



**MAURITIUS INSTITUTE OF HEALTH**

**Report of Activities for  
period January 2016 to  
June 2017**

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## LIST OF ACRONYMS

AUF	- Agence Universitaire de la Francophonie
ASSIST	- Alcohol, Smoking and Substance Involvement Screen Test
CNF	- Campus Numérique de la Francophonie
CPD	- Continuing Professional Development
IT	- Information Technology
ITC	- International Tobacco Control
ITU	- International Telecommunication Union (ITU)
KABP	- Knowledge, Attitudes, Beliefs and Practices
MIH	- Mauritius Institute of Health
MOHQL	- Ministry of Health and Quality of Life
PID	- Project Implementation Document
PC	- Personal Computer
UNFPA	- United Nations Population Fund
WNTD	- World No Tobacco Day
WHO	- World Health Organisation

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## Chairperson's Message



I am honoured to present the Annual Report of the Mauritius Institute of Health (MIH) for January 2016 to June 2017 and I am pleased to bring my contribution.

Over the years, basic indicators in terms of Infant mortality rate and Maternal mortality reveal significant progress achieved in the field of health. Infant mortality which was 14.1 in 2014 has plummeted to 11.6 per 1000 births. Maternal mortality which was 0.55 in 2014 has declined to 0.49 in 2016. A major development programme is underway to change the landscape of the health sector. The wooden structure of the ENT hospital dating back to the colonial period will be uplifted into a modern, fully computerized specialised ENT Centre. With the rise in the number of cancer cases, a new Cancer Centre project is being implemented endowed with state of the art technology to make of the Centre a Regional Reference Centre for treatment of cancer. A number of health complications in relation to cardiac, ophthalmology or Neuro-surgery which were referred for overseas treatment in a not too distant past would be treated locally.

Our country is positioning itself to play a lead regional role in the area of health care. The Annual Report reveals that a new orientation is being charted for the Institute. Greater emphasis is being laid on training and capacity building. Through innovation and optimum harnessing of resources, the Institute will be called upon to play a dynamic and prominent role in research and training. The vision of the Institute for the future is evolution into a professional, high-profile training and research institution for the health sector.

I would wish to place on record the excellent work performed by the staff and members of the MIH Board to attain the objectives of the Institute.

A handwritten signature in black ink, appearing to read 'G. Gunesh'.

G. Gunesh

Senior Chief Executive

Ministry of Health and Quality of Life  
and

Chairperson of MIH Board

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## ABOUT THE MAURITIUS INSTITUTE OF HEALTH (MIH)

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### GENERAL INTRODUCTION

We aspire to respond to the health care needs of society by providing quality training for health care professionals. Through our health care systems research we provide decision makers in the country with information to guide policy and strengthen health to improve the health of the population.

As expected, our Institute has had to face some very significant challenges during the period January 2016 – June 2017. On a positive note, we have at the same time been able to meet almost all the objectives we set out for ourselves. We have also had the possibility to explore some exciting new opportunities. Whereas demand for our services has not ceased to increase, our training staff found itself reduced to a dangerously low level, threatening our core activities, but some excellent team players put their shoulders to the wheel to address this challenge with passion and enthusiasm. We have had valuable inputs from our local and international partners and other stakeholders to help us realize where we are meeting objectives and where we could even exceed them. As a result, we have been able to bring some remarkable innovation and improvements in both the quality and way we deliver our products to our customers.

However some recent developments have created reason for doubts and apprehension as to the future of the Institute. Further evolution in these sectors and whether they challenge, threaten or support our objectives, will be crucial in determining what lies ahead for us.

### THE MAURITIUS INSTITUTE OF HEALTH (MIH)

The Mauritius Institute of Health (MIH) was established in 1989 by an Act of Parliament as a Parastatal Body under the aegis of the Ministry of Health and Quality of Life, to undertake training and research in the health sector. In 2003, the MIH Act was amended to empower the Institute to "conduct courses, hold examinations and grant certificates, diplomas and awards, acting on its own or jointly with any other educational institution".

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## **OPERATIONAL ORGANISATION**

The Institute operates through the following four units:-

- The Training Unit;
- The Research Unit;
- The Media Unit; and
- The Administrative Unit

## **OUR VISION**

The Mauritius Institute of Health shall be a leading centre of excellence in health training and research.

## **OUR MISSION**

Our mission is to contribute to the promotion of health and quality of life of society through training and health systems research.

## **OUR OBJECTIVES**

As per the MIH Act of 1989, the Institute has the following objectives:

- (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 MIH Board;
- (b) To carry out such health systems research as may be approved by the Board;
- (c) To act as a focal point and resource centre for the production, exchange and promotion of health learning and health information material;
- (d) To provide advisory services in matters of healthcare;
- (e) To conduct courses, hold examinations and grant certificates, diplomas and awards, acting on its own or jointly with any other educational institution;
- (f) To co-operate with institutions, regional and international organisations in order to promote the above objects.



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## OUR CORE VALUES

The realisation of the vision, mission and objects of the Institute rests on the following core values:

- Academic excellence
  - Professionalism
  - Integrity
  - Accountability and transparency
  - Fairness, equity and gender sensitivity
- 
- Team work
  - Community centredness
  - Partnership

## OUR CUSTOMERS

Our customers include doctors, dentists, pharmacists, nurses, other health care and professional staff from the Ministry of Health and Quality of Life, staff from other Ministries and Government Departments, Parastatal Bodies, Non-Governmental Organisations, public and private organisations, as well as international and regional agencies.

## OUR SERVICES

The primary functions of the MIH are to carry out health training and research.

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Our services include the following:

- (a) Provision of high quality training for medical, paramedical and other personnel in health and health related areas using modern educational technologies including distance learning;
- (b) Conduct of research, epidemiological and evaluative studies for decision making on health problems in the community and to sustain efficient functioning of the health care system;



- 
- (c) Provision of high quality information, resources and IT support to facilitate learning, training and research;
  - (d) Provision of evidence based advisory services to the Ministry of Health and Quality of life in matters of health care;
  - (e) Partnership/cooperation with local, regional and international institutions in areas of training and research;
  - (f) Design, development and implementation of software for health related projects;
  - (g) Continuous professional development for medical, dental and other health care personnel.

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## ACHIEVEMENTS AND CHALLENGES

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### OVERVIEW

Pending the approval of our new strategic plan, we based ourselves on the existing 2013-2015 strategic plan as the baseline for the measurement of our achievements. Of the nine objectives in our strategic plan, we have been able to achieve the first 8. As the existing strategic plan did not make reference to key performance indicators, achievements are described with reference to the key performance objectives only, with relevant indicative figures where appropriate.

### MAJOR ACHIEVEMENTS

Review, updating and upgrading of curricula in line with development and advances in the health care sector was effected as scheduled. 10 curricula were addressed, namely, a 3-year Diploma in Radiation Therapy Technology, 1-year Certificate Courses in Health Care Technology, Speech and Hearing Therapy, Podo-orthosis, Medical Emergency Response, Community Health Rehabilitation, Community Health Care, a Health Record Technicians Certificate and a programme for the training of Formal Carers.

Programmed training was delivered as expected, including post-basic training in 2 nursing specialities. Of 7 research studies, 4 were completed as scheduled, the other 2 are ongoing.

Regional and international cooperation in health development was further strengthened with the development of new programmes with existing partners, as well as the development of new partnerships. Distance learning was piloted and successfully launched for continuing professional development of health care professionals. The Virtual Health Library Mauritius (VHLM) service was extended to nurses, paramedics and allied health care professionals in the public health sector. The Institute served its function as an awarding body for the School of Nursing of the Ministry of Health and Quality of Life for the National Diploma in Nursing and other courses.

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We continued to provide logistics for the assessment of medical graduates undertaking pre-registration training in our public health institutions, whilst also partaking in discussions on revision of pre-registration training.

With Continuing Professional Development (CPD) having become mandatory for continued registration, and expressed needs from underserved segments of the two professions, we started offering face to face CPD for both the Medical and Dental Professions.

In addition to our stated key performance objectives, in an endeavour to facilitate technical and administrative processes, to standardise and quality assure them and in the spirit of good governance we were able to institute a set of written guidelines.

Despite action having been initiated to fill training cadre vacancies, pending the filling of the vacancies, sadly enough, we lost a very senior and experienced Training Manager, bringing our vacancy rate to 80%. This situation caused some distress to the Institute and it is not impossible that we could have performed even better had we been able to function with more adequate staffing.

## EXISTING STRATEGIC PLAN AND PERFORMANCE OF THE INSTITUTE

The report on the performance of the Institute for the period under review is summarised as per the following table:-

Table 1: Performance of the Institute

Major achievements	Based upon existing Strategic Plan 2013-2015, 8 out of 9 key performance objectives have been achieved as follows:-		
	No.	Key Performance Objectives	Objectives
			Activity Achieved(v)/ Not Achieved (X)
	1.	To review, update and/or upgrade curricula and deliver training for Health Personnel in line with development and advances in the health care sector	<ul style="list-style-type: none"> <li>- Curriculum Development: 2 Completed. v</li> <li>- Curriculum Development Under Review: 6 v Ongoing</li> <li>- Curriculum to be reviewed for new courses:2 v Ongoing</li> </ul>
	2.	To design, develop and deliver post-basic training programmes for Nursing Personnel in specialised fields.	<ul style="list-style-type: none"> <li>- <u>Top Up Programme leading to the National Diploma in Nursing:</u> <ul style="list-style-type: none"> <li>4th batch completed:464 trained v</li> <li>5<sup>th</sup> batch ongoing: 444 trainees v (ongoing)</li> </ul> </li> <li>- <u>National Diploma in Nursing:</u> <ul style="list-style-type: none"> <li>1<sup>st</sup> batch: 117 participants completed in November 2016 v</li> <li>2nd batch: 237 trainees (October 2017) v (ongoing)</li> <li>3<sup>rd</sup> batch: 132 trainees (March 2018) v (ongoing)</li> </ul> </li> <li>- Training in Emergency Medicine for Nursing Personnel: 22 participants trained. v</li> <li>- Diploma in Diabetes Foot Care Nursing: 20 participants trained. v</li> </ul>



3.	To undertake Research and Studies with a view to enhance the efficiency and effectiveness of health care interventions and provision of services.	Research Studies completed: 3  Ongoing Research Studies : 2	√  Partly achieved – (One Research Staff on Leave Without Pay)
4.	To strengthen Regional and International co-operation in Health Manpower Development.	Two –year training programme in Field Epidemiology for 8 participants from the Indian Ocean Commission  Specialisation in Internal Medicine for serving Medical and Health Officers (2012-2017): 5 trained in collaboration with University of Bordeaux.  Specialisation in Emergency Medicine for Emergency Physicians, Medical and Health Officers (in collaboration with University of Reunion) 1 <sup>st</sup> batch of 14 2 <sup>nd</sup> batch of 26  Specialisation in Obstetrics and Gynaecology with University of Bordeaux	√ (Ongoing)  √ (Completed)  √ (Ongoing)  √ (Under preparation)
5.	To explore and develop distance learning as a means to expand access to the repertoire of training programmes offered by the Institute to a greater audience and increase cost effectiveness of training at all levels.	- Distance Learning on Population Issues  - Virtual Health Library Mauritius (VHLM)  Number of Health Personnel registered: 2721 health personnel (multidisciplinary)  - FOCAD Santé	√ (Ongoing)  √ (Ongoing)  √ (Ongoing)  √ (Ongoing)
6.	To function as an Awarding Body for National Certificate and Diploma Courses in Health and Social Sectors.	Awarding Body for courses of the School of Nursing at Diploma Level and Top-Up Courses leading to Diploma Level	√ (Ongoing for all Diploma and Top Up Courses leading to the Diploma Level)

	7.	To participate in the implementation of the revised Pre-registration training programme of medical graduates, through programme development, monitoring of training activities and conduct of examinations.	<p>End of Posting Assessment of Pre-Registration House Officers 1261 participants assessed as follows:-</p> <p>General Medicine: 332 General Surgery: 212 Obst &amp; Gynae: 268 Paediatrics: 229 Orthopaedics: 220</p>	√ (Ongoing)
	8.	To be responsible for the organisation and coordination of educational programmes relating to Continuing Professional Development (CPD). The MIH will make maximum use of Information Technology facilities for the delivery of these programmes.	<p>Online continuing professional development for Doctors and Dental Surgeons</p> <p>19 sessions of two-hour for Doctors</p> <p>7 sessions of 1 hour for Dental Surgeons</p> <p>Training of 18 Ambulance Drivers</p> <p>Advanced Training in Information Technology for 20 Permanenciers and 21 SAMU Physicians</p>	<p>√</p> <p>√ 95 (private ) 34 public sector)</p> <p>√ 63 (private) 127 (public sector)</p> <p>√</p> <p>√</p> <p>√</p>
	9.	To increase MIH capacity in order to respond adequately to meet these objectives.	Staff Recruitment	Partially achieved
			Staff Development	Staff had ample opportunities to participate in CPD activities

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## RISK MANAGEMENT

Throughout the fiscal period under review, we functioned in accordance with generally established principles of good governance. We stand guided by the Financial Management Manual (FMM) of the Public Sector. We were also finally able to set up an Audit Committee as recommended by the Office of Public Sector Governance. We anticipate that the Audit Committee will be able to help our organisation's control, accountability and good governance practices whilst contributing to better assessment and management of risks inherent in the delivery of our responsibilities.

Risks have been discussed regularly with the Board as well as with main stakeholders through the fiscal period under review (finance, staffing, renovation, etc.). Emerging risks have been highlighted and brought to the knowledge of relevant parties and actions to mitigate those risks taken, contemplated or proposed.

Whilst continuing to comply with a multitude of internal and external processes to mitigate risks, we have also been able to institute a series of actions to further diminish risks and strengthen our existing processes as follows:-

- recruitment of part-time resource persons for research and training activities is now effected after open advertisement;
- setting up of an Audit Committee as recommended by the Office of Public Sector Governance (OPSG);
- Regular Internal Control exercises is advocated;
- Accreditation of courses as a regular feature to safeguard the quality of its training programmes.

As we strive to pursue our programme of internal risk mitigation, we are also alert to the inherent internal risk of undue reliance on a very limited number of core staff and have forestalled processes to counteract this.

Our strategic wish is to a very large extent driven by the external environment under which we have limited control. Nevertheless, important issues have been brought to the attention of authorities concerned and innovative actions undertaken in parallel.



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## CORPORATE GOVERNANCE

This report covers the activities at the Institute during the period January 2016 to June 2017, in line with the requirements of the Statutory Bodies Act. The Financial Statements have been prepared in accordance with the International Public Sector Accounting Standards (IPSAS).

The Mauritius Institute of Health is committed to implement the Good Corporate Governance Practices. Its aim is to contribute to the promotion of health and quality of life of society through training and health systems research. All its activities are conducted in accordance with Good Corporate Governance, namely discipline, transparency, independence, accountability, social responsibility and professionalism.

