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1.3 The main functions of the Institute are geared to:-

a) render the Ministry of Health and Quality of Life self-reliant in the production of trained health manpower through the identification of training needs in the health sector, the development and organisation of training programmes to meet the health workforce requirements.

b) conduct Health Systems Research (HSR) aimed at assessment of quality of services offered to the population, evaluation of effectiveness of health care interventions and epidemiological surveys to assess the importance of prevailing public health problems.

c) develop technical cooperation among countries of the region for health research and manpower development in selected disciplines of regional interest.

1.4 The Institute is administered by a Board established under the provisions of Section 5 of the MIH Act. All policy matters relating to recruitment of staff, conditions of service, programme of work, infrastructure development, budgetary estimates and financial transactions must receive the approval of the Board, which may seek advice from Advisory Committees such as the Staff Advisory Committee, the Technical Advisory Committee and the Financial Advisory Committee. These Committees are appointed by the Chairperson with the consent of the Board.

The composition of the Board and the Advisory Committees for the period under review is at Annex 2. The Executive Director is the Chief Executive of the Institute, responsible to the Board for maintaining and promoting the proper administration of the Institute, as provided for at section 6 of the MIH Act.
1. INTRODUCTION

1.1 The Mauritius Institute of Health (MIH) is a Parastatal body established in 1989 to serve as the training and research arm of the Ministry of Health and Quality of Life. Its objectives are defined at Section 4 of the MIH Act (copy is at Annex 1) as follows:

(a) to organise the training of local health personnel, as well as overseas participants, in accordance with such programme as may be approved by the Board;

(b) to carry out such health systems research as may be approved by the Board;

(c) to act as a focal point and resource centre for the production, exchange and promotion of health learning and health information material;

(d) to provide advisory services in matters of health care;

(e) to perform such other functions not inconsistent with the objects specified above, as the Minister may refer to the Institute;

(f) to co-operate with other similar institutions and regional and international organisations in order to promote the objectives specified in paragraphs (a), (b) and (c).

1.2 The MIH aspires to respond to the needs of Society through the excellence of its training programmes and through the provision of good quality operational research for health development. These activities are carried out in cooperation with Governmental institutions, Para-statal agencies and international organisations.
2. TRAINING ACTIVITIES

2.1 POSTGRADUATE STUDIES IN ANAESTHESIA


Right from the onset, the objective of the project was to develop and implement a post-graduate programme in anaesthesia, for serving medical officers from countries of the Indian Ocean region namely Comores, Djibouti, Madagascar, Mozambique, Mauritius and Seychelles.

The development of the curriculum and organisation of studies were assigned to the University of Bordeaux under the direct responsibility of Professor Philippe Erny, Head of the Anaesthetic Department. For the first 3 years, the studies were planned as follows:

a) Teaching of theory at the MIH for a period of 8 weeks annually.

b) Practical training for the rest of the year in a hospital in the country of origin of the participant under the supervision of a 'Maître de Stage'

c) At the end of the 3rd year, the student had to sit for an examination to obtain the 'Diplôme d'Université d'Anesthésie-Réanimation et Médecine d'Urgence'

The fourth and final year of studies would be open only to students who are successful at the 'Diplôme d'Université' examinations. This one-year programme would be conducted in a training institution in France under the supervision of the University of Bordeaux.

After a selection examination held in the participating countries, the course started in April 1999 with 16 participants. At the end of the 1st year examinations, one student did not make the grade and the remaining 15 listed at Annex 3, were promoted to continue the studies. They were all successful in their examinations for the 'Diplôme d'Université d'Anesthésie-Réanimation et Médecine d'Urgence' held in April 2002. As from May 2002, they have joined the University of Bordeaux for their fourth-year studies, for which there will be a final examination for the obtention of the 'Attestation de Formation Spécialisée' (A.F.S.). This project is funded by the French Cooperation.
2.2 TRAINING OF TRAINERS COURSE IN REPRODUCTIVE HEALTH

Training programmes in Reproductive Health, addressing health professionals from countries of Sub-Saharan Africa, started in 1982. This initiative was taken in response to a pressing need for appropriately trained personnel for the delivery of good quality family planning services in the African Region. This scheme was implemented under the purview of a Tripartite Project comprising of the United Nations Population Fund (UNFPA), the World Health Organisation (WHO) and the Government of Mauritius. It is in view of its impressive performance in the field of family planning, its political stability and its bilingualism that Mauritius was chosen to be the ideal venue for the running of the course. These courses are offered in English and French. As at June 2002, 1234 professionals from the region have benefited from the programme. During the period under review, the following courses were held:-

a) The 50th course was held in English from 18 June to 27 July 2001 with 26 participants, listed at Annex 4.


c) The 52nd course in English was held from 3 June to 12 July 2002 with 24 participants as listed at Annex 6.

2.3 NON-COMMUNICABLE DISEASES CONTROL PROGRAMME (NCD)

During the past decade, Mauritius has witnessed a dramatic increase in non-communicable diseases, including mental disorders and cancer. There has also been accumulating evidence to the effect that recent advances in biomedical and behavioural management have significantly increased the ability to prevent and control conditions like diabetes, cardiovascular diseases and cancer. Recognising the opportunity to initiate innovative measures for the prevention and management of chronic conditions, the Ministry of Health and Quality of Life decided, in November 2000, to re-organise its non-communicable diseases control programme. In this context, the MIH was entrusted with the following responsibilities:

a) the preparation of protocols for the management of NCDs;
b) the development of standard messages for the prevention of NCDs;
c) the preparation of an Action Plan for the implementation of the Management Guidelines;
d) development and organisation of appropriate training programmes for health personnel;
e) evaluation of NCD activities.
In consultation with all stakeholders, the following documents were prepared by the Institute: -

i) Clinical guidelines for the management of Diabetes Mellitus, Hypertension, Coronary Heart Disease and Asthma

ii) National Dietary Guidelines

iii) Non-Communicable Disease Case Sheet

iv) Role of the Laboratory in a decentralised NCD Control Programme

The Ministry of Health and Quality of Life approved the guidelines in July 2001 and decided to go ahead with the implementation phase of the Action Plan. The Institute was called upon to develop, implement and evaluate a training programme aimed at facilitating the implementation of these guidelines. The main objective of the programme was to familiarise team members from health centres with the protocols in order to facilitate the implementation at primary health care level. The programme content is at Annex 7. The teaching sessions were organised at the Conference Room of the Virology Centre, Victoria Hospital and some at the ENT Centre, Vacoas. During the period under review, 100 practitioners comprising Community Physicians, Nurses, Nutritionists, Health Information Education Communication Officers (HIEC Officers), Medical Records Staff and Health Workers, grouped in three batches, have attended the training workshop. All teaching sessions were held daily in the afternoon from 1.00 to 3.30 p.m. as shown in Table 1.

**Table 1: Teaching sessions for implementation of guidelines**

<table>
<thead>
<tr>
<th>Batch No.</th>
<th>No. of participants</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>52</td>
<td>3-21 September 2001</td>
</tr>
<tr>
<td>2</td>
<td>23</td>
<td>6-24 May 2002</td>
</tr>
<tr>
<td>3</td>
<td>24</td>
<td>10-28 June 2002</td>
</tr>
</tbody>
</table>

A programme of studies to enable Health Care Assistants to serve as multi-purpose workers was also prepared by the Institute. It consisted of a ten-week full-time course at the Institute and 200 hours of practical training in Health Centres and in the Community. However, the responsibility for the organisation of the teaching sessions was subsequently shifted to the School of Nursing.
2.4 DISPENSER TRAINING PROGRAMME

The programme comprises a two-year full time course with theoretical sessions held at the Institute and practicals organised under the supervision of a pharmacist in hospital pharmacies and placements in wards and health centres including visits to pharmaceutical manufacturing units.

(a) The 2nd course for Dispensers started in April 2000 with 10 newly recruited students. However, one abandoned the course. 8 students were able to complete their training and satisfy their examiners. The list of successful students is at Annex 8. One student dispenser was successful in his final examinations later during the year 2002.

(b) The 3rd Dispenser's training course started on 20th March 2002 with 19 students.

2.5 ORIENTATION COURSE FOR MEDICAL OFFICERS

The 10th Orientation Course, held at the Institute from 19 to 22 February 2002, was destined to 37 medical practitioners from India, newly recruited by the Ministry of Health and Quality of Life. The objective of the course was to introduce the participants to their new work environment so as to facilitate their insertion and adjustment to their job.

The course concentrated specifically on information relating to the structure and functions of the various levels of the public health care system; the health problems commonly seen in Mauritius; the common pitfalls of medical practice; efficient use of available resources and investigation facilities; the application of communication techniques in relation to patients, their relatives and the public.

The evaluation of the course showed that the participants were extremely satisfied about all aspects of the programme and the response was overwhelming. The list of participants is at Annex 9.
2.6 STAFF DEVELOPMENT AT THE ORTHOPAEDIC WORKSHOP

In February 2000, the Institute was called upon to mount a training programme in Orthotics and Prosthetics, in view of a re-structuring of the staffing pattern at the Orthopaedic Workshop. A Studies Committee composed of the Director of the MIH (Chairperson), a representative of the Handicap International, a representative of the Ministry of Health and Quality of Life, Dr. Jhundoo, Consultant Physical Medicine and Mr. Permaloo, Head at the Orthopaedic Workshop was set up. The tasks assigned to the Committee included the following:

(a) the design of the staffing pattern of a re-organised Workshop;
(b) the draft schemes of service of the different categories of staff;
(c) preparation of the curriculum of studies for Assistant Orthopaedic Technicians.

The Committee recommended the setting up of a staffing pattern that would comprise of three levels:

i) **Level 1**: the post to be occupied by the technician in charge who should be holder of a 'Brevet de Technicien Superier' in orthopaedic appliances or equivalent;

ii) **Level 2**: to be occupied by the grade of Assistant Orthopaedic Technician, holder of the 'Brevet de Technicien en fabrication mécanique' from a recognised institution and the Assistant Orthopaedic Technician Certificate;

iii) **Level 3**: to be occupied by Orthopaedic Appliance Maker who would be given on the job training.

The draft scheme of service for each category of staff and the curriculum of studies for the Assistant Orthopaedic Technician were finalised and submitted to the Ministry in September 2000. A summary of the curriculum is at Annex 10.

Subsequently, the MIH in consultation with the Lycée Polytechnique de Flacq, the Handicap International and the Orthopaedic Workshop developed the training programme (copy is at Annex 11) for implementation after approval by the Ministry.
2.7 CARE OF THE ELDERLY

The ongoing training programme for the care of the elderly was commissioned by the Ministry of Social Security and National Solidarity in December 1999. They are being implemented with the support of Lux Development. During the period July 2001 to June 2002, the Institute conducted the following activities:

a) In August 2001, 6 participants, listed at Annex 12, from the first batch of Training of Trainers Course were able to continue further their studies for the ‘Diplôme Universitaire’ in ‘Médiation Cognitive des Apprentissages’. They are now preparing their dissertation, which should be ready by October 2002 for presentation before a Jury.

b) A second batch of 17 trainers, listed at Annex 13, followed the Training of Trainers Course from October 2001 to May 2002.

c) 14 Carers, listed at Annex 14, from charitable institutions, who had already followed the course for ‘Auxilliare de Vie en Gérontologie’ in 1999/2000, were given additional training as carers for the handicapped. The programme was organised by the Institute from April to June 2002.

