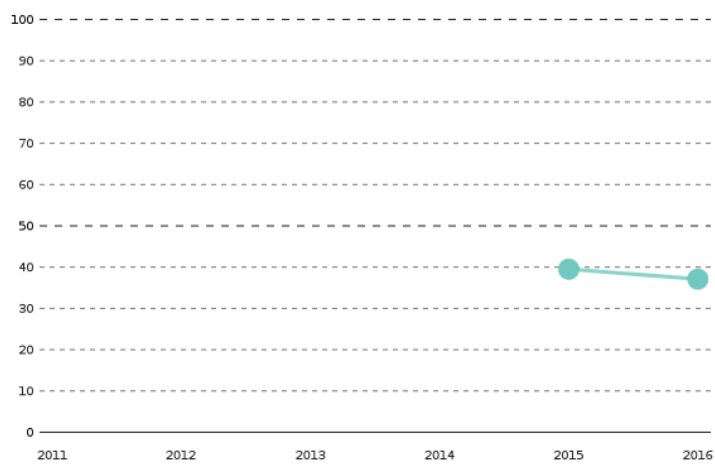
3.6 Condom use among key populations, Mauritius (2011-2016)



3.9 Needles and syringes distributed per person who injects drugs, Mauritius (2011-2016)



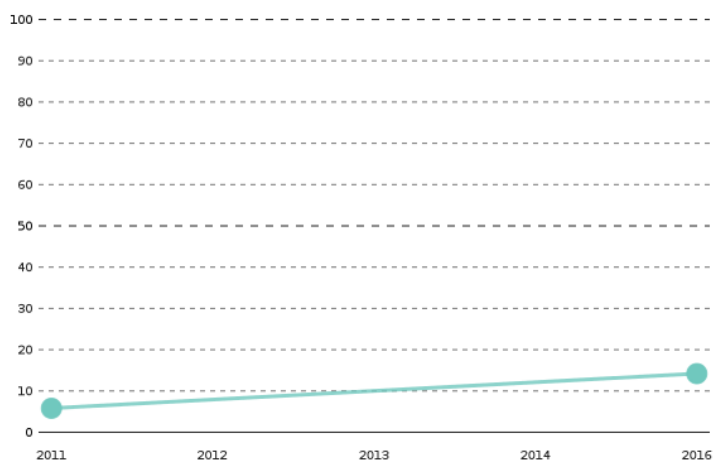
3.10 Coverage of opioid substitution therapy, Mauritius (2011-2016)



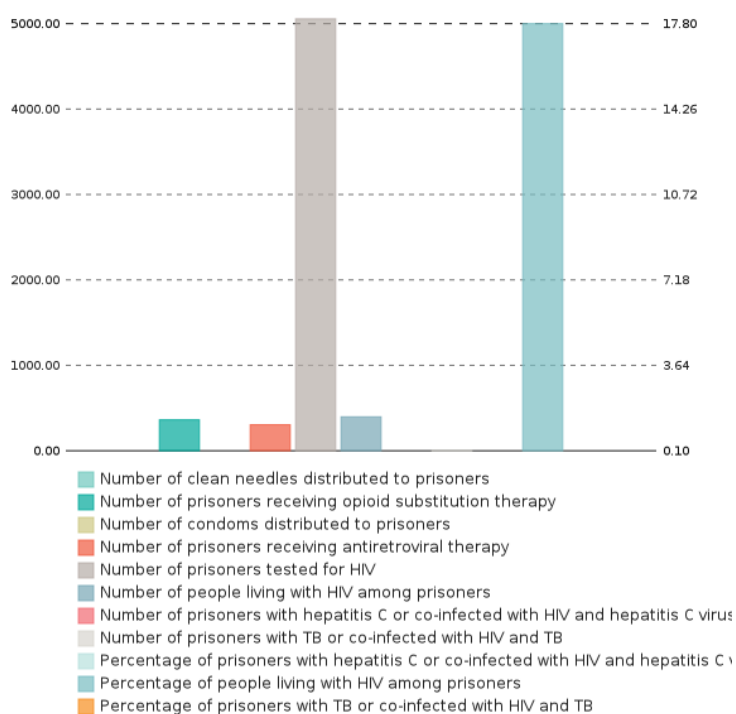
3.11 Active syphilis among sex workers, Mauritius (2011-2016)