## MANAGEMENT OF THE MIH

### Functions of the Board

The MIH functions as a Statutory Body, administered by a 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 Finance Committee and the Staff Committee.**

All matters relating to the training and research programmes conducted by the Institute; appointment, dismissal, discipline of employees and their conditions of service; the development of physical infrastructure, the annual budget estimates and all financial transactions must be approved by the Board.

As provided for in the MIH (Amendment) Act No. 36 of 1989, the Board consists of:-

- (a) a Chairman 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) other members, not exceeding 7, appointed by the Prime Minister to represent—
  - (i) educational, training and vocational interests;
  - (ii) bilateral or multilateral donor organisations.



The Act also specifies that the Chairperson shall be a Public Officer and that appointed members shall hold office for two years but are eligible for re-appointment.

### Composition of the MIH Board during period January 2016 to June 2017

	Designation	Occupation
<b>Chairperson</b>	1. Mr G. G. Gunesh [As from 7 October 2016 to date] Dr K. Pauvaday [28 April 2015 – 6 October 2016]	Senior Chief Executive, Ministry of Health and Quality of Life Director-General Health Services, Ministry of Health and Quality of Life
<b>Member</b>	2. Dr (Mrs) G. DABY	Executive Director, Mauritius Institute of Health
<b>Member</b> (Representative of the Prime Minister's Office)	3. Mr V. VYTHILINGUM [As from 06 June 2017] Ms B. KAMULSING [As from 28 Feb. 2017]  Mrs P. JUGGESSUR-DABEEDYAL [June 2015 to Sept 2016]	Manager Human Resources Prime Minister's Office Assistant Permanent Secretary Prime Minister's Office  Higher Executive Officer Prime Minister's Office
<b>Members</b> representing— (i) educational, training and vocational interests;	4. Dr (Mrs) P. PUGO-GUNSAM  5. Dr (Mrs) B. OOGARAH-PRATAP  6. Dr D.K. PADACHI  7. Dr (Mrs) M. TIMOL [as from 17 April 2014]	Associate Professor, Department of Health Sciences University of Mauritius  Associate Professor, Mauritius Institute of Education.  Associate Professor, School of Business, Management & Finance, University of Technology Mauritius  Acting Director General Health Services [as From October 2016] & Director Health Services Ministry of Health and Quality of Life [From 17 April 2014 to Sept 2016]
(ii) bilateral or multilateral donor organisations	8. Mr D. PERSAND  9. Dr L. MUSANGO [as from 28 June 2017] Mr A. NUNDOOCHAN [27 Feb 2013 to Sept 2016]	Director Nursing, Ministry of Health and Quality of Life  WHO Representative, WHO Port Louis. Officer in Charge, WHO

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## Composition of Advisory Committees of the MIH BOARD

### Technical Committee

Chairperson	:	- Dr (Mrs) P. Pugo-Gunsam
Members	:	- Dr (Mrs) B. Oogarah-Pratap - Dr (Mrs) M. Timol - Mr D. Persand

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### Finance Committee

Chairperson	:	- Dr D.K. Padachi
Member	:	- Mr A. Nundoochan , WHO Representative World Health Organisation
Co-opted Members	:	- Mr U. Gobin, Manager Financial Operations Ministry of Health and Quality of Life - Mr Alain S. Li Yuk, Systems Analyst, Ministry of Health and Quality of Life as from 08 October 2015

### Staff Committee

Chairperson	:	- Mr D. Persand
Member	:	- Ms B. Kamulsing [February 2017]
Co-opted Member	:	- Mr Z. Bhugeloo , Manager, Human Resources, Ministry of Health and Quality of Life as from September 2015

### Selection Committee

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As decided by the Board depending upon vacancies to be filled.

The Terms of Reference of the Advisory Committees as approved by the MIH Board, are at Annexes 2, 3, and 4.

## Sittings of the Board and its Advisory Committees

During the period under review, the MIH Board and its Advisory Committees met on 19 occasions as follows:-

Table 2: Number of Meetings – January 2016 to June 2017

Meeting	Jan to December 2016	Jan to June 2017	Total
Board Meeting	4	2	6
Staff Committee	3	1	4
Finance Committee	3	0	3
Technical Committee	5	0	5
Selection Committee	-	1	1
			<b>19</b>

## Remuneration

Fees paid to Board Members, the State Law Office and the National Audit Office for the period January to December 2016 and January to June 2017 are shown in the table below:

Table 3: Remuneration

Name	Designation	Fees (Rs)	Fees (Rs)	Total Fees (Rs)
		Jan to Dec 2016	Jan to June 2017	
Board Members and Advisory Committees				
Gunesh Mr G.	Chairperson	83,983.00	179,550.00	263,533.00
Pauvaday Dr Keyvoobalan	Chairperson	275,117.00	-	275,117.00
Daby Dr (Mrs) Geeta	Member	4,170.00	2,240.00	6,410.00
Mr V. Vythilingum	Member	-	890.00	890.00
Kamulsing B. (Ms)	Member	-	1,705.00	1,705.00
Juggessur-Dabeedyal (Mrs) P.	Member	3,480.00	-	3,480.00
Oogarah-Pratap Dr (Mrs) Brinda	Member	6,520.00	1,350.00	7,870.00
Padachi Dr K. Dambeegam	Member	7,635.00	2,470.00	10,105.00
Persand Mr Dhunrajsing	Member	10,510.00	4,355.00	14,865.00
Pugo Gunsam P. Dr (Mrs)	Member	11,605.00	3,515.00	15,120.00
Timol Dr (Mrs) Maryam	Member	5,575.00	2,975.00	8,550.00
Dr L. Musango	Member	Nil	Nil	Nil
A. Nundoochan	Member	Nil	Nil	Nil
Gobin Mr U.	Co-opted Member	3,135.00	-	3,135.00
Li Yuk Tong Mr Alain	Co-opted Member	3,135.00	-	3,135.00
Z. Bhugeloo	Co-opted Member	2,675.00	2,090.00	4,765.00
Name and Services from other Officers/Institutions			Fees (Rs)	
Manager Human Resources (Mr Z. Bhugeloo, as from September 2015) Services of the Assistant/Manager Human Resources of the Ministry of Health and Quality of Life			60,000.00	
State Law Office			24,000.00	
National Audit Office			170,000.00	



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## MAJOR DECISIONS OF THE MIH BOARD

Major decisions taken by the Board included the following:-

- MIH Budget for fiscal years 2016-2019;
- Overview of implementation and review of Programme of Work for year 2016;
- Programme of Work for year 2017;
- Follow-up of Research and Training Activities;
- Revisiting the MIH Act;
- Setting up of a Board of Survey;
- Security at the Institute;
- Revision of operational costs for MIH programmes;
- Repairs and Replacement of Equipment;
- Renovation Works;
- SICOM Actuarial Investigation of the MIH Pension Fund;
- MIH as an Awarding Body for Public Training Institutions only;
- Organisation of Continuing Professional Development Programmes for Doctors and Dentists;
- Staff Matters :- Approval of Study leaves, Renewal of contract employment of Training Managers, Incremental Credit/Allowances, Disciplinary Measures;
- Approval of Draft Annual Report 2015;
- Formal contract with Resource Persons (Research and Training Programmes;
- Consultancy Rates.



The Advisory Committees had several meetings to consider items as per their respective mandates:-

Table 4: Mandate of Advisory Committees

Technical Matters	Finance Matters	Staff Matters
<ul style="list-style-type: none"> <li>- MIH as an Awarding Body for Ministry of Health and Quality of Life;</li> <li>- MIH (Fees) Regulations 2013;</li> <li>- Mid Term Review of Programme of Work;</li> <li>- Requests from Visiting Researchers;</li> <li>- Request for carrying out surveys;</li> <li>- Draft Annual Report 2015;</li> <li>- Policy decisions re payment for delivering transcripts, testimonials and reference checks;</li> <li>- Archiving of Certificates /Documents;</li> <li>- Intellectual Property Rights;</li> <li>- Guidelines and Policies;</li> <li>- Formal Contract with Resource Persons at the MIH;</li> <li>- Strategic Plan for the MIH;</li> <li>- Policy Papers for Visiting Scholars;</li> <li>- Policy Paper for the MIH to act as a Service Provider for Research;</li> <li>- Review of Examination Protocols at the MIH;</li> <li>- MIH as a Provider of Continuing Professional Development (CPD);</li> <li>- Upgrading of the MIH to a University Status.</li> </ul>	<ul style="list-style-type: none"> <li>- Review of Financial Situation of the MIH;</li> <li>- Revision of operational cost for programmes and activities at the MIH;</li> <li>- Revaluing of assets with zero net book value;</li> <li>- Repairs to Photocopy Machine-Bizhub 750;</li> <li>- Electrical and Water Problems at the MIH;</li> <li>- Internal Control Exercise;</li> <li>- Purchases in General (CPUs, Laser Printers, Supply of Reagents, Laptops, Automatic Water Pump and Water Tank, Electronic Attendance Equipment, etc.);</li> <li>- Draft Financial Statement for year January to December 2015;</li> <li>- UNFPA Funds with the Mutual Aid Association;</li> <li>- Renovation works at the MIH;</li> <li>- SICOM - Report on the Actuarial Investigation of Mauritius Institute of Health (MIH) Pension Fund as at 30 June 2015;</li> <li>- Changes in Statutory Bodies (Accounts and Audit) Act – Performance Report;</li> <li>- Board of Survey</li> <li>- SICOM - Report on the Actuarial Investigation of Mauritius Institute of Health (MIH) Pension Fund as at 30 June 2015</li> <li>- Audit Committee as recommended by the Office of Public Sector Governance (OPSG)</li> </ul>	<ul style="list-style-type: none"> <li>- Re. Renewal of Contract Employment of Training Managers as from 30 November 2015;</li> <li>- Re. Case of Clerical Assistant;</li> <li>- Re. Case of Cook;</li> <li>- Request for allowances from MIH Staff re VHLM;</li> <li>- Request for Allowance from Driver;</li> <li>- Request for increment/s for holding the MSc in Procurement and Supply Management from Management Support Officer;</li> <li>- Request for Adhoc Allowance from, Computer Officer</li> <li>- Review of allowance payable to Executive Assistant and Management Support Officer for extra duty;</li> <li>- Filling of posts of Office Management Assistant;</li> <li>- Request for placement at SSRN Hospital from MOHQL Training Manager</li> <li>- Consultancy rates for MIH Officers;</li> <li>- Fees paid for lectures delivered by MIH;</li> <li>- Revised PRB 2016 adjustments and End of Year Bonus as from year 2016 for Training Managers on contract;</li> <li>- Allowance for Replacement of Executive Director during vacation leave;</li> <li>- Report of the Pay Research Bureau 2016 on the Mauritius Institute of Health;</li> <li>- Review of allowances in General;</li> <li>- Review of Lecture Fees for Resource Persons;</li> <li>- Recruitment of Resource Persons;</li> <li>- Formal contract with Resource Persons;</li> <li>- Filling of post(s) of Training Manager-Selection Panel;</li> <li>- Application for incremental credit from Confidential Secretary;</li> <li>- Pay Research Bureau 2016 – Recommendation 21, 23.69 re Continuing Professional Development for the Executive Director and the Training Managers on contract.</li> <li>- Application for payment of a car allowance in lieu of duty free car facilities from Training Manager on Contract.</li> </ul>

### AWARD TRAINING COURSES

#### Postgraduate Medical Studies

##### **Specialisation in Internal Medicine (3<sup>rd</sup> batch) [2012-2016]**

This is a four-year training programme which started in 2012 with 8 serving Medical and Health Officers of the Ministry of Health and Quality of Life. After three years of successful academic and clinical training in Mauritius, 5 postgraduate students obtained their Diplôme Universitaire (DU), and in November 2015, started their one-year training at the Centre Hospitalier Universitaire of Bordeaux for the Diplôme de Formation Médicale Spécialisée (DFMS) de Médecine Interne Générale. Three postgraduate students did not obtain the DU and were out of the programme.

##### **Specialisation in Primary Health Care**

A draft of the 3-year programme was prepared and ready since September 2014. The programme was awaiting approval by the 'Conseil de Faculté' of the University of Bordeaux. The Ministry had sent a formal request to the University of Bordeaux for the implementation of this programme as a high priority project of the Ministry of Health and Quality of Life. Further discussions were programmed for year 2016-2017.

##### **Specialisation in Emergency Medicine for:-**

###### **(i) Emergency Physicians [P1] ; and**

###### **(ii) Medical Health Officers/Senior Medical Health Officers [P2]**

This 3-year training programme has been approved by the University of Reunion and Medical Council of Mauritius. It will be run in collaboration with the University of Reunion (UOR) and University of Bordeaux (UOB). This is the first time that training for Specialisation in Emergency Medicine is being conducted in Mauritius.

After successful completion of the 3-year course, candidates will be awarded the '**Diplôme Universitaire de Spécialisation en Médecine d'Urgence**', qualification recognised by the Medical Council of Mauritius as a specialist qualification in Emergency Medicine.

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Two batches will be trained as follows:-

- i) The first batch (Promotion 1) of 14 Emergency Physicians in post started their training in September 2016 and underwent their first academic block from 30 January to 3 February 2017 with facilitators from CHU de la Réunion.
- ii) The second Batch (Promotion 2) of 26 Medical and Health Officers/Senior Medical and Health Officers were expected to start the training programme in August/September 2017.

### **Specialisation in Obstetrics and Gynaecology**

In May 2016, the Ministry of Health requested the MIH to mount a training programme leading to the Specialisation in Obstetrics and Gynaecology in collaboration with University of Bordeaux.

A mission of prospection was undertaken by Professor François Sztark and Professor Dominique Dallay from University of Bordeaux from 27 February to 3 March 2017. The report of the mission is awaited. The training programme was hopefully expected to start in the next academic year 2017-2018.



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## **PARAMEDICAL STUDIES - DIPLOMA COURSES**

### **DIPLOMA COURSES FOR PHARMACY TECHNICIAN**

#### **Top-up Training Programme leading to National Pharmacy Technician Diploma (second batch)**

This one-year top-up programme leading to the National Pharmacy Technician Diploma is targeted at serving Pharmacy Dispensers of the Ministry of Health to upgrade their Certificate to the Diploma Level.

The 2<sup>nd</sup> batch comprising 24 participants, holders of the Certificate in Pharmacy Dispensing, started their one-year training programme on 25 February 2016, which was completed in January 2017. 20 candidates successfully completed the programme.

### **DIPLOMA COURSES FOR NURSING PERSONNEL – The Mauritius Institute of Health (MIH ) as the Awarding Body**

#### **Top-Up Programme leading to the National Diploma in Nursing (Mauritius – 4<sup>th</sup> Batch)**

The 4<sup>th</sup> Batch for Mauritius started the training on 28 January 2016 with 498 participants; there were 20 drop-outs. 478 completed the course in August 2016 of whom 18 have not submitted their portfolio yet.

#### **Top-Up Programme leading to the National Diploma in Nursing (Mauritius – 5<sup>th</sup> Batch)**

The 5<sup>th</sup> batch for Mauritius started training on 29 May 2017 with 500 participants who were scheduled to complete the programme in December 2017.