2.8 INDUCTION COURSE IN INFORMATION TECHNOLOGY

This programme was started in July 1999 following requests by medical staff to undergo training in Information Technology for computer use in their day-to-day activities. The training is conducted in the computer laboratory of the Institute in batches of 10. Each batch follows training during 10 sessions of 3 hours per session. The course content includes the following:

1. Computer Basics
   - Understand the functions of computers
   - Manipulate the computer in day to day work

2. Windows and File Management

3. Use of Common Softwares (Word-processing, Spreadsheet, PowerPoint, etc.)

4. Use of Internet and e-mail.

Till now, 229 participants grouped in 21 batches have completed their training. The participants were Medical Officers, Nurse Educators, Hospital Administrators, Nursing Personnel and other health cadres.
Up to now, this facility was offered only when the Computer Laboratory was free as the classroom is normally used for information technology modules, which form part of all formal training programmes conducted by the Institute such as Foundation Course for B.Sc Nursing, Dispenser Training Course, Reproductive Health and Public Health Programmes, etc.

As there is a long waiting list of applications to follow the Information Technology Course, an additional computer classroom has been set up to cater exclusively for serving health personnel on a regular basis.

### 2.9 COURSE IN CATERING MANAGEMENT

With the cooperation of the Hotel School of Mauritius, the Institute has reviewed and updated the programme of studies in Catering Management destined for serving Assistant Catering Officers. Copy of the revised course content is at Annex 15.

10 Assistant Catering Officers from the Ministry of Health and Quality of Life and 6 from the Police Department started training as from 8 October 2001. This is a one-year part-time course, with teaching sessions at the Hotel School of Mauritius and visits to catering units in Hotels and the SSR International Airport.

The purpose of this course is to equip serving Assistant Catering Officers with skills and knowledge that would qualify them to function as Catering Officers. The list of participants is at Annex 16.

The training programme consists of four sections: -

1) Management functions
2) Catering Norms and Practices
3) Food Commodities
4) Practical Cookery

The programme is running on schedule and is expected to be completed in October 2002.
3. RESEARCH ACTIVITIES

The main activities of the Research Unit are limited to Health Systems Research (HSR), which is concerned with improving the health of the community by enhancing the quality and delivery of health services, within the overall process of socio-economic development. The typical features of HSR are summarised below:

a) It is problem and action oriented
b) It studies specific problem and looks for solutions that would be feasible, practicable and affordable
c) It is multi-disciplinary with emphasis on social sciences
d) It is participatory and calls for participation between research workers and decision makers.
e) It provides a foundation for health planning and policy formulation.

HSR aims at solving practical problems, targeting resources to priority areas, improving the effectiveness of health care interventions and reducing the cost of health care. The uses of HSR are gaining appreciation, and it is being extended to areas such as quality assurance, technology assessment and resource management.

During the period under review, the Institute conducted the following studies:-

3.1 MULTICENTRE STUDY ON MENTAL HEALTH

The main objectives of this study were to determine the prevalence of mental disorders in the population and to elicit the views of the population on issues related to mental health.

The participating countries were France, Réunion Island, Comores Islands, Madagascar and Guadeloupe.

The findings and recommendations of the study were approved and published for dissemination. The main points made by this study, so far as Mauritius is concerned, are as follows:

- Représentations
  - Pour la majorité des personnes interrogées, un fou, un malade mental se reconnaît à première vue essentiellement à leur comportement et/ou à ce qu'ils disent. Par contre on reconnaît un dépressif plus par son apparence et/ou son discours.
• Le fou est considéré comme quelqu'un qui délire, qui hallucine ou qui est violent. La maladie mentale est le fait de la déficience intellectuelle. Faire des crises de convulsion, le délire, le comportement ou le discours bizarre, la violence envers soi et/ou autrui sont aussi considérés comme relevant de la maladie mentale. La représentation du dépressif est massive : c'est quelqu'un qui pleure souvent, qui tente de se suicider, qui est isolé, qui est anxieux.

• Pour la grande majorité (91%), le fou n'est pas responsable de son état. Le malade mental, lui, n'est pas responsable de sa maladie par 78% des répondants. En revanche le dépressif est perçu comme responsable de son état (52%). Le fou et le malade mental sont considérés encore moins responsables de leurs actes (95% et 84%). Pour 77% des personnes interrogées, le dépressif est 'conscient' de son état, le malade mental, à 46%, tandis que le fou est à seulement 9%.

• Les familles, dans tous les cas souffrent. On note qu'il existe un gradient d'exclusion fou <malade mental> dépressif et que l'exclusion de la société est plus forte que l'exclusion de la famille. La reprise d'un proche fou, malade mental ou dépressif ne pose pas un problème pour plus de 90% des personnes interrogées. Pour une personne sur deux, la présence d'un proche fou ou malade mental est un fardeau.

La présence d'un dépressif n'est perçue comme une charge que par 30% des personnes interrogées.

• Plus de 90% des personnes interrogées estiment qu'il faut soigner un fou, un malade mental ou un dépressif même s'il ne le veut pas. Le type de soins souhaité est le traitement médicamenteux pour le fou et le malade mental, et le soutien relationnel pour le dépressif.

• L'espoir d'une guérison est très important pour le dépressif (79%) contre seulement 16% pour le fou. 84% des personnes interrogées conseillerait à un de ses proches fou d'être hospitalisé à l'hôpital psychiatrique. Un peu moins à un proche malade mental (78%). Par contre 54% déconseillerait à un proche dépressif d'être hospitalisé à l'hôpital psychiatrique.

• On conseillerait à un proche, quel que soit le cas, d'aller voir un psychiatre en première instance, un médecin généraliste après.
Prévalence des troubles mentaux.

- Chez les personnes interrogées, 22% présentent au moins un trouble mental (18% des hommes et 27% des femmes); 10% présentent des troubles anxieux. Le taux de dépendance à l'alcool est de 6% chez les hommes, et 2% en font une utilisation nocive.

Recommandations

- Sensibiliser les différents partenaires aux problèmes de promotion de la santé mentale et renforcer les liens avec tous les partenaires s'occupant de la santé mentale.
- Améliorer davantage les dispositifs de soins en psychiatrie.
- Augmenter le nombre de personnel qualifié pour ce type de soins.
- Former le personnel de santé pour mieux identifier la présence des troubles mentaux.
- Mettre en place des unités de psychiatrie plus structurés dans chaque hôpital régional.

3.2 NATIONAL CANCER REGISTRY

The objective of this exercise is to give figures of cancer cases according to site, age, sex and ethnic groups, which would help, undertake a national programme of cancer control.

The report on cancer incidence and mortality for period 1997 to 2000 is under preparation. The publication of the report has been delayed.

3.3 CONTRACEPTIVE PREVALENCE SURVEY 2002

The objective of this survey is to study the prevalence of contraceptive prevalence among women aged 15-49 years in Mauritius and Rodrigues. The study has been commissioned by the Ministry of Health & Quality of Life and is funded by the UNFPA. The input of the MIH consists in assisting the Principal Demographer in the implementation of the project. So far, the study protocol has been completed and approved by the Ministry of Health. Fieldwork started in May 2002. Data cleaning and analysis are expected to start in July. The first draft of the report should be ready by November 2002.
3.4 EVALUATION OF SAMU SERVICES

It is proposed to evaluate two main aspects of the SAMU services:

- Day to day running of the SAMU
- Users' perception of services provided

The specific objectives will be to:

- have more insight into the activities of SAMU
- explore the perceptions of people using the SAMU service
- make appropriate recommendations to further improve the SAMU services

This proposal was submitted to the Ministry of Health and Quality of Life for approval in May 2002. Fieldwork has had to be re-scheduled and it is now planned to conduct the study between April and September 2003.

3.5 PROPOSAL TO SET UP A REGISTRY FOR INHERITED BIRTH DISORDERS

A proposal to establish the Registry was made to the Ministry of Health and Quality of Life in February 2002. The purpose of the registry is to obtain information about children with any type of birth disorders, structural, congenital or other conditions. The registry shall:

- collect data on birth defects from the public and private health sectors
- provide information to identify risk factors and causes of birth defects
- provide for the development of strategies to prevent birth defects
- classify birth defects as a public health significance
- identify the morbidity and mortality resulting from birth defects; and
- propose strategies with costings to prevent and treat birth defects.

The Ministry has set up a technical Committee to study the clinical and legal implications and the requirements for keeping such a registry.
4. MAJOR DEVELOPMENTS

A. PROGRAMME DEVELOPMENT

4.1 POSTGRADUATE STUDIES IN PAEDIATRICS, INTERNAL MEDICINE AND ORTHOPAEDICS

The Ministry of Health and Quality of Life and the Victor Segalen Bordeaux 2 University have agreed to develop and organise training programmes destined to medical practitioners in the public service, and leading to specialisation in Paediatrics, Internal Medicine and Orthopaedics.

The modalities for the implementation of the programmes have been spelt out in article 2 of the agreement document which is reproduced below:

“Public:
La formation s'adresse à des médecins généralistes mauriciens (medical and health officers or MHO) employés dans les hôpitaux publics mauriciens. Ils font l'objet d'un concours de sélection selon des modalités décidées conjointement par les deux parties.

Effectifs:
Les promotions concernées par cette convention sont de 6 étudiants pour l'orthopédie, 5 pour la pédiatrie et 6 pour la médecine interne.

Durée:

Enseignement théorique:
L'enseignement théorique se fait sous la responsabilité pédagogique de l'Université Victor Segalen Bordeaux 2. Pour chaque spécialité considérée, il se déroule sous la forme de trois sessions de 2 semaines par an, pendant 3 années. Cet enseignement modulaire est complété par des séances mensuelles de formation organisées sous la direction d'un responsable mauricien pour chaque discipline. Il se poursuit en France pendant la quatrième année dans le cadre d'une Attestation de Formation Spécialisée (AFS).

Enseignement pratique:
L'enseignement pratique est assuré pendant les trois premières années par des stages dans les hôpitaux mauriciens, sous la responsabilité pédagogique de maîtres de stage désignés conjointement par les 2 parties. Il se poursuit en France pendant la quatrième année dans le cadre de l'AFS en tant que faisant fonction d'interne.

Organisation matérielle de l'enseignement:
A Maurice, l'enseignement théorique et pratique est organisé sous la responsabilité de l'Institut de santé de Pamplemousses.
Evaluation des étudiants :
Les étudiants sont soumis à un contrôle continu des connaissances théoriques. Les stages hospitaliers sont validés par les maîtres de stages. La validation de la formation pratique et théorique au terme des trois premières années est un pré-requis indispensable pour l’inscription en AFS.

Diplômes :
Les trois premières années de formation sont sanctionnées par un diplôme d’université (à l’Ile Maurice), délivré par l’université Victor Segalen Bordeaux 2. La quatrième année d’étude donnera lieu à la délivrance d’une Attestation de Formation Spécialisée (cf. annexe 2 / arrêté du 1er août 1991, modifié par l’arrêté du 30 décembre 1992), délivrée par l’Université Victor Segalen Bordeaux 2.

