Biennial Report

July 2009 - December 2011
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1.1 ESTABLISHMENT OF MIH

The Mauritius Institute of Health (MIH) was established in 1989, as the training and research arm of the Ministry of Health and Quality of Life. It is empowered to undertake training and research in the health sector and related disciplines. Since its inception, the Institute has continued to forge ahead in focusing its activities in three directions:

- Building indigenous capacity for health manpower development and implementing educational programmes that respond to the training needs of the Ministry of Health & Quality of Life.

- Conducting Health Systems Research to evaluate the quality of services offered to the population, to assess the effectiveness of health care interventions and to undertake epidemiological surveys for measuring the importance of prevailing public health problems.

- Developing technical cooperation among countries of the region in the field of health research and manpower development, and supporting activities relating to regional epidemiological surveillance.

Mauritius has been constantly striving to achieve self-reliance in the development of its health workforce and to reduce dependency on outside agencies, while keeping open all avenues of cooperation in specific areas where expertise is not available locally. The Ministry of Health needs health professionals who can practice safely in our hospitals and other health care institutions. The capacity of the MIH to contribute in health care training and the rigor with which it conducts its training and research activities have created an environment capable of providing learning opportunities needed for basic, advanced and continuing education of health professionals.
1.2 MANAGEMENT OF THE MIH

The MIH functions as a statutory Body, administered by an Executive Board which is composed as per provisions of Section 5 of the MIH Act - copy at Annex 1. With a view to facilitate decision making the Board has set up three advisory committees - the Technical Committee, the Staff Committee and the Finance Committee. All matters relating to appointment, dismissal, discipline of employees and their conditions of service; the training and research programmes conducted by the Institute; the development of physical infrastructure, the annual budget estimates and all financial transactions must be approved by the Executive Board. The composition of the Board and the Advisory Committees as at December 2011 is given at Annex 2. During the period under review the Executive Board had 10 sittings. The advisory committees met on 21 occasions - [technical - 5, staff - 11, Finance - 5].

The functional infrastructure of the MIH is made up of 4 Units - The Training Unit, the Research Unit, the Media Unit and the Administrative Unit. The Training Unit is responsible to identify the training needs of the health sector, develop the relevant educational programmes and organize courses, seminars and workshops to cater for demands from both national authorities and from countries of the region.

The activities of the Research Unit are limited to health systems research, epidemiological studies and evaluation of health care interventions. The studies relate to an assessment of needs and demands for health services, the distribution and utilization of health resources and the management of health services. The outcomes of these studies are expected to contribute towards the betterment of the quality of services delivered to the public.

The Media Unit comprises a Documentation Section and the Printing and Publishing Section. The Documentation Section is responsible for the collection and lending of books, journals and other publications, for audio-visual services and video recordings. The Printing and Publishing Section provides for photocopy services, desktop publishing and the production of learning/teaching materials.

The Administrative Unit looks after staff welfare, personnel management, finance and stores, transport services, maintenance of buildings and equipment, logistic support and catering services. The Executive Director is the Chief Executive of
the Institution and is responsible to the Executive Board for maintaining and promoting the proper administration of the Institute as provided for in the MIH Act. The Organigram of the Institute is at Annex 3.

This Biennial Report covers the activities at the Institute during period July 2009 to December 2011. In future the report will be prepared on an annual basis, corresponding with the financial year in line with the requirements of Statutory Bodies [Accounts and Audit] Act. - the MIH falls under part II of the second schedule.

The Mauritius Institute of Health is committed to implement the Good Corporate Governance practices. Our mission is to contribute to the promotion of health and quality of life of society through training and health systems research. We strive to ensure that all our activities are conducted in such a way as to satisfy the characteristics of Good Corporate Governance, namely discipline, transparency, independence, accountability, social responsibility and professionalism.
2.1.1 DISPENSER’S TRAINING PROGRAMME

The Dispenser is responsible to ensure that patients attending hospitals and health centres are provided with a constant supply of the drugs they need. Besides dispensing drugs and counselling patients, the dispenser has to prepare, count and package drugs, check prescriptions and drug preparations. These duties call for appropriate training.

Until 1995 the Dispensers were given on the job training. Subsequently the MIH was entrusted with the responsibility of designing and implementing a formal and updated programme. A task oriented and competency based approach was used for the development of a curriculum. The course objectives, the course content, the teaching and evaluation methods were reviewed in order to standardize and upgrade the programme of studies. The two-year course consists of an academic block, two full days per week at the MIH and vocational training for the rest of the week in pharmacies at hospitals and health centres. The first course started in November 1998. Until June 2009, 93 Dispensers had been trained. The 6th dispensers' course started in October 2008 and was completed in October 2010. The list of successful candidates is at Annex 4.
2.1.2 TRAINING PROGRAMME FOR COMMUNITY HEALTH CARE OFFICERS

Community Health Care Officers are members of the health team, operating in the community at health centre level. They are responsible for health education activities in the community, motivating the population to adopt healthy life styles and assisting in the reception of participants and in conducting simple clinical examinations. The course consists of on the job training at the site of work and a theoretical component taught at the MIH one full day per week. The duration of the course lasts nine months. 205 Community Health Care Officers had received training until May 2005.

During the period under review a training programme was conducted in Rodrigues from April 2010 to June 2011. The list of two successful candidates is at Annex 5. The 11th course for Community Health Care Officers started in Mauritius on 6th July 2011 with 10 participants.

2.1.3 COURSE FOR SPEECH AND HEARING THERAPY ASSISTANTS

Speech and Hearing Therapy Assistants are health workers attached to the Rehabilitation Services. They are called upon to assist in the identification and rehabilitation of persons with speech and hearing problems. The incidence of communication disorders in children is around 1 in 10, which means that out of every ten children there is at least one who has a problem with communication. However communication disorders can be improved with appropriate therapy, which will ensure the children a better academic performance at school, better preparation of adulthood and a better life.

The 2nd course for Speech and Hearing Therapy Assistants was held from January to November 2009, with 8 trainees nominated by the Ministry of Health and Quality of Life. The programme of studies included an academic block of 405 hours conducted at the MIH and a practical component organized in regional hospitals under the supervision of Speech Therapists. The final examinations were held in November 2009 and a resit in January 2010 for unsuccessful candidates. The pass list is at Annex 6.
2.1.4 TRAINING PROGRAMMES FOR THE CARE OF THE ELDERLY

Mauritius has an ageing population. 11% of Mauritians are aged 60 years and above. The continuing growth of the elderly population is challenging the National Authorities to look into ways for the fulfilment of the special needs and requirements that are specific to Senior Citizens.

In February 2008, the MIH was approached by the Ministry of Social Security, National Solidarity, Senior Citizens' Welfare and Reform Institutions to develop the relevant curricula and training programmes for the provision of services and care to the elderly. The first programme developed related to the care of the elderly and disabled. The course consisted of two essential components, one concerned with the acquisition of theoretical knowledge through lectures and demonstrations in the classroom lasting for 376 hours; and the other component was devoted to the development of skills through hands-on practice in Nursing Homes lasting for 397 hours. The first course was held from June 2008 to May 2009 and 27 trainees were successful in their examinations.

For the period under review, 50 trainees nominated by the HRDC "Human Resource Development Council", followed a six-month course leading to the National Certificate in Health and Social Care MQA " (Mauritius Qualifications Authority) Level 2". 43 participants were successful in their final examination. The course was conducted by the MIH at the " Organization Mondial des Enfants Pré-scolaire" (OMEP) in Curepipe from 27 November 2009 to 29 May 2010. The course content and the list of successful candidates are given at Annexes 7 and 8 respectively.

The 2nd course entitled Care of the Elderly and Disabled "MQA Level 3" started in October 2010 and ended in April 2011. The trainees were nominated by the Ministry of Social Security and National Solidarity and the lectures were given at the Training Unit of the Ministry, situated at Rose-Hill. The course content and the list of successful candidates are at Annexes 9 and 10 respectively.

The 3rd course for the Care of Elderly and Disabled was launched on 24 November 2011 by Honourable S. Bappoo, Minister of Social Security, National Solidarity and Reform Institutions.
2.1.5 ASSISTANT OPERATING THEATRE TECHNICIANS' COURSE

Following an agreement in September 2011 between the HRDC "Human Resource Development Council" and HUG "Hôpitaux Universitaires de Genève", relating to the training of some categories of health workers, the MIH offered to mount and run a certificate course for Assistant Operating Theatre Technicians targeted to trainees recruited by the HRDC. The course consists of lectures and demonstrations at the MIH and on the job training in Operating Theatres. The responsibilities of the MIH include the following:

- Organisation of a training of trainers workshop destined to mentors who would be supervising the training of students in the Operating Theatres.

- Provision of educational resources to the trainees.

- Running of study blocks at the MIH with the participation of local and HUG facilitators.

- Placement of students on a rotation basis in operating theatres of regional hospitals, Cardiac Centre and Apollo Bramwell Hospital.

- Conduct practical assessment of trainees in Operating Theatres and forwarding assessment results to HUG.

22 students started their training in April 2011. The duration of the course is 18 months. The final examinations will be conducted by HUG which is the awarding body. The course content and the list of participants are at Annexes 11 and 12 respectively.
2.1.6 1st COURSE IN DENTAL ASSISTING

Dental Assistants are vital members of the health team. They assist the Dental Surgeon in his/her clinical work. Their duties consist in the reception, registration and preparation of patient for dental treatment. They conduct oral health education and assist in chair side procedures that include preparation and sterilisation of instruments. They are also responsible for the maintenance of equipment and for inventory control.

In June last year the Ministry of Health and Quality of Life requested the Mauritius Institute of Health to develop a formal training programme in dental assisting. The objective of the course is to assist the students in the acquisition of knowledge, skills and attitudes required to practice as Dental Assistants. The course is made up of two components: classroom teaching once weekly at MIH together with demonstrations at the Sir Seewoosagur Ramgoolam National Hospital Dental Clinic; the other component consists in supervised practice in dental surgeries, where the trainee will learn and master the skills under the supervision of an experienced dental surgeon.

The duration of the course is one academic year. However due to exigencies of the service, the dental assistants will be released only one day per week. Therefore the training programme would last for two calendar years. 16 officers nominated by the Ministry of Health and Quality of Life started their training on 6th September 2011.
2.2 POST BASIC COURSES

2.2.1 REPRODUCTIVE HEALTH TRAINING PROGRAMS

- **Distance Learning Programme on Population Issues (DLPI)**

The Distance Learning Programme on Population Issues is a series of training courses designed for UNFPA staff with a view to promote the Programme of Action of the International Conference on Population and Development (ICPD). The programme is administered by the Learning and Career Management Branch of UNFPA.

In 2005 the Mauritius Institute of Health entered a long term agreement with UNFPA to provide tutorial services. For the period 2009-2011, the MIH has been providing tutorial services for the following six courses:

- Course 1: Sexual and Reproductive Health
- Course 2: Confronting HIV and AIDS: Making a difference
- Course 3: Gender Mainstreaming: taking action, Getting Results
- Course 4: Advocacy: Action, Change and Commitment
- Course 5: Adolescent Sexual and Reproductive Health
- Course 6: Reducing Maternal Deaths; Selecting Priorities

During the period under review, 911 UNFPA staff members have followed the programme through tutorials conducted by the MIH.

2.2.2 REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS)

- **Training in Logistics Management / CCM and Channel**

In order to improve the management of reproductive health commodities in countries of the African continent and elsewhere, the MIH in collaboration with UNFPA has conducted two training courses in supply chain management and use of computer software such as CHANNEL and CCM (Country Commodity Manager).
The first Regional Training of Trainers Workshop on Logistics Management Information System, Country Commodity Manager and Channel Capacity Building was held at the MIH from 19 to 31 July 2010. It was attended by 36 programme managers and logisticians from 13 countries of East and Southern Africa. The list of participants is at Annex 13.

A second workshop on Logistics Management Information System, Country Commodity Manager and Channel Capacity Building for 20 participants from 10 countries was held from 15 to 26 November 2010. The list of participants is at Annex 14.

**2.2.3 ADVOCACY FOR REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS)**

In 2010-2011, the MIH worked with the UNFPA sub-Regional Office in Dakar to prepare an Advocacy Tool Kit for non-communication professionals working at country level to support the implementation of their national RHCS strategic plans in sub-Saharan Africa. The toolkit in English (*summary at Annex 15*) was prepared by Dr Valaydon and Dr Luchmaya. Work on a French version is due to start. This toolkit will be used for capacity building activities in Advocacy in countries of the region.
2.2.4 DOCUMENTATION OF LESSONS LEARNT AND BEST PRACTICES IN RHCS

In 2011, the MIH started work with the Sub Regional Office in Dakar to document the lessons learnt in Reproductive Health and especially RHCS, including best practices and success stories emanating from countries in response to critical needs and concerns in that area. These findings and recommendations will be shared regionally.

2.2.5 TRAINING COURSE ON THE COORDINATION OF MULTI-SECTORAL RESPONSE TO GENDER BASED VIOLENCE IN HUMANITARIAN SETTINGS

From 7 to 11 December 2009, UNFPA in collaboration with MIH and the International Centre for Reproductive Health at Ghent University Belgium organised a one week training course on gender based violence in humanitarian settings.

The purpose of the course was to improve knowledge and skills to effectively prevent and respond to gender based violence in humanitarian settings. The two consultants who facilitated the course were Ms Erin Kenny and Ms Alia Nankoe, both Gender Based Violence specialists from UNFPA Humanitarian Response Branch. The course was attended by 15 participants, all UNFPA staff, from 13 countries (Annex 16).

2.2.6 PSYCHOSOCIAL SUPPORT AND COUNSELLING TO CLIENTS ON METHADONE SUBSTITUTION THERAPY

Injecting drug use has become an increasingly important mode of HIV transmission. Mauritius has an alarming high prevalence of opiate abuse among the population aged 15-64. The HIV/AIDS epidemic has been experiencing rapid increase since 2003. In January 2006 Government approved the implementation of Methadone Substitution Therapy "MST". In August 2010 the MIH hired the services of a consultant Prof. G. Hussein Rassool to design, develop and implement an educational programme destined to Health Care Assistants of the Ministry of Health & Quality of Life, on psychosocial support to clients on MST.
The programme consisted of lectures and demonstration during one week at the MIH and practical placement for 3 days at the Harm Reduction Unit and 2 days in a Residential Care Centre. The aim of the course was to provide the participants with basic knowledge, attitudes, problem solving and skills transfer capacities required to support clients enrolled in MST programme. The course content is at Annex 17.

42 Health Care Assistants divided in 2 batches followed the course. The final examinations were held in December 2010 and a resit in February 2011. The list of successful candidate is at Annex18.

2.2.7 DIPLOME UNIVERSITAIRE DE PRISE EN CHARGE DE L'INFECTION VIH/SIDA ET ADDICTOLOGIE

This four-week diploma course was held from 17 January to 11 February 2011 at the Mauritius Institute of Health. It was organised in collaboration with Université Victor Segalen Bordeaux 2 and Association RIVE Ocean Indien. Participants from the following countries attended the course: Madagascar [3], Comores [1], Seychelles [2], Mauritius [14]. Successful participants followed practical training in Reunion island. The course content and the list of participants are at Annexes 19 and 20 respectively.
2.2.8 FORMATION REGIONALE EN ADDICTOLOGIE ET VIH

This regional training programme was conducted under the IOC/AIRIS project in collaboration with Association RIVE Océan Indien. Its aim was to strengthen the skills of doctors, nurses, social workers and staff of NGO from Indian Ocean Commission Member States, in the provision of care and support for people living with HIV/AIDS, hepatitis and substance abuse (Addictologie).

The first course for twenty three doctors and nurses lasted one week and was held from 7 to 11 September 2009. At the end of the training, participants received a certificate of attendance. The course content and the list of participants are at Annexes 21 and 22 respectively.

The second course was held from 14 to 18 September 2009. It was attended by twenty-two social workers and staff of NGO’s. Participants received a certificate of attendance at the end of the course. The course content and the list of participants are at Annexes 23 and 24 respectively.
2.2.9 STRENGTHENING REGIONAL CAPACITY FOR EPIDEMIOLOGICAL SURVEILLANCE AND RESPONSE TO EPIDEMICS IN THE SOUTH WEST INDIAN OCEAN REGIONS

This regional programme was started in the wake of the chikungunya and dengue epidemics of 2005 and 2006, with the collaboration with the World Health Organisation, the Indian Ocean Commission and funding from l’ Agence Française de Development. Under this programme the following training activities were conducted at the MIH;

- A technical workshop was held at the MIH from 15 to 17 December 2009, to identify training needs and opportunities for the development of a road map to strengthen human resources capacity for surveillance and response to epidemics. List of participants is at Annex 25.

- Workshop on computer tools for analysis of surveillance data with the participation of 15 members of local team, listed at Annex 26, was organized from 30 August to 3 September 2010. The course content included the following items - principles of surveillance, measure of disease frequency and analysis of surveillance data. A dynamic version of surveillance is given below:
A similar workshop targeted to participants from Member States of the Indian Ocean Commission was held from 21 to 25 February 2011. The list of participants is at Annex 27.

The first session of a two-year training programme in field epidemiology was held at the MIH from 12 to 30 September 2011. This training is targeted to members of the national team for epidemiological surveillance and response to epidemics, in Member States of the Indian Ocean Commission. It consists of academic blocks conducted at the MIH and field work carried out in the country of origin of each participant. The list of participants is at Annex 28.

2.2.10 PHARMACY STORE MANAGERS' COURSE

The Pharmacy Store Manager assists the Pharmacist in the smooth running of the Pharmacy in Health Care Institutions. Their duties consist in calculating drug requirements, ordering them and checking that all essential supplies are available at all times in the right quantities.

The training programme includes a teaching/learning component, conducted at the Institute, one full day per week and a practical component carried out
under supervision at the site of work. The 3rd batch of trainees comprising 16 Senior Dispensers nominated by the Ministry of Health and Quality of Life, followed the course from 21 January to 10 June 2010. The list of successful candidates is at Annex 29.

2.2.11 COURSE IN HYPERBARIC MEDICINE

The Hyperbaric Medicine Unit equipped with a new hyperbaric chamber from Haux (Germany) was inaugurated at Victoria Hospital in February 2004. Divers are at risk of developing decompression sickness. Hyperbaric Medicine provides emergency treatment to these victims of diving accidents. Other medical emergencies such as carbon monoxide poisoning, air embolism and gas gangrene and selected cases of chronic leg ulcers respond well to hyperbaric oxygen therapy.

A first batch of medical and nursing staff completed their training in September 2004 under the guidance and supervision from Prof. Wattel from Lille University and Dr J.D. Harms and Mr. J. Hoareau from Hôpital St Pierre of Reunion Island.
A second batch of twenty-two participants (16 doctors and 6 nursing officers) received their training from 12 to 24 September 2011. It was organised by the MIH and conducted at the Hyperbaric Unit of Victoria Hospital by Doctor J.D Harms, Doctor C. D'Andrea and Mr. J. Hoareau from Unité de Soins Hyperbares C.H.R de la Reunion. The course content and the list of successful candidates are at Annexes 30 and 31 respectively.

2.2.12 COURSE IN HOSPITAL MANAGEMENT

Following the signature of a Memorandum of Understanding between the Ministry of Health & Quality of Life and the "Hôpitaux Universitaires de Genève" (H.U.G), a training programme on hospital management destined to health professionals of the Ministry was prepared. The course was sponsored and organised by the Ministry of Health and Quality of Life, and conducted by HUG. The MIH was used as venue. The objective of the programme and the course content is at Annex 32.

The MIH hosted the first two training sessions, each lasting 3 days: from 5 to 7 January 2010 and 22 to 24 February 2011. The list of participants is at Annex 33.
The main objective of postgraduate programmes is to respond to the training needs of the Ministry of Health & Quality of Life as regards specialisation in different medical/surgical disciplines. They have mostly been conducted in a partnership agreement between the Université Victor Segalen, Bordeaux 2 [now Université Bordeaux Segalen], the 'Centre Hôspitalier Universitaire' [C.H.U] of Bordeaux, the French Embassy through the "Service de Coopération et d'Action Culturelle" (SCAC), the Ministry of Health & Quality of Life and the Mauritius Institute of Health. The project dates back to 1999 when the first postgraduate training started for specialization in Anaesthesia, with participation of 15 doctors from countries of the Indian Ocean region including 7 from Mauritius, under the 'PARMU' project.

Postgraduate students are selected from applicants through a competitive examination "Concours"; the top ranking candidates from those successful are nominated for the course. The duration of these postgraduate courses is 4 years. The training programme conducted according to curricula from Bordeaux is divided into 2 parts. The first part, lasting 3 or 2 years depending on training facilities and technologies available locally, is done in Mauritius and it leads to a "Diplôme Universitaire" [DU] in the speciality. It consists of academic blocks for each module conducted at the MIH by teachers from Bordeaux and clinical/practical training in relevant units/departments of regional and specialised hospitals under supervision of Mauritian 'Maîtres de Stage'. Candidates who successfully complete the first part [D.U examinations] are eligible to proceed to Bordeaux to complete the second part of 1 or 2 years training there. If successful at the final examination in the speciality they are awarded the "Diplôme de Formation Médicale Spécialisée" [DFMS] - previously "Attestation de Formation Spécialisée" [AFS].

Currently 21 Medical and Health Officers are undergoing postgraduate training in three specialities:- Anaesthesia (8), Internal Medicine (7) and Ophthalmology(6). After the competitive selection examination ["Concours"] held in June 2008, from 88 candidates, 8 doctors were selected for postgraduate training in Anaesthesia and 8 for Internal Medicine. However only 7 are presently undergoing training in Internal Medicine as 1 resigned from the course in the first year. The training in the 2 specialities started in October 2008. If all the participants are successful, in October 2012, 6 will complete their specialization in Anaesthesia and 6 in Internal Medicine; in October 2013, 2 more in Anaesthesia and 1 more in Internal Medicine.
In another competitive selection examination held in June 2009, from 48 candidates, 6 doctors were selected for post graduation in Ophthalmology. Training began in October 2009. If all are successful, 6 doctors will complete their specialisation in Ophthalmology in October 2013. The list of students in each discipline and the dates of completion of specialisation is given at Annex 34(a).

The postgraduate training programmes organised by the MIH have contributed to provide 43 specialists in 8 specialities since 1999, and 21 more would be graduating by the year 2012-2013 as shown in Annex 34(b).

These programmes have been conducted at reasonable cost to the Ministry of Health and have benefited from financial support from the French Embassy and significant budgetary contribution from the French Universities (Bordeaux Segalen and Montpellier). This high-quality low-cost collaboration is a privileged avenue for the development of health services to serve the Mauritian population. Further, it is also contributing to pedagogical empowerment of Mauritian medical personnel.
2.4 CONTINUING EDUCATION PROGRAMMES

2.4.1 REFRESHER COURSES AND UPDATES ON FAMILY PLANNING

Lately the Family Planning Programme in Mauritius has been showing signs of concern reflected by:

- a constant decline in the number of new acceptors of contraception
- decrease in the number of current users of contraception
- 11% of the total births are from mothers below the age of 20
- a decline in a number of users of reliable contraceptive methods is also noted
- from October 1987 to May 2011 4,965 Mauritians were diagnosed as HIV positive amongst whom 19% are females.

Therefore the family planning programme is being revitalised through the implementation of the "Sexual and Reproductive Health strategy and Plan of Action 2009-2015". The objective of the action is to reorient health education programmes and services in order to meet the needs of young people both in and out of school and to conduct training of medical and Para-medical staff on family planning methods with emphasis on long lasting contraceptive technologies. In consultation with the Coordinator of "The National Sexual and Reproductive Health Strategy and Plan of Action 2009 - 2015", the MIH organized a series of workshops destined to health personnel, on the under-mentioned topics, in order to strengthen the national implementation capacity:

- **Risk factors for reproductive tract cancers**: 266 health centre medical and nursing staff, divided in eight batches followed a one-day workshop during July to September 2010, aimed at reducing morbidity through early detection and screening.

- **Sexually Transmitted Infections "S.T.I", HIV/AIDS, Infertility, Abortion**: The training was aimed at:
  - Capacity building of medical and nursing personnel in diagnosis, HIV testing, counselling and prevention of mother to child transmission "PMTCT".
  - Updates on capacity to manage infertility.
  - Counselling on abortion, post abortion and family planning services.

The two-day workshop was attended by 419 participants comprising medical, nursing and midwifery staff, divided in six batches during September/October 2010.
- **Sexual and Reproductive Health (SRH) and Family Planning (FP) methods:** One day workshop destined to Health Information Education and Communication (HIEC) officers and newly recruited Community Health Care Officers (CHCOs) with a view to empower the trainees to promote family planning methods in the community and to introduce/orient newly recruited CHCOs to FP and SRH services. It was held on the 29 September 2010 and attended by 14 participants.