#### **National Diploma in Nursing**

The National Diploma in Nursing is a 3-year course accredited by the Mauritius Qualifications Authority (MQA). The first batch with 129 candidates started the training on 05 August 2013 and the programme was completed in November 2016. Out of 129 candidates, 117 were successful. Presently 3 Batches are following the programme as follows:-

**2nd Batch: 14 July 2014 – August 2017 - with 238 candidates**

Final examinations were programmed for October 2017 with 237 candidates.

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### **3rd Batch: 9 March 2015 – March 2018 - with 138 candidates**

Out of 138 candidates, 132 (12 after Resit) were successful for the Intermediate Examinations.

### **4th Batch: 30 January 2017 to January 2020**

The 4th batch started training on 30 January 2017 with 139 participants.

## **TRAINING IN EMERGENCY MEDICINE FOR NURSING PERSONNEL**

### **Diplôme Universitaire (D.U.) in Emergency Nursing (Infirmiers Urgentistes)] in collaboration with University of Bordeaux**

22 candidates were selected to follow the above training programme which started on 05 January 2015. The course lasted fourteen months, consisting of academic teaching blocks and one year of supervised practical training in the SAMU Units, ICU, Accident and Emergency Department, Operating Theatres, Cardiac ICU, Neonatal and Labour Wards.

The final examinations were scheduled for early January 2016. All 22 candidates were successful and received the 'Diplôme d'Université Soins et Médecine d'Urgence' in February 2016 from University of Bordeaux.

## **DIPLOMA IN DIABETES FOOT CARE NURSING (DURATION 2 YEARS)**

The curriculum obtained accreditation from the Mauritius Qualifications Authority. This programme was aimed at training 20 Nursing Officers of the Ministry of Health and Quality of Life in Diabetes Foot Care Nursing. A one-year theoretical and practical teaching programme was organised by the Mauritius Institute of Health from March 2015 to January 2016.

Nineteen participants successfully completed the programme and were eligible for the Diploma in Diabetes Foot Care Nursing.



**Training of Store Managers**

Store Managers assist Pharmacists in the smooth running of Pharmacies at Public Health Care Institutions. Store Managers must ensure that drugs and essential supplies are available at all times. The 5<sup>th</sup> Pharmacy Store Manager course started in March 2017 with 17 candidates and will end with final examinations in August 2017.

**Certificate Course for Dental Assistants (2nd Batch)**

The objective of the course was to provide dental professionals of the public sector with a body of well trained and qualified assistants to help them in daily activities in dental surgeries as well as in dental health promotion and community dental work.

This one-year certificate course was delivered over 2 years in order to minimise disruption to dental services in hospitals and Area Health Centres. The course started in May 2014 and was completed in May 2016. Training consisted of 1 full-day of theoretical training per week at the MIH and 3 ½ days of supervised practice in dental clinics of the Ministry of Health and Quality of Life. All 15 participants successfully completed the course requirements and were eligible for the award of a “Certificate Course in Dental Assisting”.

**One-Year Certificate Course in Physiotherapy Assisting**

The objective of this training programme was to prepare the physiotherapy personnel in developing and possess a solid knowledge base, skills and attitudes required to practise as physiotherapy assistants in public healthcare institutions.

This was a One-year Certificate course for physiotherapy Assistants of the Ministry of Health and Quality of Life. The training programme started on 4 March 2015 and ended January 2017. Training consisted of 2 full days of theoretical training per week at the MIH and 3 half-days of supervised practice in physiotherapy departments of regional hospitals of the Ministry of Health and Quality of Life. 2 Batches were trained concurrently so as to cause minimum disruption to clinical services. Training for one batch alternates with the other batch whereas examinations are held simultaneously for both batches. 21 participants were trained, 19 were from the Island of Mauritius and 2 from the Island of Rodrigues.



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### **HIV Rapid Testing**

The objective of this programme was to provide Non-Governmental Organisations involved in the fight against HIV/AIDS with personnel equipped with knowledge and skills to perform HIV rapid tests accurately and reliably within the community. This training programme consisted of face to face training, delivered over two days at the MIH and six months of field work. The Institute provided the logistic support. A 1<sup>st</sup> batch of 14 trainees underwent training from September 2014 and completed the training in March 2016. Successful participants were awarded a Certificate of Completion in October 2016.

A second batch of 22 participants started the training programme in April 2016.

## NON-AWARD COURSES

### End of Posting Assessment of Pre-Registration House Officers (PRHOs)

The MIH provides the physical set-up as well as the administrative services for the organisation of the oral assessment of Pre-Registration House Officers. During the period under review, end of Posting Assessment for Pre-Registration House Officers were conducted in the following five major disciplines:

- General Medicine
- General Surgery
- Obstetrics and Gynaecology
- Paediatrics
- Orthopaedics

Assessments completed in March/April 2017:

Table 5: Assessment in March/April 2017

No	Discipline	No of candidates Present				
		March/April 2016	July/August 2016	October/ November 2016	March/April 2017	Total
1.	Orthopaedics	77	45	40	58	220
2.	Paediatrics	80	47	47	55	229
3.	Obstetrics and Gynaecology	86	61	49	72	268
4.	General Surgery	62	49	48	53	212
5.	General Medicine	112	65	75	80	332
Total		417	269	259	318	1261

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

### CPD for Doctors

Continuing professional development (CPD) for doctors became mandatory since first August 2016. The MIH, itself as a registered CPD Provider with the Medical Council of Mauritius, started organising CPD activities as from September 2016. 157 health personnel attended the programme in September and October 2016. They were awarded a certificate of attendance.

From March to 30 June 2017, 12 sessions of 2 hours were organised for Doctors and Specialists. Details are given in figure 1 below.

### CPD for Medical Doctors

Started on 15 March 2017

10 sessions already held	19 “lectures”
Total number of attendees	129
Total number of private doctors	95
Total number of public doctors	34

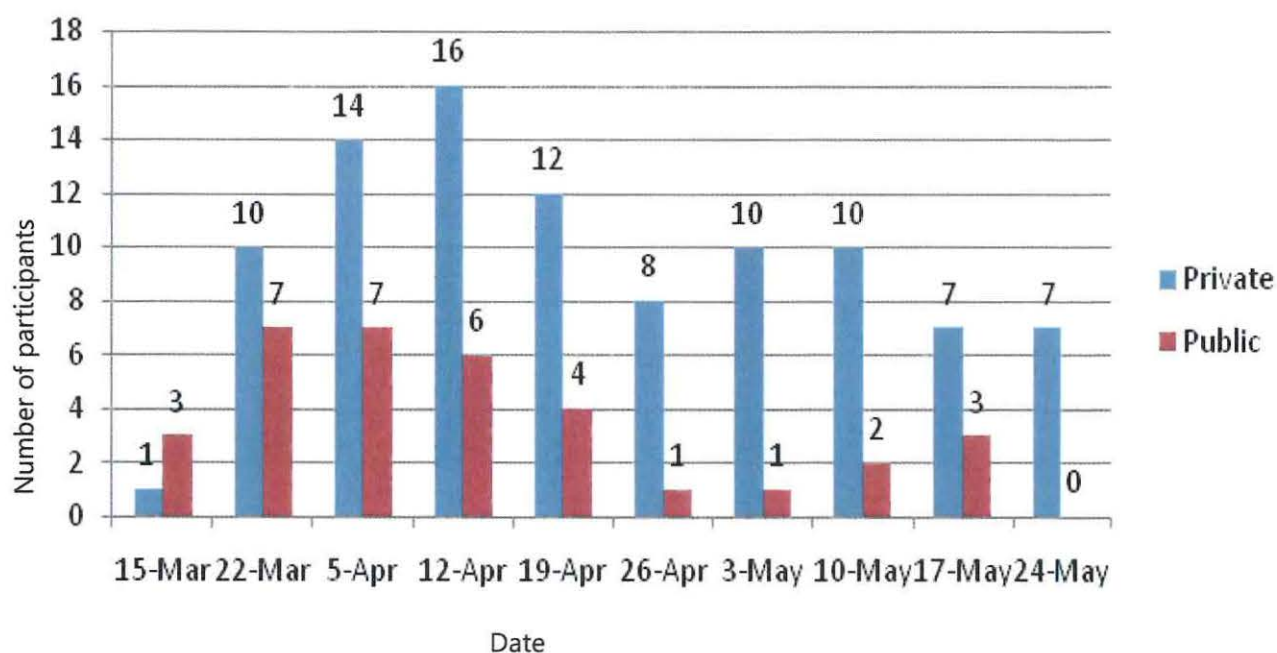


Figure 1: CPD Attendance 2017

Three sessions programmed for June 2017 had to be cancelled because of insufficient attendance.



## CPD for Dental Surgeons

As for medical doctors, CPD for dental surgeons also became mandatory in August 2016. Upon request of the Ministry of Health and Quality of Life, the Institute organised lectures for dentists, after having registered itself as a CPD Provider with the Dental Council of Mauritius. As from 11 March 2017, CPD sessions were held on Saturdays from 12.30 pm to 1.30 pm at the Subramania Lecture Theatre, Mahatma Gandhi Institute, Moka.

As at 30 June 2017, 7 sessions lasting our hour each were held and attended by Dental Surgeons. 63 dental surgeons from the private and 127 from the public sector attended the lectures.

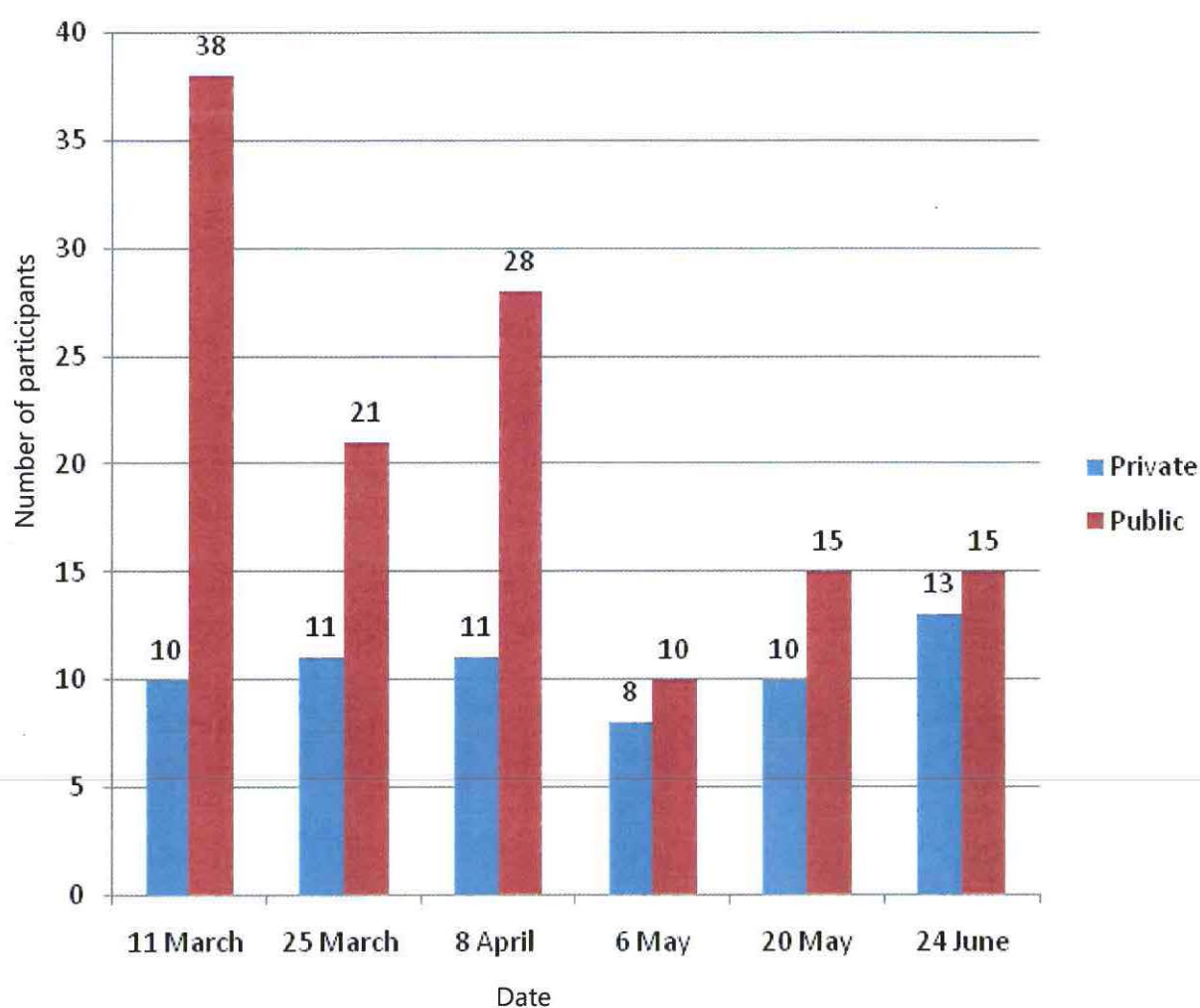


Figure 2: CPD for Dental Surgeons

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## INDUCTION COURSE FOR PRE-REGISTRATION HOUSE OFFICERS

(a) An Induction Course for Pre-registration House Officers (PRHOs) was held in the auditorium of the Rajiv Gandhi Science Centre on 18 January 2017. Of the 120 listed, 115 doctors attended. The purpose of this course is geared towards acquainting participants with the public health care set-up and facilitating their insertion, adjustment and integration in the system.



Opening ceremony of Induction Course for Pre-Registration House Officers

(b) An Induction Course for a second batch of PRHOs was held in the Conference Hall at Victoria Hospital on Monday 13th February 2017. Of the 125 listed, 120 doctors attended the course.



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## TRAINING COURSE FOR SAMU AMBULANCE DRIVERS IN COLLABORATION WITH UNIVERSITY OF BORDEAUX

### **Formation d'Adaptation à l'Emploi (FAE) pour Chauffeurs Ambulanciers**

18 Ambulance Drivers, divided in two batches, underwent a six-day training from 21 November 2016 to 3 December 2016. 5 Nursing Officers also followed the programme as observers.



Simulation exercise training of ambulance drivers



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## **TWO-DAY TRAINING WORKSHOP FOR DOCTORS ON MANAGEMENT OF LEG ULCERS AND PRESSURE ULCERS [3-14 APRIL 2017]**

Five two-day training workshops on Management of Leg Ulcers and Pressure Ulcers were organised in April 2017 for Community Physicians, doctors specialised in Diabetology, General Medicine, General Surgery and Orthopaedics.

The objective of the workshop was to update participants on 'Evidence-based guidelines for the management of leg ulcers and pressure. Mr R. Deenoo, Case Manager, NHS London, acted as facilitator. Some 70 doctors attended the workshops which were held in 5 different batches.

The programme covered the following:-

- i. Wound healing; and
- ii. Clinical assessment and management of diabetic foot, venous leg ulcers and pressure sores.