La validation des formations acquises au terme de ces quatre années se traduira par l’attribution d’un diplôme de spécialistes (post-graduate course in orthopaedics, in paediatrics and in internal medicine) et sera reconnue par Maurice comme qualifiante dans les trois spécialités concernées.

Suivi du projet :
Le suivi et l’évaluation de la formation se font lors des comités de pilotage annuels. Chaque partie signataire de la convention désigne un membre du comité de pilotage.”

In a circular letter dated 30 July 2001, the Ministry of Health and Quality of Life invited applications from qualified medical officers interested to undergo postgraduate training. Examinations for the selection of candidates were held at the Institute in April 2002. Of 31 applicants, 17 as listed in Annex 17, qualified to follow the postgraduate studies.

It is now planned to hold a Training of Trainers Workshop (Formation Pédagogique des Enseignants de Médecine) in December 2002 for the Mauritian lecturers/ “Maîtres de Stage”. The first-year studies are scheduled to start early January 2003.

4.2 REGIONAL TRAINING COURSE IN REPRODUCTIVE HEALTH DATA MANAGEMENT AND ANALYSIS

At the request of the UNFPA Country Support Team (CST) Adviser based in Harare, the MIH is developing a regional training course on Reproductive Health Data Management and Analysis. This training programme is targeted to managers and providers of reproductive health services in countries of the Sub-Saharan Africa.

The course objective is to enable participants to acquire skills in the management of reproductive health service data. The participants will be able to criticize and analyse correctly health services statistics; present results on tables, graphs and charts and interpret the findings. It is expected that participants will be able to produce quarterly reports needed for monitoring and management purposes.
A workshop on curriculum development is planned for October 2002 at the Institute. The draft curriculum will be discussed and reviewed by a team of experts during a seminar to be held in December 2002. The courses are expected to start in May 2003.

During period April 2003 to December 2005, it is proposed to hold 8 courses, each lasting for 4 weeks. 192 reproductive health service programme managers/providers from 48 Anglophone, Francophone and Lusophone countries of Africa are expected to benefit from this programme.

4.3 THE NATIONAL HEALTH PLAN PROJECT

The Ministry of Health and Quality of Life has obtained a loan from the African Development Bank for the implementation of the National Health Plan. The plan lays emphasis on the "provision of adequate in-service training for staff to upgrade their knowledge and skills, to deal with the increasingly high incidence of non-communicable diseases, and to update their knowledge in preventive and curative methods".

The MIH has been requested to prepare a comprehensive in-service training programme for Mauritian health professionals. This capacity building component of the health plan will support the training of the following categories of personnel:

- 15 Nurse Educators
- 600 paramedics
- 50 senior health managers
- 250 mid level health managers
- 1000 first level supervisors
- 100 medical officers
- 200 specialists
- 80 dental surgeons
- 20 pharmacists

The Institute will carry out training needs analysis for each category of health workers, develop appropriate training curriculum and organise the teaching/learning sessions preferably at the level of regional hospital, which will be equipped with newly refurbished lecture halls and documentation units. The training programmes are expected to start in early 2003 and to be completed by 2006.
4.4 THE WORLD HEALTH SURVEY

The World Health Survey is a multi-country study of health status in selected countries from each of the six WHO regions. The study will also probe into the responsiveness and provision of services by a wide range of health systems.

The objectives of the survey are to:

- Develop a means of providing low-cost valid, reliable and comparable information, to supplement the information provided by routine health information systems.

- Build the evidence base necessary for policy makers to monitor whether health systems are achieving the desired goals.

- Provide policy makers with the evidence they need to adjust their policies, strategies and programmes as necessary.

The MIH has been selected to conduct the survey in Mauritius. The Ministry of Health and Quality of Life approved for the study to be conducted by the MIH. Clearance from the Ministry has also been sought and obtained regarding a few questions relating to policy matters.

A Steering Committee composed of the WHO Liaison Officer, the Chief Medical Officer, the Director of the Mauritius Institute of Health and the Director of the Central Statistical Office, has been set up to monitor the exercise. The workplan is given below:

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision and finalisation of questionnaire</td>
<td>July to September 2002</td>
</tr>
<tr>
<td>Translation of questionnaire</td>
<td>Sept to October 2002</td>
</tr>
<tr>
<td>Enumeration of households</td>
<td>November 2002</td>
</tr>
<tr>
<td>Pilot Test</td>
<td>December 2002</td>
</tr>
<tr>
<td>Data collection of main phase</td>
<td>January to March 2003</td>
</tr>
<tr>
<td>Data processing and entry</td>
<td>February to April 2003</td>
</tr>
</tbody>
</table>
4.5 RESEARCH STUDY ON HIV-RELATED BEHAVIOUR

Professor Masahiro Kihara from the Department of Global health and Socio-epidemiology at Kyoto University School of Public Health has requested the Institute to assist Ms Yumiko Nishimura, PhD Student, for the conduct of the above study.

The Ministry of Health and Quality of Life has given its consent for the study to be carried out in Mauritius in collaboration with the Mauritius Institute of Health. It is understood that the study will follow principles of the Helsinki Declaration on Ethical Principles for Medical Research Involving Human Subjects namely “All those who participate in interview will be explained about the purpose of the study, benefit and risk that may occur in participation of study. Nobody will be interviewed without his or her consent. Privacy of the participant will be protected”.

A Steering Committee, composed of the Principal Medical Officer Research and Training, the Aids Coordinator, the Executive Director of the MIH, the Principal Demographer, a Research Officer from the Institute and Ms Nishimura, has been set up to monitor the implementation of this study, which is due to start in October 2002.

The general objective of the study is to explore HIV-related behaviour of young people in Mauritius and identify socio-cultural environment and context in which these behaviours take place. It is expected that the study will provide evidence that enable the National AIDS Control Programme to monitor the prevailing risks of new HIV infection so as to take early and focused preventive measures. The workplan is given in Table 2 below.

<table>
<thead>
<tr>
<th>Table 2: Workplan for Study on HIV-Related Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>September-02</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>October-02</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>November-02</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>December-02</td>
</tr>
<tr>
<td>January-03</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>February-03</td>
</tr>
<tr>
<td>March-03</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>April-03</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>May to August 2003</td>
</tr>
</tbody>
</table>
4.6 TECHNICAL COLLABORATION WITH OTHER INSTITUTIONS

The Research Unit offered technical support to institutions through representation in Steering/Technical Committees for projects as follows:

- Design of Action Plan pertaining to implementation of Knowledge, Attitudes, Beliefs and Perceptions (KABP) Study on Substance Abuse among Youth (12-24 y) in Mauritius with the Ministry of Youth and Sports/NATReSA.

- Data collection, analysis and report writing on substance abuse treatment for Mauritius Epidemiology Network on Drug Use, phase II, with NATReSA.

- Design of layout of MENDU report, phase II.

B. INFRASTRUCTURE DEVELOPMENT

4.7 EXTENSION OF MIH BUILDING

The practical handing over of the new complex was effected on 14 June 2002. The new classrooms became operational as from 17 June.

A snag list was drawn up by the Architect and it was understood that the pending works would be completed before the official handing over in six months time.

4.8 REFURBISHMENT OF THE NEW COMPLEX

The new complex is a two-storey building linked to the existing structure through a covered corridor. It comprises of 2 spacious classrooms, 1 study room, 1 computer laboratory and one store. The following items have been purchased to equip and refurbish the new classrooms:

- Ground Floor Classroom
  - ‘Blinds’ curtain
  - 40 classroom chairs
  - 20 rectangular tables
  - Wooden shelves
  - New TV Set
  - New VCR
  - New VCD

- First Floor Classroom
  - ‘Blinds’ curtain
  - Wooden shelves
  - One table
  - Two chairs

- Study Room
  - 30 student desks
  - 30 chairs
  - Wooden shelves
  - ‘Blinds’ curtain

- Computer Laboratory
  - Computer tables
  - 16 chairs
  - 16 computers Pentium
  - Wooden shelves
  - ‘Blinds’ curtain
  - Cables and networking

The New Complex is also equipped with fire fighting equipment. Anti-burglary frames have been welded to all metal openings on the ground floor.
4.9 CONVERSION OF THE OLD CLASSROOM INTO A NEW LIBRARY

With the coming into operation of the New Complex, the old classroom has been converted into a spacious library. The old library has been converted into a video-tech cum archive for back issues. The following refurbishment works have been carried out:

i) Anti-burglar frames have been welded to the side openings.
ii) Two reading tables have been installed.
iii) Design, manufacture and equipping of one station for the Documentalist.
iv) 15 bookshelves and one magazine shelf installed
v) Heavy-duty carpet and blind curtains fixed throughout the library section.

C. TRANSPORT

The Mauritius Institute of Health transport's fleet consists of one Toyota Hiace 15 seater van and one Renault 19 RN Car. However, the Renault car was encountering mechanical problems and frequent breakdowns. It has been replaced by a new station wagon purchased from Iframac Ltd. The Renault 19 RN Car Registration No 2033 JU 95 was sold to the highest bidder through press advertisement, in March 2002.
5. MEDIA UNIT

5.1 DOCUMENTATION SECTION

This section has witnessed important development. An additional floor area of 720 square feet has been added to accommodate the office area of the staff of the library, the computer access point, the reader's corner, shelves for books and magazines. The old library has been divided in two areas, housing the archives and the video services.

The selection of books lays emphasis on the specific needs of the Institute taking into consideration the various courses organised for medical and paramedical personnel. The library has a total of 4176 books. It subscribes to 25 journals and receives publications and CD-Rom from the WHO, the UNFPA and the University of Bordeaux. The list of publications is at Annex 18.

The users are mainly the staff of the Institute, the participants to the courses run by the Institute, members of health professions and students from the School of Nursing and the University of Mauritius. Among the services offered by the Documentation Section, the most commonly used are:

- Literature search facilities
- Document order service
- The electronic library with access to online databases
- Medical information on CD-ROM

The list of CD-ROMs and list of films available at the institute are shown at Annex 19 and 20 respectively.

5.2 LIBRARY SOFTWARE

The library has been looking into the possibilities of acquiring appropriate library management software for the day to day running of the Documentation Section, that is the circulation, management and query. This software would help the staff to manage all materials properly and enable the users to make optimum use of the available library materials. Demonstration version by two companies has been tested and a choice will be made in due course.
5.3 WEBSITE

The MIH Website has been updated with the view to promote continuing education and provide comprehensive information on health matters. The following addition has been made:

- General information on MIH
- An information gateway including on-line library services, database, books, journals, guidelines and protocols, learning zone, national health information

The MIH website can be visited at the following address:
http://ncb.intnet.mu/mih/index.htm

5.4 AUDIO-VISUAL SECTION

This section is equipped with the following:

- Overhead projector
- Data projector
- Screen
- Sound system
- Slide projector
- Video camera
- VCD
- VCR
- TV set

The services are used with respect to conferences, workshops, recordings of teaching sessions, overhead projections during lectures and video services.