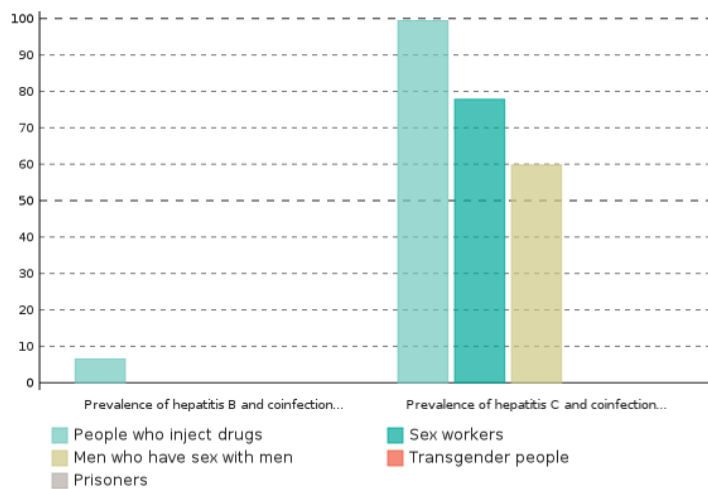
3.12 Active syphilis among men who have sex with men, Mauritius (2011-2016)



3.13 HIV prevention programmes in prisons, Mauritius (2016)



3.14 Viral hepatitis among key populations, Mauritius (2016)



Commitment 4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

The 2017-2021 NAP promotes a comprehensive sexuality and gender transformative interventions to prevent new HIV infections through risky sex, support service utilisation and retention in care and adherence. Ethnographic and qualitative studies indicate a clear role of socio-cultural, gender, and community norms in perpetuating HIV transmission through sexual risk behaviours, such as multiple partners and concurrent partners, lack of condom use, and through insufficient health-seeking behaviours. This NAP will build on positive efforts made to promote couple communication, modification of harmful cultural practices, and stigma reduction through effective community mobilisation efforts in collaboration with all partners. Community efforts will be further aligned to support the prevention, treatment and care continuum.

Policy questions

Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV

No

Does your country have legislation on domestic violence*?

Yes

Does your country have any of the following to protect key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence*

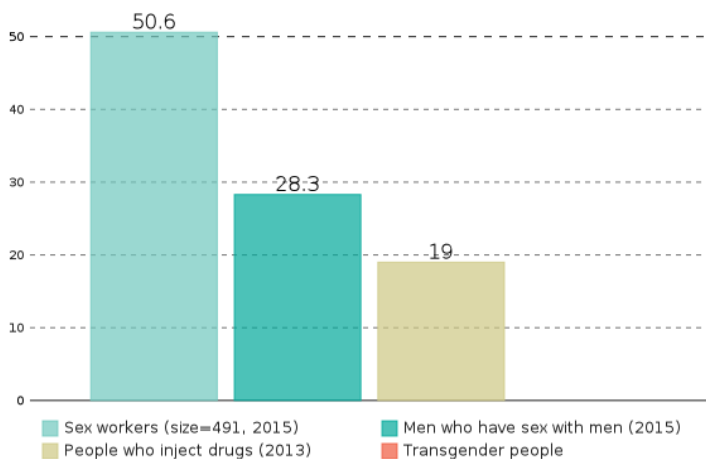
Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

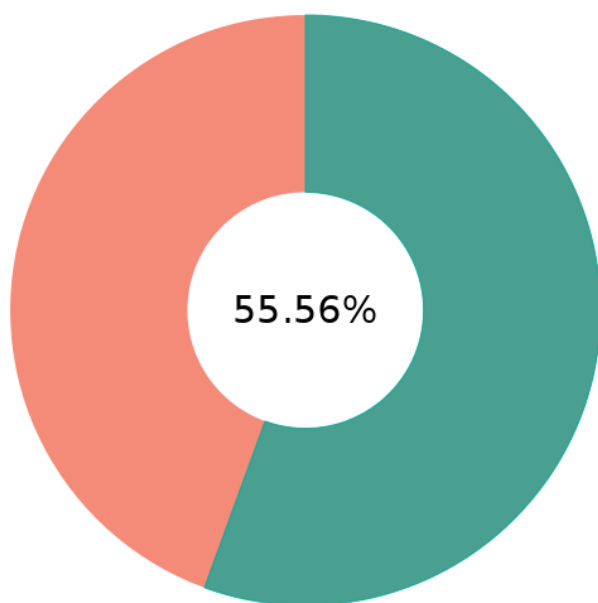
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