## **8-DAY TRAINING WORKSHOP IN COMMUNITY HEALTH NURSING FOR DOMICILIARY CARE**

An 8-day training workshop in Community Health Nursing for Domiciliary Care was held from 27 March to 21 April 2017 and was attended by 40 Nursing Officers nominated by the Ministry of Health and Quality of Life. Mr R. Deenoo, Case Manager, NHS London, acted as the facilitator.

The objective of this workshop was to create a multi-skilled Community Health Nursing team for domiciliary care in the following areas:-

- Primary health care
- Wound management, non-healing leg ulcers
- Catheter care
- Colostomy care, and
- Palliative care.

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## **REGIONAL AND INTERNATIONAL PROGRAMMES**

### **Distance Learning on Population Issues (DLPI)**

Since 2005, the Institute has been successfully bidding for the delivery of the above programme to UNFPA. In August 2016, MIH was invited to submit a quotation for the provision of online tutorial services for a three-year period starting September 2016. The MIH obtained the contract for teaching the following five courses:

- Course 1: Sexual and Reproductive Health
- Course 2: HIV/AIDS: Making a Difference
- Course 3: Gender Mainstreaming: Taking Action Getting Results
- Course 6: Reducing Maternal Deaths: Selecting Priorities, Tracking Progress
- Course 8: Population Poverty and Development

### **Field Epidemiology**

This is a two-year regional training programme with participants from the Indian Ocean Commission (IOC) Member States and organised in collaboration with Institut Pasteur of Madagascar & Cire, Réunion and commissioned by the ‘Agence Francaise de Développement’ (AFD). The programme started in November 2015. Courses with lectures and demonstrations are held at the Institute as and when required. Field practice is carried out in country of origin.

## **CURRICULUM DEVELOPMENT**

### **COMPLETED CURRICULA**

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#### **Certificate Course in Health Care Technology Management**

The objective of the training programme is to prepare trainees to acquire the knowledge, skills, behaviours and attitudes required to improve the Health Care Technologist in efficient management of medical and surgical equipments and to perform efficiently and effectively within the health system.

The curriculum was completed in January 2016 and submitted to the Mauritius Qualifications Authority for accreditation. At 31 October 2017, the accreditation of the programme was still awaited.

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This course is a one-year Certificate Course targeting Trainee Surgical Technologists working at the Surgical Technology Workshop of the Ministry of Health and Quality of Life.

### **National Diploma in Radiation Therapy Technology**

A 3-year Curriculum has been prepared and sent to the Mauritius Qualifications Authority (MQA) for accreditation in year 2016. On 16 January 2017, the MQA accredited the 3-year training programme leading to a National Diploma in Radiation Therapy Technology.

It is expected that about 12 or more participants will be trained for the Top-Up Programme which was expected to start in August 2017.

## **CURRICULUM DEVELOPMENT UNDER PROCESS**

### **Certificate Course in Speech and Hearing Therapy**

The Course for Speech and Hearing Therapy Assistants is a one-year Certificate Course aimed at Trainee Speech and Hearing therapy Assistants of the Ministry of Health and Quality of Life. The Speech Therapy Audiology Service contributes to improving the quality of life of individuals who have communication disorders. Services available at the Ministry of Health and Quality of Life include assessment, diagnosis and management of speech, language, voice, fluency and hearing disorders among children and adults. Services are provided by Speech Therapists and Audiologists assisted by Speech and Hearing Therapy Assistants.

The curriculum development was completed in April 2017 and was submitted to the MQA for accreditation. Accreditation is awaited.

### **Training in Podo-Orthosis**

At the request of the Ministry of Health and Quality of Life, the Mauritius Institute of Health started the preparation of the curriculum for a 2-year training course leading to the Certificate in 'Podo-Orthosis'. The MIH is seeking the expertise of an international facilitator to guide the Curriculum Committee. The course is intended for a group of 15 participants.



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### **Medical Emergency Response Training Course for Fire Fighters**

The Mauritius Fire and Rescue Service is responsible for the prevention and suppression of fires and protection of life and property. It provides fire and emergency cover to the population at all times. The Department, which is keen to continuously update its staff on life saving measures, has made a request to the MIH for a training course in Medical Emergencies and Rescue Operations for all its staff.

For this programme, the MIH is working closely with the Ministry of Health and Quality of Life, especially the SAMU Unit, to develop a certificate course. It is expected that training will be delivered to batches of thirty participants. Theoretical training will take place at the MIH and practical training with the SAMU Services.

### **OTHER CURRICULA UNDER DEVELOPMENT**

Two other programmes under development include:

- (i) Certificate Course for Health Records Technician
- (ii) Diploma in Cardiac Nursing

### **OTHER COURSES TO BE REVIEWED**

The courses listed, which would be reviewed by the Curriculum Committee comprise the following:-

- (i) Certificate Course in Community Based Rehabilitation
- (ii) Community Health Care Officers

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## **RESEARCH**

### **TOBACCO CONTROL RESEARCH**

Since 2008, MIH is involved in tobacco control research to support the tobacco control programme of the MOHQL. In 2016, the MIH research unit was involved in the following activities:

#### **Project implementation document for the mCessation Programme**

The World Health Organisation (WHO), in collaboration with the International Telecommunication Union (ITU) of Geneva, identified the MIH to assist the MOHQL in the mCessation programme development process and in the writing up of the Project Implementation Document (PID) in October 2015. The work started with the different stakeholders continued in 2016, and the PID was submitted to the WHO Country Office in July 2016.

#### **World No Tobacco Day 2016**

On the occasion of World No Tobacco day (WNTD) 2016, on 6<sup>th</sup> June 2016, the MOHQL organized a workshop with the theme: “Get ready for plain packaging”. The two MIH Research Officers acted as resource persons and made a presentation entitled: “Plain Packaging: An Innovative Tobacco Control Measure”.

#### **International Tobacco Control (ITC) Policy Evaluation Project - Mauritius**

The MIH is maintaining its collaboration with the ITC Policy Evaluation Project based at the University of Waterloo, Canada. Following the announcement made by the Minister of Health and Quality of Life to introduce plain packaging, the MIH approached the ITC Project leader, who has extensive expertise in the implementation process of plain packaging. After negotiation, the latter showed his willingness to offer assistance to the Mauritian government at no cost. In October 2016, the ITC submitted a set of documents which may be helpful to the Ministry in plain packaging policy planning.

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### **Training workshops for members of the Police Force**

In May-June 2016, the MIH Research Officers were called upon to serve as resource persons for five training workshops organized by ViSa. The objective of these workshops was to train 200 members of the Police Force on the provisions of the Public Health (Restrictions on Tobacco Products) Regulations 2008, in view of increasing police support for the enforcement of these regulations.

### **Continuous Professional Development Session (CPD)**

In October 2016, a three-hour CPD session on tobacco control in Mauritius was organized by the MIH with an audience of medical doctors. The main objective was to create awareness and highlight the important role of doctors in tobacco control.

## **MAURITIUS BIRTH DEFECTS REGISTRY (MBDR)**

In 2013, the MBDR was developed at the MIH with the general objective of carrying out active registration of babies born with defects from mothers residing in the Republic of Mauritius. The primary purpose of the MBDR is to provide a means for accurate and up-to-date tracking of congenital abnormalities in order to determine access to the needed healthcare and other services necessary to treat and manage the conditions. The data can also be utilized for policy decision with regard to birth defects prevention and control programmes.

Active registration of birth defects cases from public hospitals and private clinics with maternity services has been ongoing since. The annual MBDR report for the year 2015 was produced and submitted to the MOHQL in May 2016. A meeting with the Consultants-in-Charge Paediatrics was held in October 2016 to secure their continuous collaboration to the MBDR and also to obtain their views on ways of getting complete data from all departments.

The MBDR Report for the year 2016 has been prepared and submitted to the WHO Representative and the Ministry of Health and Quality of Life on 23 May 2017 for approval. Their views and comments are awaited before the dissemination of the report can be carried out.



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### **Continuous Professional Development Session**

A two-hour CPD session was organized at the MIH to increase awareness of the MBDR among medical staff in view of gaining their collaboration to the project. The presentations were followed by pertinent interactions from the audience.

### **STUDY ON KNOWLEDGE, ATTITUDES, BELIEFS AND PRACTICES OF BREASTFEEDING IN THE ISLAND OF MAURITIUS**

Approval of the study as well as ethical clearance was obtained in 2014 and part of the funds was released in 2015. In order for the Civil Status Office (CSO) to enable access to the list of babies for sampling purposes, the process for registration of the MIH with the Data Protection Office (DPO) was completed in 2016.

Data collection and analysis has been completed and the final report is expected to be ready by August 2017.

### **EVALUATION OF ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREEN TEST (ASSIST) PROGRAMME IN MAURITIUS**

The ASSIST programme started in September 2014 as a pilot project in two area health centres, namely Curepipe and Riviere du Rempart Area Health Centres, with the aim of screening patients for risky substance use and, when necessary, provide them brief intervention and/or referral to speciality treatment services. The MIH conducted an evaluation of the pilot phase of the ASSIST programme and made recommendations for scaling up and improving the programme. The draft report was submitted to the MOHQL in August 2016 for validation by all stakeholders.

### **RAPID ASSESSMENT OF AYURVEDIC MEDICAL SERVICES IN MAURITIUS**

In March 2016 the MOHQL requested technical assistance from the MIH to conduct a rapid assessment of the Ayurvedic Medical Services in Mauritius in order to determine the efficacy of Ayurvedic treatment and the proportion of patients being treated by both allopathic and Ayurvedic medicines. The MIH assisted in the design of the study, sampling plan, questionnaire development, training of interviewers, supervision of data collection, data analysis and report writing.

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## **FINAL REPORT ON 2014 CONTRACEPTIVE PREVALENCE SURVEY**

The final report was completed and sent to the Ministry of Health and Quality of Life for review/finalisation purposes in October 2016.

### **RESEARCH PROPOSALS SUBMITTED**

Following participation in a workshop on Research Grant Application Training organized the Mauritius Research Council in October/November 2016 the research team submitted a proposal entitled 'Study on Health and Socio-economic impact of Road Traffic Injuries in the Island of Mauritius' for funding under the Unsolicited Research and Innovation Grant Scheme (URIGS) in November 2016.

#### **Study on Health and Socio-Economic Impact of Road Traffic Injuries in the Island of Mauritius**

Approval of funding was obtained from the Mauritius Research Council (MRC). The research tools are being developed and ethical clearance will be sought to proceed with the study. A second proposal in collaboration with the University of Mauritius was also submitted.

### **RESEARCH UNDERTAKEN BY NON-RESEARCH STAFF -**

#### **Challenges of E-Procurement in the Public Health Sector in Mauritius**

In partial fulfilment for the obtention of the Master's Degree in Procurement, one Clerical Officer of the Institute undertook a research study on the above subject.

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## **COLLABORATION WITH OTHER INSTITUTIONS**

### **Mauritius Research Council**

The Research Team acted as reviewers for 2 research proposals for the Mauritius Research Council (MRC).

### **University of Technology (UTM)**

Upon request of the University of Technology (UTM), the MIH provided the services of a Senior Research Officer/Research Officer to conduct lectures in Research Methods for its Diploma in Post-graduate Medicine course.

### **University of Birmingham, United Kingdom**

The MIH was planning to collaborate with the University of Birmingham for submission of a proposal on East Africa Cleaner Household Air Project.

### **Mauritius Psychiatric Association (MPA)**

The MIH hosted the Gazette 2017 of the Mauritius Psychiatric Association on its website as per the request of the MPA.

### **Biochemistry Section, Central Health Laboratory**

The Institute acted as Provider Institution to a study entitled “Use of Stable Isotope Technique to assess body composition in Children and Adolescent as a risk factor in the development of chronic diseases” carried out by the Biochemistry Section of the Central Health Laboratory. The study was completed in March 2016.

### **Health Accounts Production Tool (HAPT) Training**

The research team attended the first HAPT training workshop organized by the National Health Accounts Department of the MOH& QL from 3 to 5 May 2016; and the second one from 15 to 22 November 2016.



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### **Workshop on the occasion of World No Tobacco Day 2016**

The Research Officers/Senior Research Officers of the Institute, collaborated with ViSa for the delivery of training on the above subject to Police Officers at the Police Training School on 11, 17, 18, and 25 May and 1 June 2017.

### **One-day Workshop World No Tobacco Day 2016 ‘Get ready for plain packaging’**

The Research Officers/Senior Research Officers of the Institute collaborated with the Ministry of Youth and Sports in acting as resource persons for a one-day training on the prevention of tobacco use, held at Gold Crest Hotel.

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## MEDIA UNIT

### FOCAD SANTE (FORMATION CONTINUE À DISTANCE)

The Mauritius Institute of Health (MIH) in collaboration with the Agence Universitaire de la Francophonie (AUF) is piloting an e-learning platform for Continuing Professional Development (CPD) of healthcare professionals.

The implementation of this pilot project started in May 2016. The following three online courses were launched in October 2016:

- **Prise en charge du diabète**
- **Les Anémies**
- **HIV/SIDA**

Following the submission of the first year activity and final reports to the AUF, the second year of implementation phase of the FOCAD project has already started.

Development of five additional short courses is on. It is intended to offer these 5 courses online as from August 2017. The 3 courses offered last year will also be offered alongside the 5 new ones.



The FOCAD team

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## VIRTUAL HEALTH LIBRARY MAURITIUS (VHLM)

The VHLM has become an important resource for healthcare professionals of the MOHQL and for participants in courses at the MIH. Phase II of this project was launched by the Honourable Minister of Health and Quality of Life in January 2016. This particular phase enabled nursing and other paramedical staff to register with the MIH to get access to the portal.



Launching of VHLM by Honourable Anil Kumar Gayan, Minister of Health and Quality of Life.

In view of maximising use of the VHLM by users, a series of awareness sessions on the VHLM was conducted at the MIH during the training programme on Foot Care for Nurses and Doctors. 65 doctors and 44 nursing officers from the Ministry of Health and Quality of Life benefitted from these sessions. To date a total number of 2663 users has been registered on the portal. For the period January 2016 to June 2017 there have been 42.4 % new users and 57.6 % returning users.