- **Breastfeeding:** 83 participants composed of Health Care Assistants, Midwives and Charge Nurses, divided in four batches attended a one-day workshop during November 2010, aimed at promoting breastfeeding and further improving breastfeeding rates.

- **Workshop on HIV/AIDS:** 100 Community Health Care Officers divided into 2 batches attended a one-day workshop on sexually transmitted infection and HIV/AIDS on 21 and 23 March 2011.

- **One day workshop on STI, HIV/AIDS:** for 34 participants composed of Medical Social Workers, Educational Psychologists and Educational Social Workers was held on 5 April 2011.

- **A workshop on Child and Adolescent Health, including Mental and Communication Disorders and Nutrition:** was held on 6 April 2011 attended by 19 participants composed of Educational Psychologists and Medical Social Worker

- **Counselling techniques:** One-day workshop aimed at empowering Community Health Care Officers in modern counselling techniques to address reproductive health issues. 96 participants divided in five batches attended the workshop in October/November 2011.

- **Monitoring of Family Planning Programmes:** One half day workshop was organized on 9 November 2011 to prepare and equip supervisors to do proper monitoring of family planning programmes. It was attended by Principal Supervisor and 15 Senior Community Health Officers.

- **Workshop on Family Planning guidelines:** One-day workshop was organized on 22, 23, 24, 29 and 30 November 2011, attended by 134 participants made up of medical, midwifery and AIDS Unit staff "in 5 batches". The course content was focused on contraceptive technologies, including natural, hormonal and barrier methods and emergency contraception.
EDUCATIONAL PROGRAMMES - CONTINUING MEDICAL EDUCATION

- **Workshop on Implanon:** Implants, as a method of contraception, were introduced in Mauritius in 1996. Until recently two products have been used, namely Norplant '6 rods' and Jadel '2 rods'. A new product, Implanon '1 rod' is now available. Hence the need to update health workers on this subject.

  A four-day training workshop - 9 to 12 August 2011 - was organized at MIH in collaboration with the UNFPA with two International experts - Dr Jean Pierre Manshande and Dr Jean Paul Benezech, serving as resource persons. The workshop was attended by 22 participants composed of Gynaecologists and Community Physicians. The theory sessions were held at the MIH. The insertion and removal techniques were demonstrated at SSRN, Victoria and Jawaharlal Nehru Hospitals.

- **Promotion of female condom and new methods of contraception:** One-day workshop on Family Planning statistics, sexual and reproductive health and female condom promotion and contraceptive methods was organized on 13 April 2011. It was attended by 30 participants composed of Community Health Care Officers of the Ministry of Health & Quality of Life, Supervisors and Family Support staff from the Ministry of Gender Equality.

  Two additional workshops under UNFP project were held on the same subject, attended by 25 participants from the Community Health Care Officers Cadre on 12 October 2011 and by 25 officers from the National Women Council and Family Unit of the Ministry of Gender Equality on 20 October 2011.
2.4.2  UPDATES ON HIV/AIDS

In its response to the upward trend in HIV/AIDS infection in Mauritius, the National Aids Secretariat and the AIDS Unit of the Ministry of Health & Quality of Life entrusted the MIH to host the under-mentioned training events with the objective of strengthening the capacity of health workers and other stakeholders for the prevention and control of the disease through continuous training:

- **Refresher and updates on HIV/AIDS infection:**
  - Three one-day workshops were held on 14-16-21 May 2010 destined to 60 Dispensers divided into 3 batches.
  - 26 medical officers attended a one-day workshop on 26 May 2010.
  - 25 Ward Managers/Charge Nurses also attended a one-day workshop on 28 June 2010.

- **HIV prevention for outreach workers:** One-day workshop attended by 25 Field Officers and Outreach workers on 17 December 2010.

- **Monitoring and evaluation of HIV/AIDS programme:** One-day workshop for 70 Nursing Personnel "Ward Managers, Charge Nurses and Midwives" divided in 2 batches, was held on 15 and 16 June 2010. The purpose of the workshop was to strengthen the capacity of health staff on monitoring and evaluation of the national response to HIV/AIDS.
  A similar workshop was conducted on 7 and 8 June 2011 attended by 65 nursing and midwifery personnel divided into 2 batches.

- **Protection of mother to child transmission "PMTCT/HIV & AIDS":**
  One-day workshop for 120 Nursing and Midwifery staff in 4 batches was carried out on 10, 23, 24 and 25 November 2010.

- **Universal Precautions:** One-day workshop on Universal Precautions, destined to 25 Ward Managers/Charge Nurses was organized at the MIH on 28 June 2010, to study precautions to be observed at the ward level in hospital.
  A similar workshop was held on 20 December 2010 with another batch of 25 Ward Managers/Charge Nurses.
2.4.3 REMOTE ISCHAEMIC PRECONDITIONING STUDY

The purpose of this study is to determine whether remote ischaemic conditioning using a blood pressure cuff can reduce myocardial infarct size as measured by serum cardiac enzymes in STEMI patients undergoing thrombolysis.

The study will be carried out by the Ministry of Health & Quality of Life in collaboration with the University College London with the participation of Prof Derek Yellon and Dr Derek Hausenloy.

A one-day workshop organized on 15 July 2011 with 50 participants including Cardiologists/Medical Officers/Nursing Officers/Medical Records Officers for the preparation of the study.

2.4.4 WHY DO MEDICAL RECORDS OF PATIENTS GO MISSING?

A one-day training workshop was organized by the Ministry of Health and Quality of Life on 4 November 2010. The objective was to determine the reasons of patient medical records (PMR) going missing at the time they were most needed to propose solutions. 48 participants representing the Health Records and departments of the public hospitals were present. A set of recommendations, listed at Annex 35, were formulated and corrective actions were identified to be practiced at individual, hospital and administrative level.

2.4.5 CAPACITY BUILDING FOR RAPID RESPONSE TEAM

Following the epidemic outbreaks of chikungunya in 2005 and 2006, the Ministry of Health & Quality of Life decided to set up a Rapid Response Team in each health region, consisting of a Community Physician, Medical Officer, 3 Health Inspectors, 1 Community Nursing Officer, 2 Nursing Officers and one representative from each of the following: Pathological Laboratory, Government Analyst Division, Vector Biology and Control Division and Veterinary Services. The main objective of this team is to carry out regular surveillance and manage early warning systems and eventually deploy appropriate response as and when required, in line with the regional strategy for integrated diseases surveillance and response "IDSR" requirements for detection, control and response to outbreaks that may evolve as public health problem of international concern. The services of a Consultant were hired by the Ministry of Health and Quality of
EDUCATIONAL PROGRAMMES - CONTINUING MEDICAL EDUCATION

Life to assess the competence level of the Rapid Response Teams, determine gaps and identify training needs for the immediate and short term, develop the training modules and conduct the training programmes.

MIH hosted a 3-day training workshop for each team during May/June 2011.

The training programme started on the 17 May 2011. 75 team members, 15 from each health region completed the training. The course content is given at Annex 36.

2.4.6 11TH ORIENTATION COURSE FOR MEDICAL OFFICERS

A 3-day programme destined to 67 newly recruited Medical and Health Officers, was organised at the MIH from 4 to 6 May 2011. The objective of the course was to acquaint the new recruits with their work environment and minimise problems of insertion and adjustment.

The course content included the structure and functions of the technical and administrative decisions of the Ministry, the different levels of health care delivery system in Mauritius, the common health problems seen in different disciplines, the common pitfalls of medical practice and efficient use of available resources.
BACKGROUND

In May 2008 the MIH participated in the African Tobacco Situation Analysis [ATSA] initiative undertaken by the International Development Research Centre [IDRC] and Bill and Melinda Gates' Foundation. The first phase of this initiative consisted of a baseline assessment of tobacco control situation in Mauritius. For the second phase a National Consultative Meeting of all stakeholders was organized during which three priority areas for research were identified namely:

- Surveillance, monitoring and evaluation of tobacco control
- Smoke-free public and work places
- Tobacco cessation.

During phase 3, four research studies were conducted between February 2009 and May 2011 to support tobacco control strategies in Mauritius. These studies were:

- **Evaluation of Tobacco Control Policies in Mauritius.** It relates to the Public Health (Restrictions on Tobacco Products) Regulations 2008 (see notes on page 27).

- **Air-Quality Assessment for Second Hand Smoke in Hospitality Venues in Mauritius.**

- **Strengthening of the Health Information System regarding Tobacco Use among NCD Patients attending Public Health Institutions.**

- **Health Professionals Survey on Tobacco Use and Smoking Cessation.**
Notes on Public Health 'Restrictions on Tobacco Products' Regulations 2008. These regulations were adopted on 28 November 2008 and were implemented in two phases:

- **Phase 1 regulations were implemented as from 1st March 2009. It included the following measures:**

  - a ban on smoking in public indoor and outdoor areas, hospitality venues, recreational venues, and in private vehicles carrying passengers; smoking restrictions in workplaces with provision for designated smoking areas;

  - a ban on the sale of tobacco to minors and by minors;

  - a ban on advertising, promotion, and sponsorship of tobacco products (with the exception of internet advertising), including a ban on display of tobacco products at point of sale except duty free shop at airports;

  - measures to reduce the illicit trade of cigarettes; and

  - an increase on the penalties for failures to adhere to the tobacco control regulations.

- **Phase 2 regulations were implemented as from 1st June 2009. It focused on cigarette packaging and included:**

  - the first-ever implementation of pictorial health warnings in the African Region;

  - a ban on descriptors such as 'light', 'mild', or 'low tar' on packages;

  - a ban on the display of tar and nicotine content or carbon monoxide yield on packs; and

  - a ban on the sale of single cigarettes or loose cigarettes and packages of less than 20 cigarettes.
SUMMARIES OF THE FOUR STUDIES:

3.1.1 EVALUATION OF TOBACCO CONTROL POLICIES IN MAURITIUS. THE INTERNATIONAL TOBACCO CONTROL POLICY EVALUATION PROJECT [ITC PROJECT] MAURITIUS SURVEY

Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control [FCTC]. The ITC Project is a collaborative effort with international health organizations and policymakers in 20 countries.

The ITC Mauritius survey was conducted by the MIH in partnership with the World Health Organization, and the Mauritius Ministry of Health & Quality of Life in collaboration with the University of Waterloo. One of the main goals of the ITC Mauritius Survey was to evaluate the effectiveness of the new Public Health [Restrictions on Tobacco Products] Regulations 2008.

**ITC Survey Wave 1**

Wave 1 of ITC Mauritius Survey was conducted between April 20 and May 24, 2009, after the implementation of the majority of the policies in the Public Health [Restriction on Tobacco Products] Regulations 2008, but before the implementation of the Phase 2 regulations, including pictorial health warnings and smoking cessation clinics.

A total of 1,750 households randomly selected from 60 Enumeration Areas were enumerated to establish an accurate sampling frame from which survey participants were randomly drawn. A total of 598 smokers and 239 non-smokers aged 18 years and older were surveyed via face-to-face interviews.

**KEY FINDINGS:**

- Mauritian smokers have very negative opinions about smoking, and more than three-quarters plan to quit.
- Mauritian smokers are nearly unanimous in wanting the government do more to help them quit, and they are interested in accessing services from new smoking cessation clinics.
- Complete smoking bans in public places are strongly supported by both Mauritian smokers and non-smokers.
- Smoking in restaurants and tea rooms has decreased dramatically 2 to 3 months after the ban. With strong compliance and enforcement, similar decreases are expected over time in bars and pubs.
The smoke-free laws may be having a favourable effect on reducing smoking. Almost one-third of smokers who allow smoking in their homes (31%) report smoking fewer cigarettes since the new regulations came into effect; only 11% report smoking more. About half (51%) of smokers have a complete ban on smoking in their homes and 28% allow smoking in some indoor areas. Of 49% of smokers who still allow smoking in their home, 44% are intending to make their homes totally smoke-free within the next year.

Mauritian smokers were ready for pictorial warnings; in fact, two-thirds of smokers want more health information on cigarette packs - the highest of any other ITC country.

The majority of Mauritians are aware of mass media anti-smoking messages.

Mauritius has among the lowest percentage of smokers who 'notice things that promote smoking' of 14 ITC countries. This suggests that Mauritius' strong policies banning tobacco advertising, promotion, and sponsorship are working.

Price is a reason to quit for two-thirds of Mauritian smokers.

**ITC Survey Wave 2**

Wave 2 of ITC Mauritius Survey was conducted between August 30 and October 2, 2011, i.e. 18 to 19 months after the Phase 1 Regulations came into effect, and 14 to 15 months after the Phase 2 Regulations officially came into effect.

For wave 2 Survey, the sample constructed in Wave 1 was re-contacted for participation in Wave 2. The retention rate was 92.7% for smokers, 95.0% for non-smokers. Approximately, 6.7% of the Wave 2 sample was generated by replenishment. This resulted in a total sample of 601 and 239 non-smokers aged 18 years and older.

**KEY FINDINGS:**

- Findings from Wave 2 continue to demonstrate that the patterns of smoking in Mauritius are favourable for strong tobacco control intervention. The smoking rate [in cigarette per day] is low, attitudes toward smoking are negative, even among smokers, and more than half of current smokers have tried to quit and have an interest in quitting in the future. 8% of smokers from Wave 1 had successfully quit smoking between Wave 1 and Wave 2.
- There is near-unanimous support for stronger governmental efforts for cessation among smokers and non-smokers.
- Mauritius' new set of eight pictorial health warnings, which are among the largest in the world, are highly effective in comparison with the former text-only labels.
Despite the introduction of the new pictorial health warnings, Mauritians still want more information about the health risks of smoking to appear on cigarette warning labels.

The majority of Mauritians notice less smoke indoors in public places and the majority of smokers are aware of the bans in indoor and outdoor public places, 18 months after the implementation of the smoking bans in public places.

The majority of smokers and non-smokers reported that in their workplaces, people do not smoke indoors.

Support for smoke-free public places, workplaces, and cars carrying passengers is very high, with the exception of public gardens and beaches.

Contrary to the argument that smoking bans in public places may lead to increased smoking at home, Wave 2 results demonstrate a slight increase in smoke-free homes, relative to Wave 1.

3.1.2 AIR QUALITY ASSESSMENT FOR SECOND HAND SMOKE IN HOSPITALITY VENUES IN MAURITIUS

The objective of this study was to monitor compliance with smoke-free laws by assessing the quality of indoor air. For this purpose, nicotine and particles measurements were taken on a convenient sample of 60 hospitality venues and shopping malls covering the whole island of Mauritius. This sample included 5 types of venues: 12 snack/café or tea shops, 12 bars, 12 restaurants, 12 night/private clubs and 12 shopping malls.

35% of the PM indoor measurements are higher than the Air Quality Standard published by the U.S Environment Protection Agency [35 μg/m3]. The overall median PM2.5 concentration found is 20.28 μg/m3. In 42% of the venues studied the PM2.5 concentration found indoor is 1.5 times (or higher) than the concentration found outdoor. In the case of night clubs, 83% of them had ratios higher. In hospitality venues where nicotine was measured, presence of Second Hand Smoke [SHS] was found in 69% of the samples. In those venues, the median nicotine levels found (0.08μg/m3) are, however, significantly lower than those found in other studies carried out in countries where smoking is still allowed. The highest concentrations of both markers have been found in private and night clubs, where the median PM2.5 concentration is more than 38 times the concentration found outdoor.

Overall, it can be concluded that there is presence of SHS in a considerable number of the venues studied. Although the levels of SHS found in most venues are not very high, there are still some "hot spots", mainly private and
night clubs, with very high levels of SHS that may be associated with an important health risk for workers and clients. Therefore, surveillance and enforcement actions should be done in order to progressively improve the situation.

3.1.3 STRENGTHENING THE HEALTH INFORMATION SYSTEM REGARDING TOBACCO USE AMONG NON-COMMUNICABLE DISEASES (NCD) PATIENTS ATTENDING PUBLIC HEALTH INSTITUTIONS

In 2009 the Ministry of Health and Quality of Life jointly with the World Health Organisation started a smoking cessation initiative on a pilot basis at the Odette Leal Health Centre, Beau-Bassin. The ATSA project offered its support to strengthen the Health Information System (HIS) at the Ministry of Health, with a view to empower the system for a systematic collection, compilation, analysis and use of data related to tobacco use.

A study conducted by a core team of health professionals under the umbrella of the MIH at one health region indicated that 45% of case-notes included data on smoking status at first attendance at the hospital whereas at the Area Health Centre, it was 97%. No data on smoking status was collected during subsequent visits. Consequently revised tools and guidelines were developed. Appropriate forms were designed and piloted in view of strengthening the information support for planning, policy formulation and decision making. The findings of the pilot study indicated that 15.5% of the NCD patients were smokers and another 10.7% ex-smokers. Among 33 current smokers at previous visits, 12 [70.6%] had decreased the number of cigarettes they smoke and 4 [23.5%] had stopped smoking.

The main recommendations of the study were:-

- address data gaps related to tobacco use,
- establish HIS networks at service point and regional levels,
- utilise tobacco use data for tobacco control programme and evaluation.

The study concluded that the strengthening of the health information system on tobacco use by NCD patients would make a significant contribution to the national efforts towards reducing tobacco-related diseases and deaths.
3.1.4 HEALTH PROFESSIONALS SURVEY IN MAURITIUS: KNOWLEDGE, ATTITUDES, BELIEFS AND PRACTICES WITH RESPECT TO TOBACCO USE AND SMOKING CESSATION.

The objectives of the survey were:

- To determine tobacco use prevalence among health professionals working in the public health sector in Mauritius;
- To explore their knowledge, attitudes, beliefs and practices (KABP) with respect to tobacco use and smoking cessation and;
- To assess their skills and training needs in smoking cessation techniques.

This research work was a national cross-sectional survey of Mauritian health professionals in the fields of medicine, midwifery/nursing and dentistry, working in the public service. Stratified random sampling was used to constitute a sample of 370. The Global Health Professionals Students Survey questionnaire, which has been adapted to the Mauritian context, was used after ethical clearance was obtained from the Ministry of Health & Quality of Life Ethics Committee.

The overall prevalence of tobacco use among professionals was 11.9%. The vast majority of health professionals were supportive of the required involvement for smoking cessation. However, 65% thought that they did not have the necessary knowledge and skills to help smokers to quit. Moreover, 95.1% of health professionals thought they needed training in smoking cessation techniques and 94.3% are willing to receive such training. 93.2% health professionals would refer their patients who smoke to the smoking cessation clinic in their area of practice if available.

Three major recommendations emanate from findings of this study:

- Health professionals need to be trained for improved practice with respect to smoking cessation approaches;
- Health professionals who smoke need to be given the necessary support to quit smoking.
- Effective smoking cessation services need to be enhanced by aggressive media communication and marketing at national level to meet the demand.
SPIN-OFFS OF THE MAURITIUS ATSA INITIATIVE:

- It enabled significant capacity building in tobacco control research at both individual and institutional levels.
- It improved partnership among local stakeholders.
- It allowed effective networking with regional and global tobacco control agencies/partners.

CONCLUSION

The ATSA initiative produced quality and timely data to conduct tobacco control advocacy and guide tobacco control policies. More specifically, it

- measured the impact of the pictorial health warnings.
- generated data on effectiveness of other FCTC compliant measures [smoke free legislation, communication and education, cessation, pricing and taxation, advertising and promotion bans].
- generated baseline data for the establishment of smoking cessation clinics in the public health sector.
- provided baseline information for improving the health information system on tobacco use among NCD patients.
3.2 COMPLEMENTARY STUDIES ON TOBACCO CONTROL

3.2.1 ITC MAURITIUS REPORT - WORLD LUNG FOUNDATION MEDIA CAMPAIGN: "LUNGS ARE LIKE SPONGES". TOP-LINE REPORT OF EVALUATION MEASURES FROM WAVE 3 OF THE ITC MAURITIUS SURVEY, OCTOBER 2011

The 'Sponge' mass media campaign was implemented in Mauritius from May 30 until June 19, 2011. The campaign coincided with the national level World No Tobacco Day and was intended to be one component of a larger initiative to increase the effectiveness of the Mauritius smoke-free law. The objective of the Sponge campaign was to increase awareness of the harms of tobacco smoke for smokers and non-smokers.

The ITC Mauritius Wave 3 Survey was conducted immediately following the completion of the Sponge Campaign, between June 20 and July 11, 2011. A total of 535 smokers, 67 quitters, and 238 non-smokers completed the ITC Mauritius Wave 3 Survey. Several questions were added to the core ITC Mauritius Survey as indicators to measure the effectiveness of the Sponge campaign across the following outcomes:

1. The extent to which respondents noticed the campaign on billboards, television, and radio;
2. The quality of the campaign messages;
3. The cognitive and affective impact of the campaign messages; and
4. The behavioural impact of the campaign.

Based on analysis of the top line frequencies from the Sponge campaign evaluation survey questions, the following general conclusions can be made regarding the public's responses to the campaign:

**The Sponge Campaign had very extensive reach, and the television campaign achieved the broadest reach.**

The Sponge Campaign had extensive reach, with 94% of respondents reporting being exposed to it at least once. The findings show that the television achieved the broadest reach: 81% of smokers reported seeing the Sponge spot on television, compared to radio [65%] and billboards [59%].
The campaign was viewed by respondents to be of high quality: it was easy to understand, provided new information, and was relevant to their lives.

Nearly all respondents found the Sponge campaign to be easy to understand [91% of smokers, 97% of quitters, and 92% of non-smokers]. Moreover, all three groups reported that it provided new information [80%, 83%, and 90%, respectively]. Finally, all three groups found that the campaign was relevant to their lives, with smokers [69%] being more likely than quitters [55%] and non-smokers [49%] to report that it was relevant to their lives. Finally, 40% of smokers, 46% of quitters, and 60% of non-smokers reported that they had discussed the campaign with others.

The campaign made smokers think about the risks to their own health and their family's health.

Over three-quarters [79%] of smokers who had been exposed to the campaign reported that the campaign made them stop and think (this was even higher for quitters [86%] and non-smokers [91%]). About 51% of smokers reported that the campaign made them feel uncomfortable. About 83% of smokers reported that the campaign made them worry about the effect of smoking on their own health, and 83% of smokers reported that it made them worry about the effect of their smoking on their family's health. Over half [58%] of smokers reported that the campaign made them think about quitting.

The campaign reportedly led to significant behavioural changes in reducing smoking, especially around others.

Almost half [48%] of smokers exposed to the campaign reduced the number of cigarette they smoked, and almost two-thirds [64%] reported smoking fewer cigarette around other people. About 30% of smokers, 55% of quitters, and 59% of non-smokers reported that the campaign had led them to persuade others to quit smoking.

Overall, the ITC Mauritius Survey evaluation of the Sponge Campaign demonstrates that the campaign was highly successful in achieving its goals.
Table 1 presents a summary of all of the findings from the ITC Mauritius Survey.

<table>
<thead>
<tr>
<th></th>
<th>Smokers (%) n=535</th>
<th>Quitters (%) n=67</th>
<th>Non-smokers (%) n=238</th>
<th>All Respondents (%) n=840</th>
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<tbody>
<tr>
<td>Exposed to campaign at least once</td>
<td>92</td>
<td>97</td>
<td>95</td>
<td>94</td>
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<tr>
<td>Television</td>
<td>81</td>
<td>85</td>
<td>87</td>
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<tr>
<td>Radio</td>
<td>65</td>
<td>73</td>
<td>76</td>
<td>69</td>
</tr>
<tr>
<td>Billboards</td>
<td>59</td>
<td>61</td>
<td>57</td>
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**QUALITY OF THE SPONGE CAMPAIGN**

<table>
<thead>
<tr>
<th></th>
<th>Smokers (%)</th>
<th>Quitters (%)</th>
<th>Non-smokers (%)</th>
<th>All Respondents (%)</th>
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<tbody>
<tr>
<td>Exposed to campaign at least once</td>
<td>92</td>
<td>97</td>
<td>95</td>
<td>94</td>
</tr>
<tr>
<td>Television</td>
<td>81</td>
<td>85</td>
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<tr>
<td>Radio</td>
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<td>69</td>
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<tr>
<td>Billboards</td>
<td>59</td>
<td>61</td>
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**COGNITIVE AND AFFECTIVE IMPACT OF SPONGE CAMPAIGN**

<table>
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<tr>
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<th>Quitters (%)</th>
<th>Non-smokers (%)</th>
<th>All Respondents (%)</th>
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<tbody>
<tr>
<td>Easy to Understand</td>
<td>91</td>
<td>97</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Provided New Information</td>
<td>80</td>
<td>83</td>
<td>90</td>
<td>83</td>
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<tr>
<td>Relevant to My Life</td>
<td>69</td>
<td>55</td>
<td>49</td>
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**BEHAVIOURAL SPONGE CAMPAIGN**

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<th></th>
<th>Smokers (%)</th>
<th>Quitters (%)</th>
<th>Non-smokers (%)</th>
<th>All Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look into Ways of Quitting</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Made a Quit Attempt</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reduced the Number of Cigarettes smoked</td>
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<td></td>
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<tr>
<td>Reduced Smoking around Others</td>
<td>64</td>
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<td></td>
</tr>
<tr>
<td>Avoided Second-hand smoke as Result of the Campaign</td>
<td></td>
<td>92</td>
<td></td>
<td></td>
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<tr>
<td>Persuaded Others to Quit Smoking</td>
<td>30</td>
<td>55</td>
<td>59</td>
<td>41</td>
</tr>
<tr>
<td>Discussed the Campaign with Others</td>
<td>40</td>
<td>46</td>
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</table>

### 3.2.2 INTERNATIONAL TOBACCO CONTROL (ITC) POLICY EVALUATION PROJECT: ITC MAURITIUS SURVEY

**ITC Survey Wave 3**

The International Tobacco Control (ITC) Policy Evaluation Project is a prospective cohort survey designed to evaluate national level tobacco control policies. The ITC research team returns to the same respondents to have them answer the survey every 10 to 18 months.