4.2 Avoidance of HIV services because of stigma and discrimination among key populations, Mauritius



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



10 / 18

Commitment 5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Integration of comprehensive sexual and reproductive health (SRH) and HIV prevention component into school curricula - Evidence suggests that sex education for young people encourages safer sexual practices and delays in sexual debut. As outlined in the other sections, where possible the school and faith based education and outreach services should include comprehensive sex education for young people. Advocacy for comprehensive sexual education for youth will be done at national and community buy-in for the implementation of this curricular. Implementation will be undertaken and overseen by the Ministry of Education

Policy questions

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education*, according to international standards*, in:

a) Primary school

Yes

b) Secondary school

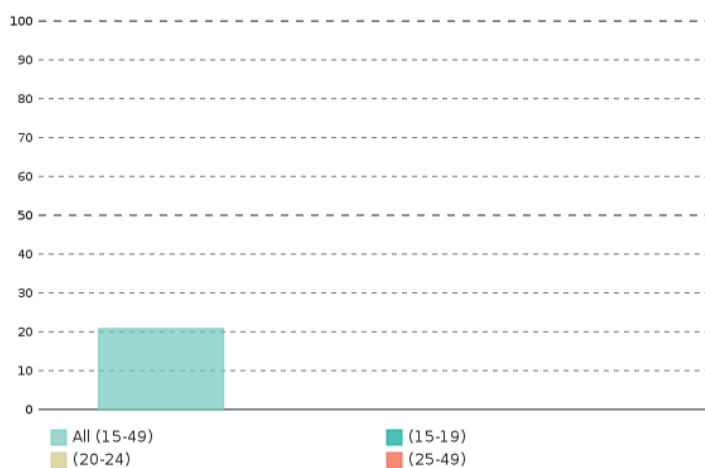
Yes

c) Teacher training

Yes

5.2 Demand for family planning satisfied by modern methods, Mauritius (2016)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Commitment 6

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

Care and support outside of medical treatment is essential to a comprehensive approach to care for people living with HIV and AIDS. Support will include nutritional support, psychosocial and community support and palliative care.

- An initial psychosocial assessment will be performed on all newly diagnosed patients to identify those with special needs.
- pre-ART counselling and education to explain PLHIV the possible side-effects, the importance of lifelong treatment and adherence.
- All pregnant women who are already on ART will have specific counselling.
- Psychosocial and community support to be systematically integrated into the regular follow up of HIV patients.
- Individual special psychosocial consultations for specific situations: poor adherence, treatment failure, alcohol and substance abuse, and problematic couples among others.
- Adapted strategies to be developed to address the special needs of HIV infected children
- Support to adolescents who have been infected through mother to child transmission and are confronting new challenges about their sexuality and desire for parenthood.

HIV and AIDS is known for causing severe weight loss, known as wasting, which strongly predicts illness or death among people with HIV. In children, HIV is frequently linked to growth failure. Therefore for nutritional support, new national guidelines will be developed.

Community based care will be strengthened in particular to encourage social reintegration activities and home visits will be organized for loss to follow up patients and those who abandon treatment, as well as families in need of intense counselling.

Economic and social deprivation usually leads to vulnerability and constitutes a barrier to universal access to health. The 2017-2021 NAP encapsulates a range of support designed to help key populations to cope with the economic and social impacts of HIV.

With the partnership of Social Services, empowerment programs will help to foster a culture of entrepreneurship that will enable beneficiaries to develop their economic activities for social reintegration.

It is important that Government and non-Governmental HIV services collaborate to provide interventions supporting socio economic empowerment of key populations in the fight against stigma and discrimination as well as for the sustainability of HIV responses. This will contribute substantially to re-integrating key populations into the social fabric of society.

Policy questions

Yes

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

Do any of the following barriers limit access to social protection* programmes in your country

Lack of information available on the programmes
Complicated procedures
Fear of stigma and discrimination
Lack of documentation that confers eligibility, such as national identity cards
Laws or policies that present obstacles to access

Commitment 7

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

The community activities for the 2017-2021 NAP will focus heavily on supporting the achievement of the 90-90-90 targets. The community is an under-utilized resource in this fight to eliminate HIV, and the need to more closely coordinate facility and community activities and interactions has never been more apparent. Communities have a key role to play in identifying, promoting and facilitating service uptake among members of key populations but, increasingly, also in shifting specific tasks (such as HIV screening and adherence support) away from healthcare service providers to community-based service delivery models which have been demonstrated effectively in Mauritius and other settings.