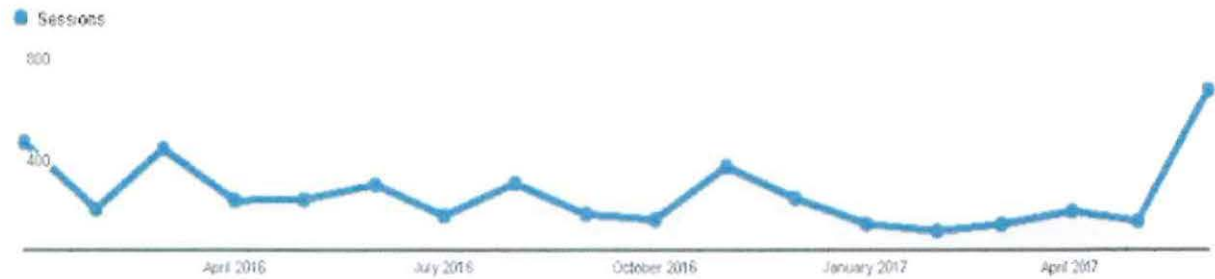


## Audience Overview

All Users  
100.00% Sessions

Jan 1, 2016 - Jun 30, 2017

### Overview



Sessions

4,015

Users

1,727

Pageviews

11,714

Pages / Session

2.92

Avg. Session Duration

00:03:26

Bounce Rate

32.28%

% New Sessions

42.37%

■ Returning Visitor ■ New Visitor

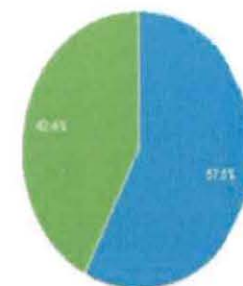


Figure 3: Number of users for the period January 2016- June 2017

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## OPEN SOURCE SOFTWARE (OSS) 2016 SEMINAR

The Open Source Seminar (OSS) 2016 was organised by the Mauritius Institute of Health (MIH) in collaboration with the Campus Numérique de la Francophonie (CNF) of the Agence Universitaire de la Francophonie (AUF). This year, the theme for the event was 'Utilisation de logiciels Open Source (OSS) dans le système de Santé'. This is a yearly event organised by the member institutions of AUF.



This event took place on 19 December 2016 with the participation of 75 healthcare professionals from different departments of the MOHQL, and other professionals from other ministries. The opening ceremony was graced by Mr G. Gunesh, Senior Chief Executive of the MOHQL in the presence of Dr (Mrs) G. Daby, Executive Director of MIH and Mrs J. Gukhool, Officer in Charge of the Campus Numérique de la Francophonie. The objective of this seminar was to bring all stakeholders from various institutions together to share their experience and innovative ideas in use of Open Source Software (OSS) in the health sector. The main speaker for this seminar was Mrs RALAMBOARISOA Zoely Tiana, Chef de Service de Développement du réseau Informatique du Ministère de la Santé Publique from Madagascar. The following topics were presented:-

Table 6: Topics covered

	Speaker	Institution	Title
1	Mrs Zoely Tiana Ralamboarisoa	Ministère de la Santé Publique, Madagascar	Les expériences du Ministère de la Santé Publique à Madagascar sur les outils OSS utilisée : DHIS2, Frontline
2	Dr Amal Bholah	Smart Health Ltd	Les applications mobiles utilisant des logiciels OSS
3	Dr Shirin Panchoo	University of Technology Mauritius	Méthodologie de sélection des logiciels OSS
4	Mr Reza Beebeejaun	MIH	Utilisation du logiciel Epi-Info dans la surveillance sanitaire
5	Mr Subbaraya Pillai	MIH	Expériences du MIH dans l'utilisation des logiciels OSS

### **Request from the Ministry of Finance and Economic Development (MOFED)**

In December 2016, the MIH received a request from the Ministry of Finance and Economic Development (MOFED) to assist them in the implementation of a digital/virtual library. In this context, a delegation of 11 cadres from this Ministry met the Executive Director and staff in December last to have an overview about the Virtual Health Library at MIH. After the December 2016 meeting and visit at the MIH by the MOFED officials, the MIH team was invited to attend a meeting with the Deputy Permanent Secretary, Mr Samlall; and his administrative and technical staff. The main purpose of this meeting was to discuss and give an overview of different solutions available for the creation of Digital Library at the MOFED

**Creation of a Digital Library for MOFED** – a trial Digital Library was created with a sample collection of documents provided by the Ministry. The Greenstone software together with the “demo” was installed on one PC in the IT Unit of the MOFED and was successfully tested on the network.



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## **INFORMATION TECHNOLOGY ACTIVITIES**

### **Disease Surveillance and Outbreak Database**

Outbreaks of various natures are fairly common on the island and responses to the outbreaks are often uncoordinated resulting in increased morbidity, mortality and negative economic consequences. Epidemiological assessment of past outbreaks shows that these uncoordinated responses are due in part to the lack of computerized databases. In the absence of baseline data on the distribution of outbreak-prone diseases in persons, place and time, it is difficult to assess or predict an imminent outbreak in a timely manner. The aim of this assignment was to:-

1. finalize the existing beta-versions of Epi-Info-based program for managing vector-borne and food-borne outbreaks
2. install the Epi-Info-based program for managing vector-borne and food-borne outbreaks in the fifteen health offices
3. impart hands-on training in the use of these softwares
4. develop a training manual for these softwares
5. develop a central database in access for managing communicable diseases from the health offices.

The Epi Info based software was installed by a site visit in all the fifteen offices followed by hands-on training for Health Inspectors in each health office. Existing data for each office was used to demonstrate analysis for epidemic curve, incubation curve and attack rates. A focal point was trained in each of the offices.

### **Outputs**

- Field-tested versions of Epi-Info-based program for managing vector-borne and food-borne outbreaks developed
- Epi-Info-based program for managing vector-borne and food-borne outbreaks installed in the fifteen health offices
- Training of health inspector cadres in the use of these softwares
- Training manuals developed for vector-borne and food borne outbreak investigation

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The schedule for implementation of the Disease Surveillance:

Table 7: Schedule for implementation of Disease Surveillance

Date	Health Office
26/05/2016	SSRNH Health Office
31/05/2016	Port Louis Health Office, Atchia Building MOH CDCU Unit
15/06/2016	Vacoas Curepipe
16/06/2016	CDCU, Beau Bassin Bambous
21/06/2016	Rose Belle Mahebourg
22/06/2016	Souillac
23/06/2016	Rose Hill St Pierre
29/06/2016	Flacq Bel-Air
30/06/2016	Riviere du Rempart

### **Development of Master Certificate Register (MCR) Software**

The MCR is a computerised up-to-date registry of scanned certificates for students following training at the Institute. The testing of the software was done in February 2016 and since all certificates issued at the MIH are kept in a computerised registry.

### **Open Source Software 2016 Workshop**

In the context of « Utilisation de Logiciel Open Source (OSS) dans le Système de Santé et l'Enseignement » (OSS 2016), a workshop was held on 19 Dec 2016.

### **Leave Management System Software for the Institute**

The leave management system is a computerized system to manage the leaves of staff at the Institute. It was initiated in December 2016 and a pilot testing was done in February 2017.

## Development of Excel Dataset for Research and Training position at MIH

An excel dataset was developed to input all the application forms for the research and training positions at the Institute.

### IT Training activities:

Training was conducted as a component of programmes listed below:

- Research methodology module for top-up programme leading to National Pharmacy Technician Diploma- (13 April – 31 July 2016)- 25 participants
- Advanced Information Technology and Epi Info Analysis Training to permanenciers and physicians of the SAMU Unit- (04- Nov and Nov 2016)- 40 participants in 2 batches
- Information Technology Training for Health Care Assistants Programme run by the School of Nursing.

The details of the IT training are as follows:-

Table 8: Schedule of IT Training

Group	Week	Number	Status
1 <sup>st</sup>	12 – 16 December 2016	39	Completed
2 <sup>nd</sup>	9 – 13 January 2017	40	Completed
3 <sup>rd</sup>	16 – 20 January 2017	36	Completed
4 <sup>th</sup>	13 – 17 February 2017	39	Completed
5 <sup>th</sup>	6 – 10 March 2017	36	Completed
6 <sup>th</sup>	13 – 17 March 2017	10	Completed
<b>Total</b>		<b>200</b>	

- Evaluation Analysis for Top Up programme leading to National Diploma in Nursing
- Presentation on Epi Info as a CPD session for health professionals.



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## STAFF MATTERS

### The Staffing Pattern at the MIH

The staff structure at the MIH comprises a core group of 34 members, including 4 experienced professionals attached to the Training and Research Units. They are assisted by a team of secretarial, administrative and support staff.

### The Staff List as at June 2017 was as follows:-

#### MANAGEMENT

Dr (Mrs) G. Daby	Executive Director [as from 20 October 2014]
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#### PROFESSIONAL STAFF

Dr R. Ramyeed	Training Manager [on contract]
Mr P. Burhoo	Research Officer/Senior Research Officer
Mrs L. Moussa	Research Officer/Senior Research Officer
Mr R. Beebeejaun	IT Trainer
Mr R.A. Seesurrun	To give assistance to Training Manager

#### SECRETARIAL STAFF

Mrs S. Ancharuz	Executive Assistant
Mrs I. Bholah	Confidential Secretary
Mrs S. Boodnah	Executive Assistant
Mrs I. Jugroop	Executive Assistant
Mrs K. Matar	Clerk/Word Processing Operator
Mrs H.D.A Venkatachellum	Executive Assistant

#### ADMINISTRATIVE AND SUPPORT STAFF

Mr V. Ghurburrun	Clerical Officer/Higher Clerical Officer
Miss N.Indoonundon	Management Support Officer (on secondment from the MOH&QL)
Mr S. Mogaul	Printing and Publishing Officer
Mr S.S. Pillai	Documentalist
Mr N. Ramkurrin	Executive Assistant (Personal)
Mrs P. Seegoolam	Management Support Officer (on secondment from the MOH&QL)
Mr S. Sohabul	Computer Officer
Mrs B.F. Sookun	Assistant Financial Officer
Mr T. Teeluck	Receptionist/Telephone Operator
Mr R. Teepoo	Clerical Assistant

#### WORKMEN'S CADRE

Mr P.D. Bowaneedin	Cook
Mr R. Bundhooa	Office Attendant
Mr V. Caunhye	General Worker (on secondment from MOH&QL as from 01 August 2014)
Mr R. Dhunsoo	Office Attendant (on leave without pay, resumed on 24 December 2014)
Mr H. Dookheea	Senior Office Attendant
Mr K. Heeramun	General Worker
Mr A.S. Moos	Driver
Mr A. Nowbuth	General Worker
Mr S.K. Ramnarain	Driver
Mr V. Shibdoyal	General Worker (on secondment from MOH&QL as from 01 August 2014)
Mr D. Sookdharry	Office Attendant
Mr K. Takoordyal	Handyman

## Staff Training from January 2016 to June 2017

Research Staff had the opportunity to partake in the highest number of days of training followed by Training Managers.

Table 9: Staff Training

Training Programme	Dates and Organising Institutions & Venue	Attended by Officer
Seminar: An investigation of the underlying causes of Household Indebtedness – Case Study	5 February 2016, Mauritius Research Council	Dr K. Luchmaya (Training Manager)
Technical Validation of the “Future Charter of Regional Health Surveillance” and “3ème Comité de pilotage du projet veille sanitaire”	8 to 11 February 2016, Commission de l’Océan Indien, Mahé, Seychelles	Dr K. Luchmaya (Training Manager)
Data Controllers’ Sensitization Workshop	31 March 2016, Data Protection Office	Mr P. Burhoo Mrs L. Moussa (Research Officers/Senior Research Officers)
Multidisciplinary Cancer Management Course	6 – 7 April 2016, Ministry of Health and Quality of Life Held at Intercontinental Hotel, Balaclava	Mrs L. Moussa (Research Officer/Senior Research Officer)
Capacity Building on Health Accounts Production Tool (HAPT)	3 – 4 May 2016, Ministry of Health and Quality of Life Held at Gold Crest Hotel, Quatre Bornes.	Mr P. Burhoo Mrs L. Moussa (Research Officers/Senior Research Officers)
Workshop on Universal Health Coverage and National Health Accounts	5 May 2016 Ministry of Health and Quality of Life, held at Intercontinental Hotel	Mrs L. Moussa (Research Officer/Senior Research Officer)
Workshop on PRB Report 2016	4 May 2016, Statutory Bodies Employees Union Held at the Municipality of Quatre Bornes	Mr S.S. Pillai Documentalist
Half-day World Metrology Day Workshop	20 May 2016 Mauritius Standards Bureau	Mr R. Teepoo (Clerical Assistant)
Conference on Quality Assurance Framework for the TVET Sector in Mauritius	17-18 May 2016, Mauritius Qualifications Authority (MQA) held at BPML Conference Hall, Ebène	Dr K. Luchmaya and Dr R. Ramyeed (Training Managers)
Two-day Training in Registry Procedures	17-18 May 2016, Civil Service College	Mrs P. Seegoolam (Management Support Officer)



Training Programme	Dates and Organising Institutions & Venue	Attended by Officer
World Telecommunication & Information Society Day	17 May 2016, Mauritius Research Council	Mr S. Subbaraya Pillai (Documentalist)
	17 and 18 May 2016, held at Octave Wiehé Auditorium	Dr (Mrs) B.K. Didarally Khodabocus (Training Manager on secondment)
	18 May 2016 held at Octave Wiehé Auditorium	Mr S. Sohabul (Computer Officer)
Workshop on Medical Education	13 – 14 June 2016, University of Technology	Dr (Mrs) B.K. Didarally Khodabocus (Training Manager on secondment)
Workshop on Board Evaluation and Risk Management	27 June 2016 Ministry of Financial Services, Good Governance and Institutional Reforms, Held at Conference Hall, BPML, Ebène.	Dr (Mrs) G. Daby (Executive Director)
Capacity Building Workshop on Recognition of Prior Learning at higher level of the National Qualification Framework	28 – 29 June 2016, Mauritius Qualifications Authority.	Dr R. Ramyeard (Training Manager)
Presentation of a New Recognition of Prior Learning Framework	30 June 2016, Mauritius Qualifications Authority, BPML Conference Room, Cyber Tower 1, Ebène	Dr (Mrs) G. Daby (Executive Director)
Workshop on National Drug Observatory	25 July 2016, Ministry of Health and Quality of Life held at Le Labourdonnais Waterfront Hotel	Dr K. Luchmaya (Training Manager)
Seminars on 'Factors Affecting performances of 1 <sup>st</sup> year students in Online Courses'	5 August 2016, Mauritius Research Council	Dr K. Luchmaya (Training Manager)
Initiation à la modélisation et l'animation 3D avec le logiciel libre blender	15 – 23 September 2016, Agence Universitaire de la Francophonie, Réduit.	Mr S. Subbaraya Pillai (Documentalist)
9th Session of the MRC Inventor's Open Day	29 September 2016 Mauritius Research Council, Ebène	Dr R. Ramyeard (Training Manager)
National Drug Observatory Workshop	5 October 2016 Ministry of Health and Quality of Life held at Le Voila, Bagatelle.	Dr K. Luchmaya (Training Manager)
Journée de Reflexion	9 December 2016 Independent Commission Against Corruption (ICAC)	Dr R. Ramyeard (Training Manager)
National Health Accounts: Capacity Building on Health Accounts Production Tool (HAPT)	15 to 22 November 2016 Ministry of Health and Quality of Life held at Voila Hotel, Bagatelle.	Mrs L. Moussa (Research Officer/Senior Research Officer)