5.5 THE PRINTING AND PUBLISHING SECTION

This section has the equipment, the tools and the expertise for the production of teaching and learning materials that are needed to conduct training and research activities of the Institute. All printing requirements of the Institute are met by this section, which is equipped with photocopying, binding and laminating facilities. The list of issues produced during period July 2001 to June 2002 is reproduced in Table 3 as shown below.

Table 3: List of issues processed by the Printing and Publishing Unit

<table>
<thead>
<tr>
<th>Reports/Booklets</th>
<th>Certificates</th>
<th>Photocopies</th>
<th>Brochures/Flyers</th>
<th>Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>485</td>
<td>134</td>
<td>326,660</td>
<td>200</td>
<td>920</td>
</tr>
</tbody>
</table>
6. STAFF MATTERS


The newly created posts of Documentalist, Confidential Secretary, Printing & Publishing Officer and Accounts Officer were advertised internally. The following staff were appointed on 23 November 2001 to the respective posts:

- Mr S. Subbarraya Pillai - Documentalist
- Mrs I. Bholah - Confidential Secretary
- Mr S. Mogaul - Printing & Publishing officer

There being no officer at the Institute holding the required qualifications prescribed for the post of Accounts Officer, the Executive Board of the MIH decided that the post be advertised in the public service.

As regards the post of Programme Coordinator, no consensus could be reached on the scheme of service specially regarding the qualifications.

6.2. IMPLEMENTATION OF THE REPORT OF THE ad hoc COMMITTEE TO LOOK INTO ALLEGED ANOMALIES ARISING OUT OF THE PRB REPORT 1998

There are four posts of Word Processing Operators on the establishment of the MIH, and with a view to implementing the recommendations of the Ad Hoc Committee, the MIH Executive Board recommended that the post of Senior Word Processing Operator be created at the Institute.

Pending its creation, Mrs H.D.A Venkatachellum, Word Processing Operator, was called upon to act as Senior Word Processing Operator against payment of an acting allowance. Draft scheme of service for the post of Senior Word Processing Operator has been submitted to the Executive Board for consideration.
6.3 RESUMPTION OF DUTY AFTER LEAVE WITHOUT PAY

Dr (Mrs) S.K.B Ghoorah-Nosib, who was granted an extension of her leave without pay up to 30 November 2001, resumed duty on 3 December 2001.

6.4 REDEPLOYMENT OF DWC STAFF

In the context of a redeployment exercise of surplus employees of the Development Works Corporation (DWC), Government, in consultation with the Ministry of Health and Quality of Life, decided to post Mr Nemraj Ramkurrun to the MIH.

Mr Ramkurrun was holding the post of Executive Assistant at the DWC. The latter post does not exist on the establishment of the MIH. He has, therefore, been assigned clerical duties pending a decision to regularise the situation.

6.5 RE-ORGANISATION OF WORK SCHEDULE OF SUPPORT STAFF

With the posting of Mr N. Ramkurrun, the schedule of duties for Clerical Staff has been reorganised.

Furthermore, the coming into operation of the new complex has resulted in a re-organisation of the schedule of duties of support staff.
### 7. STAFF LIST

#### A. MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr J.C. Mohith</td>
<td>Executive Director</td>
</tr>
</tbody>
</table>

#### B. INTERNATIONAL STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Philippe Tabard</td>
<td>French Technical Officer</td>
</tr>
</tbody>
</table>

#### C. PROFESSIONAL STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr (Mrs) F.O. Aboobaker</td>
<td>Training Officer</td>
</tr>
<tr>
<td>Dr (Mrs) G. Daby</td>
<td>Training Officer</td>
</tr>
<tr>
<td>Dr K. Luchmaya</td>
<td>Training Officer</td>
</tr>
<tr>
<td>Dr (Mrs) S.K.B. Ghoorah-Nosib</td>
<td>Training Officer</td>
</tr>
<tr>
<td>Dr (Mrs) B.F. Oodally</td>
<td>Training Officer</td>
</tr>
<tr>
<td>Mr S.A.G. Ameerbeg</td>
<td>Research Officer</td>
</tr>
<tr>
<td>Mr P. Burhoo</td>
<td>Research Officer</td>
</tr>
</tbody>
</table>

#### D. ADMINISTRATIVE AND SUPPORT STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs S. Ancharuz</td>
<td>Word Processing Operator</td>
</tr>
<tr>
<td>Mrs I. Bholah</td>
<td>Confidential Secretary</td>
</tr>
<tr>
<td>Miss S.B. Boodnah</td>
<td>Word Processing Operator</td>
</tr>
<tr>
<td>Mr P.D. Bowaneedin</td>
<td>Cook</td>
</tr>
<tr>
<td>Mr R. Bundhooa</td>
<td>Office Attendant</td>
</tr>
<tr>
<td>Mr R. Damhar</td>
<td>Acting Higher Executive Officer (on secondment from the Ministry of Health)</td>
</tr>
<tr>
<td>Mr N. Ramkurrun</td>
<td>Executive Assistant (from the DWC)</td>
</tr>
<tr>
<td>Mr H. Dookheea</td>
<td>Office Attendant</td>
</tr>
<tr>
<td>Mr V. Ghurburrun</td>
<td>Clerical Officer</td>
</tr>
<tr>
<td>Mr K. Heeramun</td>
<td>General Field and Office/Premises Worker</td>
</tr>
<tr>
<td>Mrs I. Jugroop</td>
<td>Word Processing Operator</td>
</tr>
<tr>
<td>Mr S. Mogaul</td>
<td>Printing and Publishing Officer</td>
</tr>
<tr>
<td>Mr A.S. Moos</td>
<td>Driver</td>
</tr>
<tr>
<td>Mr A. Nowbuth</td>
<td>General Field and Office/Premises Worker</td>
</tr>
<tr>
<td>Mr S.S. Pillai</td>
<td>Documentalist</td>
</tr>
<tr>
<td>Mr S.K. Ramnarain</td>
<td>Driver</td>
</tr>
<tr>
<td>Mr S. Sohabul</td>
<td>Clerical Officer</td>
</tr>
<tr>
<td>Mr D. Sookdharry</td>
<td>Office Attendant</td>
</tr>
<tr>
<td>Mrs B.F. Sookun</td>
<td>Clerical Officer (on secondment from the Ministry of Health)</td>
</tr>
<tr>
<td>Miss P. Sungkur</td>
<td>Clerical Officer (on secondment from the Ministry of Health)</td>
</tr>
<tr>
<td>Mr T. Teeluck</td>
<td>Office Attendant</td>
</tr>
<tr>
<td>Mrs H.D.A. Venkatachellum</td>
<td>Word Processing Operator</td>
</tr>
<tr>
<td>STAFF</td>
<td>COURSE</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr (Mrs) S.K.B. Ghoorah-Noib, Training Officer</td>
<td>Distance learning course in Medical Education leading to the Diploma in Medical Education, University of Dundee, Scotland</td>
</tr>
<tr>
<td></td>
<td><em>(Funded by UNFPA)</em></td>
</tr>
<tr>
<td>Dr (Mrs) B.F. Oodally (Training Officer)</td>
<td>Distance learning course in Medical Education leading to the Diploma in Medical Education, University of Dundee, Scotland</td>
</tr>
<tr>
<td></td>
<td><em>(Funded by UNFPA)</em></td>
</tr>
<tr>
<td>Mr S.S. Pillai (Documentalist, responsible for Library/Documentation Unit) &amp; Mr Sanjiv Sohabul (Clerical Officer responsible for Equipment)</td>
<td>Following the Professional Program in Network Centered Computing, organised by the Computer Education and Training Centre P. Louis</td>
</tr>
<tr>
<td>Mrs V. Venkatachellum (Word Processing Operator)</td>
<td>English Shorthand Studies (Certificate to be awarded by Pitman Institute of London)</td>
</tr>
</tbody>
</table>
# 9. MISSION ABROAD

<table>
<thead>
<tr>
<th>STAFF</th>
<th>PURPOSE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr J.C. Mohith</td>
<td>Implementation of Project MAR 708 for the care of the elderly in collaboration with LUX Development and Fondation Favron. Held in St. Denis, Reunion Island</td>
<td>6-8 August 2001</td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr K. Luchmaya</td>
<td>Mid Term Review of the UNFPA-Madagascar Assistance Programme Organised by the UNFPA Country Office in Madagascar</td>
<td>27 to 30 July 2001</td>
</tr>
<tr>
<td>(Training Officer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr (Mrs) F. Oodally</td>
<td>Lux Development Meeting in St Pierre, Reunion Island. Organised by LUX Development.</td>
<td>7 to 10 September 2001</td>
</tr>
<tr>
<td>(Training Officer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr J.C. Mohith</td>
<td>Steering Committee of the PARMU Project Organised by the Mission de Cooperation Francaise and held in Maputo, Mozambique</td>
<td>10 to 14 June 2002</td>
</tr>
<tr>
<td>(Executive Director)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr P Tabard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(French Cooperant)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 10. LIST OF CONSULTANTS/RESOURCE PERSONS

**Postgraduate studies in Anaesthesia (Formation des médecins spécialistes en anesthésie respiration et médecine d'urgence : PARMU)**

- Prof. Philippe Emry, Director of Studies
- Dr. F. Lallaye, Regional Coordinator
- Dr. C. Rampure, National Coordinator

Maîtres de Stage:
- Dr. S. Hemoo
- Dr. S. Gopaul
- Dr. B.V. Nundoll
- Dr. R. Bhudaya
- Dr. (Mrs) Neetu Balchoo
- Dr. R.N. Mundil
- Dr. S. Sewraiz
- Dr. R.C. Barandoyal
- Dr. S. Negelungum
- Dr. D. Swelohul
- Dr. Carimbazar

**Training of Trainers Course in Reproductive Health (59th, 51st-52nd)**

**International**
- Dr. C. Mihango
- Dr. A. Buse
- Dr. Z. Madasa

**National**
- Dr. A. Chakwa
- Mrs. M. Daby
- Mrs. E. Hanoomanjee
- Mr. M. Marie
- Mrs. J. Leblanc
- Dr. K. Maudhoon
- Dr. (Mrs) L. Thacoor
- Mr. P. Permeasur
- Mr. E. Appilswamy
- Mr. J. Bissessur
- Mr. V. Neeck
- Mrs. A. Mosaheb
- Ms. S. Payneeanindy
- Ms. H. Marisay
- M. R. Maudo
- Mrs. K. Raja

**Non-Communicable Diseases Control Programme (NCD)**

**FIRST TRAINING PROGRAMME FOR IMPLEMENTATION OF NCD GUIDELINES (3 – 21 September 2001)**

- Dr. C. Sookram
- Dr. H. Gareebboo
- Dr. B. Cheong
- Dr. A. Ackbarkhan
- Dr. A. Fauze
- Dr. F. Bholah
- Dr. Bundhun
- Dr. (Mrs) A. Pathack
- Dr. U.S. Ramjutun
- Dr. N. Domah
- Dr. M.R. Dhuny
- Mrs. A.K. Doonum
- Mrs. S. Jogannah
- Dr. R.K. Munvar