With the scale up of ARVs, continued and expanded effort is required to make the public aware of the new ART coverage goals and the anticipated impact on the HIV epidemic in Mauritius. In addition, information on the availability of facility and community-based care and support services will need to be widely disseminated. Coupled with this is the development and production of targeted messages and communication materials for the different segments of the population that includes PWIDs, MSMs, FSWs, TG and prison inmates. Additionally, community efforts are needed to not only increase awareness of ART, but to establish community norms that are accepting and supportive of ART adherence.

Therefore, strengthening social networks and community organizations will have a positive impact on the ability of populations including the key populations to engage in health care and effectively contribute to the achievement of the NAP 90-90-90 targets by 2020

Policy questions

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

1135101

b) Female condoms:

41500

c) Lubricants:

77640

Commitment 8

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

This NAP is expected to cost MRU 566 542 378 over the course of five years with 42.99% of the funds being used to pay for the treatment, care and support module and 19.7% to the prevention programs for the whole population. The Government remains the major contributor of HIV and AIDS funding in the country, accounting for 75% of spending while 25% are from external source, mainly the Global Fund. By 2022, the country will not be eligible for Global Fund, therefore the Government is expected to sustain the National Response

Commitment 9

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

In line with the National HIV Policy, the existing laws and policies will be reviewed to ensure that they do not encourage stigma and discrimination or constitute a barrier to HIV prevention, treatment, care & support, or work against the vision and objectives of the national HIV and AIDS response.

In order for PLHIVs to enjoy full human rights, it is important that they operate within an equal opportunity environment. This outcome implies identifying all these laws, and reviewing them for a harmonization with the international commitments that were made.

HUMAN RIGHTS OF PLHIV ARE RESPECTED AND PROMOTED

Reduction of HIV related stigma and discrimination can become a reality only if the rights of PLHIVs are respected and promoted. Apart from the HIV and AIDS Act, Mauritius has enacted the Protection of Human Rights Act in 1998 and established a Human Rights Commission for the purposes of this Act.

Advancing human rights, as enunciated in the Universal Declaration of Human Rights, and gender equality for the HIV response means ending the HIV-related stigma, discrimination, gender inequality against women and girls that drive the risk of, and vulnerability to, HIV infection by keeping the said people from accessing prevention, treatment, care and support services. It means putting laws, policies and programmes in place to create legal environments that protect people from infection and support access to justice. At the core of these efforts is protecting fundamental human rights in the context of HIV— including the rights of women, young boys and girls, men who have sex with men, and other sexual minorities (LGBT).

Policy questions

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

NGOs, Country Coordinating Mechanism, MOH & QL carry out internal enquiry and take actions

Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

Does your country have any of the following barriers to accessing accountability mechanisms present?

Mechanisms do not function

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

Commitment 10

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Good progress has been made in the HIV testing of TB patients, with 100% of TB patients screened for HIV. These targets will remain over the duration of the 2017-2021 NAP.

All TB patients who are HIV+ will begin ART within 2 weeks of TB treatment initiation. Moreover, all HIV positive patients within the prison setting will start Isoniazid Preventive Therapy, while all PLHIV will be systematically screened for tuberculosis

During the 2017-2021 NAP, TB/HIV/IDU collaborative activities will be strengthened to reduce the burden of TB among people living with HIV (PLHIV) and reduce the burden of HIV and TB on injecting drug users. Capacities will be strengthened in health centres and operation sites for PWIDs to improve TB case detection for referral to specialized treatment centres. A mechanism will be established to screen KAPs.

Strategies to strengthen retention in care include decentralization of services and making full use of community-based resources to support PLHIV. Mauritius has made major strides to scale up ART and PMTCT services at the primary care level. Another strategy to increase the linkages between HIV testing and care and treatment services is to utilize community platforms to support newly diagnosed PLHIV. In addition, retention in pre-ART services is noted to be influenced by reliable supply chain and other comprehensive prevention and care interventions, such as screening and treatment of STI, hepatitis B&C and TB, adherence counselling, family planning, cervical screening and access to viral load testing and CD4 count services.