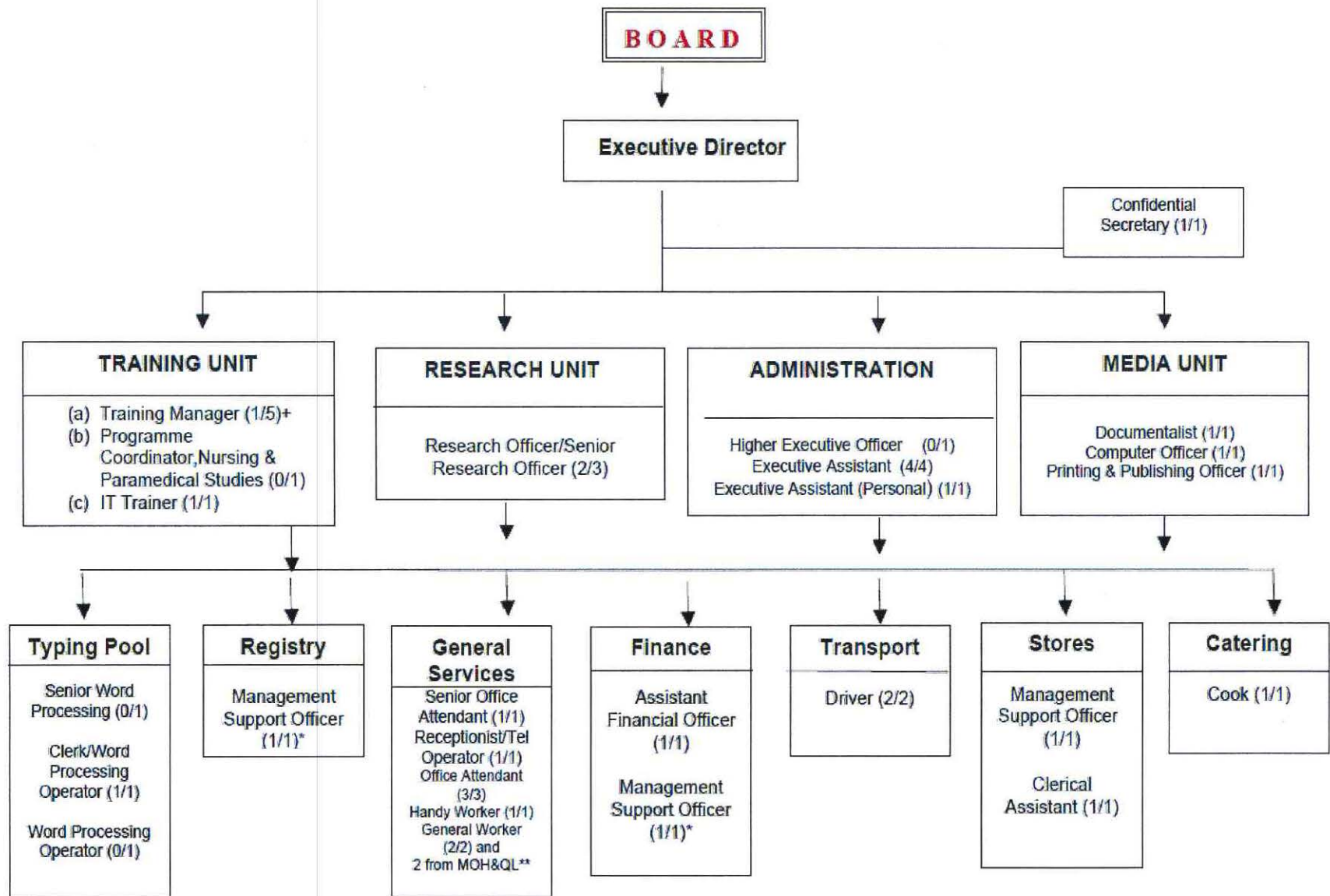


Training Programme	Dates and Organising Institutions & Venue	Attended by Officer
Seminar "Horizon 2020 and Erasmus"	6-7 February 2017, European Union, Held at Labourdonnais Hotel, Port Louis	Mr P. Burhoo Research Officer/Senior Research Officer)
Workshop on Research Management, Research Uptake and Innovation	7 – 8 March 2017 University of Mauritius	Mr P. Burhoo Mrs L. Moussa (Research Officers/Senior Research Officers)
Forum on Health and Safety of Women at Workplace	14 March 2017 Mauritius Family Planning held at Council Room of the Municipality of Port Louis	Mrs I. Bholah (Confidential Secretary)
Training of Trainers on Effective Learning	5 to 6 April 2017 Mauritius Civil Service College, Fooks House	Mr M. R. Beebeejaun (IT Trainer) and Mr S. Sohabul (Computer Officer)
Clinical Trial Workshop	12 – 13 April 2017, Professor Octav Wiehe Auditorium, University of Mauritius	Dr R. Ramyeed (Training Manager)
Intellectual Property (IP) Week – Workshop for Academics/Researchers	27 April 2017 Ministry of Foreign Affairs, Regional Integration and International Trade	Mr M. R. Beebeejaun (IT Trainer) and Mr S. Subbaraya Pillai (Documentalist)
Quality Assurance Mechanism in the field of First Aid	26 April 2017 Mauritius Qualifications Authority	Mr R. A. Seesurun (To give assistance to Training Manager)
Dissemination Workshop on National Health Accounts 2015	6 June 2017, Ministry of Health and Quality of Life Labourdonnais Waterfront Hotel, Caudan	Mr P. Burhoo (Research Officer/Senior Research Officer)
	7 June 2017, Ministry of Health and Quality of Life Labourdonnais Waterfront Hotel, Caudan	Mrs L. Moussa (Research Officer/Senior Research Officer)
Training on the Citizen Support Portal	5 June 2017, Prime Minister's Office and Ministry of Health and Quality of Life	Mr S. Subbaraya Pillai (Documentalist)
Moulin à Poudre: Cultural Landscape Project	22 June 2017, Moulin à Poudre Pamplemousses, Mauritius Research Council	Dr (Mrs) G. Daby (Executive Director)
Training Programme on Tender Preparation	22-23 June 2017 Civil Service College	Mr V. Ghurburrun (Management Support Officer)

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## **Resource Persons**

For effective implementation of its training and research programmes, the MIH had recourse to expertise on a part-time /session basis, from health professionals in the public health care institutions and foreign consultants as and when required.



**Note:** + No Training Manager on MIH Establishment [1 on contract]

\* 2 Management Support Officers and 2 General Workers on secondment from Ministry of Health and Quality of Life



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## FINANCIAL PERFORMANCE

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### ANALYSIS OF FINANCIAL PERFORMANCE

The Financial Review for the year ended 30 June 2017 covers the 18-month period from January 2016 to June 2017.

The statement of financial performance for period ended 30 June 2017 recorded a positive cash flow. The positive cash flow would have been further enhanced if the pending incomes from stakeholders in form of carried forwards debts from the year 2015 up to June 2017 had been received.

However the period ended 30 June 2017 recorded a deficit, which when apportioned for a comparable 12 months period for 2015, is negligible. It is noted that for the period January 2016 to June 2017, much of the increase in our operating expenses were accounted for by a rise of about 15% in Salaries and Employee Benefits inclusive of adjustment following actuarial revision for staff pension obligations. Taking this into account, our financial performance was satisfactory.

In order to maintain our financial sustainability and to forestall a negative cash flow and deficit in our future financial performance, as operational expenses are still expected to be on the rise, our action plan will have to focus on ways and means of attracting additional revenues while containing rise in operating costs and finding solutions to existing challenges.

### FINANCIAL RISK MANAGEMENT

At the date of the financial statements there were long outstanding debts for costs of training activities or programmes from the parent ministry for a total amount of Rs 2,367,945. All the avenues to recoup same have been explored. This amount is in dispute as to the already discounted rate used to charge the parent Ministry.

### **Income**

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/organisations.

**b) Subsidy**

- Annual grant from the Parent Ministry to run its training and research programmes.

**c) Investment Income**

- Interest on Deposits and Investment.

### **Provisions of the 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 reads 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.

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## **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. The budget estimates also serve as a control mechanism for requesting the necessary funding from the parent Ministry.

## **FINANCIAL STATEMENTS**

The audited Financial Statements for the 18- month period January 2016 to June 2017 are attached at Annex 5

## **AUDITORS**

As per its Act, the final accounts of the MIH are audited by the Director of Audit.

## **LEGAL ADVISER**

The State Law Office acts as the Legal Advisor of the MIH.



## WAY FORWARD

This section provides a situational analysis of the environment in which the Mauritius Institute of Health operates and which impacts on its service delivery.

### SWOT ANALYSIS OF PRESENT SITUATION

Analysis of the current situation has highlighted the main strengths, weaknesses, opportunities and threats (SWOTs) delineated below:-

#### Strengths

Our 27 years of existence have given us a stronghold in the healthcare arena and we count numerous strengths which we can build on to further our mission.

Our present strength rests on the following:

- i. Solid reputation as a key provider of training for the Mauritian Public Sector as well as for the Sub-Saharan African Region, including training in Reproductive Health and Family Planning for UNFPA.
  - ii. Noteworthy track record of achievement in health systems research.
  - iii. Efficiency in functioning with a very small core group of fulltime staff and a wider network of part-time resource persons.
  - iv. Ability to respond to stakeholders needs at very short notice.
- 
- v. Activities, whether training or research, respond to actual, real needs of stakeholders. Our training activities are, for the most part, geared towards preparing incumbents for the workplace or for improving their performance at the workplace. Our training therefore incorporates a very large component of clinical and/or practical training as opposed to training with higher academic components and little preparation for the workplace.
  - vi. Fruitful collaboration with a range of institutions, national and international.

- 
- vii. Our bilingualism constitutes an important asset that has been beneficial and can continue to constitute one of our major strengths.
  - viii. The MIH boasts of a formidable Virtual Health Library which provides quasi unlimited access to health information and documentation to health care professionals. This can help the MIH establish itself as a national, even regional health information and documentation centre to further support Health Care Professionals in their learning and documentation needs.

### **Weaknesses**

Alongside our strengths, we are aware of our weaknesses, which unless attended to, can negatively affect our output and competitiveness.

Our major weaknesses are:

- i. Severe lack of human resource in core activity sector;
- ii. Can offer qualifications up to diploma level only, limiting ability to expand;
- iii. Administrative processes prior to implementation of projects can be lengthy.
- iv. Financial dilemmas continue to consume a lot of time and energy on the shorter term and on the longer term, is thwarting the future viability of the organisation.

### **Opportunities**

Analysis of market factors reveals opportunities which can be capitalised on to drive the future.

Opportunities we have identified are:

- i. Ageing population that will require higher demand for specialised health care services, leading to increase in demand for specialized trainings.
- ii. Higher demand on health care services will put additional strain on resources, necessitating more efficiency in our health systems, and therefore more research.

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- iii. Non-communicable Diseases (NCDs) accounted for more than 80% of total mortality in Mauritius in 2015. Government initiatives include enhancing the prevention and control of NCDs and developing a robust NCD surveillance system. This should enhance opportunities for the MIH to intervene.
  - iv. Information Technology (ICT) – the rapid development of ICT in Mauritius with excellent internet connection could provide ways and means to leverage new technologies to enhance our objectives.

### **Threats**

As expected, new threats, some very powerful, have emerged recently. In mapping our strategic development, we cannot and should not overlook these.

The major threats to look out for us are:

- i. The emergence of competitors in the health care training arena.
- ii. Financial resources are scarcer than ever.
- iii. Dependence on limited/ageing human resource in core activity sector and difficulty to attract younger generation.



**Findings of the SWOT exercise are summarized in tabular form as follows:-**

Table 10: SWOT Analysis in summary

I. STRENGTHS		II. WEAKNESSES	
i.	Solid reputation as a key provider of training for the Mauritian Public Sector as well as for the Sub-Saharan African Region, including training in Reproductive Health and Family Planning for UNFPA.	i.	Severe lack of human resource in core activity sector;
ii.	Noteworthy track record of achievement in health systems research.	ii.	MIH offering qualifications up to diploma level only, limiting ability to expand;
iii.	Efficiency in functioning with a very small core group of fulltime staff and a wider network of part-time resource persons.	iii.	Administrative processes prior to implementation of projects can be very lengthy.
iv.	Ability to respond to stakeholders needs at very short notice.	iv.	Financial dilemmas impacting on the shorter term and on the longer term thwarts the future viability of the organisation.
v.	Our training incorporates a very large component of clinical and/or practical training as opposed to training with higher academic components responding to actual/real needs of stakeholders.		
vi.	Long standing fruitful collaboration with a range of institutions, national and international.		
vii.	Our bilingualism		
viii.	Our Virtual Library – which provides quasi unlimited access to health information and documentation to health professional		
III. OPPORTUNITIES		IV. THREATS	
i.	Ageing population resulting in increased demand for specialised health care service thus trainings.	i.	Emerging competitors in health care training arena.
ii.	More research to improve efficiency in our health systems.	ii.	Scarce Financial resources
iii.	More active involvement in NCD Surveillance Programme.	iii.	Limited human resource in core activity sector
iv.	Rapid development of ICT in Mauritius to leverage new technologies to tap new markets	iv.	Difficulty to attract officers of younger generation.

Although the main focus of a strategic plan is to develop goals, its main purpose is to achieve the goals.

In formulating this 3-year strategic plan, we consulted widely, had about a dozen meetings involving most professional, technical as well as administrative staff of the Institute. The plan was presented to the Technical Sub-Committee of the Executive Board for further discussion before final presentation to the Executive Board for approval.

Five areas of strategic importance were agreed upon and for each of the five key performance objectives (KPOs), key performance indicators (KPIs) were identified. The KPIs are useful in identifying the starting point and monitor implementation of the plan.

The KPIs have been developed taking into consideration a number of criteria:

1. whether they measure an important accomplishment and are desirable
2. availability of data to measure the accomplishment
3. whether they can be used for improvement
4. whether they are understood by a wide audience and
5. whether the measurement is sustainable over a period of time.

In the absence of baseline information at the starting point many of the KPIs cannot be compared with previous performance. The main purpose of the KPIs is to serve as a tool to gauge progress towards stated goals and they will make it possible to clearly define when goals have been accomplished.

The list of performance indicators has been limited to only “key” ones that are considered to be critical for the success of the organization. This list can be reviewed periodically and improved, maintaining the strategic plan dynamic and amenable to relevant changes as we move on.



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## OUR STRATEGIC DIRECTION

Our strategic direction, based on the analysis of current situation and other market factors and challenges, has guided us in the formulation of our strategic direction which will be based on the following key objectives:

### **Enhancing Quality**

- **Accreditation of training**

Since its inception in 1992, the MIH has been delivering quality programmes. 25 years on, it has now become important to have external markers of quality. “Good intentions don’t move mountains. Bulldozers do”. In non-profit institutions the mission and the objectives equate with intentions. Strategies are the bulldozers. Strategies are worthless if the means to convert them into specific measurable action are not available.

One of the key objectives of this strategic plan will be to focus on external quality assurance with regard to training programmes delivered for our main client the Ministry of Health of Life (MOH&QL). Over the last 2-3 years, the Institute has started to implement a programme of accreditation of its certificate and diploma level training with the Mauritius Qualification Authority (MQA). The MQA is the national regulatory body for post-secondary education. It is intended over the coming 3 years, amongst other actions, to start a process of systematic accreditation of training programmes delivered by the Institute.