**SECOND TRAINING PROGRAMME FOR IMPLEMENTATION OF NCD GUIDELINES (6 – 24 May 2002)**

- Dr. C. Sookram
- Dr. K. Deepchand
- Dr. A. Ackbarkhan
- Dr. B. Cheong
- Dr. A.R. Fauze
- Dr. C.D. Bundhun
- Dr. M.R. Dhuny
- Dr. N. Domah
- Mrs. A.K. Doonum
- Dr. G. Ramon
- Mrs. S. Jogannah

**THIRD TRAINING PROGRAMME FOR IMPLEMENTATION OF NCD GUIDELINES (10-28 June 2002)**

- Dr. C. Sookram
- Dr. A. Ackbarkhan
- Dr. B. Cheong
- Dr. A.R. Fauze
- Dr. C.D. Bundhun
- Dr. M.R. Dhuny
- Dr. N. Domah
- Mrs. A.K. Doonum
- Dr. G. Ramon
- Mrs. S. Jogannah
- Dr. R. Munbooth

**[2nd & 3rd] Dispenser’s Training Programme**

- Mr. S. Jaypaul
- Mr. I. Rughoo
- Mr. D. Kawol
- Mr. F. Elynee
- Mrs. S. Booteel
- Mrs. W. Gopie
- Mr. H. Beeaha
- Mr. K. Moosattor
- Mr. Backarkhan
- Mr. P. Baboo
- Miss N. Hardwar

**Orientation Course for Medical Officers**

- Dr. (Mrs) S. Bundhoo
- Dr. (Mrs) A. Veerarattapillay
- Dr. T. Duressouwko,
- Dr. N. Narayanan
- Dr. H.S.G. Dusatgehee
- Dr. (Mrs) A.G. Mohamedbhai
- Dr. R. Ramcharithee
- Dr. A. Mokoornilal
- Dr. S. Mienaj
- Dr. S.B. Gayta
- Dr. K.A. Gujalic
- Mr. G. Requin
Care of the Elderly

Preparation for the ‘Diplôme Universitaire’

Mr. J. P. Languet (Ile de la Réunion)

Formation des Formateurs (2e groupe)
Prise en charge des personnes âgées avec handicap

Mme Nicole Seenyein
Mme Jacqueline Laurent
Dr Ahmed Saumfally
Mr Raj Ranjaya
Sr Denise Sullivan

Additional training as Carers for the Handicapped

Dr J.P. Languet
Sr Denise Sullivan
Mrs Ya Ling Leung Yin Ko
Mrs Natasha Chakowa
Mr Imran Russool
Dr Paramasiven Motay
Mrs Catherine Pompon Beesoo
Mrs Pratima Devi Beedesey
Dr Shereif Unterkhian

Course in Catering Management

Mr Philip Fradin
Mr Vikash Sahye
Mr Vikash Luchmiah
Mr Gerard Louis
Mrs Marie-Christine Forget
Mrs Catherine Bissoo
Mrs Linda Taek Shin
Mr Kamaraj Noob
Mr D. Dooroomiah
# Mauritius Institute of Health
## Statement of Accounts
### 30 June 2002

### 11. Finance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>International Courses, Study &amp; Others</td>
<td>3,360,964</td>
<td>7,763,076</td>
</tr>
<tr>
<td>Local Training Courses, Study &amp; Others</td>
<td>314,129</td>
<td>853,290</td>
</tr>
<tr>
<td>Local Research Surveys, Study &amp; Others</td>
<td>210,833</td>
<td>191,317</td>
</tr>
<tr>
<td>Others</td>
<td>610,091</td>
<td>554,906</td>
</tr>
<tr>
<td>Grants/subsidies</td>
<td>610,000</td>
<td>5,800,000</td>
</tr>
<tr>
<td>Bank Interest Received</td>
<td>2,008,303</td>
<td>1,441,445</td>
</tr>
<tr>
<td>Exchange Difference Gain</td>
<td>-</td>
<td>4,647</td>
</tr>
<tr>
<td>Profit on Disposal</td>
<td>140,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>12,743,160</strong></td>
<td><strong>16,609,771</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Payments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>International Training Expenses</td>
<td>1,563,169</td>
<td>2,597,777</td>
</tr>
<tr>
<td>Local Training Expenses</td>
<td>298,878</td>
<td>550,707</td>
</tr>
<tr>
<td>Local Research Expenses</td>
<td>96,659</td>
<td>168,806</td>
</tr>
<tr>
<td>Kitchen Expenses</td>
<td>182,644</td>
<td>273,231</td>
</tr>
<tr>
<td>Salaries, Wages &amp; Allowances</td>
<td>5,948,270</td>
<td>5,404,755</td>
</tr>
<tr>
<td>Passage Benefits</td>
<td>53,482</td>
<td>30,424</td>
</tr>
<tr>
<td>Operation &amp; Maintenance of Equipment</td>
<td>227,780</td>
<td>317,896</td>
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<td>Motor Vehicle Running Costs</td>
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<td>Library Expenses</td>
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<td>Electricity Bill</td>
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<td>Insurance</td>
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<td>Office furniture &amp; Equipment</td>
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<td>Others</td>
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<td><strong>Sub Total</strong></td>
<td><strong>10,887,735</strong></td>
<td><strong>10,887,734</strong></td>
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| III. Surplus of Income over Expenditure | 1,855,425.10 | 5,721,037 |

| IV. Account Receivable           | 2,485,761   | 991,277.00 |
|                                 | 4,341,186   | 6,712,314  |

| V. Current Liabilities          | 2,561,922   | 127,194    |

| VI. Surplus/deficit             | 1,779,294   | 5,585,120  |
THE MAURITIUS INSTITUTE OF HEALTH (AMENDMENT) ACT 1989
Act No. 24 of 1989
I assent.

24th November 1989

Governor-General

ARRANGEMENT OF SECTIONS

1. Short title.
2. Interpretation.
5. The Board.
6. The Executive Director.
7. Appointment of employees.
8. Conditions of service of employees.
11. Donations.
12. Regulations.
14. Legal proceedings.
15. Consequential amendments.

An Act
To establish the Mauritius Health Institute
ENACTED by the Parliament of Mauritius, as follows—

1. Short title.
This Act may be cited as the Mauritius Institute of Health Act 1989.

2. Interpretation.
In this Act—
"Board" means the Board of the Institute established under section 5;
"Chairman" means the Chairman of the Board;
"Executive Director" means the Executive Director of the Institute appointed as such under section 6;
"employee" means any employee of the Institute;
"General Fund," means the General Fund set up under section 9;
"Institute" means the Mauritius Institute of Health established under section 3;
"member" means a member of the Board and includes the Chairman;
"Minister" means the Minister to whom responsibility for the subject of health is assigned.

   (1) There is established for the purposes of this Act a Mauritius Institute of Health.
   (2) The Institute shall be a body corporate.

The objects of the Institute shall be—
   (a) to organise the training of local health personnel, as well as overseas participants, in accordance with such programme as may be approved by the Board;
   (b) to carry out such health systems research as may be approved by the Board;
   (c) to act as a focal point and resource centre for the production, exchange and promotion of health learning and health information material;
   (d) to provide advisory services in matters of health care;
   (e) to perform such other functions not inconsistent with the objects specified above, as the Minister may refer to the Institute;
   (f) to co-operate with other similar institutions and regional and international organisations in order to promote the objects specified in paragraphs (a), (b) and (c).

5. The Board.
   (1) The Institute shall be managed by a Board which shall consist of—
       (a) a Chairman to be designated by the Prime Minister;
       (b) the Executive Director of the Institute;
       (c) a representative of the Ministry of Health;
       (d) a representative of the Prime Minister's Office;
       (e) such other members, not exceeding 7, as may be appointed by the Prime Minister to represent—
           (i) educational, training and vocational interests;
           (ii) bilateral or multilateral donor organisations.
(2) The Chairman shall be a public officer.

(3) The members appointed under subsection (1) (e) shall hold office for two years but shall be eligible for re-appointment.

(4) The Board shall regulate its meetings and proceedings in such manner as it thinks fit.

(5) Five members shall constitute a quorum.

6. The Executive Director.

(1) There shall be an Executive Director who shall be the Chief Executive of the Institute and be responsible to the Board for maintaining and promoting the proper administration of the Institute.

(2) The Executive Director shall be appointed by the Prime Minister and hold office on such terms and conditions as the Prime Minister may think fit.

7. Appointment of employees.

(1) The Board may, with the approval of the Minister, appoint on such terms and conditions as it thinks fit, such employees as it considers necessary for the proper discharge of its functions under this Act.

(2) Every employee shall be under the administrative control of the Executive Director.

8. Conditions of service of employees.

The Board may, with the approval of the Minister, make provision to govern the conditions of service of employees and, in particular, to deal with—

(a) the appointment, dismissal, discipline, pay and leave of, and the security to be given by, employees;

(b) appeals by employees against dismissal or any other disciplinary measures; and

(c) the establishment and maintenance of provident or pension fund schemes, the contributions payable to, and the benefits recoverable from, those schemes.


(1) The Institute shall set up a General Fund—

(a) into which all money received from any source by the Institute shall be paid; and

(b) out of which all payment made by the Institute shall be met.
(2) Subject to section 10(2), the money deposited in the General Fund under subsection (1) shall be used and applied for the working of the Institute in such manner and for such purposes as, in the opinion of the Board, will best promote the interest of the Institute.


(1) The Minister may, in relation to the exercise by the Board of the powers of the Institute under this Act, give such directions of a general character to the Board not inconsistent with this Act, as he considers to be necessary in the public interest, and the Board shall comply with those directions.

(2) Notwithstanding subsection (1), the Minister may direct the Board to refrain from incurring any particular expenditure which, in the opinion of the Minister, is unnecessary and the Board shall comply with the direction.

(3) The Institute shall provide facilities to the Minister for obtaining information with respect to its activities and shall furnish him with such documents as he may require.

11. Donations.

Article 910 of the Code Napoléon shall not apply to the Institute.

12. Regulations.

The Board may, with the approval of the Minister, make such regulations as it thinks fit for the purposes of this Act and, notwithstanding the generality of this power, the regulations may provide for—

(a) any matter which is required by this Act to be prescribed;

(b) any procedural or other matter as the Board may determine; and

(c) the levying of charges and the taking of fees.


Notwithstanding any other enactment—

(a) the Institute shall be exempt from payment of duty, rate, charge, fee, tax or licence;

(b) no stamp duty or registration fee shall be payable in respect of any document under which the Institute is the sole beneficiary; and

(c) the Institute may frank letters or postal packets, make remittances by money order or despatch telegrams free of charge.
14. Legal proceedings.
   (1) The Institute shall act, sue and be sued, implead or be impleaded under its corporate name.
   (2) Every deed, cheque or other document relating to the Institute shall be signed by two persons designated by the Board.

15. Consequential amendment.
   (1) The Schedule to the Statutory Bodies (Accounts and Audit) Act is amended in Part II by adding the following item—
      Mauritius Institute of Health
   (2) The auditor to be appointed under section 5(1) of the Statutory Bodies (Accounts and Audit) Act shall be the Director of Audit.