Policy questions

Is cervical cancer screening and treatment for women living with HIV recommended in:

a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b. The national strategic plan governing the AIDS response

Yes

c. National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

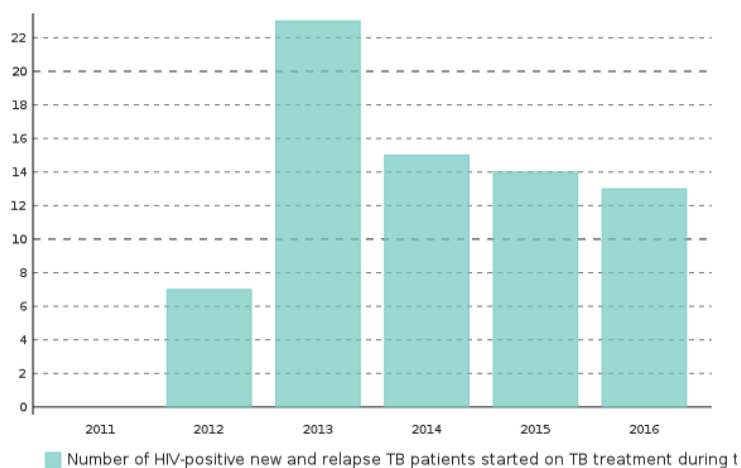
TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics

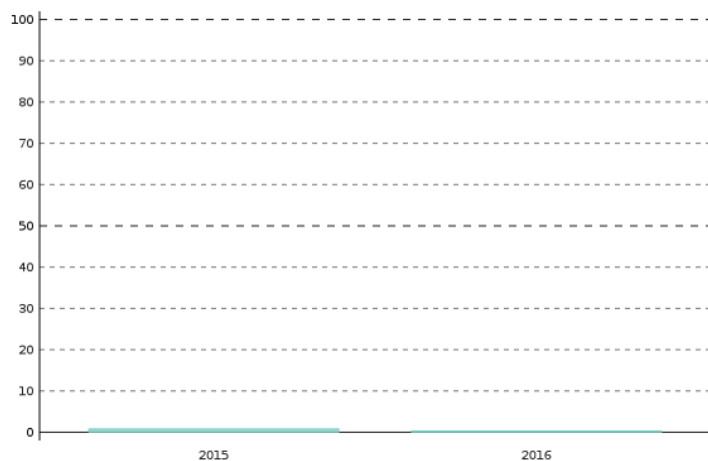
10.1 Co-managing TB and HIV treatment, Mauritius (2011-2016)



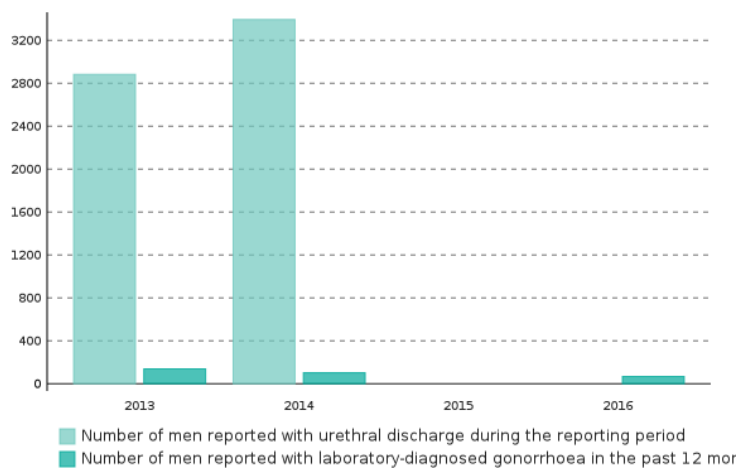
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Mauritius (2015-2016)



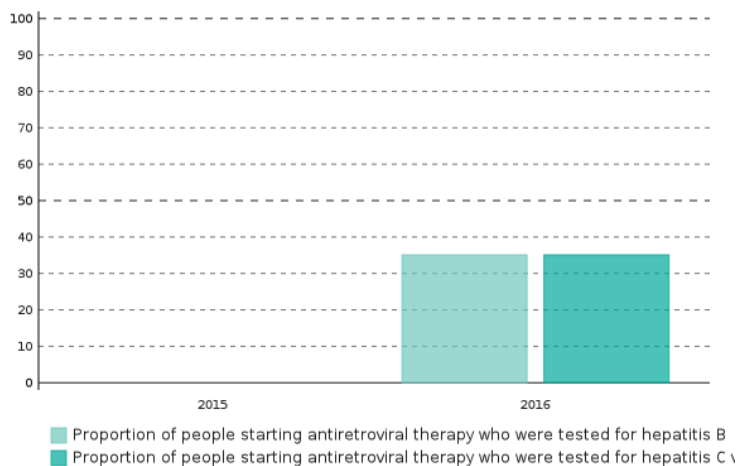
10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Mauritius (2015-2016)



10.4/10.5 Sexually transmitted infections, Mauritius (2013-2016)



10.6/10.8 Hepatitis B and C testing, Mauritius (2015-2016)



10.7/10.9 HIV and Hepatitis B/C, Mauritius (2015-2016)