- **Collegiality in development of programmes**

We wish to pursue our endeavour to ensure that programmes we offer benefit from inputs from relevant sectors. To achieve this we will embark on the encouragement of more collegiality in designing our programmes, whether training or research. We expect to collaborate with local, regional and even international partners for this purpose.

- **Provide quality environment at the Institute**

It is intended that our people underpin our success. We know that engaged, motivated employees are productive and committed to the organization. That’s why we strive to be an employer of choice, with hiring practices, compensation, and learning and development opportunities that encourage staff recruitment and retention.



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## **LEVERAGING NOVEL TECHNOLOGIES**

One of the Governments objectives in its vision 2030 is to position Mauritius as a centre of excellence in the sectors of medicine and Information & Communication Technology (ITC). The use of ICT enhances communication and over the long term can lead to greater efficiency. Judicious use of the right technologies at the right time can lead to better results at a lesser cost, can help reaching out to a much bigger number of clients and respond to client needs in the health sector at both national and regional levels, knowing that specifically in the health care training arena, needs are going to massify. Leveraging new technologies will facilitate delivery of programmes more widely and more effectively.

## **RE-BUILDING HUMAN RESOURCE CAPACITY**

The focal points of the Institute are Training and Research. More than 75% of the activities of the MIH are oriented on training. Over the last seven years, the training establishment has dwindled from 5 to 1, with 1 officer resigning, 3 officers having retired between 2010 and 2012, and 1 being promoted. One training manager post is occupied by a retired doctor, giving vacancy rate of 80%. Parallel with this, the number of training programmes has more than doubled. Successive attempts to recruit training managers have failed. It is now imperative to rebuild the human resource capacity with regard to training. Alongside, it will be necessary to build capacity in other “relevant sectors”.

## **STRENGTHENING COLLABORATION**

One of the objects of the Institute is to co-operate with institutions, regional and international organizations in order to achieve its mission. The Institute has always collaborated with a number of institutions and organisations. These, amongst others have included the United Nations Fund for Population Activities (UNFPA), Southern African Development Community (SADC), Indian Ocean Commission (IOC), University of Bordeaux as well as some local institutions. Collaboration serves a number of useful purposes:

- 
- It helps enhance quality, giving higher value products.
  - Enable achieve quality at lesser costs
  - Enables the offer of products which it would otherwise be difficult to provide alone.

In the coming 3 years we will work on consolidating our mutually beneficial partnerships while looking to new avenues for collaboration.

## **ESTABLISHING MIH AS A NATIONAL HEALTH INFORMATION AND DOCUMENTATION CENTRE**

In accordance with the MIH act, the Institute has to “act as a focal the point and resource centre for the production, exchange and promotion of health and health information material. The latter is essential to facilitate the development of health human capital. The Institute already provides many services to its students, its staff as well as its resource persons. In November 2013, we launched the Virtual Health Library Mauritius (VHLM) project which aims at providing online access to health information to medical doctors in the public service. In 2016 this service was made available to nurses, paramedics and allied health care professionals as well. Simultaneously an e-learning space has been created to provide access to an online education platform. The need for access to quality health information materials transcends the public health sector. Taking this into account, noting that there is no National Health Information and Documentation Centre (NHIDC), one of the strategic objectives of this 3-year plan is to start the process for gradually establishing the MIH as a NHIDC.

## KEY ACTIONS

### Enhancing Quality

Table 11: Key Actions - Quality

STRATEGIC DIRECTION	KEY PERFORMANCE OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET		
			2017/18	2018/19	2019/20
QUALITY	Quality assure training programmes	Percentage of new certificate / diploma programmes accredited	10%	20%	30%
	Encourage collegiality in development of programmes	Percentage of training programme development using a collegial approach	10%	20%	30%
		Percentage of research programme development using a collegial approach	10%	20%	30%
	Provide quality environment at the Institute	Number of green initiatives introduced #	1	1	1
		Old building renovated by end 2017	Achieved		

# Reduce paper consumption; Reduce electricity consumption; cleaner plastic free environment; composting



## Leveraging Novel Technologies

Table 12: Leveraging Novel Technologies

STRATEGIC DIRECTION	KEY PERFORMANCE OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET		
			2017/18	2018/19	2019/20
LEVERAGE NOVEL TECHNOLOGIES	Introduce online / distance learning programme	Online / DL programme introduced by end 2017	5 courses offered	10 courses offered	15 courses offered
		Number of participants registered	50	75	100
		Number of course registrations	50	100	150
	Train staff and resource persons in new softwares for online / distance learning (DL)	% of staff and resource persons trained	At least 50%	At least 50%	At least 50%
	Create more awareness of the VHLM & encourage better use of service	% of public sector doctors and dentists registered	70%	80%	90%
		% of allied health professionals registered	25%	35%	50%
		% of paramedicals registered	5%	10%	15%
		% of returning users			
		Average number of visits per user	10	20	30
		Number of VHLM awareness sessions or exercises effected	2	3	4
			5	10	10
	Use technology to increase visibility	Number of countries reached with the online/ DL programme	5	10	15
	Optimise use of technologies	Number of Free and Open Source Solutions (FOSS) used in development of programmes	2 FOSS	4 FOSS	5 FOSS
		Types of device on which online/DL programme accessible	Desktop	Desktop and mobile devices	All electronic devices
		Number of students training in novel technologies			

## Rebuilding Human Resource Capacity

Table 13: Rebuilding Human Resource Capacity

STRATEGIC DIRECTION	KEY PERFORMANCE OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET		
			2017/18	2018/19	2019/20
REBUILD HUMAN RESOURCE CAPACITY	Recruit staff in line with needs of institution	Number of full time training staff recruited	2	2	Nil
	Consolidate staff development and recognize performance	Percentage of technical staff attended training programmes, workshops, conferences and other events	50%	75%	100%
		Percentage of administrative staff participated in staff development and training	20%	25%	30%
		Percentage of manual grade staff that attended development and training	10%	15%	25%

## Strengthening Collaboration

Table 14: Strengthening Collaboration

STRATEGIC DIRECTION	KEY PERFORMANCE OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET		
			2017/18	2018/19	2019/20
COLLABORATION	Maintain and enhance mutually beneficial partnerships	% of collaborative projects with ongoing partners maintained	100%	100%	100%
	Number of projects with new partners	Number of consultancies/advisory activities carried out by staff	2	2	2
			1	1	1

## Establishing MIH as a National Health Information and Documentation Centre

Table 15: National Health Information and Documentation Centre

STRATEGIC DIRECTION	KEY PERFORMANCE OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET 2017-18	TARGET 2018-19	TARGET 2019-20
NATIONAL HEALTH INFORMATION AND DOCUMENTATION CENTRE	Strengthen VHL to reach wider audience	VHL made accessible to private health sector Yes/No			
		Increase publications available	5%	5%	5%
	Create more awareness of the HIDC	Increase articles available	5%	5%	5%
		Number of awareness sessions	5	10	15



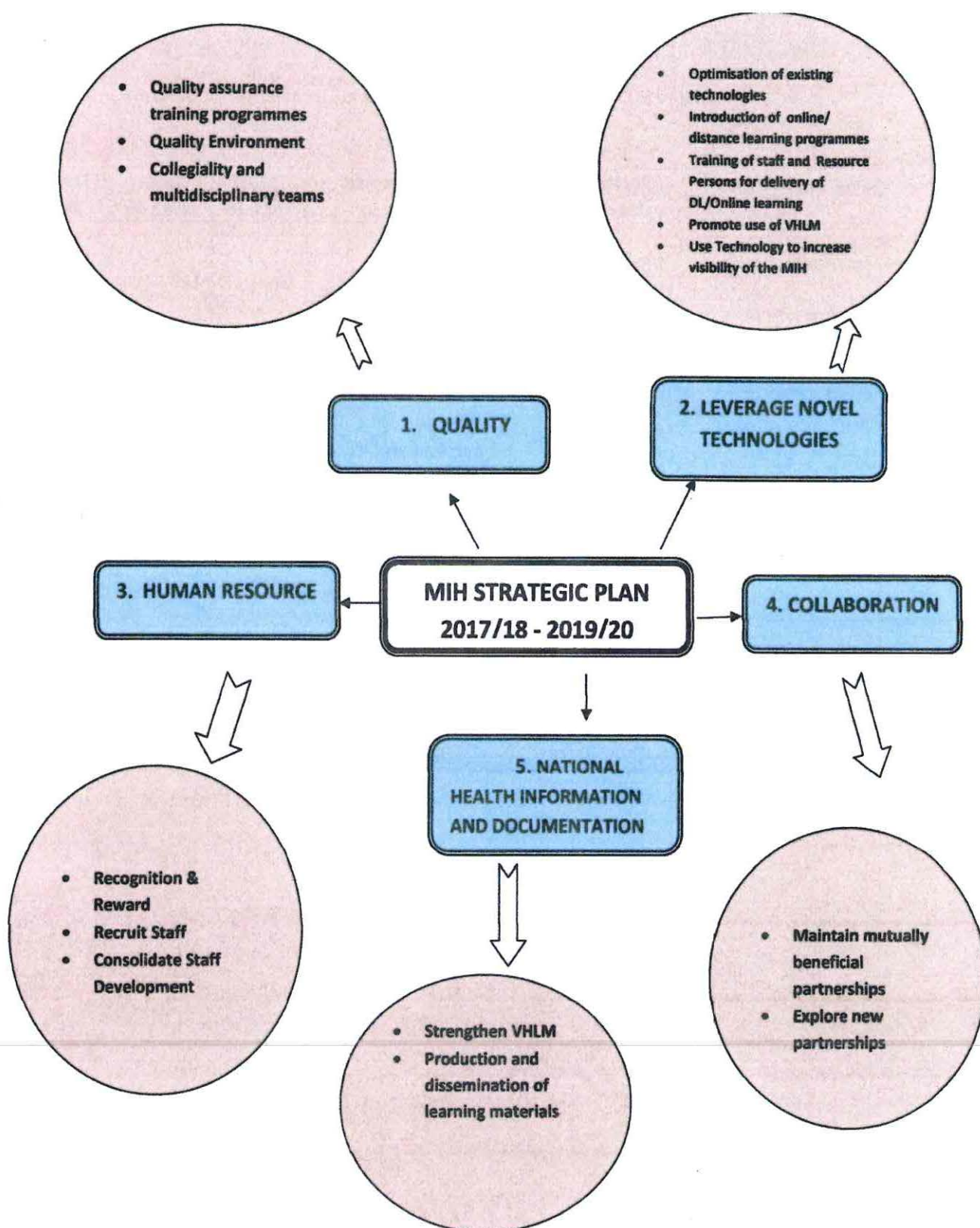


Figure 4: MIH Strategic Plan 2017/18-2019/20

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The course of action to be taken to achieve these objectives, the relevant programme of activities [Programme of Work] and budgetary implications are worked out on an annual basis for approval by the MIH Executive Board before implementation. A mid-term review is carried out each year to monitor progress.

## **LOOKING TO THE FUTURE**

Our strategic plan for the financial years 2017/18 – 2019/20 sets out our direction for the next 3 years and will form the basis of our business and operational plans. We are confident that this direction reflects our priorities taking into account the priorities of our partners across the region and in Mauritius as well as the factors that will affect the health care training, health systems research and documentation needs.

Inevitably, the priorities of our stakeholders will evolve, the availability of resources will fluctuate, and the technologies of health care and health information will shift. However, the essential themes and direction set out in our strategic plan will continue to guide our decisions and actions as we manoeuvre among and manage these changes. Notwithstanding this, it is important to realise that in many countries, health care training is under the aegis of the Health Ministry and in our context, we stand more to gain by keeping health care training already under the responsibility of the Ministry of Health and Quality of Life as it is. Shifting this responsibility to other players at this stage may not augur good.

# The MIH (Amendment) Act of 1989 & The MIH (Amendment) Act of 2003



## THE MAURITIUS INSTITUTE OF HEALTH (AMENDMENT) ACT 1989

Act No. 36 of 1989

*I assent,*

24<sup>th</sup> November 1989

*Manjiv Doo*  
Governor-General

### ARRANGEMENT OF SECTIONS

#### Section

- |  |                                     |
|--|-------------------------------------|
| 1. Short title.                        | 9. Establishment of a General Fund. |
| 2. Interpretation.                     | 10. Powers of the Minister.         |
| 3. Establishment of the Institute.     | 11. Donations.                      |
| 4. Objects of the Institute.           | 12. Regulations.                    |
| 5. The Board.                          | 13. Exemptions.                     |
| 6. The Executive Director.             | 14. Legal proceedings.              |
| 7. Appointment of employees.           | 15. Consequential amendment.        |
| 8. Conditions of service of employees. |                                     |

## An Act

To establish the Mauritius Health Institute

ENACTED by the Parliament of Mauritius, as follows—

### 1. Short title.

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

### 2. Interpretation.

In this Act—

“Board” means the Board of the Institute established under section 5;

“Chairman” means the Chairman of the Board;

“Executive Director” means the Executive Director of the Institute appointed as such under section 6;

“employee” means any employee of the Institute;



- "General Fund" means the General Fund set up under section 9;
- "Institute" means the Mauritius Institute of Health established under section 3;
- "member" means a member of the Board and includes the Chairman;
- "Minister" means the Minister to whom responsibility for the subject of health is assigned.

### 3. Establishment of the Institute.

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

### 4. Objects of the Institute.

The objects of the Institute shall be—

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

### 5. The Board.

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

- (2) The Chairman shall be a public officer.
  - (3) The members appointed under subsection (1) (e) shall hold office for two years but shall be eligible for re-appointment.
  - (4) The Board shall regulate its meetings and proceedings in such manner as it thinks fit.
  - (5) Five members shall constitute a quorum.
- 6. The Executive Director.**
- (1) There shall be an Executive Director who shall be the Chief Executive of the Institute and be responsible to the Board for maintaining and promoting the proper administration of the Institute.
  - (2) The Executive Director shall be appointed by the Prime Minister and hold office on such terms and conditions as the Prime Minister may think fit.
- 7. Appointment of employees.**
- (1) The Board may, with the approval of the Minister, appoint on such terms and conditions as it thinks fit, such employees as it considers necessary for the proper discharge of its functions under this Act.
  - (2) Every employee shall be under the administrative control of the Executive Director.
- 8. Conditions of service of employees.**
- The Board may, with the approval of the Minister, make provision to govern the conditions of service of employees and, in particular, to deal with—
- (a) the appointment, dismissal, discipline, pay and leave of, and the security to be given by, employees;
  - (b) appeals by employees against dismissal or any other disciplinary measures; and
  - (c) the establishment and maintenance of provident or pension fund schemes, the contributions payable to, and the benefits recoverable from, those schemes.
- 9. Establishment of a General Fund.**
- (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.

**10. Powers of the Minister.**

- (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.

**13. Exemptions.**

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.