Passed by the Legislative Assembly on the twenty-first day of November one thousand nine hundred and eighty-nine.

\[Signature\]

Clerk of the Legislative Assembly
Composition of the MIH Board and the Advisory Committees

A. MIH BOARD

Mrs R. Veerapen - Chairperson
Dr J.C. Mohith - Member
Dr R. S. Sungkur - Member
Mrs S. Bahadoor - Member
Mr I. Seewoosurrun - Member
Dr R. Choolun - Member
Mrs K. Bissoonauth - Member
Mr V.D. Putchay - Member
Dr N. Jaypaul - Member
Dr K. Valaydon - Member

B. ADVISORY COMMITTEES

I) STAFF COMMITTEE

Mr V.D. Putchay - Chairperson
Mrs K. Bissoonauth - Member
& A representative from the Establishment Division of the Ministry

II) FINANCE COMMITTEE

Mr K. Balgobin - Chairperson
Dr K. Valaydon - Member
& A representative from the Finance Section of the Ministry

III) TECHNICAL COMMITTEE

Dr R. Choolun - Chairperson
Mr I. Seewoosurrun - Member
& A Principal Medical Officer to be delegated from the Ministry
# List of participants

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<thead>
<tr>
<th>No.</th>
<th>Pays</th>
<th>Noms</th>
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<tbody>
<tr>
<td>1.</td>
<td>Comores</td>
<td>Dr Azad DADA</td>
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<tr>
<td>2.</td>
<td>Comores</td>
<td>Dr Mohamed CHARIFOU</td>
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<td>3.</td>
<td>Djibouti</td>
<td>Dr Mohamed Saïd MADIAN</td>
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<td>4.</td>
<td>Madagascar</td>
<td>Dr Narivelio Elyan RAKOTOFIRINGA</td>
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<td>5.</td>
<td>Maurice</td>
<td>Dr Woodalsingh GOPAL</td>
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<td>6.</td>
<td>Maurice</td>
<td>Dr Kwet Hian NG SING KWONG</td>
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<td>7.</td>
<td>Maurice</td>
<td>Dr Omprakash MAUNKEE</td>
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<td>8.</td>
<td>Maurice</td>
<td>Dr Ally DULYMAMODE</td>
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<td>9.</td>
<td>Maurice</td>
<td>Dr Appanah SEETAPAH</td>
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<td>10.</td>
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<td>Dr Wong Sing Neok WONG KWEE YOUNG</td>
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<td>11.</td>
<td>Maurice</td>
<td>Dr Feizal ABDOOLATIFF</td>
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<td>12.</td>
<td>Mozambique</td>
<td>Dr Aïssa Gani MAHOMED</td>
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<td>13.</td>
<td>Mozambique</td>
<td>Dr Farida Algy Abdul URCI</td>
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<td>14.</td>
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<td>Dr Maria Emilia Leonor Conde Tito JEQUE</td>
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<td>15.</td>
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<td>Dr Kenneth Steven HENRIETTE</td>
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List of participants

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<td>1. Dr. Elsa Maria da Conceiçao Ambriz</td>
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<td>2. Dr. Maria da Conceiçao Martins da Silva</td>
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<tr>
<td>Ethiopia</td>
<td>3. Mr. Sisay Wondimagegn</td>
<td>FGAE*</td>
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<tr>
<td>Ghana</td>
<td>4. Ms. Hilda Dedei Aryeh</td>
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<tr>
<td></td>
<td>5. Dr. Addico Gifty Naa Larteley</td>
<td>WHO</td>
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<tr>
<td>Liberia</td>
<td>6. Mrs. Nyapu Taylor</td>
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<td>7. Miss Sarah Layweh</td>
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<td>Malawi</td>
<td>8. Mrs. Mweziwma Jane Kandiero</td>
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<tr>
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<td>9. Mrs. Edith Ephraim Gondwe</td>
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<td>10. Mr. Petro Kaidauke Chirambo</td>
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<tr>
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<td>11. Mrs. Manorama Bhutto</td>
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<td>23. Mrs. Ivy Moyo</td>
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<td>24. Mrs. Janet Immaculate Munodawafa</td>
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<td>25. Mr. Joseph Makore</td>
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<td>26. Miss Clemenciana Bakasa</td>
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*FGAE - Family Guidance Association of Ethiopia*
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<td>1. M. Mathias Ndayihimbaze</td>
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<td>Togo</td>
<td>12. Dr. Agbobli Apetsianyi Eli</td>
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<td>13. Mme Dete-Atchou Y. Eponge Wussinu</td>
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## List of Participants

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<tr>
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<td>Dr. Goltom Weldemicheal</td>
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<td>Mr. Tadese Masquala Horofa</td>
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<td>Mr. Dhaba Bane Furry</td>
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<td>Mrs. Mercy L. Offei</td>
<td>WHO</td>
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<td></td>
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<td>Dr. Adriano Zefanias Guirrugo</td>
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<td>Mrs. Nokuthula Fortunate Dube</td>
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<tr>
<td>Tanzania</td>
<td>Mrs. Mary Lema</td>
<td>WHO</td>
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</table>
Programme Content

Module One: Overview of current NCD status in Mauritius

Overview of current NCD status in Mauritius
Re-organisation of NCD programme Nov 1998-date
Action Plan for re-organisation of NCD
Background to development of guidelines
Guidelines: what they are?
Objectives in implementation of guidelines
Guideline development process and methodology
Scope of guidelines and limitations
Practical considerations in implementation of guidelines
Legal considerations in implementation of guidelines
Evaluation of guideline implementation process and outcome
Discussion

Module Two: Clinical guideline for the management of asthma in primary care

Rationale
Overview of asthma in Mauritius
Target population
Goals of guideline
Asthma: diagnosis, tests, symptoms, predisposing, facilitating and aggravating factors
Classification of asthma
Goals of asthma treatment
Clinical recommendations
Treatment of asthma
  Step 1 asthma
  Step 2 asthma
  Step 3 asthma
  Step 4 asthma
  Acute severe asthma
  Life – threatening asthma
Recommendations for patient education
Demonstration of correct use of inhalers and spacer devices
Discussion of team approach to the management of asthma in primary care; role, responsibilities and limitations of different team members
Discussion of practical aspects of implementation
Module Three: Clinical guideline for the management of hypertension in primary care

Rationale
Target population
Goals of guideline
Overview of hypertension in Mauritius
Definition of hypertension
Classification of blood pressure
Measurement of blood pressure: correct technique
Diagnosis of hypertension
Clinical history, examination and investigations
Management of hypertensive patient
  Aims of treatment
  Risk stratification
  Non-pharmacological management
  Pharmacological management
Contraceptive advice for hypertensive women
Management of diabetic with hypertension
Guidelines for selecting drug treatment of hypertension
Guidelines for referral to specialist
Guidelines for improving patient adherence to antihypertensive therapy
Discussion of team approach to the management of hypertension in primary care; role, responsibilities and limitations of different team members

Module Four: Clinical guidelines for the management of type 2 diabetes in primary care

Rationale
Target population
Goals of guideline
Overview of diabetes in Mauritius
Definition of diabetes
Guidelines for diagnosing diabetes
Guidelines for assessment and examination of newly diagnosed diabetics
Guidelines for management of Type 2 diabetes mellitus
Aims of management
Non-pharmacological management and diabetes education
  Diet
  Weight management
  Exercise
  Alcohol
  Smoking
Hygiene and foot care
Role of different team members in education of diabetics
Pharmacological management
  Oral hypoglycaemics
  Sulfonylureas
  Metformin
Insulin therapy
Guidelines for follow-up of diabetics
Guidelines for management of diabetic retinopathy in primary care
Guidelines for referral of diabetic to ophthalmologist
Guidelines for management of diabetic nephropathy in primary care (½ session)
Guidelines for care of the foot
Guidelines for management of diabetic neuropathy

Module five: Clinical guidelines for the management of coronary heart disease in primary care

Rationale for guidelines
Aim of guidelines
Coronary heart disease
  Definition
  Pathophysiology
  Angina pectoris
  Grading
  Chronic stable angina
  Clinical presentation
  History, examination and investigations
  Differential diagnosis
  Management
    Pharmacological
    Non-pharmacological
    Patient education for risk factor reduction
    Follow-up and referrals
Acute coronary syndromes
  Unstable angina and non-ST elevation acute myocardial infarction
    Clinical presentation
    History, examination and investigations
    Differential diagnosis
    Management
  ST elevation acute myocardial infarction
    Clinical presentation
    History, examination and investigations
    Differential diagnosis
    Management
    Follow-up and rehabilitation
    Secondary prevention

Module six: Clinical guidelines for the primary prevention of coronary heart disease in primary health care

Rationale for guideline development and implementation
Primary prevention
Definition
Scientific basis
Objectives
Risk factors for CHD
Principles of screening
Situational analysis
Definition of risk factors
Prioritisation of primary prevention activities for CHD prevention
Modification of risk factors
  Obesity
  Smoking
  Alcohol
  Plasma lipids
  Physical activity
  Blood pressure
  Diabetes
Secondary prevention
  Surveillance of cases
  Risk interventions
  Improving treatment
  Reducing complications

**Module seven: Nutrition guidelines for the management of NCD’s in primary health care**

Rationale
The role of diet in cardiovascular health and disease

**Guidelines for the primary prevention of NCD’s**

General dietary guidelines for
- adults
- elderly
- infants
- pre-school children
- school children
- adolescents
- pregnant and lactating women

Weight management
  Healthy weight, overweight and obesity
  BMI, waist circumference and waist-hip ratio
  Maintaining a healthy weight
  Losing excess weight and maintaining weight loss

Dietary recommendations
  Reducing intake of saturated fat and cholesterol
  Reducing intake of refined sugars
  Eating food with adequate fibre
  Eating salt in moderation
  Drinking in moderation

Other lifestyle measures
Guidelines for the management of coronary heart disease and hyperlipidaemias

Lifestyle measures as priority prevention measures
Dietary recommendations
Reducing total fat intake
Reducing saturated fat intake
Taking adequate monounsaturated fat
‘Right foods’ v/s ‘wrong foods’

Guidelines for the management of obesity

Classification of obesity
Problems associated with overweight and obesity
Advantages of weight loss
Identification, evaluation and treatment of overweight and obesity
Dietary therapy
Physical activity
Behaviour therapy
Tackling special groups
List of Successful Students

1. BAYRAGEE Mohammad Nirshad
2. DUSSOYE Indremeet
3. DINDOYAL Guiness Parsand
4. DOOKHEE Ravin
5. HAFEZ Amir Ali
6. LUCHOOMUN Priya
7. MOOROOVEN (Mrs RUGHOODOYAL) Devi Kiran
8. RAMASAWMY Vickram