After implementation of Wave 1 of the ITC Mauritius Survey in 2009 and of Wave 2 in 2010, participants who completed the ITC Mauritius Survey at Wave 2 were re-contacted between 20 June and 11 July 2011. 4% of participants were unable or refused to participate and were replaced by new participants to ensure that the sample size is the same at each Wave.
The Wave 3 ITC Mauritius Survey also evaluated the World Lung Foundation 'Lungs are like sponges' or 'sponge' mass media campaign which ran from May 20, until June 19 2011 [i.e. before launch of the Wave 3 Survey] to inform the Mauritian public of the harms of tobacco smoke to smokers and non-smokers. Furthermore the study will also be used to evaluate the Bloomberg Project implemented by the Ministry of Health and Quality of Life and which aimed at making Mauritius 100% smoke-free. A comprehensive ITC Mauritius National Report on results of the Wave 3 Survey is expected to be produced by February 2012.

3.2.3 VARIATION IN CIGARETTES, TOBACCO USE BEHAVIOURS AND EXPOSURES IN ITC COUNTRIES: A STUDY AMONG MAURITIAN SMOKERS

The overall goal of the sub-study conducted within the ITC Survey is to examine variability in cigarette characteristics among leading cigarette brand varieties; and how these relate to tobacco control policies, and smoker exposures and behaviours across different countries.

This sub-study is being conducted by the ITC Project Investigators at Roswell Park Cancer Institute in the United States on a subset of 300 smokers from the ITC cohort who were invited to provide saliva samples, 5 smoked cigarettes butts, and a full unopened pack of their usual brand of cigarettes.

According to the protocol the participants in the sub-study selected at Wave 2 will be followed-up to complete the same protocol in Wave 4 of the ITC Mauritius Survey [and other waves if conducted]. The data from the two-year follow-up period will be used to examine the feasibility of longitudinal biomarker studies in Mauritius. Data analysis will correlate levels of these biomarkers with brand characteristics obtained from the Tobacco Products Repository and demographics and survey measures of consumption.
3.3 NATIONAL CANCER REGISTRY

BACKGROUND

In 1995, the Mauritius Institute of Health (MIH) was entrusted with the responsibility to set up and operate a National Cancer Registry. A Steering Committee chaired by the Chief Medical Officer and a Task Force chaired by the Executive Director of the MIH were established to supervise and monitor the activities. Dr S.S Manraj, Consultant Pathologist is the National Coordinator and Principal Investigator of the Project.

The first report published in 1997 was a retrospective institution-based cancer incidence survey covering the 8-year period from 1989 to 1996. A second report published in 2004 included information on all cancer cases that were first diagnosed in public hospitals during period 1997 to 2000 and cancer mortality data for the same period. It is significant to note that since year 2000, laboratories and health care institutions from the private sector started their participation in the notification of all cancer cases diagnosed at their level. The third report covering period 2001 to 2004 was published in March 2007. The fourth report, published in December 2009, relates to incidence and mortality study of cancer cases in the Republic of Mauritius during 2005 to 2008.

PARTICIPATING INSTITUTIONS

- World Health Organisation
- Central Health Laboratory
- Radiotherapy Unit
- Health Records Division, Ministry of Health & Quality of Life
- Mauritius Institute of Health

METHODOLOGY

Data are collected, stored and released under strict observance of the requirements relating to data security and confidentiality. Data on individual patients are collated from multiple sources including hospital laboratory archives, radiotherapy unit, patient's register, hospital health records, overseas treatment unit and private pathologists. Yearly statistics for cancer incidence and mortality are compiled, analysed and ad hoc interim reports are produced. In-depth analysis is done on the 4-yearly reports, which contain detailed information on cancer trends, distribution by sex, age and by district of residence.
The 5th report covering the period 2009 to 2012 is expected to be published in 2013. However preliminary cancer incidence and cancer mortality data for the period 2009 to 2010 have been compiled and are given below.

PRELIMINARY CANCER INCIDENCE DATA IN THE REPUBLIC OF MAURITIUS FOR 2009-2010

![Leading Cancer Incidence Sites for 2009 - 2010 (Males)](image1)

![Leading Cancer Incidence Sites for 2009 - 2010 (Females)](image2)
PRELIMINARY CANCER MORTALITY DATA IN THE REPUBLIC OF MAURITIUS FOR 2009-2010

LEADING SITES FOR CANCER MORTALITY FOR 2009-2010 (MALES)

LEADING SITES FOR CANCER MORTALITY FOR 2009-2010 (FEMALES)
3.4 THE 33rd INTERNATIONAL ASSOCIATION OF CANCER REGISTRIES (IACR) ANNUAL MEETING HELD AT INTERCONTINENTAL HOTEL, BALACLAVA FROM 11 TO 14 OCTOBER 2011

In October 2010, the National Cancer Registry of Mauritius [NCRM], represented by Dr S.S Manraj and Mrs. L. Moussa, participated in the 32nd IACR annual meeting in Yokohama, Japan where they represented a poster on the NCRM and a PowerPoint presentation on Mauritius as the host for the 33rd IACR meeting. The main theme was "Cancer: Countries in Transition" and sub-themes were:

- Cancer in Mauritius
- In sections and cancer
- Cancer in Africa
- Tobacco and Cancer
- Role of Cancer Registries in Cancer Control
- Cancer Screening in developing countries
- Women's' Cancers in Developing Countries
- Liver Cancer

The 33rd IACR Meeting was attended by 24 local and 129 international participants from the 11 to 14 October 2011. The Association of African Cancer Registries back-to-back meeting was held in the morning of 15 October attended by 20 participants. In the afternoon of the same day, a seminar entitled: "Breast Cancer: from research to practice" was held with Prof J.M. Nabholtz as the main speaker.
3.5 UPTAKE OF TREATMENT CARE AND SUPPORT AMONG PEOPLE LIVING WITH HIV AND AIDS IN MAURITIUS

This study was commissioned by the Ministry of Health & Quality of Life. The objective was to explore the nature and range of treatment and care provided to PLWHA. The study was conducted during September and October 2009. The study population consisted of both males and females. 400 respondents were interviewed - 62.8% at the NDCCI [National Day Care Centre for Immune-suppressed], 12.5% in Jails, 11% from Non-Governmental Organisations and 3.5% from the Community.

FINDINGS

54.0% of respondents were diagnosed within 1 to 4 years, 37% within 5 to 9 years. The common sites of HIV and AIDS diagnosis were: Prisons [31%], NDCCI [29.8%], Hospitals [18.5%] and NGOs [8.5%]. Many patients [65%] thought they were infected by sharing needles, 46.1% through sexual intercourse and 3.5% through male to male sexual intercourse. Prior to the diagnosis of HIV/AIDS, 12.5% were diagnosed with Hepatitis C, 10% with Syphilis, 7.5% with Gonorrhoea, 3% with Hepatitis B and 2.3% with Yeast infections.

Following diagnosis of HIV/AIDS, 63.6% of patients were referred for medical treatment and care, 11.8% for health/HIV education talks and 8.3% for substance abuse counselling. 10% of HIV positives, diagnosed from the private sector, were not referred. Most of those referred attended the referral centres immediately [57%] or within 3-6 months [9.0%] while 10.0% reported after 1 year. The late reporting of respondents was attributed to use of alternative therapies like yoga, physical exercises, prayers and dieting [8.3%], the belief that medical care was of no help [5.0%] and the resistance against treatment and care [2.0%]. However, 11.0% of PLWHA never sought any care, mostly bothered by confidentiality, stigma and discrimination and belief in the infection as the end of life.

During the previous year preceding the survey, 91.0% of respondents had the CD4 [Cluster of differentiation] counts. 75.0% had counts ranging from 352 to 715, 15.0% had counts 225-350 and 1.0% from 800 to 840. 49.8% of
respondents received ARV [Anti Retroviral]. They were reluctant to take the drugs [9.3%], as either the personnel dispensing the drugs were uncooperative or there were side-effects. About 20.0% of patients were treated mainly for Syphilis, Gonorrhoea and Hepatitis C.

Many respondents indulged in risky behaviour. They used alcohol, marijuana, heroin, methamphetamine, subutex and prescription drugs like Rohypnol and Valium. 47.9% injected illicit drugs with most of them sharing injecting paraphernalia. In addition, 98.9% had multiple sex partners and unprotected sexual intercourse.

47.3% of respondents attended for medical care and 33.8% attended for treatment for alcohol and drugs within the past 12 months. Most of them went for treatment and care at the NDCCI. Overall, patients positively rated service accessibility and quality. 33.8% of respondents said that the distance to the NDCCI was accessible. 79.3% said that the personnel of the NDCCI were sympathetic and caring while 5% said that some personnel were arrogant. The treatment at the NDCCI and in prisons was effective. 52.5% of respondents, however, wanted treatment and care for PLWHA to be brought nearer to their residence. However, 32.5% did not want to be treated in the vicinity of their residence for fear of stigma and discrimination. In addition, 26.5% of PLWHA had follow-up support from NGOs like PILS and Chrysalide.

CONCLUSION

The prevention campaign against the sexually transmitted diseases including HIV and AIDS among youths needed more aggressiveness and universality. The treatment was focused mainly on diagnosis and treatment. The needle exchange programme, meant to minimize harm from injecting illicit drugs, did not produce the desired results. The physical, social and emotional health support during VCT [Voluntary Counselling and Treatment] was weak. The belief in treatment among PLWHA was fragile and needed a more aggressive counselling mechanism in treatment and care. Risk taking among young PLWHA related to sexual behaviour and substance abuse was common, being a hazard for HIV and AIDS spread in the community. Mistrust and doubt about confidentiality regarding treatment and fear of stigma and discrimination prevailed among some PLWHA.
RECOMMENDATIONS

- The prevention campaign against HIV and AIDS and substance abuse needed to be strengthened to cover all regions and target groups in the island of Mauritius, especially youths. The aim was to prevent spread of the infection by those PLWHA who did not know their status and to convince cases of HIV and AIDS towards available treatment and care.

- Treatment for PLWHA needed to be decentralized and brought to different corners of the island with a view to making treatment, care and support more accessible to these people.

- The Needle Exchange Programme should be reviewed in order to enhance its goal of harm reduction among injecting drug users, who make up a substantial percentage of PLWHA.

- Treatment related to the physical, social and psychological health of PLWHA should be strengthened in line with the universal access to treatment and care. Counselling needs to be the key element.

Means and ways to instil confidence on confidentiality related to treatment and to fight against stigma and discrimination among PLWHA should be a priority for treatment and care of PLWHA. Much remains to be done in this context.
3.6 FACTORS ASSOCIATED WITH INCREASED RATE OF CAESAREAN SECTIONS IN THE ISLAND OF MAURITIUS

A study on the rising rate of caesarean sections in Mauritius was conducted in March/April 2011 at the request of the Ministry of Health & Quality of Life. The objective was to identify factors which contribute to the rise in caesarean section rate. The study population consisted of women who had delivered by caesarean section in the private as well as public health care institutions during 2005 and 2010. Views of Gynaecologists/obstetricians were also solicited. The convenience sampling method was used to select respondents from 5 regional hospitals and 5 private clinics, randomly selected. 2,000 women were randomly identified. 75% of cases were selected from the public and 25% from the private sector, in line with caesarean sections statistics of 2009 from the Ministry of Health & Quality of Life.

FINDINGS

Women undergoing caesarean section came both from rural and urban regions. Their age ranged between 21 and 40 years and they were married. Both cigarette smoking and alcohol use were rated low among them, below 5 percent. Over half of them had been pregnant once or twice prior to having a caesarean section. Around the same percentage had given normal birth to 1-2 live children. Around 4 percent had 1-2 children who died and about three percent had 1-2 stillbirths.

Table below gives figures of total live births and caesarean sections for 2005 and 2010.

<table>
<thead>
<tr>
<th></th>
<th>Total live births</th>
<th>Total caesarean sections</th>
<th>Percentage caesarean sections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2005</strong></td>
<td>17,924</td>
<td>4,851</td>
<td>32.6%</td>
</tr>
</tbody>
</table>
Elective caesarean sections slightly outnumbered emergency cases in 2005. But emergencies were almost double of electives in 2010. 50.5% of caesarean sections were of elective type and 48.5% of emergency type in 2005. In 2010, 38.0% were classified as electives and 62.0% as emergencies. The ratio of emergency caesarean sections compared to elective was 3:2. Caesarean sections in public hospitals outnumbered those in the private clinics by threefold. 80.8% of women delivered in public hospitals and 19.2% in private clinics in 2005. In 2010, 72.1% were operated in regional hospitals and 27.9% were operated in private clinics. In 2005, 4.8% of women had hypertension and 2.3% gestational diabetes and in 2010 the figures were 5.2% for hypertension and 2.1% for gestational diabetes.

About the same percentage of caesarean sections was performed during weekdays and weekends. 79.4% of mothers were operated during weekdays and 20.6% during weekends and public holidays in 2005. In 2010, 74.0% were operated during weekdays but 26.6% during weekends and public holidays. The bulk of caesarean sections was performed during the weekdays. These cases [79.4%] were operated between 9.03 and 16.00 hours in 2005 and 7.0% were operated during the same time period in 2010. The majority of caesarean sections were performed during normal working hours in regional hospitals, that is, between 9.03 and 16 hours. Comparatively fewer cases were operated during this time period in the private clinics. However, about half the percentage of those operated during normal working hours was operated outside normal working hours.

The same indications for caesarean sections prevailed both in 2005 and 2010. A previous caesarean section was more common than foetal distress. Simultaneously, previous caesarean section [30.2%] and foetal distress [24.0%] were the most common indications for caesarean sections both in the regional hospitals and private clinics.

1 in 20 babies born after caesarean sections were underweight both in 2005 and 2010. While 96.5% of babies weighed between 2.50 and 5.00 kilograms, 4.4% were underweight. In relation to study sites, the majority of newborns [95.4%] weighed 2.50 and 5.00 kilograms. However, 4.8% of babies were underweight, weighing between 1.00 and 2.49 kilograms. In addition, the percentage of preterm babies, that is, babies born between 20 and 36 weeks of gestation increased from 12.1% in 2005 to 18.1% in 2010. Furthermore, the number of babies with a head circumference between 24 and 32 centimetres
RESEARCH ACTIVITIES - FACTORS ASSOCIATED WITH INCREASED CAESAREAN SECTIONS IN THE ISLAND OF MAURITIUS

increased from 4.4% in 2005 to 7.5% in 2010. About seven percent of newborns had a head circumference between 24 and 32 centimetres. But the majority of babies had normal circumferences [33-37 centimetres].

More newborns of mothers operated by caesarean sections were admitted in 2010. 14.3% of newborns were hospitalised in 2005 compared with 24.3% in 2010 for a mean number of 1 to 6 days. In general, the highest percentage of newborns stayed in hospitals between 24-48 hours both in the private clinics and hospitals for 1 to 2 days.

Overall, 2 percent of women had medical problems after delivery. This percentage was equally divided between the private clinics and the regional hospitals. Fever with infection was mainly experienced by the same percentage of women [1.0%] both in 2005 and 2010. These conditions were mainly vaginal bleeding and fever with infection. While 1.8% of mothers were admitted for 4 to 5 days in 2005, 1.2% was admitted for the same time period in 2010. On average, mothers were admitted for the above medical conditions, for 4 to 5 days both in private clinics and hospitals.

The same percentage of women [69.0%] attended more than 6 visits of prenatal care both in 2005 and 2010. But 14.4% attended 1-3 visits in 2005 and 6.3% went for 1-3 prenatal visits in 2010. The majority of pregnant women [60.9%] attended 6 to 10 prenatal visits. However, 11.0% of women had only 1 to 3 attendances.

While 33.9% of women attended prenatal visits late, at 21 to 30 weeks of gestation in 2005, 20.2% did so during the same period in 2010. However, a substantial percentage of pregnant women [65.2%] attended prenatal care for the first time between 11 and 16 weeks of pregnancy. Further, the percentage of pregnant women having 3 to 12 ultrasound examination decreased from 30.2% in 2005 to 21.5% in 2010. 51.9% in 2005 and 55.0% in 2010 had 1 ultrasound examination. Many pregnant women [69.9%] had 1 ultrasound examination compared to 23.4% who had 3 to 5. 6.6% had 6-12 ultrasound examination.

Gynaecologists and Obstetricians also participated in the study. A considerable proportion of these practitioners were aged between 35 to 50 years with most of them being males. The majority reckoned between 12 and 20 years of service, most of them serving in the public hospitals. Among the causes of caesarean sections advanced by them, foetal distress and previous caesarean
sections were most common. 73.2% of gynaecologists and obstetricians found the rate of caesarean sections to be ever-rising. 24.4% said that it was within an acceptable range. While a large fraction of gynaecologists and obstetricians [43.9%] did not respond on this issue. 25.3% thought that practitioners were responsible for the rising rate. 13.8% said that women’s choice of caesarean sections inflated the rate. 17.1% found that there was neglect of prenatal care by pregnant women.

Many gynaecologists and obstetricians strongly believed that the rising rate of caesarean sections should be lowered. The majority [86.7%] believed that excess caesarean sections are performed in order to avoid legal issues between patients and practitioners. 10.0% did not share such views. Furthermore, they were asked about the conditions related to pregnancy which necessitate caesarean sections. Primipara with breech presentation was the main condition followed by prolonged labour.

**RECOMMENDATIONS**

The following recommendations based on the study:

- Counsel women on appropriate prenatal care, the recommended mode of delivery and risk associated with caesarean sections.
- Reinforce the Safe Motherhood Initiative for timely identification of increased risks during pregnancy and appropriate follow-up during prenatal care visits.
- Sensitise and assist gynaecologists and obstetricians on the urgent need to lower the rising rate of caesarean sections.
- Put in place a monitoring system of deliveries headed by Consultants Gynaecologists and Obstetricians in hospitals and private clinics with a view to lowering the rate of caesarean section.
- Make use of a quality control performance chart to analyze caesarean section rates and thus review obstetric practices accordingly.
- Establish a better records system of case recording for pregnant women undergoing caesarean sections, more so in private sector.
- Conduct regular monitoring and evaluation studies on the practice of caesarean sections at the national level.
The Media Unit comprises the following sections:

- The Documentation Centre, responsible for the collection and dissemination of learning materials and

- The Printing and Publishing Section responsible for desktop publishing, printing services and production of teaching / learning materials.

- The Information Technology Section.

**DOCUMENTATION CENTRE**

The Documentation Centre caters for the health and medical information needs of MIH staff and students, and also for the provision of documentation services to all Health professionals upon request.
Collection Development

During the period under review, the Documentation Centre acquired an important collection of books and journals needed especially for MIH training and research activities. 15 medical journals are subscribed to cater to the needs of these activities. The electronic version of some of these journals is also available online. The list of journals is at Annex 37. The print collection of journals is supplemented by several online Open Access medical journals. The Public Library of science (www.plos.org) and Directory of Open Access Journal (www.doaj.org) are among them. The journal collection has been supplemented with the two online journals databases namely EBSCO and EMERALD, provided by the Tertiary Education Commission. Some 11,000 titles are accessible online through the two databases with a login.

The Documentation Centre continued to receive publications as donations from organizations such as United Nations Population Fund, and other international organizations. In addition, it is also a deposit library for WHO publications. Other publications are purchased from funds allocated to training programmes run by the MIH.

Services offered

- Loan of books and other publications to staff and students.

- Computer access points for Internet Access and online literature search.

- Bibliographical search and information retrieval are facilitated by the staff. Manual as well as computer literature search facilities are provided. The National Centre for Biotechnology Information (NCBI) (http://www.ncbi.nlm.nih.gov/) advances science and health by providing access to biomedical information. Free Full Text articles are also available through the PubMed Central.

- Selective Dissemination of Information.

- Web-Watch compiles reliable health and medical websites which are distributed through email alerts.
Other components of the Documentation Centre:

Audio-visual support comprising audio-visual materials like slides, charts, videotapes, CD-ROMs and DVDs on various health and medical issues which are being used as teaching aids for training purposes. A list of these materials and films is at Annex 38. This section has the following teaching aids and equipment:

- Slide & Overhead projector
- LCD projector
- Laptop
- Digital still camera
- Digital Video Camera
- DVD Camera
- Resuscitation Training Kits
- Reproductive Training Models

Library archive comprises mainly of journal back issues, reports on local health services, health statistics and other documents. A series of the 'Annual Health Report of Ministry of Health' which date as far back as 1935 (1935 - 1980) have been bound for preservation.

Digital Library

April 2011 - The Mauritius Institute of Health was responsible for the organisation of the 2nd workshop on using Greenstone Open Source Software for building digital libraries and other electronic repositories. 15 participants coming from Seychelles (2), Tanzania (1) and Mauritius (12) including Rodrigues (2) attended this workshop which was financed by the UNESCO Cluster Office, Dar es Salaam. In connection with this project, some digital equipment has been donated to the MIH to enable the smooth implementation of the workshop and the creation of digital libraries.
The first objective of the workshop was to introduce the participants to the concept of digital libraries and to train them to use Greenstone software to build digital libraries in their own institutions. This should also revolutionise the acquisition and dissemination of information among communities and institutions in various fields. Another objective of the workshop was the setting up of an Information Sharing System, where Mauritius including Rodrigues and the Seychelles will be involved in a pilot project.

The Information Sharing System platform has now been acquired. It is operational and accessible at www.issioc.org. The site is actually being hosted on a Linux server which is found in France and managed by Netstar Co. Ltd, a local company to whom the contract for hosting solution has been allocated by the MIH quotation committee. The digital library has been developed by the MIH with the continuous technical support of the Mr Sandraghassen Subbaraya Pillai and Mr Amos Kujenga.

**Project for Digitization of scientific publications**

November 2011 - A one-year agreement has been signed between the MIH and the AUF with financial support for the digitization of scientific publications project. The main objectives of this project are to set up a digital library of scientific publications in French, on various health issues, available at the MIH Documentation Centre and making the contents accessible online to the health professionals.
Innovative tools

PBWorks is an online educational platform which has recently been identified to reach MIH staff course participants, lecturers and other health professionals. The site is only accessible to those who are invited by the MIH Documentation Centre with a login at http://mihealth.pbworks.com. This online educational tool can be used to upload course materials like course presentation, handouts, course calendar, and announcement. Lecturers from 'Hopitaux 'Universitaire de Genève' are uploading learning materials remotely, which are accessible to the students. As a new initiative, this online educational tool is particularly being used and has been tested for the last two years for the following training programs: DLPI and Surgical operating technicians' course.

4.2 PRINTING AND PUBLISHING SECTION

The Printing and Publishing Section caters for the design and printing of brochures, reports, cards, certificates, questionnaires for surveys and the presentation of kits for training courses. It provides assistance to Training Managers, Research Officers and visiting lecturers in the production and compilation of teaching and learning materials and to students in their publishing works. This section also provides photocopying, printing, binding and desktop publishing facilities. It has contributed considerably in the process of scanning and digitalization of documents for the "Project de numérisation des documents scientifique", a joint project of Mauritius Institute of Health and Agence Universitaire de la Francophonie.

The following hardware and software were purchased to replace the obsolete ones:
- 1 copy printer
- 1 personal computer
- Adobe Indesign software for desktop publishing

For the period under review a summary of works undertaken is given in the table below:

<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>400</td>
<td>520</td>
<td>578,661</td>
<td>200</td>
<td>1000</td>
</tr>
</tbody>
</table>
The I.T Section is equipped with a computer laboratory, under the charge of an IT Trainer. The activities of this section are given below:

**IT Training programmes**

These programmes are destined to local health personnel and to students following courses at the MIH. Some programmes are open to the general public.

Under the national programmes the following courses were organised:

- Data Analysis with Statistical Package for social sciences (SPSS) attended by 110 participants divided into 8 batches.
- Epi Info course for postgraduate medical students and SAMU staff. Attended by 70 participants divided in 6 batches.
- Training for Rapid Response Team with 75 participants in 5 batches.
- Information Technology for Pharmacy Store Managers with 35 participants in 2 batches.
- Software application skills for staff of the procurement unit of the Ministry of Health & Quality of Life; attended by 41 participants in 2 batches.
- Management of Hospital activity data for 15 Health Records Officers.
- Initiation à l’utilisation des logiciels libres [Open Office et Epi Info] with the support of Agence Universitaire Francophone for 15 participants.

IT related training workshops were also developed and taught, for participants coming from countries of the region to attend courses at the MIH:


Regional training workshop on National Aids Spending Assessment in collaboration with UNAIDS - [14 - 18 November 2011] with 15 participants from Seychelles and Mauritius.

Adhoc Activities

- Research study on violence in public hospitals of Mauritius.
- Pre-post analysis for management of violence in schools settings.
- Development of a Macro excel file as the M & E tools for the National Aids Secretariat.
5.1 STAFFING STRUCTURE

The staff structure of the MIH consists of a core group of professionals and support staff based at the institute. The staff of the training unit are responsible for training needs assessment in the health sector, tasks analysis, development of educational programmes and training materials, assessment of learning and evaluation of training. The research team made up of research/senior research officers, conducts health systems research, assess effectiveness of health care interventions and carry out epidemiological investigations. The technical team is assisted by a number of administrative, secretarial and support staff. During the period under review, the following posts were filled:

<table>
<thead>
<tr>
<th></th>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>[a]</td>
<td>Computer Officer</td>
<td>1</td>
</tr>
<tr>
<td>[b]</td>
<td>IT Trainer</td>
<td>1</td>
</tr>
<tr>
<td>[c]</td>
<td>Executive Assistants</td>
<td>3</td>
</tr>
<tr>
<td>[d]</td>
<td>Clerical Officer/Higher Clerical Officer</td>
<td>1</td>
</tr>
<tr>
<td>[e]</td>
<td>Assistant Financial Operations Officer</td>
<td>1</td>
</tr>
</tbody>
</table>

5.2 LEAVE WITHOUT PAY

Mr Rohitsingh DHUNSOO, Office Attendant, redeployed to the Institute from the ex-Development Works Corporation since 30 April 2007, proceeded on approved one-year leave without pay on 11 May 2009 to take up employment as Adviser on youth matters in the Ministry of Youth & Sports. Upon his request and with the MIH Executive Board's approval, he was granted a further two-year leave without pay up to 30 June 2012.

Dr (Mrs) B.F. Oodally, Training Manager, was on leave without pay from 6 August 2007 to 31 July 2008 to take employment on a one-year contract to serve the UNDP as the UNAIDS Focal Point. Her contract at the UNDP Office was subsequently renewed for a period of two years.
5.3 NEW RECRUITS

Mr G. Gobin, former Principal Nurse Educator, joined the Institute on a sessional basis as from 26 October 2009 to participate in the conduct of the training programmes in nursing and paramedical studies.

Dr R. Ramyead, former Principal Medical Officer, joined the Institute on a sessional basis as from 11 January 2011 to serve as Training Manager.

5.4 RETIREMENT

Dr (Mrs) F. Aboobaker, Training Manager at the Institute, retired in March 2010
Dr (Mrs) F. Oodally who was on leave without pay, retired from the service in November 2010.

5.5 STAFF LIST AS AT 30 DECEMBER 2011

Dr J.C. Mohith - Executive Director
Dr (Mrs) G. Daby - Training Manager
Dr K. Luchmaya - Training Manager
Dr R. Ramyead - Training Manager [sessional basis]
Mr. G. Gobin - Coordinator for Paramedical Studies [sessional basis]
Mr S.A.G Ameerbeg - Research Officer/Senior Research Officer
Mr P. Burhoo - Research Officer/Senior Research Officer
Mrs L. Moussa - Research Officer/Senior Research Officer
Mr M.R Beebeejaun - IT Trainer
Mr S. Sohabul - Computer Officer
Mr S.S. Pillai - Documentalist
Mrs Bholah I. - Confidential Secretary
Mr Mogaul S. - Printing and Publishing Officer
Mrs B.F. Sookun - Assistant Financial Operations Officer
Mrs Ancharuz S. - Executive Assistant
Mrs Jugroop I. - Executive Assistant
Mrs Venkatachellum H.D.A- Executive Assistant
Mr N. Ramkurrun - Executive Assistant (Personal)
Mrs P. Seegoolam - Officer(on secondment from the MOH&QL)
Miss Indoondoon N. - Officer(on secondment from the MOH&QL)
Mr Ghurburrun V. - Clerical Officer/Higher Clerical Officer
Mr Teepoo R. - Clerical Assistant
Mrs Boondnah S. - Word Processing Operator
Mrs Matar K. - Clerk/Word Processing Operator
Mr Teeluck T. - Receptionist/Telephone Operato
Mr Moos A.S. - Driver
Mr Ramnarain S.K. - Driver
Mr Dookheea H. - Senior Office Attendant
Mr Bowaneedin P. - Cook
Mr Bundhooa R. - Office Attendant
Mr Dhusoo R. - Office Attendant (on leave without pay)
Mr D. Sookdharry - Office Attendant
Mr Takoodyal K. - Handyman
Mr Heeramun K. - General Worker
Mr Nowbuth A - General Worker
5.6 VACANCIES AT THE INSTITUTE AS AT 30 DECEMBER 2011

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number of posts on Establishment</th>
<th>Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Officer</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Administrative Secretary</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Research Assistant</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Accounts Officer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Higher Executive Officer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Senior Word Processing Operator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clerical Officer/Higher Clerical Officer</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Office Attendant</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

5.7 STAFF TRAINING

<table>
<thead>
<tr>
<th>STAFF</th>
<th>COURSE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr P. Burhoo Research Officer/Senior Research Officer</td>
<td>Degree of Master of Research in Research Methodology, University of Mauritius (Self-sponsored) Was granted study leave for examination purposes)</td>
<td>November 2009.</td>
</tr>
<tr>
<td>Mr Sanjiv Sohabul Computer Officer</td>
<td>Computer Repairs and Maintenance (Self sponsored)</td>
<td>06 September 2010 to 18/10/2010.</td>
</tr>
<tr>
<td>BHOLAH Indira Confidential Secretary</td>
<td>Degree of Bachelor of Science with specialisation in Human Resource Management, University of Mauritius (Self-sponsored) Was granted study leave for examination purposes.</td>
<td>October 2008 to May 2011</td>
</tr>
<tr>
<td>PILLAI SUBBARAYA S. Documentalist</td>
<td>Bachelor Information Science University of South Africa (UNISA) (Partial sponsorship by the MIH) Formation Transfer 1.2: Administration d’un réseau sous GNU/Linux Atelier 1.1: Formation des Formateurs aux Technologies de l’Information CNF de Réduit*</td>
<td>Ongoing 2008 to date 10-14 January 2011 31 May to 04 June 2010</td>
</tr>
</tbody>
</table>
### 5.8 STAGE DE PERFECTIONNEMENT POUR LES MAITRES DE STAGE

<table>
<thead>
<tr>
<th>Spécialité</th>
<th>Nom du Maître de stage</th>
<th>Statut</th>
<th>Domaine de perfectionnement</th>
<th>Période</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthésie</td>
<td>Dr Chandra RAMPHUL</td>
<td>Anesthésiste, DDY Cardiac Centre</td>
<td>Réanimation</td>
<td>14 au 30 juin 2010</td>
</tr>
<tr>
<td></td>
<td>Dr S. Hemoo</td>
<td>Consultant en Charge, Hôpital SSRN</td>
<td>Traumatologique (1 semaine) et Chirurgie Cardiaque (1 semaine)</td>
<td>20 juin au 1 juillet 2011</td>
</tr>
<tr>
<td>Radiologie</td>
<td>Dr Sateeanand SIBARTIE</td>
<td>Consultant en Radiologie, Hôpital SSRN</td>
<td>Scanner, IRM et Angio-CT</td>
<td>14 au 30 juin 2010</td>
</tr>
<tr>
<td></td>
<td>Dr L.T.K. Lam Thuon Mine</td>
<td>Consultant en Charge, Hôpital Victoria</td>
<td>Endoscopie en GastroEntérologie</td>
<td>6 au 16 septembre 2011</td>
</tr>
<tr>
<td>Ophtalmologie</td>
<td>Dr Hassenjee DAWREEAWOO</td>
<td>Consultant en Charge, SBEH</td>
<td>Clinical and Surgical Ophtalmology</td>
<td>31 mai au 14 juin 2010</td>
</tr>
<tr>
<td></td>
<td>Dr S. Thacoor</td>
<td>Ophtalmologue, SBEH</td>
<td>Ophtalmologie clinique et chirurgicale</td>
<td>20 juin au 1 juillet 2011</td>
</tr>
<tr>
<td>STAFF</td>
<td>PURPOSE</td>
<td>DATE</td>
<td></td>
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</tr>
<tr>
<td>Dr (Mrs) F. Aboobaker (Training Manager) &amp; Mr M.R. Beebeejaun (IT Trainer)</td>
<td>Capacity Building Workshop for East and Southern African Partners in Reproductive Health Costing, Budgeting and Financing, Johannesburg,</td>
<td>3-14 November 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr K. Luchmaya (Training Manager)</td>
<td>Workshop on Global Field Epidemiology Capacity Building, Lyon, France</td>
<td>8 to 10 July 2009.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr J.C. Mohith Executive Director</td>
<td>Meeting of Head of Institutions Sub Regional Office for Eastern &amp; Southern Africa of UNFPA, Johannesburg, South Africa</td>
<td>24 and 25 November 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr K. Luchmaya (Training Manager)</td>
<td>Joint Planning Meeting, New York, UNFPA Headquarters</td>
<td>25-29 January 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr P. Burhoo (Research Officer/Senior Research Officer) &amp; Mrs L. Moussa (Research Officer/Senior Research Officer)</td>
<td>Gender Analysis in Tobacco Control 2010 Workshop, Best Western Victoria Park Ottawa, Canada organised by Research for International Tobacco Control, International Development Research Centre Meeting with ITC Evaluation Project Team University of Waterloo</td>
<td>22-26 March 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs L. Moussa (Research Officer/Senior Research Officer)</td>
<td>IACR 32nd Annual Meeting Yokohoma, Japan</td>
<td>11-15 October 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr P. Burhoo (Research Officer/Senior Research Officer)</td>
<td>UICC World Cancer Congress 2010 organised by the International Union against Cancer (UICC), Geneva, Chinese Anti-Cancer Association &amp; Chinese Medical Association</td>
<td>18-21 August 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr P. Burhoo (Research Officer/Senior Research Officer)</td>
<td>ATSA Consultation Meeting, Pretoria South Africa.</td>
<td>1-3 February 2011.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr K. Luchmaya (Training Manager) Funds, J</td>
<td>Joint Strategic Review Meeting of the Technical Division's RH Thematic Trust Johannesburg, South Africa</td>
<td>24-28 January 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr R. Ramyead (Training Manager)</td>
<td>Conférences Thématiques 2011 - La Gouvernance des Universités au Service de leurs missions, Université d'Antananarivo Financed by Agence Universitaire de la Francophie (AUF)</td>
<td>9-11 November 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. DISPENSERS’ TRAINING PROGRAMME

Mr R. Poteeram
Mr Bundhun Rajdut
Mr Harry Krishna Buck托war
Mrs Nazeeba Bibi Kureemboo Karamjaun
Mr Jawaher Doorgeshsing
Mr Monneerasing Vikram

Dr R.K Saini.
Mr Jawaharudh Bohoorun
Mr Jaypal Abdool Sakoor
Mr Beepha H.D
Mr Sharma Rampul

2. TRAINING PROGRAMME FOR COMMUNITY HEALTH CARE OFFICERS

1. DISPENSERS' TRAINING PROGRAMME

Mr R. Poteeram
Mr Bundhun Rajdut
Mr Harry Krishna Buck托war
Mrs Nazeeba Bibi Kureemboo Karamjaun
Mr Jawaher Doorgeshsing
Mr Monneerasing Vikram

2. TRAINING PROGRAMME FOR COMMUNITY HEALTH CARE OFFICERS

Dr Maharaje,
Mr I. Valimamode
Mrs Roussey
Mr Gunesh
Dr Bundhoo
Dr Lutchmun
Mrs Lisette
Mrs Baptiste Spéville
Mrs Milazar
Mrs Pierre Louis

Mrs Tolbize
Mrs Francois
Mr Perlasamy
Dr Seewoolal
Dr Y.A. Khodoruth
Dr AV Remy
Dr G. R. Ramdenee
Mr S. Casimir
Dr V. Jhugroo
Dr K. Luchmay

3. COURSE FOR SPEECH AND HEARING THERAPY ASSISTANTS

Mr Moses Amihere
Mrs R. Gopal
Mrs R. Sungkur
Miss V. Surroop
Mrs Sobun
Mr Beebejaun
Mr Manohur
Mr R. Dewkurrun
Ms Ramdenee
Dr (Ms) F. Scobadar
Dr Umarkhan

Dr Caussey
Dr (Ms) Joonas
Dr M.N.S Purmessur
Ms Dhunnoo
Mr Seetuttun
Dr S. Raghoo
Mrs Dulloo
Mrs Hurdowar
Mr Beepha
Dr Naga
Miss Ramdenee

4. TRAINING PROGRAMMES FOR THE CARE OF THE ELDERLY

Ms ANAZOR Carmen
Mr Sitaniah APPIAH
Dr (Mrs) BASANT-RAI Veenoo
Mrs BHAGWANDEEN Elette
Ms BOSEDORE Marie N.
Mrs Cahndeee BEEHARRY
Mrs Patricia CADINE
Mrs CESAR Marie Therese
Mrs CHAUMOO Dilshad
Mr CHUTTOO Cassam
Mr M. CHUMROO Rizwan
Mr CONGO Daniel
Mr R. CUNDEN
Mr DHURMAH Krist
Mr DOMAH Dayanand
Mrs DUVAL Marie Louise
Mrs ENAYETH Irenaee
Mr EDOO Adam
Mr Payrana ERRIAH
Mrs Savitree HARKOO
Mr Gurudeo GOBIN
Mrs KAMANAH Mariette
Mrs LAURENT Jacqueline
Dr MUDOOG Subhiraj
Mr MADHOO Dhananjay
Mrs MOUSSA Leelamanee
Mrs Vivianne MOROOGEN
Mrs F. MOOTOUCURPEN
Mrs Josiane PITOIS
Mrs Pamela PECHAMOOTO
Mrs PUTTY Hemawtee
Mrs Vyayee PADARUTH
Mr Vijay RAMANJOOLOO
Mr Devraj RAMDOYAL
Mr RUTTAN Hemraj
Mrs SALABEE Housnee
Mrs SOOBHANNY Sarah
Miss SURROOP Vandana
Mr TAKUN Malleck
Ms TIRBANEE Bimlawtee
Mrs TILLOUSING (Gobin) Gowry
Mr TORUL Surya Prakash

5. ASSISTANT OPERATING THEATRE TECHNICIANS’ COURSE

H. Salabee
H. Ruttun
C. Chuttoo
H. Putty

6. CERTIFICATE COURSE IN DENTAL ASSISTING

Dr C. Conhyedoss
Dr (Miss) R. Gobin
Dr (Mrs) N.A. Seegobin
Mr G. Dewkurrun

7. REPRODUCTIVE HEALTH TRAINING PROGRAMS

1. Distance Learning Programme on Population Issues (DLPI)

Course 1: Sexual and Reproductive Health - Dr. K. Luchmaya

Course 2: Confronting HIV and AIDS - Dr. A. Chakowa

Course 3: Gender Mainstreaming: taking action - Mrs E Hanoomanjee

Course 4: Advocacy: Action, Change and Commitment

Course 5: Adolescent Sexual and Reproductive Health - Dr (Mrs) Fahmida Aboobaker

Course 6: Reducing Maternal Deaths - Dr (Mrs) G. Daby
7.2 REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS)

7.2.1 Training in Logistics Management / CCM and Channel
- Mr Laza Raharimanjato, Programme Associate, Madagascar
- Mr Wanogo Dotian Ali, Programme Adviser (CTA-RHCS), Madagascar
- Dr Gifty Addico, RHCS Adviser, South Africa
- Ms Josiane Yaguibou, RHCS Adviser, South Africa.

7.2.2 Advocacy for Reproductive Health Commodity Security (RHCS)
- Mr Gregory Roche, JSI/USAID
- Mr Sukanta Sarker, USA
- Mr. Dotian Wanogo, Programme Adviser, UNFPA, Madagascar

7.2.3 Documentation of lessons learnt and best practices in RHCS
- Dr K.M. Valaydon
- Dr K. Luchmaya

7.2.4 Training Course on the Coordination of Multi-Sectoral Response to Gender Based Violence in Humanitarian Settings
Erin Kenny (Lead Facilitator), GBV Specialist, HRB GQ
Alia Nakoe (Co-Facilitator, GBV Capacity Development Consultant, HRB HQ
Miriam Jato (Organizer), Gender Advisor, ARO
Giselle Ratsimba (Admin/Log Support), Programme Associate, Madagascar
Benoit Kalasa (Host), Representative, Madagascar
Dr K. Luchmaya, Coordinator/Training Manager, MIH

8. PSYCHOSOCIAL SUPPORT AND COUNSELLING TO CLIENTS ON METHADONE SUBSTITUTION THERAPY

Dr Appalsamy APPADOO
Mr Vijay RAMANOOLOO
Dr T. RAMKOOSALSINGH

9. DIPLOME UNIVERSITAIRE DE PRISE EN CHARGE DE L’INFECTION VIH/SA ET ADDICTOLOGIE

Dr Noëlle BERNARD, Bordeaux
Dr Catherine GAUD, Réunion
M. Jacques ROLLIN, Réunion
Pr Fabrice BONNET, Bordeaux
Dr Alexandra CALMY, Genève
Pr Philippe MORLAT, Bordeaux
Dr Patrice POUBEAU, Réunion
Dr Saman SARAM, Bordeaux
Dr Denis LACOSTE, Bordeaux

10. FORMATION REGIONALE EN ADDICTOLOGIE VIH

Mr Patrick BEAUVERIE
Dr Fazal Tayoob SULLIMAN
Dr Reychad ABDOO, UNDOC
M. Corceal SEWRAZ
Janine VERGE-SILVESTRE

11. STRENGTHENING REGIONAL CAPACITY FOR EPIDEMIOLOGICAL SURVEILLANCE AND RESPONSE TO EPIDEMICS IN THE SOUTH WEST INDIAN OCEAN REGIONS

1ST SESSION OF A TWOYEAR TRAINING PROGRAMME IN FIELD EPIDEMIOLOGY / FORMATION INTO EPI
Dr. RANDRIANARIVO-SOLOFONIAINA Armand Madagascar
RANDREMANANA Rindra Vatosoa, Madagascar
Dr. BIBI Justin, Seychelles
Dr LEPEC Richard, COI-RSIE
Dr. FLACHET Loïc, COI-RSIE
Dr. SEYLER Thomas, Europe
Dr. KISSLING Esther, Europe
Mme MOHAMED Sinda, Comores
Mons. Milindasse Mohamad, Comores
Dr. MOREN Alain, Europe
VILAIN Pascal, Ile de la Réunion
BALLEYDIER Elsa, Ile de la Réunion.

12. PHARMACY STORES MANAGERS’ COURSE

Mrs Jankee
Mr Chin Koon Siw
Mr M.R. Beebeejaun
Mr Sobhee
Mr Paligadoo
Dr Motah
Mr Chedemberum
Mr Cumjalee
Mr Khadaroo
Mr Ramphul
Mr Poteeram

13. COURSE IN HYPERBARIC MEDICINE

Mr J. Hoareau
Dr J.D. Harms
Dr C. D’Andrea

14. COURSE IN HOSPITAL MANAGEMENT

Mr Raphael Cohen
Prof. Didier Pittet
Dr Olivier Hagon
Jacques Hertzschuch
Antoine Bazin

15. 11TH ORIENTATION COURSE FOR MEDICAL OFFICERS

Dr N Gopee
Dr (Mrs) Poorun
Dr P. Ramputty
Dr Upadhaya
Mrs S. Boolell
Dr  Vinod Algoo
Dr H. Daureeawoo
Dr S.K. Gungadin
Dr A. Hemoo
Dr Jagessur
Dr U.S. Ramjuttun
Dr Sibartie
Dr (Mrs) Gowreesungkur
Dr S. Manraj
# STAFF MATTERS - LIST OF RESOURCE PERSONS

## POSTGRADUATE STUDIES (BORDEAUX COLLABORATION)

### I. Anaesthesia (2008 – 2013)

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prof. François SZTARK (Director of Studies)</td>
</tr>
<tr>
<td>2.</td>
<td>Dr. Jean Louis COCHARD</td>
</tr>
<tr>
<td>3.</td>
<td>Prof. Pierre MAURETTE</td>
</tr>
<tr>
<td>4.</td>
<td>Prof. Gérard JANVIER</td>
</tr>
</tbody>
</table>

#### Local Facilitators

1. Prof. François SZTARK (Director of Studies)
2. Dr. Jean Louis COCHARD
3. Prof. Pierre MAURETTE
4. Prof. Gérard JANVIER

### II. Internal Medicine (2008 – 2013)

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prof. Philippe MORLAT (Director of Studies)</td>
</tr>
<tr>
<td>2.</td>
<td>Prof. Fabrice BONNET</td>
</tr>
<tr>
<td>3.</td>
<td>Prof. Joel CONSTANS</td>
</tr>
<tr>
<td>4.</td>
<td>Prof Claude CONRI</td>
</tr>
<tr>
<td>5.</td>
<td>Prof. Henri GIN</td>
</tr>
<tr>
<td>6.</td>
<td>Prof. Jean Paul EMERIAU</td>
</tr>
<tr>
<td>7.</td>
<td>Dr. Paul PEREZ</td>
</tr>
</tbody>
</table>

#### Local Facilitators

1. Dr Chandra RAMPHUL (National Coordinator)
2. Dr Rajagopal SOONDRO
3. Dr Soobramanien Angamootoo GOVINDAN
4. Dr Deshiyan Roy RAMDEENEE
5. Dr Satand HEMOO
6. Dr Shersingh SEEWOSUNGKUR
7. Dr Soobodising MARREE ACHALEE
8. Dr Rajendranath GOORDOYAL
9. Dr Dewanund NUNDLOLL
10. Dr Subodhananda Vyas NUNDLOLL
11. Dr Appanah SEETAPAH
12. Dr Woodalsing GOPAL
13. Dr Mohamed Din MORABY
14. Mr Omprakash MAUNKEE
15. Dr Vijayesing DINASSINGH
16. Dr Wong Sing Neook WONG KWEE YOUNG
17. Dr Subha Shita Devi GAYA
18. Dr Beejaye Kumar BEHARY PARAY
19. Dr (Mrs) Sangeeta BUCKTOWER
20. Dr Soondarsen MAYALAGAN (Private)

### III. Ophthalmology (2009 – 2013)

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prof Joseph COLIN (Director of Studies)</td>
</tr>
<tr>
<td>2.</td>
<td>Dr Cédric SCHWEITZER</td>
</tr>
<tr>
<td>3.</td>
<td>Dr Marie-Noël DELYFER</td>
</tr>
<tr>
<td>4.</td>
<td>Dr Marie-Bénédicte ROUGIER</td>
</tr>
<tr>
<td>5.</td>
<td>Prof Jean François KOROBELNIK</td>
</tr>
<tr>
<td>6.</td>
<td>Dr Bruno MOTEMOUSQUE</td>
</tr>
</tbody>
</table>

#### Local Facilitators

1. Dr Hassenjee DAWREE AWOO (National Coordinator)
2. Dr Leckraj Singh DHUNNOO
3. Dr Satish THACOOR
4. Dr Geerjanun BISNAUTHSINGH
5. Dr Sarita Devi GUNNOO-KOWLESSUR
6. Dr Farad UTENE
7. Dr Paramasiven POONOSAMY PADACHY – till December 2009
8. Mr Rechad NAZIR, Optometrist
1. **FINANCIAL MANAGEMENT**

1.1 The income of the Institute is derived from the following sources:-

a) **Operational Income**
   - Fees charged to National and International Agencies sponsoring courses;
   - Other fees, including income derived from research projects and from services offered to other institutions/organizations.

b) **Subsidy**
   - Annual grant from the Parent Ministry to run training and research programmes.

c) **Investment Income**
   - Interest from Bank Accounts

2. **PROVISIONS OF MIH ACT**

a) Section 9 of the MIH Act makes provision as follows:-
The Institute shall set up a General Fund -
   - into which all money received from any source by the Institute shall be paid; and
   - out of which all payment made by the Institute shall be met.