Note: Mr I. Taukordial was successful at the final examinations later during the year 2002.
# List of Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dr T.K. Annoop</td>
<td>Victoria Hospital</td>
</tr>
<tr>
<td>1.</td>
<td>Dr K.P.N. Babu</td>
<td>Dr A.G. Jeetoo Hospital</td>
</tr>
<tr>
<td>2.</td>
<td>Dr R. Barik</td>
<td>Dr A.G. Jeetoo Hospital</td>
</tr>
<tr>
<td>3.</td>
<td>Dr P. Bhattacharyya</td>
<td>Jawaharlal Nehru Hospital</td>
</tr>
<tr>
<td>4.</td>
<td>Dr M.A.R. Birader</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>5.</td>
<td>Dr (Miss) S. Birla</td>
<td>Victoria Hospital</td>
</tr>
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<td>6.</td>
<td>Dr (Mrs) P. Chaturvedi</td>
<td>Jawaharlal Nehru Hospital</td>
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<td>7.</td>
<td>Dr M. Gangrade</td>
<td>Victoria Hospital</td>
</tr>
<tr>
<td>8.</td>
<td>Dr K.P. Ganes</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>9.</td>
<td>Dr (Mrs) S.M. Ganes</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>10.</td>
<td>Dr R.S. Gaekward</td>
<td>Dr A.G. Jeetoo Hospital</td>
</tr>
<tr>
<td>11.</td>
<td>Dr A. Goswani</td>
<td>Dr A.G. Jeetoo Hospital</td>
</tr>
<tr>
<td>12.</td>
<td>Dr V. Harrison Bhonsle</td>
<td>SSRN Hospital</td>
</tr>
<tr>
<td>13.</td>
<td>Dr C. Harlapur</td>
<td>Jawaharlal Nehru Hospital</td>
</tr>
<tr>
<td>14.</td>
<td>Dr (Mrs) K. Kanodia</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>15.</td>
<td>Dr V.K.S. Kanodia</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>16.</td>
<td>Dr (Mrs) S. Khare</td>
<td>SSRN Hospital</td>
</tr>
<tr>
<td>17.</td>
<td>Dr A. Kumar</td>
<td>SSRN Hospital</td>
</tr>
<tr>
<td>18.</td>
<td>Dr A.P. Kumar</td>
<td>Flacq Hospital</td>
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<td>Dr B. Kumar</td>
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<td>Dr D. Kumar</td>
<td>Jawaharlal Nehru Hospital</td>
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<tr>
<td>21.</td>
<td>Dr S. Kumar</td>
<td>Victoria Hospital</td>
</tr>
<tr>
<td>22.</td>
<td>Dr P. Lath</td>
<td>Victoria Hospital</td>
</tr>
<tr>
<td>23.</td>
<td>Dr (Mrs) M. Meenakshi</td>
<td>Flacq Hospital</td>
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<td>24.</td>
<td>Dr A. Mukundan</td>
<td>SSRN Hospital</td>
</tr>
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<td>25.</td>
<td>Dr S.S. Musthafa</td>
<td>Jawaharlal Nehru Hospital</td>
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<td>26.</td>
<td>Dr P.A. Pradhan</td>
<td>Victoria Hospital</td>
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<td>27.</td>
<td>Dr D.K. Ral</td>
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<td>28.</td>
<td>Dr K. Rajkumar</td>
<td>Dr A.G. Jeetoo Hospital</td>
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<tr>
<td>29.</td>
<td>Dr B. Sathyanarayanan</td>
<td>Jawaharlal Nehru Hospital</td>
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<tr>
<td>30.</td>
<td>Dr D. Sharma</td>
<td>Jawaharlal Nehru Hospital</td>
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<tr>
<td>31.</td>
<td>Dr (Mrs) P. Sharma</td>
<td>Jawaharlal Nehru Hospital</td>
</tr>
<tr>
<td>32.</td>
<td>Dr S.K. Sharma</td>
<td>Flacq Hospital</td>
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<td>33.</td>
<td>Dr S.K. Singh</td>
<td>SSRN Hospital</td>
</tr>
<tr>
<td>34.</td>
<td>Dr S. Sood</td>
<td>Victoria Hospital</td>
</tr>
<tr>
<td>35.</td>
<td>Dr T. Suri</td>
<td>Flacq Hospital</td>
</tr>
<tr>
<td>36.</td>
<td>Dr A.R. Varghese</td>
<td>Dr A.G. Jeetoo Hospital</td>
</tr>
<tr>
<td>37.</td>
<td>Dr Jagannadha Raju Yellamaraju</td>
<td>SSRN Hospital</td>
</tr>
</tbody>
</table>
Summary of Curriculum for Assistant Orthopaedic Technician

**Year I**

1240 contact hours

1.1 **Practical sessions** (all practical work is based on leathers, metals and plastics currently used in orthopaedic appliances) 500 hours (40.3%)

General Mechanics (Topics reviews) 75 hours
Orthopaedic engineering (spare parts) 150 hours
Production orthopaedic appliances (with ready-made components) 275 hours

1.2 **Theoretical sessions** 740 hours (59.7%)

<table>
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<tr>
<th>Theoretical Sessions</th>
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<tbody>
<tr>
<td>Technical subjects</td>
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<tr>
<td>Biomechanics</td>
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<tr>
<td>Materials technology</td>
</tr>
<tr>
<td>Workshop technology</td>
</tr>
<tr>
<td>Technical Drawing</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Anatomy/physiology</td>
</tr>
<tr>
<td>Pathology</td>
</tr>
<tr>
<td>Nursing</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>General policy of the health care system in the country</td>
</tr>
<tr>
<td>Mathematics</td>
</tr>
<tr>
<td>Mechanics</td>
</tr>
<tr>
<td>French</td>
</tr>
<tr>
<td>Code of Ethics</td>
</tr>
<tr>
<td>Labour Law</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>
Practical sessions (All practical work is conducted with wood, leather and plastic plates.)
500 hours (44.8%)

Productions of orthopaedic appliances 500 hours
## Training Programme for Assistant Orthopaedic Technician

### 1st Year (2002-2003)

<table>
<thead>
<tr>
<th></th>
<th>Mauritius Institute of Health</th>
<th>Ministry of Health and Quality of Life (Coromandel)</th>
<th>Lycee Polytechnique de Flacq</th>
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</thead>
<tbody>
<tr>
<td><strong>Practical sessions (500 hours)</strong></td>
<td>Orthopaedic engineering 150 h</td>
<td>Biomechanics 104 h</td>
<td>General Mechanics 75 h</td>
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<tr>
<td><strong>Theory Sessions (740 hours)</strong></td>
<td>Anatomy/Physiology 100 h</td>
<td>Pathology 71 h</td>
<td>Materials Technology 73 h</td>
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<td></td>
<td>Pathology 71 h</td>
<td>Nursing 30 h</td>
<td>Workshop Technology 101 h</td>
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<td></td>
<td>Orthopaedic Surgery 10 h</td>
<td>G.P.H. Care System 25 h</td>
<td>Technical Drawing 40 h</td>
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<td></td>
<td>Code of Ethics 10 h</td>
<td>Labour Law 34 h</td>
<td>Mechanics 51 h</td>
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<td><strong>Total hours</strong></td>
<td>280 h</td>
<td>529 h</td>
<td>431 h</td>
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### 2nd Year (2003-2004)

<table>
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<th>Mauritius Institute of Health</th>
<th>Ministry of Health and Quality of Life (Coromandel)</th>
<th>Lycee Polytechnique de Flacq</th>
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<tbody>
<tr>
<td><strong>Practical (525 hours)</strong></td>
<td>Prod. orthopaedic appliances 525 h</td>
<td>Biomechanics 102 h</td>
<td>Materials Technology 70 h</td>
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<tr>
<td><strong>Theory sessions (740 hours)</strong></td>
<td>Anat./Physin/myolo 102 h</td>
<td>Pathology 71 h</td>
<td>Workshop Technology 76 h</td>
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<td></td>
<td>Pathology 71 h</td>
<td>Physiotherapy 40 h</td>
<td>Technical Drawing 40 h</td>
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<tr>
<td><strong>Total hours</strong></td>
<td>213 h</td>
<td>677 h</td>
<td>296 h</td>
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### Practical/ Theory sessions

<table>
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<th>Ministry of Health and Quality of Life (Coromandel)</th>
<th>Lycee Polytechnique de Flacq</th>
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<tr>
<td><strong>Total 1 &amp; 2 year</strong></td>
<td>493 h</td>
<td>1206 h</td>
<td>657 h</td>
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1. General Policy of health care system
### List of Participants studying for the 'Diplôme Universitaire'

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Post</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mrs Nicole Seeney</td>
<td>- Director of 'Rosie le Même' Home</td>
</tr>
<tr>
<td>2.</td>
<td>Mrs Jacqueline Laurent</td>
<td>- Chief Occupational Therapist</td>
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<tr>
<td>3.</td>
<td>Dr Ahmed Saumtally</td>
<td>- Community Physician</td>
</tr>
<tr>
<td>4.</td>
<td>Mr Raj Ranjaya</td>
<td>- Nursing Officer</td>
</tr>
<tr>
<td>5.</td>
<td>Sr Denise Sullivan</td>
<td>- Nursing Officer</td>
</tr>
<tr>
<td>6.</td>
<td>Dr Farida Oodally</td>
<td>- Training Officer</td>
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</table>
# Annex 13

## Care of Elderly Programme

**List of Participants to the 2nd Training of Trainers Course**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mrs Ya Ling LEUNG YIN KO</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>2.</td>
<td>Mrs Natasha CHAKOWA</td>
<td>Psychologist</td>
</tr>
<tr>
<td>3.</td>
<td>Mr Jean COUSINERY</td>
<td>Nursing Officer</td>
</tr>
<tr>
<td>4.</td>
<td>Mr Imran RUSSOOL</td>
<td>Nursing Officer</td>
</tr>
<tr>
<td>5.</td>
<td>Dr Paramasiven MOTAY</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>6.</td>
<td>Miss Roshni HEMRAJ</td>
<td>Training Officer, Hotel School of Mauritius</td>
</tr>
<tr>
<td>7.</td>
<td>Mrs Catherine POMPON BEESOO</td>
<td>Training Officer, Hotel School of Mauritius</td>
</tr>
<tr>
<td>8.</td>
<td>Mrs Beebee Shehnaze MAUTBUR</td>
<td>Community Based Rehabilitation Worker</td>
</tr>
<tr>
<td>9.</td>
<td>Mrs Chandrawtee ROHEE</td>
<td>Community Health Rehabilitation Worker</td>
</tr>
<tr>
<td>10.</td>
<td>Mrs Rekha Devi GUNGADIN</td>
<td>Community Health Rehabilitation Worker</td>
</tr>
<tr>
<td>11.</td>
<td>Mrs Bhaglarathi EMANDEE</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>12.</td>
<td>Mrs Pratima Devi BEEDASY</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>14.</td>
<td>Dr Sheriff UMARKHAN</td>
<td>Consultant in Physical Medicine</td>
</tr>
<tr>
<td>15.</td>
<td>Mr Krishnadeo SOHATEE</td>
<td>Nursing Supervisor</td>
</tr>
<tr>
<td>16.</td>
<td>Mr Ramnath AUBEELUCK</td>
<td>Senior Social Security Officer</td>
</tr>
<tr>
<td>17.</td>
<td>Mrs Tessa Joanne Pudman</td>
<td>Training Officer, Hotel School of Mauritius</td>
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</table>
## Training of Carers for the Handicapped