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.

b) Section 10 (2) of the Act read as follows:-
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. **BUDGET ESTIMATES**

The purpose of the budget estimates is to set out the annual operating plan of the Institute in monetary amount. It also serves as a control device. Management should not incur any expenditure in excess of the provision made in the estimates under a specific item. It is also used as a control mechanism for requesting the necessary funding from the parent Ministry.

The National Audit Office carries out every year an audit exercise for the Institute. Its report is presented to the MIH Executive Board after scrutiny by the Finance Committee. The Audit Report for Financial year ending 30 June 2009 and the report for 18 months' period ending 31 December 2010 are at Annexes 39 and 40 respectively.
THE MAURITIUS INSTITUTE OF HEALTH (AMENDMENT) ACT 1989

Act No. 39 of 1989
I assent.

24th November 1989

Governor-General

ARRANGEMENT OF SECTIONS

Section 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 amendment.

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 sub-
ject 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 in-
formation 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.
(i) 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) (c) 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.
   (i) 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 provisions 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 these 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.

Clerk of the Legislative Assembly
THE MAURITIUS INSTITUTE OF HEALTH
(AMENDMENT) ACT

Act No. of 2003

I assent

April 2003

President of the Republic

ARRANGEMENT OF SECTIONS

Section
1. Short title
2. Interpretation
3. Section 4 of principal Act amended

An Act

To amend the Mauritius Institute of Health Act
ENACTED by the Parliament of Mauritius, as follows –

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

2. Interpretation
   In this Act –
   “principal Act” means the Mauritius Institute of Health Act.

Biennial Report 71 July 2009 - December 2011
3. Section 4 of principal Act amended

Section 4 of the principal Act is amended by numbering the existing provision as subsection (1) and adding the following new subsection —

(2) For the purposes of subsection (1)(a), the Institute may conduct courses, hold examinations and grant certificates, diplomas and awards, acting on its own or jointly with any other educational institution.

Passed by the National Assembly on the twenty fifth day of March two thousand and three.

André Pompon
Clerk of the National Assembly
A. MIH BOARD

Mr P. JHUGROO - Chairperson [10 June 2010 to date]
Dr J.C. MOHITH - Member
Dr N. GOPEE - Member
Mr H. SHEWRAJ - Member [07 April 2010 to date]
Ms B.T. ROZUN - Member
Dr (Mrs) P. PUGO-GUNSAM - Member
Dr D.K. PADACHI - Member
Dr (Mrs) B. OOGARAH-PRATAP - Member
Dr N. JAYPAUL - Member
Mrs D. ALLAGAPEN - Member
Dr R. MUNBODH - Member

B. ADVISORY COMMITTEES

STAFF COMMITTEE

Mrs D. ALLAGAPEN - Chairperson
Ms B.T. ROZUN - Member
& Representatives from the Human Resources Division from the MOH &QL

FINANCE COMMITTEE

Dr D.K. PADACHI - Chairperson
Mr A. NUNDOOCHAN - Member
& Representatives from the Finance Division and Purchasing and Supplies Division of the Ministry of Health & Quality of Life.

TECHNICAL COMMITTEE

Dr (Mrs) P. PUGO-GUNSAM - Chairperson
Dr (Mrs) B. OOGARAH-PRATAP - Member
Dr N. JAYPAUL - Member
Mr H. SHEWRAJ - Member
List of successful candidates

Course date: October 2008 to October 2010

1. Mr BAZNAUTH Santosh Kumarsingh
2. Mr BEEHARRY Rajiv
3. Miss BHEEKHARRY Manisha
4. Mr BHUGALOO Naasir-Ud-Diin Mohammad
5. Mr BUCHANAH Kaviraj
6. Mrs GOPEE Sharon
7. Mr HOSSENBOCUS Qwazmi
8. Mrs BHOONDAH Jorai Anisha
9. Mrs JUGURNAUTH Jayakumari
10. Miss LADAROO Lalita
11. Mr MOHAMUD Mohamed Irshaad
12. Mr MUNBODH Avinash
13. Mr RAMPHUL Homeshwarsingh
14. Mr SOMAROO Randhir
15. Mr VEERAPA Tej
16. Mrs DOOKHY Toolsy Devi
TRAINING PROGRAMME FOR COMMUNITY HEALTH CARE OFFICERS:

List of successful candidates

1. Mr Christophe CASIMIR
2. Mr Kenny GRANCOURT
List of successful candidates

1. RAMJEET Haveshi
2. CHUTTOO Swadeka Bibi
3. MOHEEPUTH Neelam
4. MOODELLY Logeenee
5. ROOMALLAH Veeshwanee
6. TORAUB Mehtab Jahan
7. TORAUB Zohya Jahan
NATIONAL CERTIFICATE IN HEALTH AND SOCIAL CARE
(CARE OF THE ELDERLY - LEVEL 2)

Course Content

Unit Standard Title
Apply knowledge of basic nutrition needs
Apply knowledge of hygiene and safety in preparation, serving and storage of food
Apply knowledge of age-related nutrition needs in providing food for a toddler
Apply knowledge of age-related nutrition needs in providing food for a child
Apply knowledge of age-related nutrition needs in providing food for an adult and older person
Provide first aid
Provide resuscitation Level 2
Demonstrate knowledge and strategies for safety in interactions with others
Lift and position people safely
Investigate the contribution of developmental or lifespan psychology to psychological knowledge
Demonstrate knowledge of supportive needs-based services for people with disabilities
Identify services available to people with disabilities.
Identify the implications of oral communication techniques
Hold a conversation with others
Demonstrate personal and interpersonal skills
Apply problem solving approaches
Participate in a team or group to complete routine tasks
Describe ethical responsibility towards consumers
Describe cultural sensitivities
Demonstrate knowledge of personal hygiene
Demonstrate knowledge of principles of healthy living
Demonstrate knowledge of consumer's rights and responsibilities
Support consumers to meet personal care needs
Demonstrate knowledge of infection control requirements
Support a consumer to take prescribed medication
Support consumers to meet household management needs
Support a consumer's well-being and quality of life
Provide and/or promote a safe and secure environment
Describe the structures and major functional characteristics of the human body
Demonstrate knowledge of human pathology
Demonstrate understanding of disappointment, loss and grief
Describe elements of safe practice

ADDITIONAL UNITS
1 Principles of Admission, Transfer and Discharge of service users to & from Homes
2 Basic Physiotherapy for the elderly
3 Occupational Therapy for the elderly
4 Customer Care and Public Relations
5 Caring for the elderly mentally ill and confused consumers
6 Social Approach to care
7 Managing a Home and Legal Aspects
8 Ethics in Caring and Code of Conduct
9 Literacy and Numeracy (Level One)
10 Giving psychological and all physical care to the elderly and bed ridden consumers
11 Fire Safety Awareness
12 Writing Reports and Handing over care of clients to colleagues
13 Needs Assessment and Planning Care
14 Physical Observations
15 Care of the dying
16 Performing last offices.
List of successful candidates

1. ATCHAMAH Latchumamah Karundas
2. AULEER Bibi Zaida
3. CARTICK Nathalie Marie
4. CAUNHYE Padminee
5. CELERINE Marie Floriane
6. CHAITOO Damyantee Swurree
7. CHELLAYA Saroj
8. COOLLEN Dominique Marie Agnes
9. CORALIE Daniella Sabrina
10. CUSTNEA Bishwanee
11. CUSTNEA Kalowtee
12. DESIRE Reetoo
13. DOOKHOOAH Reshma
14. FRAPPIER Loretta
15. GAUNGOO Indrani
16. GULAB Narmada
17. HEERAH Ratna
18. JAGGESSUR Chaaya Kumari
19. KAWOL Pardoomun
20. LABOUDEUSE Marie Lourde
21. LOCHUN Anjali
22. MATOO Soorekha
23. MONVOISIN Marie Christine Marina
24. MOORTHEE Puveddee
25. MURTHEN Shanti Kumari
26. NARAINA Denise Jocelyne
27. NEERMUL Ramilla
28. OLIVA Sabine Mary Joyce
29. PAWARAY Koonagavally
30. PENGWAH Bibi Nazleema Madina
31. RADHA Bibi Oumez Salma
32. RAMDIN Marie Evalena Priska
33. RAMESSUR Vanisha Devi
34. RAMKHELAWON Oomita Devi
35. RAMSARAN Trithranee
36. REETOO Narvada
37. SEECHURN Ambikha
38. SOOBEN Coomaravadee
39. TARACHAND Ourmila Devi
40. VAITILINGON Vijahlutchmee
41. VIEILLESSE Marie Corinne
42. VYTHEE Danwantee
43. ZHEEMBA Marie Sandra
2ND COURSE CARE OF THE ELDERLY AND THE DISABLE

Course Content

SAFETY AND CARE
Recognise abuse indicators and describe procedures for recording and reporting suspected abuse.
Manage first aid in emergency situations.
Clean a residential care home or community care facility.
Provide a safe environment for an older person in a residential care or own home setting.
Demonstrate knowledge of safe health practice in disability support.
Provide First Aid.
Provide resuscitation Level 2.
Lift and position people safely.
Demonstrate knowledge of social service ethics.
Demonstrate time management.
Demonstrate knowledge of stress and ways of dealing with it.
Explain the roles of the family and household members for disability support.
Interact in a supportive way with family or household member who has a member with a disability.
Support people with disabilities to increase their level of self-determination.
Establish supportive relationships with families and household members of persons with mental impairment.
Demonstrate how personal views and actions impact on people with disabilities.

BASIC KNOWLEDGE OF HEALTH
Demonstrate knowledge and understanding of issues related to sexuality.
Describe the structures and major functional characteristics of the human body.
Demonstrate knowledge of human pathology.
Support a consumer to take prescribed medication in a health or disability setting.
CARE OF ELDERLY
Identify and discuss values, attitudes and current issues in the field of ageing.
Support the elderly to enjoy life in a community / residential care setting.
Support the elderly to maintain their rights and responsibilities.
Assist an older person to meet his/her physical needs.
Support a client who is terminally ill.

NUTRITION
Apply knowledge of age-related nutrition needs in providing food for an adult and older person.
Apply knowledge of basic nutrition needs.
Produce safe food in a residential care facility or in client's own home.
CARE FOR DISABLED
Create and implement a leisure plan for a person with a disability.
Demonstrate an understanding of individual planning processes for a person with a disability.
Demonstrate an ability to support a person with communication impairment.
Demonstrate knowledge and management of epileptic seizures for disability support.
Demonstrate self awareness for mental health support.
Demonstrate realistic and positive expectations about the capability of people with disabilities.
Assist an elderly with dementia to meet his activities of daily living.
Demonstrate knowledge of causes and common effects of physical disabilities.
Describe mental health and illness and approaches to treatment of mental illness.
Demonstrate the effect blindness may have on an individual and his/her lifestyle.
Support a client in a care environment using diversional therapy.
Demonstrate an understanding of supporting a person with challenging behaviour.

ADDITIONAL UNITS
1. Basic physiotherapy for elderly.
2. Occupational therapy for elderly.
4. Etiquettes and Ethics in caring and code of conduct.
5. Physical observations.
7. Writing reports and handing over care to colleagues.
8. Communication.
9. Care of clients' belongings/valuables, prostheses, glasses, hearing aids etc.
10. Caring for confused clients.
11. Serving of foods/drinks and feeding clients.
13. Administration of insulin under supervision.
15. Principles of admission, transfer and discharge of clients.
16. Insertion of suppositories and enema administration.
17. Instillation of topical medicated drops.
18. Changing simple dressings under aseptic technique.
20. Last Offices.
2ND COURSE CARE OF THE ELDERLY AND THE DISABLE
(LEVEL 2)

List of successful candidates

1. ALEEAR Ruma
2. APPANAH Lachoomamah
3. BAGIRUTH Viraj
4. BAPOMME D.
5. BHEEHOOK Chaywantee
6. BHUROSY Adarshinee D.
7. CELINA Jean Clitte
8. DECUBE Marie Rina Ketty
9. FAOULEZ Marie Sairon Charlene
10. FRANCOIS Marie Christina
11. GUNESSEE Sunita
12. GUNGABISSOON Rina
13. HANSAT Ranooka
14. HURREE Bhimla Devi
15. JANGTOO Kanchana
16. JHUGROO Ombika
17. JOWAHEER Praveena
18. JOWAHEER Pravesha
19. KHEROO P.
20. KISHNA Indira
21. KURMAH Usha
22. LALBAHADOOR Sarosuttee
23. LEFADE Daniella Shirley
24. LUTCHMUN Arouna
25. MOORGAYEN Savrina
26. PAREAGUE Nalini
27. PITTEA Mowtee
28. PURESS S.
29. PYDATALLI Luchmee Devi
30. RAGHOO Phoolmattee
31. RAMDHAYAN D.
32. RAMKELAWON Sujata
33. RAMKISSOON Madhvi
34. RAMKORUN Rooma Luxmee
35. RAMSAHOK Vedwantee
36. SAHYE Amina Bibi
37. SEELOCHUN Usha
38. SEEWOOTOHUL Santee
39. SEVANANDEE Jayalaxmee
40. SINGAR Sangeeta
41. SOOBANAH Shattamah
42. SUMBAI D.
43. UNJORE Madvi
44. VISENJOUE Marie Julie
### Course Content

1. **Basic Skills, Knowledge and Attitude**

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<tr>
<th>No.</th>
<th>Topics</th>
<th>Number of Hours</th>
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<tr>
<td>1</td>
<td>Anatomy and Physiology</td>
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<td>2</td>
<td>Nature of Operating Theatre work</td>
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<tr>
<td>3</td>
<td>Microbiology and Infection Control</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Machines, Apparatus, Equipment, Instruments and Surgical items</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Psychology as applied to Operating Theatre work</td>
<td>10</td>
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<td>6</td>
<td>Legal Aspect</td>
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<td>7</td>
<td>Health and Safety, Accidents Prevention and Risk Management</td>
<td>7</td>
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<tr>
<td>8</td>
<td>Specific duties in Operating Theatre</td>
<td>20</td>
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<tr>
<td>9</td>
<td>Anaesthesia</td>
<td>4</td>
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<td>10</td>
<td>Pharmacology</td>
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<td>11</td>
<td>Common Medical Conditions</td>
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<td>12</td>
<td>Information Technology</td>
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<td>13</td>
<td>Basic Skills and Knowledge as applied to HUG</td>
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**Total** 225.75

2. **Surgical Interventions**

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<tr>
<td>1</td>
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<td>2</td>
<td>Orthopaedic &amp; Traumatic</td>
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<td>Cardiac</td>
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<td>4</td>
<td>Maxillo-facial</td>
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<td>Hand</td>
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<tr>
<td>7</td>
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<td>10</td>
<td>Gynaecology</td>
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<td>12</td>
<td>Neurological</td>
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<td>Paediatric</td>
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<td>Urology</td>
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<tr>
<td>15</td>
<td>Transplantation</td>
<td>6</td>
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</tbody>
</table>

**Total** 174.25

Grand Total = 225.75 + 174.25 = 400 hours (including I.T practice)
### ASSISTANT OPERATING THEATRE TECHNICIANS' COURSE:

**List of participants**

1. Mr Beeharry Allan  
2. Mr Bhunjun Akshay Nachiketa  
3. Mr Gungaphul Lekhraj  
4. Mr Jean Marie Damien  
5. Mr Jugnarain Avinash  
6. Mrs Kalleeperumal Kalavani  
7. Mr Laljlee Mukul  
8. Mr Legrand Jonathan  
9. Ms Magasin Sabrina  
10. Mr Magon Arnaud  
11. Mr Nuckcheddy Yudish  
12. Mr Poorun Kishore  
13. Ms Purrun Lutchmee  
14. Ms Rabaud Asaël  
15. Mr Ragaven Nandiren  
16. Mr Ramdhun Ritesh  
17. Ms Ramen Cristabelle  
18. Mr Ramrakha Krishna Sesha  
19. Ms Ramsamy Prishina  
20. Mr Shibnaouth Kentish  
21. Mr Fanfan Kurly Alan  
22. Ms Ramjanny Zafiira Nawsheen
List of participants

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>Botswana</td>
<td>1. Mr. Pedzani Michael Koziba</td>
</tr>
<tr>
<td></td>
<td>2. Mr. Ssemakula Herman Mukiibi</td>
</tr>
<tr>
<td>Burundi</td>
<td>3. Dr. Nizigama Jean</td>
</tr>
<tr>
<td></td>
<td>4. Dr. Georges Gahungu</td>
</tr>
<tr>
<td></td>
<td>5. Ms. Viola Ntimpirangeza</td>
</tr>
<tr>
<td>Comoros</td>
<td>6. Dr. Aboubacar Said Anli</td>
</tr>
<tr>
<td></td>
<td>7. Dr. Said Mahamoud</td>
</tr>
<tr>
<td>Rep. Democratic</td>
<td>8. Mrs Charlotte Musepu Ufoy</td>
</tr>
<tr>
<td>du Congo</td>
<td>9. Mr. Matamba Leonard</td>
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<tr>
<td>Eritrea</td>
<td>10. Mr. Weldegioris Andeberhan Ghebrezgabiher</td>
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<td></td>
<td>11. Mr. Michael Ghirmais Haile</td>
</tr>
<tr>
<td>Kenya</td>
<td>12. Ms Wakori Joan Wanyuru</td>
</tr>
<tr>
<td></td>
<td>13. Mr Cosmas Mwanzia Mutunga</td>
</tr>
<tr>
<td></td>
<td>14. Ms Dagane Fatuma Dubow</td>
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<tr>
<td>Lesotho</td>
<td>15. Mr. Mokoena Lesenyeho</td>
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<tr>
<td></td>
<td>16. Mr. Teboho Koma</td>
</tr>
<tr>
<td></td>
<td>17. Ms. Mangose Sithole</td>
</tr>
<tr>
<td></td>
<td>18. Ms. Mpolai Cadribo</td>
</tr>
<tr>
<td></td>
<td>19. Ms. Qentso Matlanyane</td>
</tr>
<tr>
<td>Malawi</td>
<td>20. Mr. Sam Chirwa</td>
</tr>
<tr>
<td></td>
<td>21. Ms Sandra Mapemba</td>
</tr>
<tr>
<td>Mauritius</td>
<td>22. Ms. Swishtah Seewoolall</td>
</tr>
<tr>
<td></td>
<td>23. Mr. A.C. Musthan</td>
</tr>
<tr>
<td></td>
<td>24. Mrs. Renoo Chadee-Bhurtun</td>
</tr>
<tr>
<td></td>
<td>25. Mr. Reza Beebeejaun</td>
</tr>
<tr>
<td>Mozambique</td>
<td>26. Ms. Noémia Muissa</td>
</tr>
<tr>
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<td>27. Mr. Armindo Tonela</td>
</tr>
<tr>
<td>Swaziland</td>
<td>28. Mr. Msibi Dumisa C.</td>
</tr>
<tr>
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<td>29. Mr. Dumisani Simelane</td>
</tr>
<tr>
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<td>30. Mr. Nhlanhla Khoza</td>
</tr>
<tr>
<td>Uganda</td>
<td>31. Mr. Kalangwa Albert</td>
</tr>
<tr>
<td></td>
<td>32. Dr. Namata Mbogga-Mukasa Barbara Brenda</td>
</tr>
<tr>
<td></td>
<td>33. Ms. Caroline Abalo</td>
</tr>
<tr>
<td></td>
<td>34. Dr. Sentongo Miriam Nambi</td>
</tr>
<tr>
<td>Zambia</td>
<td>35. Mr. Alutuli Luke</td>
</tr>
<tr>
<td></td>
<td>36. Mr. Chingalika Abraham K.</td>
</tr>
</tbody>
</table>
## List of participants

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>1. Dr. Joan Wakori</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2. Dr. Mulugeta Gebremariam</td>
</tr>
<tr>
<td>Madagascar</td>
<td>3. Mr. Fenosoa A. Ratsimanetrimanana</td>
</tr>
<tr>
<td>Mauritius</td>
<td>4. Dr. Fahmida Aboobaker</td>
</tr>
<tr>
<td></td>
<td>5. Dr. Geeta Daby</td>
</tr>
<tr>
<td></td>
<td>6. Mr. Mohammed Reza Beebejaun</td>
</tr>
<tr>
<td></td>
<td>7. Mr. Tahalooa Sacheedanand</td>
</tr>
<tr>
<td></td>
<td>8. Mr. D. Cumiajee</td>
</tr>
<tr>
<td></td>
<td>9. Mr. J. Sunkur</td>
</tr>
<tr>
<td></td>
<td>10. Dr. Kris Valaydon</td>
</tr>
<tr>
<td></td>
<td>11. Dr. Kreepa Luchmaya</td>
</tr>
<tr>
<td>Morocco</td>
<td>12. Dr. Mohammed Wadie Zerhouni</td>
</tr>
<tr>
<td>Egypt</td>
<td>13. Dr. Ait el Cadi Mina</td>
</tr>
<tr>
<td></td>
<td>14. Manal El-Fiki</td>
</tr>
<tr>
<td></td>
<td>15. Dr. Omayma Zakareya Hussein</td>
</tr>
<tr>
<td>Lebanon</td>
<td>16. Mrs. Nada Chaya</td>
</tr>
<tr>
<td>Indonesia</td>
<td>17. Mrs. Theodora Pandjaitan</td>
</tr>
<tr>
<td></td>
<td>18. Ms. Rina Heratri</td>
</tr>
<tr>
<td>Cameroon</td>
<td>19. Dr. Stella Bongwa Zekeng</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>20. Mr. Teymur Huseynov</td>
</tr>
</tbody>
</table>
The RHCS Advocacy Toolkit Summary

The RHCS Advocacy Toolkit is a user-friendly guide for the non-communication professional to enhance their capacity to raise awareness on the importance of securing RH commodities to save lives and to mobilize resources for ensuring that RH services and commodities are available to all those who rightfully need them.

The toolkit presents an overview of what advocacy is, what it can achieve, and what are the steps that need to be followed to design an advocacy strategy for RHCS that would be efficient and have a strong impact. It also provides guidance on how to facilitate orientation and training workshops and hopefully contribute to demystifying advocacy and enable people become successful advocates. The Toolkit has six sections:

**Section 1** - Advocacy for RHCS - provides definitions for RHCS and advocacy, and how advocacy can be strategic in achieving RHCS.

**Section 2** - Engaging Parliamentarians,

**Section 3** - Engaging Youth Leaders, and

**Section 4** - Engaging Donors - focus on three specific groups and provide guidance as to how to apply the tools to successfully advocate for RHCS.

**Section 5** - Developing and Advocacy Strategy - provides the basic tools to develop and carry out an advocacy strategy, taking into account such challenges as adversaries but also emphasizing the benefit of working with allies and forging alliances.

**Section 6** - Facilitators Guide - provides the key tips on how to successfully undertake advocacy orientation and/or training workshops on RHCS.
<table>
<thead>
<tr>
<th>NAME</th>
<th>COUNTRY</th>
</tr>
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<tbody>
<tr>
<td>Mariadel Mar Jubero Capdeferro</td>
<td>Mauritania</td>
</tr>
<tr>
<td>Mian-Djangone Anne Marie Rachelle</td>
<td>Cote d'Ivoire</td>
</tr>
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<td>Andriamanana Tolotra Aina</td>
<td>Madagascar</td>
</tr>
<tr>
<td>Djamaliddine Mohamed</td>
<td>Comoros</td>
</tr>
<tr>
<td>Phylis Munyama</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Anne Bariyuntura</td>
<td>Burundi</td>
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<tr>
<td>Ikoli Mireille Lunguti</td>
<td>DRC</td>
</tr>
<tr>
<td>Jeannette Danho</td>
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</tr>
<tr>
<td>Marcelle Chevallier</td>
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</tr>
<tr>
<td>Kaori Ishikawa</td>
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</tr>
<tr>
<td>Ilham Moussa</td>
<td>Syria</td>
</tr>
<tr>
<td>Helene Henriksen</td>
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<tr>
<td>Sanaa Asi Yasin</td>
<td>Palestine</td>
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<tr>
<td>Jayan Abeywickrama</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Anis Hamim Asyari</td>
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</tr>
</tbody>
</table>
PSYCHOSOCIAL SUPPORT AND COUNSELLING TO CLIENTS ON METHADONE SUBSTITUTION THERAPY:

Course content

Substance use and misuse
  - Nature of addiction: licit and illicit drugs

Models of change and intervention strategies with substance abusers
  - Assessment
  - Models of treatment
  - Pharmacological treatment interventions
  - Psychosocial treatment interventions
  - Treatment of opiate addiction

Counselling and psychosocial support
  - What is counselling?
  - A counselling model
  - Helping strategies
  - Motivational interviewing
  - Issues of confidentiality
  - Characteristics of an effective counsellor
  - Experiential learning
  - Counselling skills
  - Evaluation of course
PSYCHOSOCIAL SUPPORT AND COUNSELLING TO CLIENTS ON METHADONE SUBSTITUTION THERAPY:

List of successful candidates

1. Bajeet Savita Devi
2. Sumboo Brizranee
3. Edouard Marie Noletta
4. L'Ecluse Maurer Francesca
5. Khugputh Dhiraj
6. Bhujoharry Jean Francois David
7. Gunjur Kumar
8. Gopaul Raginee
9. Issobe Samirah Banu
10. Percy Patrick Armand Louis
11. Beeharry Koomar
12. Chowrimootoo Deven
13. Gobardhun Mahensing
14. Gutty Veecass
15. Kanhye Lekraj
16. Kodabuccus Whalida
17. Madelon Marie Sabrina Antoine Wogram
18. Maurice Maria
19. Raghoonundun Prasand
20. Ramcharitum Hemlata
21. Ramtohul Kiran
22. Reedaye Sooresh
23. Sookur Dhirendrasingh
24. Bausram Mohun Singh
25. Ramparsad Jaiwudraj
26. Beedassy Veejayesingh
27. Sowdagur Dinesh
28. Khodabocus Saad Ali
29. Berthelot Marie Aderet Jolaine
30. Chamroo Mohammad Siddick
31. Somun Rajdeo
32. Babooa Outam
33. Alexis Jean Michel
34. Babboo Soobeeraj
35. Beeharry Cynthia Francine Jennifer
36. Dewnauth Sardanand
37. Gangoo Kailash
38. Harrah Pravind
39. Mamoodee Tirouen
40. Ramdoyal Nathraj
41. Syed Hoossein Fareed
42. Taurachand Barathi
Course content

Module 1 - Epidémiologie, prévention, dépistage

Module 2 - Manifestations cliniques : diagnostic et traitement

Module 3 - Traitement antirétroviral et surveillance des patients

Module 4 - Infections par les virus des hépatites virales et spécificités de la prévention et des soins chez les toxicomanes
### List of participants

| 1  | PIERRE Stephan | Médecin CHD2 Ambodifotatra | Sainte-Marie Madagascar |
| 2  | RABEONY Christian | Médecin SISAL | Tananarive Madagascar |
| 3  | ASMANY Masolahy | Médecin responsable programme VIH | Sofia Madagascar |
| 4  | Mme MOHAMED DHAKOINE. Siti Fatima | Médecin Hôpital Fomboni | Mohéli Comores |
| 5  | Mme MOREL Louine | Médecin Hôpital Mahé | Seychelles |
| 6  | Mme RIOUX Juliette | Médecin Hôpital Mahé | Seychelles |
| 7  | M. NAWOOR Ismat Dawood | Médecin gynécologue | Maurice |
| 8  | M. MUDO Subhraj | Pneumologue | Maurice |
| 9  | Mme LOTUN AUMEER Nasseema | Pédiatre | Maurice |
| 10 | M. RUGHOOBUR Déodas | Médecin généraliste | Maurice |
| 11 | M. AH SIEN Kwet Seem | Médecin généraliste | Maurice |
| 12 | M. PURMESSUR Shyam Nundun Singh | Médecin généraliste | Maurice |
| 13 | M. APPADOO Appalsamy | Médecin généraliste | Maurice |
| 14 | M. KATTAN Vishnoo | Médecin généraliste | Maurice |
| 15 | Mlle HEMUTALLY Saira Banu | Médecin généraliste | Maurice |
| 16 | M. NUNDOO Pravind Kumar | Médecin généraliste | Maurice |
| 17 | M. ROMOOAH Yuvrajsingh | Médecin généraliste | Maurice |
| 18 | Melle CHUMMUN Vanisha | Médecin généraliste | Maurice |
| 19 | Mme VAMBEN-REMY Anju | Médecin généraliste | Rodrigues |
| 20 | Mme BALLYING-DAVIDSEN Lakshmee Devi | Médecin généraliste | Maurice |
Course Content

- La Réduction des Risques : d'un principe simple à une application complexe
- Politiques des drogues : orientations internationales, exemples de spécificités suisse et française.
- Problématique ou différents regards posés sur le phénomène
- Complications liées à l'usage intraveineux de drogues?
### List of participants

<table>
<thead>
<tr>
<th>Nom</th>
<th>Pays</th>
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<tbody>
<tr>
<td>1. Mme MELANIE Chantal</td>
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<tr>
<td>2. Mlle MOREL Louine Renée</td>
<td>Seychelles</td>
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<tr>
<td>3. Mme KHAN Mary Elisabeth</td>
<td>Seychelles</td>
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<tr>
<td>4. M. BIBI Richard</td>
<td>Seychelles</td>
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<tr>
<td>5. Mlle MARENGO Anne Thérèse</td>
<td>Seychelles</td>
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<tr>
<td>6. M. ABDOURAZAK Ahmed</td>
<td>Comores</td>
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<tr>
<td>7. M. RATSIFANDRIHAMANANA Lanto, Mahefa</td>
<td>Madagascar</td>
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<tr>
<td>8. Mme RAONIZANANY Hanitriniony Marie Christine</td>
<td>Madagascar</td>
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<tr>
<td>9. Mme RASOANASOLONDRIANA Laure</td>
<td>Madagascar</td>
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<tr>
<td>10. M. RANAIVOSON Raphaël</td>
<td>Madagascar</td>
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<td>11. M. ANDRIANIAINA Harivel</td>
<td>Madagascar</td>
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<td>12. Mme SPEVILLE HORTENSE Marie Diane</td>
<td>Maurice</td>
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<td>13. M. JEAN LOUIS Stephen</td>
<td>Maurice</td>
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<tr>
<td>14. M. BAROSSEE Locknath</td>
<td>Maurice</td>
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<tr>
<td>15. Mme SHEIK HASSEN Valentina</td>
<td>Maurice</td>
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<tr>
<td>16. M. DIGUMBER Nagessan</td>
<td>Maurice</td>
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<tr>
<td>17. M. MOSBALLY Yassin</td>
<td>Maurice</td>
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<tr>
<td>18. Mme BALLOO Neeta</td>
<td>Maurice</td>
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<tr>
<td>19. M. AH SIEN Kwet Seem</td>
<td>Maurice</td>
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<tr>
<td>21. M. RUNGEN Cadress</td>
<td>Maurice</td>
</tr>
<tr>
<td>22. Mme HEMATALLY Sarah</td>
<td>Maurice</td>
</tr>
</tbody>
</table>
Course Content

- Usage de drogues en Afrique et profil Océan Indien
- Prisons et VIH, incluant UDI, facteurs de risques, prévention et traitement
- Réduction des risques (paquet de services et problèmes légaux
- Politiques de réduction des risques, prisons, programme de proximité
- Violence sociale/Délinquance de nécessité, marginalisation et exclusion
- Encadrement par les pairs/ rééducation / Paquet de services RdR / Travail en réseau et partenariats/ Lobby & Plaidoyer
### List of participants

<table>
<thead>
<tr>
<th>Nom</th>
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<tbody>
<tr>
<td>1. M. DUPRES Antoine</td>
<td>Seychelles</td>
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<tr>
<td>2. Mme MICHEL Nella</td>
<td>Seychelles</td>
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<tr>
<td>3. Mlle LABICHE Anna-Lisa</td>
<td>Seychelles</td>
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<tr>
<td>4. M HOAREAU Reginald</td>
<td>Seychelles</td>
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<tr>
<td>5. Mme GERRY Diana</td>
<td>Seychelles</td>
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<tr>
<td>6. M. YOUSSOUF Saïd Ali</td>
<td>Comores</td>
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<tr>
<td>7. Mme COMBO EL-MERIAM AMIR</td>
<td>Comores</td>
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<tr>
<td>8. Mme RARIVOHARILALA Esther</td>
<td>Madagascar</td>
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<tr>
<td>9. Mme RABIALAHY Antsatiana Jésuelle</td>
<td>Madagascar</td>
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<td>10. M. MAMIARIJAONA Paul</td>
<td>Madagascar</td>
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<tr>
<td>11. Mme MANANARISOA Ravelohanta</td>
<td>Madagascar</td>
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<tr>
<td>12. M. SY-AR Mohamed</td>
<td>Madagascar</td>
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<tr>
<td>13. M. SAMOISY Jean-Noël</td>
<td>Rodrigues</td>
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<tr>
<td>14. M. PERRINE Michael Christopher</td>
<td>Rodrigues</td>
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<tr>
<td>15. M. AH CHOON José</td>
<td>Maurice</td>
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<tr>
<td>16. Mme EMILIEN Mary</td>
<td>Maurice</td>
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<tr>
<td>17. M. POISSON Mario</td>
<td>Maurice</td>
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<td>18. Mme MUSSAFEER Saraswatee</td>
<td>Maurice</td>
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<td>19. M. RAMPEEAREE Deonarain</td>
<td>Maurice</td>
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<tr>
<td>20. M. LAHOOTUN Ravind</td>
<td>Maurice</td>
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<tr>
<td>21. M. MUTHY Saoud</td>
<td>Maurice</td>
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### List of participants

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<thead>
<tr>
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<tr>
<td>Mrs. Gemmema BARBIER</td>
<td>Seychelles</td>
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<tr>
<td>Mrs. Anselmine CAFRINE</td>
<td>Seychelles</td>
</tr>
<tr>
<td>Mrs. Farida ANDRE</td>
<td>Seychelles</td>
</tr>
<tr>
<td>Mr. Henry BASTIENNE</td>
<td>Seychelles</td>
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<tr>
<td>Mr. Laurent FILLEUL</td>
<td>Reunion</td>
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<tr>
<td>Mr. Dominique POLYCARPE</td>
<td>Reunion</td>
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<tr>
<td>Mr. Mohamed MLINDASSE</td>
<td>Comores</td>
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<tr>
<td>Mr. Oithik FATIHOU</td>
<td>Comores</td>
</tr>
<tr>
<td>Dr. Youssouf ZAIDOU</td>
<td>Comores</td>
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<tr>
<td>Dr Ahamada NASSURI</td>
<td>Comores</td>
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<tr>
<td>Dr Rakotonjanabelo LaminaArthur</td>
<td>Madagascar</td>
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<tr>
<td>Dr Andrianarisoa Samuel Hermas</td>
<td>Madagascar</td>
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<tr>
<td>Dr Rabesahala Sabas Lalao</td>
<td>Madagascar</td>
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<tr>
<td>M. Tsilazaina Oberlin Tsihoarana</td>
<td>Madagascar</td>
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<tr>
<td>Pr Rakotomanga Jean de Dieu</td>
<td>Madagascar</td>
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### List of participants

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>1. Dr. Fauzee A.R.</td>
<td>Ag. Regional Public Health Superintendent (North)</td>
</tr>
<tr>
<td>2. Dr. Li Sui Fong Ki Kwong</td>
<td>Regional Public Health Superintendent (Moka/Flacq)</td>
</tr>
<tr>
<td>3. Dr. Mahmad Fazil Khodabocus</td>
<td>Community Physician Communicable disease unit,</td>
</tr>
<tr>
<td>4. Dr. Goorah Sanjay</td>
<td>Community Physician</td>
</tr>
<tr>
<td>5. Ms. Woodhoo D.</td>
<td>Senior Statistical Officer</td>
</tr>
<tr>
<td>6. Mrs. Mootoosamy V.</td>
<td>Health Statistician</td>
</tr>
<tr>
<td>7. Mr. Monohur S.</td>
<td>Chief Health Records Officer</td>
</tr>
<tr>
<td>8. Mrs. Mohesh R.</td>
<td>Senior Medical Laboratory Technician</td>
</tr>
<tr>
<td>9. Mr. Tembah B.</td>
<td>Ag. Principal Health Inspector</td>
</tr>
<tr>
<td>10. Mr. Boolaky P.</td>
<td>Principal Health Inspector</td>
</tr>
<tr>
<td>11. Mrs. Chundydyal Sangeeta</td>
<td>Principal Vector Biology &amp; Control Lab. Technician</td>
</tr>
<tr>
<td>12. Mr. Gangaram K.</td>
<td>Health Inspector</td>
</tr>
<tr>
<td>13. Mr. Lallmahomed Goolam R.</td>
<td>Principal Health Records Officer</td>
</tr>
<tr>
<td>14. Mrs. Lan Keng Lun P.</td>
<td>Senior Medical Laboratory Technician</td>
</tr>
<tr>
<td>15. Mrs. Young Sok How D.</td>
<td>Senior Medical Laboratory Technician</td>
</tr>
</tbody>
</table>
## List of participants

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<th>Name</th>
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<tbody>
<tr>
<td>1. Mr. Youssouf BEL HADJI</td>
<td>Statisticien et Informaticien chargé de la surveillance Epidémiologique (SIS/DES)</td>
</tr>
<tr>
<td>2. Dr. Abdoulmadjidi SOILIHI</td>
<td>Pédiatrie - Point focal surveillance en site sentinelle Moheli - Comores</td>
</tr>
<tr>
<td>3. Dr. Nasrine SOIDRIDINE</td>
<td>Médecin : coordinatrice nationale du PEV - Pointe focale RSIE</td>
</tr>
<tr>
<td>4. Mr. Andrew RICHARD</td>
<td>Public Health engineering Unit</td>
</tr>
<tr>
<td>5. Mme Anita BONNE</td>
<td>Public Health Officer</td>
</tr>
<tr>
<td>6. Dr Jastin BIBI Directeur</td>
<td>Epidémiologie et Statistique</td>
</tr>
<tr>
<td>7. Dr. Alain RAKOTOARISOA</td>
<td>Chef de Service de la Veille Sanitaire DVSSE</td>
</tr>
<tr>
<td>8. Dr. S. A. RAFALIMANANTSOA</td>
<td>En Service à la Direction de la Veille Sanitaire et de la Surveillance Epidémiologique (Madagascar)</td>
</tr>
<tr>
<td>9. Dr. Daudet P.S. RANDRIANASOLO</td>
<td>Responsable sites Sentinelles Diresction de la lute contre le paludisme</td>
</tr>
<tr>
<td>10. Dr. Harimahefa RAZAFIMANDIMBY</td>
<td>Médecin en service à la Surveillance épidémiologique</td>
</tr>
<tr>
<td>11. Dr. Lalao M. RAZAFINDRAMAVO</td>
<td>Responsable surveillance Epidémiologique au service de lutte contre les maladies émergentes et reémergentes.</td>
</tr>
<tr>
<td>12. Dr. Némèse I.N RANDRETSAHOLY</td>
<td>Responsable de la division alerte au service de surveillance Epidémiologique.Madagascar</td>
</tr>
<tr>
<td>13. Dr. Mahmad Fazil KHODABOCUS</td>
<td>Community Physician Unité Maladie transmissible</td>
</tr>
<tr>
<td>14. Dr. Sanjay GOORAH</td>
<td>Médecin en Santé Publique (Community Physician) Communicable Disease Control Unit au Ministère</td>
</tr>
<tr>
<td>15. Dr. Pitambarsing BEEHARRY</td>
<td>Vétérinaire d'Etat</td>
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</tbody>
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## List of participants

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<td>Dr. RAZAFIMANDIMBY Harimahefa</td>
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<td>2</td>
<td>Dr. RAFENOHARISOA Marie Brigitte</td>
<td>Madagascar</td>
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<td>3</td>
<td>Dr. RAFALIMANANTSOA Solofoniaina Armand</td>
<td>Madagascar</td>
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<td>4</td>
<td>Dr. BEVIAVY Jeanne Marie</td>
<td>Madagascar</td>
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<td>5</td>
<td>Dr. RABETALIANA Lala Harisoa</td>
<td>Madagascar</td>
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<td>6</td>
<td>Dr. RASOARIMALALALA Nirina</td>
<td>Madagascar</td>
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<td>7</td>
<td>Dr. RAHARIMALALALA Nivosoa Aimée</td>
<td>Madagascar</td>
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<td>8</td>
<td>Dr. CASSE Serge</td>
<td>Maurice</td>
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<td>9</td>
<td>Dr. KHODABOCUS Mahmad Fazil</td>
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<td>10</td>
<td>Mr. BOOLAKY Premnath</td>
<td>Maurice</td>
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<td>11</td>
<td>MATHUR Hari</td>
<td>Maurice</td>
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<td>12</td>
<td>BONNE Anita</td>
<td>Seychelles</td>
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<td>13</td>
<td>RICHARD Andrew</td>
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<td>14</td>
<td>FAURE Jeanine</td>
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<td>15</td>
<td>BELMONT Daniel Jude</td>
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<td>SAINDOU Ben Ali Mbaé</td>
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<td>FAOUZOUZ Ben Aboubacar</td>
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<td>IBRAHIM Youssouf</td>
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<td>20</td>
<td>MILIANI Jean - François</td>
<td>La Réunion</td>
</tr>
<tr>
<td>21</td>
<td>DO MONTE Francine</td>
<td>La Réunion</td>
</tr>
</tbody>
</table>
PHARMACY STORES MANAGERS' COURSE

List of participants

1. ALLYBOKUS Beebee Maryam
2. BEESOON Vickramaduth
3. BUNDHOO Mohammad Reza
4. CHATTUN Beebee Ayesha
5. GASPARD Joseph Henrisson
6. HAURADHUN Rajcoomar
7. ISSANY Mahmad Ibrahim Isamael
8. JEHANGEER Fatmah Beebee
9. KHAYRATTEE Abdool Aziz
10. KURREEMAN Jafroollah
11. LOLLMAHOMED Issoop Sooban Ali
12. MAULLOO Hoolash Narainraduth
13. NEETYE Ojesswur
14. POORUN Indrajeet
15. RAMASAWMY Rajagopal
16. SOHAN Soobhaschand
Course content

1. Médecins et infirmiers en commun

1.1 Enseignement théorique

- Bases Physiques en plongée et hyperbarie
- Intoxication au monoxyde de carbone et fumées d’incendie
- Accidents de plongée barotraumatiques
- Gangrènes gazeuses et cellulo-myosites nécrosantes
- Accidents de décompression
- Embolies gazeuses
- Accidents biochimiques
- Lésions du pied diabétique
- Drépanocytose
- Pendaisons, strangulations
- Indications OHB en traumatologie
- Retards de cicatrisation
- Indications en chirurgie plastique et reconstructive
- Lésions radio-induites des tissus mous

1.2 Travaux Pratiques :

- Installations hyperbares. Sécurité incendie.
- Etude des accidents de plongée à la Réunion 1982 => 2010

2. Enseignement théorique et pratique

2.1 Médecins:

- Tables de décompression et tables de travail hyperbare
- Utilisation des tables de recompression thérapeutiques (théorie)
- Exercices de tables
- Pratique sur le Caisson de l’hôpital Victoria
- Préparation des patients à l’hyperbarie et management de la séance thérapeutique
- Accidents de plongée : évacuation sanitaire/ Régulation SAMU / 1° secours.
- Etude de cas cliniques

2.2 Infirmiers

- Préparation du patient à l’hyperbarie
- Pratique sur le Caisson de l’hôpital Victoria
- Utilisation des tables de décompression MT et des tables de recompression thérapeutiques (théorie)
- Exercices de tables de traitement hyperbare
- Pratique sur le Caisson de l’hôpital Victoria
COURSE IN HYPERBARIC MEDICINE
(12 - 22 September 2011)

List of participants

DOCTORS
1. Dr Bhismadev THACOOR
2. Dr Mohammud Shah Nawaz HEERAH
3. Dr Pierre Alain FELICIANE
4. Dr Reshma KUREEMUN MOWLAH
5. Dr Dushanraj JORY
6. Dr Mavindranath KISSOON
7. Dr Sachin RUCHCHAN
8. Dr Takeswar Nath BUCHA
9. Dr Seetanah RAGAVOODOO
10. Dr Dweejendra LUTCHMUN
11. Dr Sangeeta BUCKTOWAR
12. Dr Harish REESaul
13. Dr Ameer Kumar ANCHARAZ
14. Dr N. BABAJEE
15. Dr B. MOHABIR
16. Dr A. MOSAHEB

NURSING OFFICERS
17. Mrs Cassagne GUNGADEEN
18. Mrs Yasmina MAUDARBACCUS
19. Mrs Neermala BOOJHOWON-CHONYA
20. Mrs Pamela Dorine DUGUESCLIN
21. Mr Daryl DUGUESCLIN
22. Mr Bhaseelsingh HOSANEE
## Course Content

<table>
<thead>
<tr>
<th>No.</th>
<th>Module</th>
<th>Contenu Général</th>
<th>Durée Cours</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Innovation dans le secteur hospitalier/Intrapreneurship</td>
<td>Conférence par Monsieur Gruson (env. 1h) : Management stratégique ; Opération Victoria  &lt;br&gt;Conférence par Monsieur Claude Hertzschuch (env. 1h) : Communication de crise : un exemple concret  &lt;br&gt;Cours dispensé par M. Raphael Cohen (env. 16h)  &lt;br&gt;Opportunités d'innovations dans les hôpitaux et l’analyse de leur faisabilité : de l’idée au plan d’action.  &lt;br&gt;Outils pour évaluer l’allocation des ressources destinées à des nouveaux projets.  &lt;br&gt;Initiation sommaire au GDPM : méthode de gestion de project pour non-spécialistes.</td>
<td>3 jours/24h</td>
</tr>
<tr>
<td>2.</td>
<td>Qualité/gestion des risques</td>
<td>Sécurité des patients/Hygiène hospitalière  &lt;br&gt;Hygiène des mains/Prévention et contrôle de l’infection.</td>
<td>3 jours/24h</td>
</tr>
<tr>
<td>3.</td>
<td>Section de crise/catastrophe (épidémie, catastrophe aérienne, ouragan, accident majeur,.....)</td>
<td>Gestion d’une épidémie  &lt;br&gt;Plan Hoca/Osiris</td>
<td>3 jours/24h</td>
</tr>
<tr>
<td>4.</td>
<td>Management stratégique et gestion des ressources humaines</td>
<td>Plan stratégique/axes de développement prioritaires  &lt;br&gt;Gestion de la relève  &lt;br&gt;Formation continue</td>
<td>3 jours/24h</td>
</tr>
</tbody>
</table>
## List of participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPADOO Appalsamy</td>
<td>Medical and Health Officer</td>
</tr>
<tr>
<td>BACTORA Silvette</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>BEEHARRY Rizmah Sahinah-Banu</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>BHOWANY Ghujendra Roy</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>CHUTTOO Cassam</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>DEEBAKUR V.</td>
<td>Officer</td>
</tr>
<tr>
<td>DHALIAH Heerapah</td>
<td>Regional Health Service Administrator</td>
</tr>
<tr>
<td>DHURMAH Krist</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>DOOMUN Ravind Kumar</td>
<td>Ag. Regional Health Director</td>
</tr>
<tr>
<td>DOWLUT Dharamdeo</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>FOOLCHAND Dhunraj</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>GIBSON Alex</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>GOWREESUNKER Baboo Ramyansingh</td>
<td>Head Transport Maintenance Workshop Services</td>
</tr>
<tr>
<td>HOOLASS Ramraz</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>IBRAHIM Said</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>JAULIM Gowtum</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>JINERDEB D.</td>
<td>Ag. Administrative Secretary</td>
</tr>
<tr>
<td>JODHUN Mohamed Iqbal</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>JOKHOO Jaynand</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>KALLOOA Bhagwaduth</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>KOWLESSUR Uma Devi</td>
<td>Medical Superintendent</td>
</tr>
<tr>
<td>MUNBOOTH-CHUCKOWRY J. D (Mrs)</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>NAMAH Narainduth</td>
<td>A.g Chief Hospital Administrator</td>
</tr>
<tr>
<td>PANCHOOR Arkasunasingh</td>
<td>Regional Health Service Administrator</td>
</tr>
<tr>
<td>PERSAND Dhanrajsing</td>
<td>Nursing Supervisor</td>
</tr>
<tr>
<td>PHILIPPE Jessy James</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>RAGHUBUR A.K.</td>
<td>Medical Superintendent</td>
</tr>
<tr>
<td>RAMDOYAL S.</td>
<td>Ag. Regional Health Director</td>
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<tr>
<td>RAMFUL Danraz</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>RAMKISSOON Yogeshwari Devi</td>
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<tr>
<td>RAMPHUL Baboo Narendra</td>
<td>Charge Nurse</td>
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<tr>
<td>RAMRUTTUN Dananjai</td>
<td>Medical Superintendent</td>
</tr>
<tr>
<td>RAWOJEE D.</td>
<td>Assistant Secretary</td>
</tr>
<tr>
<td>REESAUL Narendradeo</td>
<td>Charge Nurse</td>
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<tr>
<td>SAN FOON Siong K.</td>
<td>Ag. Regional Health Services Administrator</td>
</tr>
<tr>
<td>SABA Baycarran</td>
<td>Medical Superintendent</td>
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<tr>
<td>SEETUL Roodravdeo</td>
<td>Regional Health Services Administrator</td>
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<tr>
<td>SHEWRAJ Hurryam</td>
<td>Ag. Deputy Director Nursing</td>
</tr>
<tr>
<td>SULLEIMAN Fayzal</td>
<td>Methadone Unit</td>
</tr>
<tr>
<td>SURDHA Jayraneed</td>
<td>Hospital Administrative Assistant</td>
</tr>
</tbody>
</table>
List of Students per discipline, year in Bordeaux and dates of completion

**Anaesthesia**

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
<th>Year in Bordeaux</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Dr HEERAH Mohammud Shah Nawaz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Dr FELICIANE Pierre Alain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dr KUREEMUN MOWLAH Reshma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Dr JORY Dushanraaj</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Dr KISSOON Mavindranath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Dr RUCHCHAN Sachin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**II. Internal Medicine**

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
<th>Year in Bordeaux</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Dr NARAIN-SOOKOOL Urvashi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dr MOWLAH Inayat Sameer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Dr JOORAWON Aslam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Dr SOOKUN Yashley</td>
<td></td>
<td></td>
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</tbody>
</table>

**III. Ophthalmology**

<table>
<thead>
<tr>
<th>No.</th>
<th>Names</th>
<th>Year in Bordeaux</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Dr BOODHUN Sudhakur Kumar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Dr BALLOO Kamini (Miss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dr PATHAK Harsha (Miss)</td>
<td></td>
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</table>
### Completed

<table>
<thead>
<tr>
<th>No.</th>
<th>Course Title</th>
<th>Period</th>
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<tbody>
<tr>
<td>1.</td>
<td>PARMU Regional Course in Anaesthesia</td>
<td>1999-2002</td>
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<tr>
<td>2.</td>
<td>Internal Medicine</td>
<td>2003-2006</td>
<td>4</td>
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<tr>
<td>3.</td>
<td>Paediatrics</td>
<td>2003-2006</td>
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<td></td>
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<td>2003-2007</td>
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<td>4.</td>
<td>Orthopaedic Surgery</td>
<td>2003-2006</td>
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<tr>
<td></td>
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<td>2003-2007</td>
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<tr>
<td>5.</td>
<td>Forensic Medicine</td>
<td>2004-2006</td>
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<tr>
<td></td>
<td></td>
<td>2004-2007</td>
<td>2</td>
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<tr>
<td>6.</td>
<td>Cardiology</td>
<td>2005-2008</td>
<td>6</td>
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<tr>
<td>7.</td>
<td>Psychiatry</td>
<td>2005-2008</td>
<td>6</td>
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<tr>
<td>8.</td>
<td>General Surgery (In collaboration with University of Montpellier I)</td>
<td>2005-2009</td>
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</table>

### Undertraining

<table>
<thead>
<tr>
<th>No.</th>
<th>Course Title</th>
<th>Period</th>
<th>No. Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Internal Medicine</td>
<td>2008-2012</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2008-2013</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Anaesthesia</td>
<td>2008-2012</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2008-2013</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Ophthalmology</td>
<td>2009-2013</td>
<td>6</td>
</tr>
</tbody>
</table>
TRAINING WORKSHOP: WHY DO MEDICAL RECORDS OF PATIENTS GO MISSING?