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mrs Koolwantee NEETOOREEA</td>
<td>Mère Augustine Home</td>
</tr>
<tr>
<td>2.</td>
<td>Sr Marie Ange Ginette THEOTIS</td>
<td>Maison de Retraite</td>
</tr>
<tr>
<td>3.</td>
<td>Mrs Julienne ADELE</td>
<td>Maison de Retraite Hospice Père Laval</td>
</tr>
<tr>
<td>4.</td>
<td>Miss Amrita RAMFUL</td>
<td>Gayasing Ashram</td>
</tr>
<tr>
<td>5.</td>
<td>Mrs Josiane PITOIS</td>
<td>St Hugh's Anglican Home</td>
</tr>
<tr>
<td>6.</td>
<td>Miss Dhanalaksmi APPASAMY</td>
<td>Meenatchee Home</td>
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<td>7.</td>
<td>Mrs Biswantee GUKHOOL</td>
<td>J. Ballgobeen Ashram</td>
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<td>8.</td>
<td>Mrs Rumeela SHIBDOYAL</td>
<td>Cheshire Home</td>
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<tr>
<td>9.</td>
<td>Mrs Sooteetah NUNKOO</td>
<td>Gandhi Breedh Ashram</td>
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<td>10.</td>
<td>Mrs Babita JOWAHEER</td>
<td>Krishnand Seva Ashram</td>
</tr>
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<td>11.</td>
<td>Mrs Bharti CHEETAMUN</td>
<td>Ex. Krishnand Seva Ashram</td>
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<tr>
<td>12.</td>
<td>Sr Marie Rose WILSON</td>
<td>Pavillon Ste Marie</td>
</tr>
<tr>
<td>13.</td>
<td>Mrs Veena SOOBEN</td>
<td>Rosie le Même Home</td>
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<tr>
<td>14.</td>
<td>Mr William Clovis CHANDRE</td>
<td>St. Jean de Dieu</td>
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</table>
## Revised Course Content for Catering Officers

<table>
<thead>
<tr>
<th>SECTION A: MANAGEMENT FUNCTIONS</th>
<th>CONTACT HOURS</th>
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<tr>
<td>Role and responsibilities of Catering Staff</td>
<td>8 h</td>
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<tr>
<td>Train the Trainer</td>
<td>20 h</td>
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<tr>
<td>Marketing the Institutional Catering</td>
<td>4 h</td>
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<tr>
<td>Principles of Communication, Motivation, Leadership</td>
<td>24 h</td>
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<tr>
<td>Laws of Contract</td>
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<table>
<thead>
<tr>
<th>SECTION B: CATERING NORMS AND PRACTICES</th>
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<td>Managing Food Hygiene</td>
<td>30 h</td>
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<tr>
<td>HACCP Legislation/Food Act</td>
<td>20 h</td>
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<td>Nutrition and Diet Scale</td>
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<table>
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<tr>
<th>SECTION C: FOOD COMMODITIES</th>
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<tr>
<td>Food Commodities and Cooking Techniques</td>
<td>30 h</td>
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<td>Purchasing, Receiving, Storing</td>
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<thead>
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<th>SECTION D PRACTICAL COOKERY</th>
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<tr>
<td>Whole Group</td>
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<td>Practical Cookery ½ Group</td>
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<td>Evaluation</td>
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</table>
List of participants

1. THONDEE Vimla Kumari
2. NASEEVEN Beebee Korruysha
3. BOTTE Jude Benjamin
4. BHANTOO Dhananjai
5. RAMLOCHUN Kumari Greta
6. KURREEMUN Babu Rabindranath
7. BUNDHOO Ramawtee
8. DOOBRAZ Parmesswarsing
9. DAMREE Nawaz
10. LADDU Thamraj Kumar
11. BAGHA Sacheedanand
12. SEWOORUTTUN Bhemal
13. SHAMY Balram
14. RAMA Rajcoomar
15. ALLAM Hugues Benito
List of students

I. **PAEDIATRICS (5)**
   1. Dr Nándkíshore RAMDHUN
   2. Dr Násseema Begum LOTUN
   3. Dr Devbruth SIBARTIE
   4. Dr Devendranath DOWLUT
   5. Dr Premanand RAMGOOLAM

II. **INTERNAL MEDICINE (6)**
   1. Dr Hoy Youn YEE KIN TET
   2. Dr Vishwamitr IMRITH
   3. Dr Jaynandra Kumarsingh DUSOWOTH
   4. Dr Rajun BANDHU
   5. Dr How Chan HOW CHEONG WEN
   6. Dr Govindranath Sudesh DEWNARAIN

III. **ORTHOPAEDICS (6)**
   1. Dr Satyajit CHEETOO
   2. Dr Nessen POOLEECOOTEE
   3. Dr Surendra RAMDASS
   4. Dr Rameshwar TOOFANNY
   5. Dr Abdel Nasser EMRTTE
   6. Dr Brijanan GOOLJAR
## Annex 18

### List of Publications

#### Journals Subscribed

1. Journal of Accident & Emergency Medicine  
2. British Medical Journal  
3. British Journal of Anaesthesia  
4. Focus on Health Professionals Education: A Multi-Disciplinary Journal  
5. Quality in Health Care  
6. Hospital Medicine  
7. Journal of Epidemiology and Community Health  
8. Evidence-Based Medicine  
10. Advances in Health Sciences Education  
11. Medical Education  
12. Medical Teacher  
13. Postgraduate Medical Journal  
14. Education for Health  
15. The Practitioner  
16. The Lancet  
17. The New England Journal of Medicine  
18. Cahiers Santé  
19. PC Guide  
20. Contraception  
21. Annales Françaises d’Anesthésie et de Réanimation  
22. Pédiatrie Médicale  
23. Academic Medicine  
24. Revue d’Épidémiologie et de Santé publique  
25. The Journal of Continuing Education in the Health Professions

#### Free Journals, Periodicals, Newsletters

2. Studies in Family Planning  
3. Revue de Presse Sida  
4. Inserm Actualités  
5. Weekly Epidemiological Record  
6. Nutrition News  
7. Médecine Tropicale  
8. Child Health Dialogue  
9. Depeches  
10. Population Reports  
11. Research Into Action  
12. Progress in Reproductive Health Research  
13. Disaster Preparedness and Mitigation  
14. IPPF Medical Bulletin  
15. Network – Family Health International  
16. Sexual Life Exchange  
17. Diabetes Voice  
18. EPI Newsletter  
19. International Family Planning Perspectives  
20. Glimpse  
21. Community Eye Health  
22. Populi  
23. Feedback  
24. Update  
25. Footsteps  
26. International Physician Update  
27. Essential Drugs Monitor  
28. WHO Drug Information  
29. Africa Journal of Nursing and Midwifery
1. Integrating Vitamin A with Immunization
2. Roll Back Malaria Electronic Library
3. International Non-proprietary Names (INN) for Pharmaceutical Substances
4. Water, Sanitation and Health Electronic Library 1.0
7. WHO A compendium of WHO Documents Occupational Safety and Health
8. La Santé de la Reproduction. Auto apprentissage assisté
10. Setting up Healthcare services information systems. A guide for requirements analysis, application specification and procurement.
11. Malaria. Topics in International Health.
13. Diarrhoeal Diseases. Topics in International Health
14. HIV / AIDS. Topics in International Health
16. 100 cas d’imagerie. Quel est votre diagnostic?
17. Atlas of Dermatology
List of Films

TITLES
ATIV SANTÉ AFRIQUE
CANCER DU COL: DEPISTAGE & DYSPLASIES
CHALLENGE 2: GASTRO-ŒSOPHAGEAL REFLUX DISEASE
CHALLENGES IN AIDS COUNSELLING
COELIOSCOPIE ET STERILITÉ
COMMUNICATING FAMILY PLANNING ; SPEAK THEY ARE LISTENING CONSEQUENCES
CONSERVATION ANNEXIELLE AU COURS DE L'HYSTÉRECTOMIE ABDOMINALE. LA DEUX MERS
DIAGNOSIS OF ENDOMETRIOSIS
DISPOSITIFS INTRA-UTERNES, LES
EN VIZITER ENDEZIRAB
EXAMEN CLINIQUE D'UNE SCOLIOSE IDIOPATHIQUE CHEZ L'ADOLESCENTE
EXAMEN CLINIQUE EN GYNECOLOGIE
EXAMEN ECHOGRAPHIQUE AU DEUXIÈME TRIMESTRE DE GROSSESSE
FECONDATION IN VITRO. POURQUOI? COMMENT?, LA
INSERTION AND REMOVAL OF THE COPPER T 380A IUD
INTRAUTERINE DEVICES
IRRITABLE BOWEL SYNDROME
IT'S NOT EASY
LA CORNE UTÉRINE RUDIMENTAIRE
LEIRAS NORPLANT- INSERTION/REMOVAL
LIZA
LOGISTICS SYSTEM: AND THE PEOPLE THAT MAKE IT WORK, THE MEDECIN ET L'ACCIDENT DE PLONGÉE, LE
MESURE DE LA VELOCIMETRIE SANGUINE PAR EFFET DOPPLER
MÉTHODES DE CONTRACEPTION, LES
NO NEED TO BLAME, A VIDEO ABOUT PEOPLE LIVING WITH HIV AND AIDS NORPLANT
OPERATIVE LASER HYSTEROSCOPY
PALUDISME
PALUDISME, LE
POSITIVE PRACTICES
POURQUOI MADAME "X" EST-ELLE MORTE
RE-EDUCATION DES FONCTIONS MOTRICES
RE-EDUCATION H.DROIT/SPASTICITE
SCREEN FOR GESTATIONAL DIABETES (EXTRACT OF TALK-MEDICAL UPDATE)
SIDA TROPICAL
SIDA, MST, LE
SIDA/AIDS
TECHNIQUES DE CONISATIONS
TECHNIQUES DE LAPAROSCOPY
TWO MOTHERS
UN MONDE SANS POLIO
VACCINS, LES
VOTRE ANTERO-LATERALE DU RACHIS CERVICAL BAS C3-C7
GMP'S FOR PLANT EMPLOYEES VOLUME 3: BUILDING AND FACILITIES
GMP'S FOR PLANT EMPLOYEES VOLUME 2: PERSONNEL AND PERSONNEL PRACTICES
GMP'S FOR FOOD EMPLOYEES VOLUME 1: DEFINITIONS
GMP'S FOR FOOD PLANT EMPLOYEES VOLUME 4: EQUIPMENT AND UTENSILS
GMP'S FOR FOOD PLANT EMPLOYEES VOLUME 5: PRODUCTION AND PROCESS CONTROL
HYGIENE AND THE ENGINEER
FOREIGN MATTER IN FOOD
THE INVISIBLE INVADERS
CLEAN UP YOUR ACT
FOOD HYGIENE
FOOD HANDLERS OPERATIVES
DON'T POISON YOUR PATRONS
FOOD HYGIENE LAW
MAURITIUS INSTITUTE OF HEALTH
POWDER MILL - PAMPLEMOUSSES
Tél.: (230) 2433772, 2433698
Fax.: (230) 2433270, 2434014
http://ncb.intnet.mu/mih/index.html
E-mail: mihhealth@intnet.mu,
vkmih@intnet.mu