Recommendations

(i) Established medical records procedures should be strictly adhered to and regularly checked for compliance by Senior Records Officers.

(ii) Movement of PMR should be scrupulously monitored until they are returned to the medical records library.

(iii) Damaged PMR should be immediately repaired and caution to be exercised to exclude transposition of numbers or merging of case-notes of different patients.

(iv) Temporary records should be resorted to in exceptional circumstances only and merged in originals at the earliest.

(v) PMR should be kept in the medical records library only and nowhere else.

(vi) PMR should be filed on shelf as soon as possible.

(vii) Filing areas should be neatly and spacious at all times.

(viii) Weeding of non-active PMR should be done systematically at regular intervals to release space for current filing.

(ix) Colour coding should be used for easy identification. No other information should be written on the front and back cover of a case-note, except those for which provision has already been made.

(x) Standard request and dispatch books should be used at all government hospitals.

(xi) Hospitals having initiated a PMR should continue to keep the original and to provide a photocopy in case of temporary transfer of the patient to another hospital.
Course Content

1. Class formats: objectives
2. Team Building exercise
3. Epidemiological Principles: measures of disease frequency by person, place and time
4. Tools for outbreak investigation I: surveillance, case definition, epidemic curves, EWARS
5. Introduction to Epi info
6. Tools for outbreak investigation II: Epi Info
7. Questionnaire design in Epi Info
8. Data entry and simple analysis in Epi Info
9. Principles of Outbreak investigation
10. Analysis of a local food outbreak data by Epi Info: questionnaire design and entry
11. Analysis of local food outbreak by Epi Info: epidemic curve, attack rates, making hypothesis
12. Environment outbreak investigation: Melathoin
13. Review of Control Measures for outbreaks
14. Outbreak investigation of water-borne diseases
15. Laboratory support for outbreak investigation: bacteriological
16. Laboratory support for outbreak investigation: virological
17. Laboratory support for outbreak investigation: toxicological
18. Standard protocol for outbreak investigation
LIST OF JOURNALS

subscribed by the MIH Documentation Centre

1. Annales françaises d'anesthésie et réanimation
2. British Journal of Anaesthesia
3. British Medical Journal
4. Hospital Medicine
5. The Practitioner
6. The New England Journal of Medicine
7. The Lancet
8. Revue de Médecine interne
9. Current opinion in Ophthalmology
10. Ophthalmology
12. Annals of Internal Medicine
13. Pédagogie Médicale
14. Journal Francais d'Ophtalmologie

Other journals received as donation

15. Bulletin of WHO
16. WHO Drug Information
17. British Medical Bulletin
18. Africa Renewal
LIST OF AUDIO-VISUAL SUPPORT MATERIALS & FILMS

2. Aitv Sante Afrique.
3. Avortement.
4. Breastfeeding and Family Planning: Mutuals goals, vital decisions.
5. Calidad.
8. Challenges In Aids Counselling.
10. Communicating Family Planning; Speak -They are listening.
13. Contraception Orale.
15. Defi Demographique Le.
17. Diagnosis of Endometriosis.
18. Dispositifs Intra-Uterins, Les
20. En Viziter Endezirab.
21. Examen Clinique d'une Scoliose Idiopathique chez l'Adolescente
22. Examen Clinique en Gynecologie.
23. Examen echographique au deuxieme trimestre de grossesse.
24. Exercise & Win Every time.
25. Facilitation Techniques in Training.
26. Famille Planifiere une vie meilleur, Une.
27. Fecondation in vitro, La
29. Food for Health.
30. Handle with Care.
31. Health for all.
32. Heart disease : The once and Future Killers.
33. IEC workshop.
34. Insertion and removal of the copper T 380A IUD.
35. Intrauterine Devices.
36. Irritable Bowel, Syndrome.
37. It's not easy.
38. La corne uterine rudimentaire.
40. Liza.
41. Logistics System: And the people that make it work, The.
42. Love your Heart.
43. Medecin et L'accident de plongee, Le.
44. Mesure de la Velocimetrie sanguine par effet doppler.
45. Methodes De Contraception, Les.
46. No need to blame, a video about people living with HIV and aids.
47. Norplant.
49. Paludisme.
50. Paludisme, Le.
52. Pourquoi Madame "X" est-elle morte
53. Sachez ce que vous faites.
54. Screen for Gestional Diabetes (extract of talk-medical update).
55. Self Help- Research Project of the Week.
56. Sida Tropical.
57. Sida, MST, Le.
58. Sida/AIDS.
59. Teaching Practices.
60. Techniques de Conisations.
61. Techniques of Laparoscopy.
62. Two mothers.
63. Un monde sans polio.
64. Vaccins, Les.
65. Vote antero-laterale du rachis cervical Bas c3-c7.
68. GMP's for Food Employees. Vol 1: Definitions.
69. GMP's for Food Plant Employees. Vol 4: Equipment and Utensils.
70. GMP's for Food Plant Employees. Vol 5: Production and Process Control.
71. Hygiene and the Engineer.
72. Foreign Matter in Food.
73. The Invisible Invaders.
74. Clean up your Act.
75. Food Hygiene.
76. Food Handlers Operatives.
77. Don't Poison your Patrons.
78. Food Hygiene Law.
79. Temperature Control.
80. Food Premises Guidelines.
81. Personal Hygiene.
82. Safe Food Handling.
84. Electrocardiographie Pratique.
85. Initiation a la Technique d'Examen ORL.
86. Depistage du Strabisme, Le.
88. Examens Oculaires de Base (3) : Les Examens Oculaires chez l'enfant, Les.
89. Attention à la Marche : Troubles de la March en Neurologie.
90. Santé Scolaire aujourd'hui et demain en Tunisie, La.
91. Attention! Cephalees.
92. Developpement Psychomoteur de l'Enfant.
93. Apprentissage par problemes, L'.
95. Techniques de Diagnostic Anténatal.
96. Gestes d'Urgence, Les.
97. Pneumothorax.
AUDIT REPORT FOR FINANCIAL YEAR ENDING 30 JUNE 2009

The Mauritius Institute of Health
Financial Statements for the Year Ending
30 June 2009

NATIONAL AUDIT OFFICE
REPORT OF THE DIRECTOR OF AUDIT
TO THE CHAIRPERSON OF
THE MAURITIUS INSTITUTE OF HEALTH

Report on the financial statements

I have audited the financial statements of the Mauritius Institute of Health which comprise the balance sheet as of 30 June 2009, and the income and expenditure account and cash flow statement for the year then ended and a summary of significant accounting policies and other explanatory notes.

Management's responsibility for the financial statements

Management is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Mauritius Institute of Health. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those Standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting principles used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
I am of the opinion that the audit evidence I have obtained, is sufficient and appropriate to provide a reasonable basis for my opinion.

**Opinion**

In my opinion, the attached financial statements give a true and fair view of the financial position of the Mauritius Institute of Health as at 30 June 2009, and of its financial performance and cash flows for the year then ended in accordance with the principles generally accepted in Mauritius.

**Report on other legal and regulatory requirements**

*Statutory Bodies (Accounts and Audit) Act 1972*

I have obtained all information and explanations I have required.

In my opinion proper accounting records have been kept by the Mauritius Institute of Health as far as it appears from our examination of those records.

(Dr R. JUGURNATH)
Director of Audit

National Audit Office
Level 14, Air Mauritius Centre
PORT LOUIS

8 December 2010
### Biennial Report
#### INSTITUTE OF HEALTH

**STATEMENT OF INCOME AND EXPENDITURE AT 30 JUNE 2009**

<table>
<thead>
<tr>
<th>Part of the Balance Sheet</th>
<th>2009 Rs</th>
<th>2008 Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible</td>
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<tr>
<td><strong>Investments</strong></td>
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<tr>
<td>Deposit</td>
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<tr>
<td><strong>Current Assets</strong></td>
<td></td>
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<tr>
<td>Stocks</td>
<td>76,133</td>
<td>52,101</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>2,628,827</td>
<td>2,850,148</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>16,715,981</td>
<td>14,018,761</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>3,784,450</td>
<td>1,584,951</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>15,636,491</td>
<td>15,336,059</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>32,930,622</td>
<td>32,853,214</td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Fund</td>
<td>32,722,872</td>
<td>32,533,264</td>
</tr>
<tr>
<td>Donations</td>
<td>207,750</td>
<td>319,950</td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td>32,930,622</td>
<td>32,853,214</td>
</tr>
</tbody>
</table>

Prepared by: Mrs B.F Subhun
Name: Mrs B.F Subhun
Status: Acting Asst. Financial Operations Officer
Date: 24 September 2009

Approved by: Dr J.C Mohith
Name: Dr J.C Mohith
Status: Executive Director
Date: 24 September 2009

Approved by: Mrs R Veerapen
Name: Mrs R Veerapen
Status: Chairperson MIH Board
Date: 24 September 2009
<table>
<thead>
<tr>
<th>Note</th>
<th>2009</th>
<th>2008</th>
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<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
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<tr>
<td>7</td>
<td>12,995,325</td>
<td>3,744,913</td>
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<td>8,600,000</td>
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<td>9</td>
<td>2,298,548</td>
<td>3,522,323</td>
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<td></td>
<td>23,883,974</td>
<td>11,667,236</td>
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<tr>
<td>10</td>
<td>(12,576,063)</td>
<td>(9,583,766)</td>
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<tr>
<td>11</td>
<td>(5,619,540)</td>
<td>(2,206,113)</td>
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<td>12</td>
<td>(2,765,555)</td>
<td>(2,507,077)</td>
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<td>13</td>
<td>(2,134,010)</td>
<td>(155,787)</td>
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<td>14</td>
<td>(379,064)</td>
<td>(211,850)</td>
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<tr>
<td></td>
<td>169,606</td>
<td>(2,999,379)</td>
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## Financial Statements

### Income Statement

#### Year Ended 30 June 2009

<table>
<thead>
<tr>
<th>Description</th>
<th>2009</th>
<th>2008</th>
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<tbody>
<tr>
<td>Adjustments for:</td>
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<tr>
<td>Depreciation</td>
<td>790,224</td>
<td>992,573</td>
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<tr>
<td>Interest received</td>
<td>(2,205,118)</td>
<td>(3,262,386)</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>(112,070)</td>
<td>(148,560)</td>
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<tr>
<td>Profit on disposal of assets</td>
<td>18,540</td>
<td>5,180</td>
</tr>
<tr>
<td>Operating loss before working capital changes</td>
<td>(1,318,816)</td>
<td>(5,412,598)</td>
</tr>
<tr>
<td>Decrease/(increase) in stocks</td>
<td>(24,032)</td>
<td>15,197</td>
</tr>
<tr>
<td>Decrease/(increase) in trade and other receivables</td>
<td>221,321</td>
<td>2,001,257</td>
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<tr>
<td>(Decrease)/increase in trade and other payables</td>
<td>2,199,499</td>
<td>(848,504)</td>
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<tr>
<td>Interest received</td>
<td>2,205,118</td>
<td>3,262,386</td>
</tr>
<tr>
<td>Cash used in/generated from operations</td>
<td>3,283,090</td>
<td>(982,262)</td>
</tr>
</tbody>
</table>

### Cash Flows

#### Cash Flows from Investing Activities

- Purchase of fixed assets
  - 2009: (565,870)
  - 2008: (35,000)

#### Net cash generated from investing activities

- 2009: (565,870)
- 2008: (35,000)

#### Cash Flows from Financing Activities

- Net Increase in cash and cash equivalents
  - 2009: 2,697,220
  - 2008: (1,017,262)

### Cash and Cash Equivalents

#### At 1 July 2008
- 2009: 14,018,761
- 2008: 15,036,023

#### At 30 June 2009
- 2009: 16,715,981
- 2008: 14,018,761
ACCOUNTING POLICIES

The principal accounting policies adopted by the institute are as follows:

(a) Accounting convention

The accounts are prepared under the historical cost convention.

(b) Income

The income represents amount received or receivable during the year in connection with activities such as courses, study, survey and research carried out.

Depreciation is calculated on a time basis for assets items purchased during the year.

The annual depreciation rates are as follows:

- Office furniture, fittings and equipment: 10%
- Kitchen utensils and equipment: 10%
- Computer equipment: 25%
- Motor vehicles: 20%

(d) Stocks

Stocks are valued at the lower of cost and net realisable value. Cost is determined on a "first in and first out" basis.

(e) Deferred income

Assets are received as donation mainly from both overseas and local funding organisation. The yearly depreciation charge on these assets is treated as deferred income and deducted from Donations.
## ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Off. furniture fittings &amp; equipment</th>
<th>Office computer equipment</th>
<th>Motor vehicles</th>
<th>Kitchen equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
<td>Rs</td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td><strong>COST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 July 2008</td>
<td>5,127,191</td>
<td>3,814,471</td>
<td>1,459,617</td>
<td>106,654</td>
<td>10,507,333</td>
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<tr>
<td>Additions</td>
<td>73,470</td>
<td>511,515</td>
<td>-</td>
<td>885</td>
<td>585,870</td>
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<tr>
<td>Disposal</td>
<td>(35,631)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(35,631)</td>
</tr>
<tr>
<td><strong>At 30 June 2009</strong></td>
<td>5,164,030</td>
<td>4,325,986</td>
<td>1,459,617</td>
<td>107,539</td>
<td>11,057,172</td>
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<tr>
<td><strong>DEPRECIATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate at 1 July 2008</td>
<td>3,155,654</td>
<td>3,342,259</td>
<td>1,408,586</td>
<td>84,299</td>
<td>7,990,778</td>
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<tr>
<td>Charge for the year</td>
<td>407,859</td>
<td>325,272</td>
<td>51,051</td>
<td>6,042</td>
<td>790,224</td>
</tr>
<tr>
<td>Disposal</td>
<td>(17,961)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(17,961)</td>
</tr>
<tr>
<td><strong>Aggregate at 30 June 2009</strong></td>
<td>3,545,552</td>
<td>3,667,531</td>
<td>1,459,617</td>
<td>90,341</td>
<td>8,763,041</td>
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<tr>
<td><strong>NET BOOK VALUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 30 June 2009</td>
<td>1,618,478</td>
<td>668,455</td>
<td>-</td>
<td>17,198</td>
<td>2,294,131</td>
</tr>
<tr>
<td>At 30 June 2008</td>
<td>1,971,537</td>
<td>472,212</td>
<td>51,051</td>
<td>22,355</td>
<td>2,517,155</td>
</tr>
</tbody>
</table>

### 3. STOCKS

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Stationery and office items</td>
<td>76,133</td>
<td>52,101</td>
</tr>
</tbody>
</table>

### 4. TRADE AND OTHER RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Sundry debtors</td>
<td>1,300,471</td>
<td>794,080</td>
</tr>
<tr>
<td>Other receivables</td>
<td>1,328,366</td>
<td>2,056,068</td>
</tr>
<tr>
<td></td>
<td>2,628,827</td>
<td>2,850,148</td>
</tr>
</tbody>
</table>
6. ACCUMULATED FUND

Balance as at 1 July 2008
(Deficit)/Surplus for the year

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Rs</td>
<td>32,533,254</td>
<td>35,532,643</td>
</tr>
<tr>
<td></td>
<td>189,608</td>
<td>(2,999,379)</td>
</tr>
<tr>
<td>Total</td>
<td>32,722,872</td>
<td>32,533,264</td>
</tr>
</tbody>
</table>

7. INCOME

International courses, study and others
Local training courses, study and others
Local research surveys, study and others
Others

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Rs</td>
<td>4,265,962</td>
<td>2,512,470</td>
</tr>
<tr>
<td></td>
<td>4,866,558</td>
<td>797,404</td>
</tr>
<tr>
<td></td>
<td>3,783,257</td>
<td>377,019</td>
</tr>
<tr>
<td></td>
<td>39,509</td>
<td>58,020</td>
</tr>
<tr>
<td>Total</td>
<td>12,885,326</td>
<td>3,744,913</td>
</tr>
</tbody>
</table>

8. OTHER INPUTS FROM GOVERNMENT

In addition to grant, the Ministry of Health and Quality for Life made available the facilities, stated below, to MIH during the financial year 2008-09. These have not been accounted in the financial statements.
- Rent - free buildings to house MIH
- Loan and duty-free facilities to MIH eligible staff for the purchase of car. The outstanding balance as at 30 June 2009 was Rs 524,804.98
- Salaries and allowances totalling Rs 796,809 were incurred by the parent Ministry in respect of 4 officers who were seconded to the Institute

9. OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Rs</td>
<td>2,295,548</td>
<td>3,522,323</td>
</tr>
<tr>
<td>Bank interest received</td>
<td>2,265,118</td>
<td>3,262,366</td>
</tr>
<tr>
<td>Profit on disposal</td>
<td>(18,540)</td>
<td>111,371</td>
</tr>
<tr>
<td>Deferred income</td>
<td>112,070</td>
<td>148,566</td>
</tr>
<tr>
<td>Total</td>
<td>2,295,548</td>
<td>3,522,323</td>
</tr>
</tbody>
</table>
### INSTITUTE OF HEALTH

#### THE ACCOUNTS

**YEAR ENDED 30 JUNE 2009**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>AFF COSTS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rees and allowances</td>
<td>12,876,063</td>
<td>9,583,788</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINING EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local and international training activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. OTHER ADMINISTRATIVE EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Operation and maintenance of equipment</td>
<td>110,423</td>
<td>55,246</td>
</tr>
<tr>
<td>- Motor vehicle running costs</td>
<td>234,309</td>
<td>201,410</td>
</tr>
<tr>
<td>- Library expenses</td>
<td>388,265</td>
<td>166,535</td>
</tr>
<tr>
<td>- Stationery and office items</td>
<td>40,862</td>
<td>70,779</td>
</tr>
<tr>
<td>- IT facilities</td>
<td>143,014</td>
<td>85,005</td>
</tr>
<tr>
<td>- Communication services</td>
<td>205,941</td>
<td>202,350</td>
</tr>
<tr>
<td>- Electricity bill</td>
<td>509,945</td>
<td>373,198</td>
</tr>
<tr>
<td>- Insurance</td>
<td>29,053</td>
<td>27,146</td>
</tr>
<tr>
<td>- Incidental and office expenses</td>
<td>60,914</td>
<td>88,896</td>
</tr>
<tr>
<td>- Depreciation</td>
<td>790,224</td>
<td>992,573</td>
</tr>
<tr>
<td>- Legal fee</td>
<td>24,000</td>
<td>18,000</td>
</tr>
<tr>
<td>- Sundries</td>
<td>86,402</td>
<td>68,890</td>
</tr>
<tr>
<td>- Staff welfare</td>
<td>22,500</td>
<td>18,757</td>
</tr>
<tr>
<td>- Professional fees</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>- Cleaning and laundry services</td>
<td>50,997</td>
<td>99,162</td>
</tr>
<tr>
<td></td>
<td>2,785,659</td>
<td>2,507,077</td>
</tr>
<tr>
<td>13. RESEARCH EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local and international research activities</td>
<td>2,134,010</td>
<td>165,787</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. OTHER EXPENDITURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen expenses</td>
<td>379,044.00</td>
<td>211,850</td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. STAFF PENSION FUND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The balance of the Staff Pension Fund at 30 June 2009 was Rs 16,429,247.42. This is not reflected in the financial statements.
REPORT OF THE
DIRECTOR OF AUDIT

On the Financial Statements
of the Mauritius Institute of Health
for the 18 months period ended 31 December 2010

NATIONAL AUDIT OFFICE
REPORT OF THE DIRECTOR OF AUDIT

TO THE BOARD OF

THE MAURITIUS INSTITUTE OF HEALTH

I have audited the financial statements of the Mauritius Institute of Health, which comprise the statement of financial position as of 31 December 2010, the statement of financial performance, the statement of cash flows and a statement of changes in general fund for the 18 months period ended 31 December 2010 and a summary of significant accounting policies and other explanatory notes.

Management’s responsibility for the financial statements

Management is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Mauritius Institute of Health and for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and in compliance with the Statutory Bodies (Accounts and Audit) Act. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, selecting and applying appropriate accounting policies; and making, accounting estimates that are reasonable in the circumstances.

Auditor’s responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those Standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of the accounting principles used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a reasonable basis for my audit opinion.
REPORT OF THE DIRECTOR OF AUDIT

TO THE BOARD OF

THE MAURITIUS INSTITUTE OF HEALTH

I have audited the financial statements of the Mauritius Institute of Health, which comprise the statement of financial position as of 31 December 2010, the statement of financial performance, the statement of cash flows and a statement of changes in general fund for the 18 months period ended 31 December 2010 and a summary of significant accounting policies and other explanatory notes.

Management’s responsibility for the financial statements

Management is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Mauritius Institute of Health and for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and in compliance with the Statutory Bodies (Accounts and Audit) Act. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those Standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of the accounting principles used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a reasonable basis for my audit opinion.
Opinion

In my opinion, the attached financial statements give a true and fair view of the financial position of the Mauritius Institute of Health as of 31 December 2010, and of its financial performance and its cash flows for the period then ended in accordance with International Financial Reporting Standards.

Report on other legal and regulatory requirements

Statutory Bodies (Accounts and Audit) Act

I have obtained all information and explanations I have required.

In my opinion, the financial statements of the Mauritius Institute of Health as of 31 December 2010 comply with the Statutory Bodies (Accounts and Audit) Act, in so far as they relate to the accounts.

(Dr R. Jugurnath)
Director of Audit

National Audit Office
Level 14, Air Mauritius Centre
President John Kennedy Street
PORT LOUIS

4 July 2011
MAURITIUS INSTITUTE OF HEALTH

FINANCIAL STATEMENTS
FOR THE EIGHTEEN MONTHS
ENDED 31 DECEMBER 2010
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEMENT OF FINANCIAL POSITION</td>
<td>2</td>
</tr>
<tr>
<td>STATEMENT OF FINANCIAL PERFORMANCE</td>
<td>3</td>
</tr>
<tr>
<td>STATEMENT OF CASH FLOWS</td>
<td>4</td>
</tr>
<tr>
<td>STATEMENT OF CHANGES IN GENERAL FUND</td>
<td>5</td>
</tr>
<tr>
<td>NOTES TO THE FINANCIAL STATEMENTS</td>
<td>6-13</td>
</tr>
<tr>
<td>SCHEDULES TO THE STATEMENT OF FINANCIAL PERFORMANCE</td>
<td>14</td>
</tr>
</tbody>
</table>
MAURITIUS INSTITUTE OF HEALTH
STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2010

<table>
<thead>
<tr>
<th>Notes</th>
<th>31 December 2010</th>
<th>30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>2,720,019</td>
</tr>
<tr>
<td>Investments</td>
<td>8</td>
<td>20,200,000</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>9</td>
<td>41,953</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>10</td>
<td>1,850,156</td>
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<tr>
<td>Cash and cash equivalents</td>
<td></td>
<td>11,418,594</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td></td>
<td>13,310,703</td>
</tr>
<tr>
<td>FINANCED BY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td></td>
<td>19,958,996</td>
</tr>
<tr>
<td>Donations</td>
<td></td>
<td>60,002</td>
</tr>
<tr>
<td>TOTAL EQUITY AND LIABILITIES</td>
<td></td>
<td>20,018,998</td>
</tr>
<tr>
<td>Non-current liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement benefits obligation</td>
<td>11</td>
<td>3,582,381</td>
</tr>
<tr>
<td>Current liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>12</td>
<td>12,629,343</td>
</tr>
<tr>
<td>TOTAL EQUITY AND LIABILITIES</td>
<td></td>
<td>36,230,722</td>
</tr>
</tbody>
</table>

Prepared by:- Name:- Mrs B.F.Sookun
Status:- Asst. Financial Operations Officer
Date: 30 Oct 2011

Approved by:-
Dr J.C. Mohindra
Executive Director

Mr P. Hingroo
Chairperson

The notes on pages 6 to 13 form an integral part of these financial statements.
MAURITIUS INSTITUTE OF HEALTH
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

<table>
<thead>
<tr>
<th></th>
<th>Eighteen months ended 31 December 2010</th>
<th>Year ended 30 June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>18,428,964</td>
<td>12,985,326</td>
</tr>
<tr>
<td>Grant</td>
<td>12,900,000</td>
<td>8,600,000</td>
</tr>
<tr>
<td>Other income</td>
<td>3,297,725</td>
<td>2,298,648</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>34,626,689</td>
<td>23,883,974</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>26,883,766</td>
<td>12,576,063</td>
</tr>
<tr>
<td>Cost of trainings</td>
<td>9,658,247</td>
<td>5,819,540</td>
</tr>
<tr>
<td>Research costs</td>
<td>2,433,246</td>
<td>2,134,010</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5,009,844</td>
<td>3,164,753</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>43,985,103</td>
<td>23,694,366</td>
</tr>
<tr>
<td><strong>Loss/surplus for the period/year</strong></td>
<td>(9,358,414)</td>
<td>189,608</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total loss/surplus for the period/year</strong></td>
<td>(9,358,414)</td>
<td>189,608</td>
</tr>
</tbody>
</table>

The notes on pages 6 to 13 form an integral part of these financial statements.
### MAURITIUS INSTITUTE OF HEALTH
### STATEMENT OF CASH FLOWS
### FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>Eighteen months ended 31 December 2010 (Rs)</th>
<th>Year ended 30 June 2009 (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss/surplus for the period/year</td>
<td>(9,358,414)</td>
<td>189,608</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,165,389</td>
<td>790,224</td>
</tr>
<tr>
<td>Retirement benefits obligation</td>
<td>176,919</td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>(2,943,977)</td>
<td>(2,205,118)</td>
</tr>
<tr>
<td>Deferred income</td>
<td>(147,748)</td>
<td>(112,070)</td>
</tr>
<tr>
<td>Gain on disposal of fixed assets</td>
<td>(206,000)</td>
<td>18,540</td>
</tr>
<tr>
<td>Operating loss before working capital changes</td>
<td>(11,313,831)</td>
<td>(1,318,816)</td>
</tr>
<tr>
<td>Decrease/(increase) in inventories</td>
<td>34,180</td>
<td>(24,032)</td>
</tr>
<tr>
<td>Decrease in trade and other receivables</td>
<td>778,671</td>
<td>221,321</td>
</tr>
<tr>
<td>Decrease in trade and other payables</td>
<td>8,844,893</td>
<td>2,199,499</td>
</tr>
<tr>
<td>Net cash (used in)/from operating activities</td>
<td>(1,656,087)</td>
<td>1,077,972</td>
</tr>
</tbody>
</table>

### CASH FLOWS FROM INVESTING ACTIVITIES

| Acquisition of fixed assets          | (1,591,277)                                 | (585,870)                   |
| Acquisition of investments           | (5,200,000)                                 | -                           |
| Proceeds from disposal of fixed assets | 206,000                                    | -                           |
| Interest received                    | 2,943,977                                   | 2,205,118                   |
| Net cash (used in)/from investing activities | (3,641,300) | 1,619,248 |

Net decrease/increase in cash and cash equivalents | (5,297,387) | 2,697,220 |
Cash and cash equivalents at start of year | 16,715,981 | 14,018,761 |
Cash and cash equivalents at end of year | 11,418,594 | 16,715,981 |

*The notes on pages 6 to 13 form an integral part of these financial statements.*
# MAURITIUS INSTITUTE OF HEALTH

## STATEMENT OF CHANGES IN GENERAL FUND

FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

<table>
<thead>
<tr>
<th></th>
<th>31 December 2010 Rs</th>
<th>30 June 2009 Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>At beginning of the period/year</td>
<td>32,722,872</td>
<td>32,533,264</td>
</tr>
<tr>
<td>Effect of IAS 19 – retirement benefits obligation</td>
<td>(3,405,462)</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the period/year</td>
<td>(9,358,414)</td>
<td>189,608</td>
</tr>
<tr>
<td>At the end of the period/year</td>
<td>19,958,996</td>
<td>32,722,872</td>
</tr>
</tbody>
</table>

---

*The notes on pages 6 to 13 form an integral part of these financial statements.*
MAURITIUS INSTITUTE OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

1. GENERAL INFORMATION

MAURITIUS INSTITUTE OF HEALTH (the “Institute”) was established in 1989 by an Act of Parliament as a parastatal body under the aegis of the Ministry of Health & Quality of life empowered to undertake training and research in the health sector and health related disciplines. The Institute’s registered office is at Power Mill, Pamplemousses, Mauritius.

The objectives of the Institute are as follows:

- to organise the training of local as well as overseas health personnel.
- to carry out health systems research.
- to act as a focal point and resource centre for the production, exchange and promotion of health learning and health information material.
- to provide advisory services in matters of health care.
- to co-operate and establish links with other similar institutions and regional and international organizations.

2. STATEMENT OF COMPLIANCE WITH IFRS

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS), which comprise standards and interpretations approved by the International Accounting Standards Board (IASB), and International Accounting Standards and Standing Interpretations Committee interpretations approved by the International Accounting Standards Committee (IASC) that remain in effect.

3. ACCOUNTING POLICIES

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

(a) Basis of preparation

The financial statements have been prepared under the historical cost convention and in accordance with accounting framework for Statutory Bodies. The going concern basis has been adopted.

(b) Revenue recognition

(i) Recurrent government grants are recognized on a cash basis as income and are matched against the recurrent expenses of the entity.

(ii) Interests and other income are recognized on an accruals basis.

(c) Deferred income

Assets are received as donation mainly from both overseas and local funding organization. The yearly depreciation charge on these assets is treated as deferred income and deducted from Donations.

(d) Expense recognition

All expenses are accounted for in the Statement of Financial Performance on an accruals basis.
3. ACCOUNTING POLICIES (Continued)

(c) Inventories

Inventories are measured at the lower of cost and net realisable value. Cost is determined using the first-in, first-out (FIFO) method and includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition. In the case of manufactured inventories and work in progress, cost includes an appropriate share of production overheads based on normal operating capacity. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

(f) Property, plant and equipment

Property, plant and equipment are stated at historical cost or revaluation less accumulated depreciation.

Depreciation is calculated on a time basis for assets items purchased during the year. The annual depreciation rates are as follows:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office furniture, fittings and equipment</td>
<td>10%</td>
</tr>
<tr>
<td>Kitchen utensils and equipment</td>
<td>10%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>25%</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>20%</td>
</tr>
</tbody>
</table>

(g) Financial instruments

Financial instruments carried on the Statement of Financial Position include trade and other receivables, cash and cash equivalents, and trade and other payables. The particular recognition methods adopted are disclosed in the individual policy statements associated with each item.

(i) Trade and other receivables

Trade and other receivables are stated at cost less impairment losses

(ii) Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand.

(iii) Trade and other payables

Trade and other payables are stated at cost.

(h) Provisions

A provision is recognised when there is a present obligation (legal or constructive) as a result of a past event, and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

Provisions are reviewed at each reporting date and adjusted to reflect the current best estimate.
3. ACCOUNTING POLICIES (Continued)

(i) Retirement Benefit Obligations

Provisions for retirement benefits for the entity are made in accordance with the Statutory Bodies Pension Act 1978 as amended.

The entity assets are managed by a third party (e.g., Insurance Company). The cost of providing the benefit is determined in accordance with the actuarial valuation undertaken every five years.

(ii) Grants

Grant means funds received from Government or any third party to meet the recurrent expenditures or for the acquisition of an asset. Government assistance is action by Government designed to provide an economic benefit specific to entities qualifying under certain criteria.

An entity shall recognise Government grants as follows:

(i) Grant used to meet recurrent expenditure shall be recognized in the Statement of Financial Performance so as to match them with the expenditure towards which they are intended to.

(ii) Grant used to acquire assets shall be released to the Statement of Financial Position item and be amortised over the useful lives of the assets.

(iii) If the Government grant is made as a contribution towards expenditure on a fixed asset, the grant amount is deferred and shall be treated as deferred income over the life time of the asset.

(iv) Potential liabilities to repay grants either in whole or in part in specified circumstances shall be provided for only to the extent that repayment is probable. The repayment of a Government grant shall be accounted for by setting off the repayment against any unamortized deferred income relating to the grant. Any excess shall be charged immediately to the Statement of Financial Performance.

(k) Impairment

The carrying amounts of the Institute’s assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the asset’s recoverable amount is estimated.

An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognised in the Statement of Financial Performance in the period in which the impairment is identified.

(l) Related parties

For the purpose of these financial statements, parties are considered to be related to the Institute if they have the ability, directly or indirectly, to control the Institute or exercise significant influence over the Institute in making financial and operating decisions, or vice versa, or where the Institute is subject to common control or common significant influence. Related parties may be individuals or other entities.
4. APPLICATION OF NEW AND REVISED INTERNATIONAL FINANCIAL REPORTING STANDARDS

New and amended standards adopted by the Institute.

<table>
<thead>
<tr>
<th>New/Revised International Financial Reporting Standards</th>
<th>Issued</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFRS 1 First-time Adoption of International Financial Reporting Standards — Amendments relating to oil and gas assets and determining whether an arrangement contains a lease</td>
<td>Revised</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td></td>
<td>July 2009</td>
<td></td>
</tr>
<tr>
<td>IFRS 1 First-time Adoption of International Financial Reporting Standards — Limited Exemption from Comparative IFRS 7 Disclosures for First-time Adopters</td>
<td>Revised</td>
<td>Annual periods beginning on or after 1 July 2010</td>
</tr>
<tr>
<td></td>
<td>January 2010</td>
<td></td>
</tr>
<tr>
<td>IFRS 1 First-time Adoption of International Financial Reporting Standards — Amendments resulting from May 2010 Annual Improvements to IFRSs</td>
<td>May-10</td>
<td>Annual periods beginning on or after 1 January 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 1 First-time Adoption of International Financial Reporting Standards — Replacement of 'fixed dates' for certain exceptions with 'the date of transition to IFRSs'</td>
<td>December-10</td>
<td>Annual periods beginning on or after 1 July 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 1 First-time Adoption of International Financial Reporting Standards — Additional exemption for entities ceasing to suffer from severe hyperinflation</td>
<td>December-10</td>
<td>Annual periods beginning on or after 1 July 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 2 Share-based Payment — Amendments relating to group cash-settled share-based payment transactions</td>
<td>June-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 5 Non-current Assets Held for Sale and Discontinued Operations — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 7 Financial Instruments: Disclosures — Amendments resulting from May 2010 Annual Improvements to IFRSs</td>
<td>May-10</td>
<td>Annual periods beginning on or after 1 January 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 7 Financial Instruments: Disclosures — Amendments enhancing disclosures about transfers of financial assets</td>
<td>October-10</td>
<td>Annual periods beginning on or after 1 July 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFRS 8 Operating Segments — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. APPLICATION OF NEW AND REVISED INTERNATIONAL FINANCIAL REPORTING STANDARDS (Continued)

New and amended standards adopted by the Institute (Continued).

<table>
<thead>
<tr>
<th>Revised International Accounting Standards</th>
<th>Revised</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAS 1 Presentation of Financial Statements — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td>IAS 1 Presentation of Financial Statements — Amendments resulting from May 2010 Annual Improvements to IFRSs</td>
<td>May-10</td>
<td>Annual periods beginning on or after 1 January 2011</td>
</tr>
<tr>
<td>IAS 7 Statement of Cash Flows — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td>IAS 12 Income Taxes — Limited scope amendment (recovery of underlying assets)</td>
<td>December-10</td>
<td>Annual periods beginning on or after 1 January 2012</td>
</tr>
<tr>
<td>IAS 17 Leases — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td>IAS 24 Related Party Disclosures — Revised definition of related parties</td>
<td>November-09</td>
<td>Annual periods beginning on or after 1 January 2011</td>
</tr>
<tr>
<td>IAS 32 Financial Instruments: Presentation — Amendments relating to classification of rights issues</td>
<td>July-05</td>
<td>Annual periods beginning on or after 1 February 2010</td>
</tr>
<tr>
<td>IAS 36 Impairment of Assets — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
<tr>
<td>IAS 39 Financial Instruments: Recognition and Measurement — Amendments resulting from April 2009 Annual Improvements to IFRSs</td>
<td>April-09</td>
<td>Annual periods beginning on or after 1 January 2010</td>
</tr>
</tbody>
</table>
MAURITIUS INSTITUTE OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

5. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF
ESTIMATION UNCERTAINTY

In the process of applying the accounting policies described in note 3, the directors have
made estimates and judgements that may affect the reported amounts and disclosures in
the financial statements. Estimates and judgements are continuously evaluated and are
based on historical experience and other factors, including expectations and assumptions
concerning future events that are believed to be reasonable under the circumstances.
Actual results may differ from the estimates.

Determination of functional currency

The determination of functional currency of the Institute is critical since recording of
transactions and exchange differences arising are dependent on the functional currency
selected. The directors have considered those factors have determined that the functional
currency of the Institute is Mauritian Rupees (Rs).

6. FINANCIAL RISKS FACTORS

The Institute’s activities expose it to a variety of financial risks, including:
• Credit risk
• Liquidity risk

This note presents information about the Institute’s exposure to each of the above risks,
the Institute’s objectives, policies and processes for measuring and managing risk.
Further quantitative disclosures are included throughout these financial statements.

The Board of Directors has overall responsibility for the establishment and oversight of
the Institute’s risk management framework.

(i) Credit risk

The Institute’s credit risk is primarily attributable to its trade receivables. The amounts
presented in the Statement of Financial Position are net of allowances for doubtful
receivables, estimated by the Institute’s management based on prior experience and the
current economic environment.

(ii) Liquidity risk

Prudent liquidity risk management implies maintaining sufficient cash and the
availability of funding through the adequate amount of committed credit facilities.
MAURITIUS INSTITUTE OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE EIGHTEEN MONTHS ENDED 31 DECEMBER 2010

7. PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th>COST</th>
<th>Office furniture fittings &amp; equipment Rs</th>
<th>Office computer equipment Rs</th>
<th>Motor Vehicles Rs</th>
<th>Kitchen equipment Rs</th>
<th>Total Rs</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 July 2009</td>
<td>5,164,030</td>
<td>4,325,986</td>
<td>1,459,617</td>
<td>107,539</td>
<td>11,057,172</td>
</tr>
<tr>
<td>Additions</td>
<td>225,666</td>
<td>572,686</td>
<td>780,000</td>
<td>12,925</td>
<td>1,591,277</td>
</tr>
<tr>
<td>Disposal</td>
<td>-</td>
<td>-</td>
<td>(847,012)</td>
<td>-</td>
<td>(847,012)</td>
</tr>
<tr>
<td>At 31 December 2010</td>
<td>5,389,696</td>
<td>4,898,672</td>
<td>1,392,605</td>
<td>120,464</td>
<td>11,801,437</td>
</tr>
</tbody>
</table>

DEPRECIATION

| At 1 July 2009 | 3,545,552 | 3,667,531 | 1,459,617 | 90,341 | 8,763,041 |
| Charge for the year | 607,387 | 472,392 | 78,000 | 7,610 | 1,165,389 |
| Disposal | - | - | (847,012) | - | (847,012) |
| At 31 December 2010 | 4,152,939 | 4,139,923 | 690,605 | 97,951 | 9,081,418 |

NET BOOK VALUES

| At 31 December 2010 | 1,236,757 | 758,749 | 702,000 | 22,513 | 2,720,019 |
| At 30 June 2009 | 1,618,478 | 658,455 | - | 17,198 | 2,294,131 |

8. INVESTMENTS

<table>
<thead>
<tr>
<th>Deposit</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs</td>
<td>20,200,000</td>
<td>15,000,000</td>
</tr>
</tbody>
</table>

The M.I.H has made three placements with the MCS Mutual Aid Association amounting to Rs 20,200,000. The term deposits have different maturity dates and shall yield interest as per the terms and condition attached to their respective agreement.

9. INVENTORIES

<table>
<thead>
<tr>
<th>Stationery and other office items</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs</td>
<td>41,953</td>
<td>76,133</td>
</tr>
</tbody>
</table>

10. TRADE AND OTHER RECEIVABLES

<table>
<thead>
<tr>
<th>Trade receivables</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs</td>
<td>320,458</td>
<td>1,300,471</td>
</tr>
<tr>
<td>Other receivables</td>
<td>1,529,698</td>
<td>1,328,356</td>
</tr>
<tr>
<td>Rs</td>
<td>1,850,856</td>
<td>2,628,827</td>
</tr>
</tbody>
</table>
11. RETIREMENT BENEFITS OBLIGATION

The MIH's employee benefit obligation for long-service payments under a government mandated plan is based on a comprehensive actuarial valuation made by the State Insurance Company Limited as of 31 December 2010.

<table>
<thead>
<tr>
<th>2010</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>At 1 July 2009</td>
<td>3,405,462</td>
</tr>
<tr>
<td>Total staff cost</td>
<td>1,405,341</td>
</tr>
<tr>
<td>Contribution paid</td>
<td>(1,228,422)</td>
</tr>
<tr>
<td>At 31 December 2010</td>
<td>3,582,381</td>
</tr>
</tbody>
</table>

12. TRADE AND OTHER PAYABLES

<table>
<thead>
<tr>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs</td>
<td>Rs</td>
</tr>
<tr>
<td>Trade payables</td>
<td>11,552,352</td>
</tr>
<tr>
<td>Accruals</td>
<td>1,076,991</td>
</tr>
<tr>
<td>12,629,343</td>
<td>3,784,450</td>
</tr>
</tbody>
</table>

13. RELATED PARTY TRANSACTIONS

There were no related party transactions during the period under review.

14. CHANGES IN FINANCIAL YEAR

Pursuant to changes brought in the Statutory Bodies (Accounts and Audit) Act, the Ministry of Health and Quality of Life vide its circular letter dated 22 February 2010 instructed MIH to change its financial year from 30 June to 31 December. The first set of accounts shall be for a period of eighteen months ending on 31 December 2010.

15. COMPARATIVE

The current period figures are for an 18 months period from 1 July 2009 to 31 December 2010 while the comparative figures are for a twelve months period from 1 July 2008 to 30 June 2009. Consequently, comparative amounts for the Statement of Financial Performance, Statement of Changes in General Fund, Statement of Cash Flows and related notes are not entirely comparable.

16. OTHER INPUTS FROM GOVERNMENT

In addition to grant, the Ministry of Health and Quality for Life made available the facilities, stated below, to MIH during the financial year 2010. These have not been accounted in the financial statements.

- Rent – free buildings to house MIH
- Salaries and allowances totaling Rs 878,895 were incurred by the parent Ministry in respect of 4 officers who were seconded to the Institute.

17. EVENT AFTER REPORTING DATE

There have been no material post balance sheet events which require disclosure or adjustment to the 31 December 2010 financial statements.
## Schedules to the Statement of Financial Performance

For the Eighteen Months Ended 31 December 2010

<table>
<thead>
<tr>
<th>Schedule</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International courses, study and others</td>
<td>6,259,793</td>
<td>4,295,962</td>
</tr>
<tr>
<td>Local training courses, study and others</td>
<td>7,927,855</td>
<td>4,866,558</td>
</tr>
<tr>
<td>Local research surveys, study and others</td>
<td>3,815,725</td>
<td>3,783,297</td>
</tr>
<tr>
<td>Others</td>
<td>425,591</td>
<td>39,509</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,428,964</td>
<td>12,985,326</td>
</tr>
<tr>
<td><strong>2. GOVERNMENT GRANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>12,900,000</td>
<td>8,600,000</td>
</tr>
<tr>
<td><strong>3. OTHER INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank interest received</td>
<td>2,943,977</td>
<td>2,205,118</td>
</tr>
<tr>
<td>Profit/(loss) on disposal</td>
<td>206,000</td>
<td>(18,540)</td>
</tr>
<tr>
<td>Deferred income</td>
<td>147,748</td>
<td>112,070</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,297,725</td>
<td>2,298,648</td>
</tr>
<tr>
<td><strong>4. STAFF COSTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and allowances</td>
<td>21,155,826</td>
<td>12,576,063</td>
</tr>
<tr>
<td>Sick leave</td>
<td>2,688,975</td>
<td>-</td>
</tr>
<tr>
<td>Vacation leave</td>
<td>3,038,965</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26,883,766</td>
<td>12,576,063</td>
</tr>
<tr>
<td><strong>5. TRAINING EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local and international training activities</td>
<td>9,658,247</td>
<td>5,819,540</td>
</tr>
<tr>
<td><strong>6. OTHER ADMINISTRATIVE EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation and maintenance of equipment</td>
<td>182,756</td>
<td>110,423</td>
</tr>
<tr>
<td>Motor vehicle running costs</td>
<td>454,511</td>
<td>234,309</td>
</tr>
<tr>
<td>Library expenses</td>
<td>135,316</td>
<td>388,265</td>
</tr>
<tr>
<td>Stationery and office items</td>
<td>112,911</td>
<td>40,662</td>
</tr>
<tr>
<td>IT facilities</td>
<td>131,964</td>
<td>143,014</td>
</tr>
<tr>
<td>Communication services</td>
<td>315,289</td>
<td>205,941</td>
</tr>
<tr>
<td>Electricity bill</td>
<td>676,027</td>
<td>509,945</td>
</tr>
<tr>
<td>Insurance</td>
<td>34,363</td>
<td>29,063</td>
</tr>
<tr>
<td>Incidentally and office expenses</td>
<td>84,017</td>
<td>60,914</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,165,388</td>
<td>790,224</td>
</tr>
<tr>
<td>Legal fee</td>
<td>34,000</td>
<td>24,000</td>
</tr>
<tr>
<td>sundries</td>
<td>184,092</td>
<td>85,402</td>
</tr>
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<td>Staff welfare</td>
<td>56,093</td>
<td>22,500</td>
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<td>Professional fees</td>
<td>172,740</td>
<td>50,000</td>
</tr>
<tr>
<td>Cleaning and laundry services</td>
<td>228,240</td>
<td>90,997</td>
</tr>
<tr>
<td>Kitchen expenses</td>
<td>729,703</td>
<td>379,094</td>
</tr>
<tr>
<td>Bad debts</td>
<td>312,434</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,009,844</td>
<td>3,164,753</td>
</tr>
<tr>
<td><strong>7. RESEARCH EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local and international research activities</td>
<td>2,433,246</td>
<td>2,134,010</td>
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</table>
MAURITIUS INSTITUTE OF HEALTH
POWDER MILL - PAMPLEMOUSSES

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