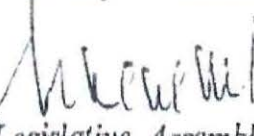
**15. Consequential amendment.**

- (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



PRESIDENT OF THE REPUBLIC OF MAURITIUS

**THE MAURITIUS INSTITUTE OF HEALTH  
(AMENDMENT) ACT**

Act No.     of 2003

*I assent*

*7 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  
(Amendment) Act 2003.

**2. Interpretation**

In this Act –

“principal Act” means the Mauritius Institute of Health Act.

**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*



### Terms of Reference of the Technical Sub-Committee

The composition of the Technical Sub-Committee is as follows:

- |    |                            |   |             |
|----|----------------------------|---|-------------|
| 1. | Dr (Mrs) P. Pugo Gunsam    | - | Chairperson |
| 2. | Dr (Mrs) M. Timol          | - | Member      |
| 3. | Mr. D. Persand             | - | Member      |
| 4. | Dr (Mrs) B. Oogarah-Pratab | - | Member      |

In attendance

- |    |                  |   |           |
|----|------------------|---|-----------|
| 1. | Dr (Mrs) G. Daby | - | Member    |
| 2. | Mrs. I. Bholah   | - | Secretary |

The main responsibilities of the Technical Sub Committee include:

- i) To advise the Executive Board of the Mauritius Institute of Health (MIH) on research and training in line with priorities of the Ministry of Health and Quality of Life;
- ii) To advise on problem-solving, epidemiological and action-oriented research programmes with a view to improve performance and the efficiency of the health systems;
- iii) To advise on training needs in the health sector with special emphasis on the following:-
  - (a) Basic training of different categories of health personnel;
  - (b) Post basic and postgraduate training for health professionals;
  - (c) Continuing education for all categories of health personnel;
  - (d) Orientation courses for health professionals joining the public health services;
  - (e) International courses on topics of regional interests; and
- iv) To advise on ways and means for enhancing the role of the MIH as an Awarding Body for qualifications in the health sector.

### Terms of Reference of the Finance Sub-Committee

The composition of the Finance Sub-Committee is as follows:

- |    |                      |   |                 |
|----|----------------------|---|-----------------|
| 1. | Dr D.K. Padachi      | - | Chairperson     |
| 2. | Mr. A. Nundoochan    | - | Member          |
| 3. | Mr. U. Gobin         | - | Co-opted Member |
| 4. | Mr Alain Li Yuk Tong | - | Co-opted Member |

In attendance

- |    |                  |   |           |
|----|------------------|---|-----------|
| 1. | Dr (Mrs) G. Daby | - | Member    |
| 2. | Mrs. B.F. Sookun | - | Member    |
| 3. | Mr. N. Ramkurrun | - | Member    |
| 4. | Mrs. I. Bholah   | - | Secretary |

The main responsibilities of the Finance Committee are to advise the Board on matters pertaining to the following:-

- i) All financial matters relating to the activities of the Institute;
- ii) Examination of budget estimates and Statement of Accounts;
- iii) Scrutiny of bid evaluation reports; and
- iv) Examination of reports (e.g. Board of Survey, Internal Control, External Auditors, Financial Management Analyst of the Ministry) on the financial affairs of the Institute.

### Terms of Reference of the Staff Sub-Committee

The composition of the Staff Sub-Committee is as follows:

- |    |                            |   |             |
|----|----------------------------|---|-------------|
| 1. | Mr. D. Persand             | - | Chairperson |
| 2. | Mrs P. Juggessur-Dabeedyal | - | Member      |
| 3. | Mr. Z. Bhugeloo            | - | Member      |

In attendance

- |    |                  |   |           |
|----|------------------|---|-----------|
| 1. | Dr (Mrs) G. Daby | - | Member    |
| 2. | Mr. N. Ramkurrun | - | Member    |
| 3. | Mrs. I. Bholah   | - | Secretary |

The main responsibilities of the Staff Sub-Committee include:

- i) To consider issues pertaining to Human Resources in line with the Personnel Management Manual and current rules and procedures;
- ii) To recommend disciplinary action in accordance with current legislation and rules;
- iii) To advise the Executive Board on staff matters; and
- iv) To examine and ensure implementation of the recommendations of the Internal Control Report and other Reports such as the OPSG and PRB report regarding staffing issues.





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**REPORT OF THE  
DIRECTOR OF AUDIT**

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**On the Financial Statements  
of the Mauritius Institute of Health  
for the 18-month period ended 30 June 2017**

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**NATIONAL AUDIT OFFICE**

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# NATIONAL AUDIT OFFICE

## **REPORT OF THE DIRECTOR OF AUDIT TO THE BOARD OF THE MAURITIUS INSTITUTE OF HEALTH**

### **Report on the Audit of the Financial Statements**

#### **Opinion**

I have audited the financial statements of the Mauritius Institute of Health, which comprise the statement of financial position as of 30 June 2017, and the statement of financial performance, the statement of changes in Net Assets/Equity, and the statement of cash flows for the 18-month period then ended, including a summary of significant accounting policies and other explanatory information.

In my opinion, the accompanying financial statements give a true and fair view of the financial position of the Mauritius Institute of Health as of 30 June 2017, and of its financial performance and its cash flows for the 18-month period then ended in accordance with International Public Sector Accounting Standards (IPSAS).

#### **Basis for Opinion**

I conducted my audit in accordance with International Standards of Supreme Audit Institutions (ISSAIs). My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Mauritius Institute of Health in accordance with the INTOSAI Code of Ethics together with the ethical requirements that are relevant to my audit of the financial statements in Mauritius, and I have fulfilled my other ethical responsibilities in accordance with these requirements and the Code of Ethics. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### **Other Information**

Management is responsible for the other information. The other information comprises the information included in the Annual Report of the Mauritius Institute of Health for the 18 months period ended 30 June 2017, but does not include the financial statements and my auditor's report thereon.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.



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In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with IPSAS and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Mauritius Institute of Health's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management intends to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Mauritius Institute of Health's financial reporting process.

### **Auditor's Responsibilities for the Audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISSAIs, will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISSAIs, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.



- Obtain an understanding of internal control relevant to the audit 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 Mauritius Institute of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Mauritius Institute of Health's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Mauritius Institute of Health to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

## **Report on Other Legal and Regulatory Requirements**

### ***Management's Responsibility for Compliance***

In addition to the responsibility for the preparation and presentation of the financial statements described above, management is also responsible for ensuring that the activities, financial transactions and information reflected in the financial statements are in compliance with the laws and authorities which govern them.

### ***Auditor's Responsibility***

In addition to the responsibility to express an opinion on the financial statements described above, my responsibility includes expressing an opinion on whether the activities, financial transactions and information reflected in the financial statements are, in all material respects, in compliance with the laws and authorities which govern them. This responsibility includes performing procedures to obtain audit evidence about whether the Mauritius Institute of Health's expenditure and income have been applied to the purposes intended by those charged with governance. Such procedures include the assessment of the risks of material non-compliance.

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

### **Opinion on Compliance**

#### ***Statutory Bodies (Accounts and Audit) Act***

I have obtained all information and explanations which to the best of my knowledge and belief were necessary for the purpose of my audit.

In my opinion, in all material respects, the activities, financial transactions and information reflected in the financial statements are in compliance with the Act.

#### ***Public Procurement Act***

The Mauritius Institute of Health is responsible for the planning and conduct of its procurement. It is also responsible for defining and choosing the appropriate method of procurement and contract type in accordance with the provisions of the Act and relevant Regulations. My responsibility is to report on whether the provisions of Part V of the Act regarding the Bidding Process have been complied with.

In my opinion, the provisions of Part V of the Act have been complied with as far as it appears from my examination of the relevant records.



**K. C. TSE YUET CHEONG (MRS)**  
Director of Audit

National Audit Office  
Level 14,  
Air Mauritius Centre  
**PORT LOUIS**

18 May 2018

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Notes to the Financial Statements	8 - 17



**Institute of Health**  
**Statement of Financial Position as at 30 June 2017**

		Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
	Notes		
<b>ASSETS</b>			
<b>Non-current assets</b>			
Investments	6	15,200,000	15,200,000
Property, plant and equipment	7	1,365,710	2,210,682
Intangible assets	8	-	29,016
		<u>16,565,710</u>	<u>17,439,699</u>
<b>Current assets</b>			
Cash and cash equivalents		6,668,711	4,919,518
Trade and other receivables	9	2,670,946	7,393,257
Prepayments		76,620	137,955
Inventories		43,877	43,329
		<u>9,460,154</u>	<u>12,494,159</u>
<b>Total assets</b>		<b>26,025,864</b>	<b>29,934,058</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	10	1,613,401	6,148,133
<b>Non-current liability</b>			
Employee benefits obligation	11	5,300,526	8,843,340
Retirement benefits obligation	12	10,498,512	8,216,312
		<u>17,412,439</u>	<u>23,207,785</u>
<b>Total liabilities</b>		<u>17,412,439</u>	<u>23,207,785</u>
<b>Net assets</b>		<u>8,613,425</u>	<u>6,726,273</u>
<b>NET ASSET/EQUITY</b>			
General fund		8,564,263	6,726,273
Donations		49,162	-
<b>TOTAL NET ASSETS/EQUITY</b>		<u>8,613,425</u>	<u>6,726,273</u>
<b>NET ASSET/EQUITY</b>		<u>8,613,425</u>	<u>6,726,273</u>

  
 Executive Director  
 Date: 17 April 2018

  
 Chairperson  
 Date: 18 April 2018

The note on pages 8 - 17 form an integral part of these financial statements.

**Institute of Health**  
**Statement of Financial Performance for period 01 January 2016 to 30 June 2017**

		Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>REVENUE</b>			
<b>Operating revenue</b>			
Grants		<u>27,300,000</u>	<u>18,586,950</u>
Training activities		9,346,751	11,716,898
Research activities		<u>330,910</u>	<u>580,120</u>
		<u>9,677,661</u>	<u>12,297,018</u>
<b>Other operating revenue:</b>			
Interest on fixed deposits		1,420,247	1,049,446
Other income		<u>434,589</u>	<u>109,962</u>
		<u>1,854,836</u>	<u>1,159,408</u>
<b>Total operating revenue</b>		<u><u>38,832,497</u></u>	<u><u>32,043,376</u></u>
<b>EXPENDITURE</b>			
<b>Operating expenses</b>			
Salaries and employee benefits	13	31,468,931	19,436,727
Training costs	15	4,048,210	7,124,579
Research costs		244,348	177,434
Other operating expenses	16	2,781,830	1,792,166
Depreciation		778,759	906,213
Utilities		<u>1,082,832</u>	<u>723,707</u>
<b>Total operating expenses</b>		<u><u>40,374,610</u></u>	<u><u>30,160,826</u></u>
<b>Surplus/(deficit) for the period</b>		<u>(1,542,113)</u>	<u>1,882,550</u>

Institute of Health  
Statement of Changes in Net Assets/Equity for the period 01 January 2016 to  
30 June 2017

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
As at 01 January 2016	6,726,273	4,192,978
State cheques misposted for year 2015	(11,730)	-
Revaluation of serviceable items for 2015	(650,745)	650,745
Adjustment depreciation for revaluation of serviceable items for 2015	130,150	-
Reverse provision for vacation leave since 2011	3,912,428	-
Surplus/(deficit) for the period	(1,542,113)	1,882,530
As at 30 June 2017	<u>8,564,263</u>	<u>6,726,273</u>



**Institute of Human**  
**Statement of Cash Flows for the period 01 January 2016 to 30 June 2017**

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
Cash flows from operating activities		
Surplus/(deficit) for the period	(1,542,113)	1,882,550
Adjustments for:		
Depreciation	778,759	906,213
Stale cheques misposted for year 2015	(11,730)	-
Donation of asset	(278,588)	-
Interest received	(1,420,247)	(1,049,446)
Operating profit/(loss) before working capital	(2,473,919)	1,739,317
Retirement benefits obligation	2,282,200	1,429,484
Decrease/(increase) in inventories	(549)	5,656
(Increase)/Decrease in Trade and other receivables	4,783,646	(5,434,610)
(Decrease)/Increase in Trade and other payables	(8,077,546)	2,289,263
Provision of vacation leave	3,912,428	-
Net cash (used in)/from operating activities	426,260	29,112
Cash flows from investing activities		
Acquisition of fixed assets	(97,614)	(305,395)
Proceeds from disposal of fixed assets	-	-
Interest received	1,420,247	1,049,446
Net cash (used in)/from investing activities	1,322,633	744,051
Net decrease/increase in cash and cash equivalents	1,748,893	772,964
Cash and cash equivalents at start of the period	4,919,818	4,146,854
Cash and cash equivalents at start of the period:	6,668,711	4,919,818

**Institute of Health**  
**Statement of Budgets, actual and accrual based amounts for the period**  
**January 2016 to 30 June 2017**

	Original Budget	Revised Budget	Actual Received/ Paid	Financial Statements
	Rs	Rs	Rs	Rs
<b>Revenue</b>				
Grant	29,500,000	30,000,000	27,300,000	27,300,000
Training activities	13,300,000	12,100,000	9,192,351	9,346,751
Research activities	500,000	1,000,000	149,353	330,910
Interest	1,200,000	1,700,000	1,201,063	1,420,247
Other revenue	110,000	145,000	156,001	434,589
<b>Total Revenue</b>	<b>44,610,000</b>	<b>44,945,000</b>	<b>37,998,668</b>	<b>38,832,497</b>
<b>Expenditure</b>				
<b>Personal emoluments :-</b>				
Salaries and allowances	24,580,000	24,803,000	23,363,249	23,363,249
Contribution to National Saving Fund	210,000	200,000	199,921	199,921
Employer pension and FPS contribution	2,530,000	3,700,000	3,544,402	3,544,402
Employees benefits- sick leave and passage benefits	4,180,000	4,730,000	4,063,958	4,063,958
Gratuity (on contract)	290,000	297,400	297,400	297,400
Cost of utilities	1,345,000	1,215,000	1,132,239	1,167,224
Maintenance	612,500	535,000	499,558	502,317
Office expenses	552,500	475,000	419,565	423,280
Publications and stationery	170,000	100,900	90,071	90,071
Fees to chairperson and professional services	896,500	884,000	650,288	821,288
Other goods and services	904,750	850,000	805,387	830,187
Fixed assets	500,000	300,000	97,614	97,614
Training costs	7,000,000	5,500,000	3,981,610	4,048,210
Research costs	1,200,000	700,000	244,348	244,348
<b>Total</b>	<b>44,991,250</b>	<b>44,290,300</b>	<b>39,389,610</b>	<b>39,693,469</b>

### Institute of Health

#### Statement showing reasons for variances between original and revised budget for period January 2016 to 30 June 2017

	Original Budget Rs	Revised Budget Rs	Variation Rs	Comments
<b>Expenditure</b>				
<b>Personal emoluments :-</b>				
Salaries and allowances	24,580,000	24,803,000	223,000	Implementation of PRB 2016.
Contribution to National Saving Fund	210,000	200,000	(10,000)	Over estimated.
Employer pension and FPS contribution	2,550,000	3,700,000	1,150,000	Revision of actuarial pension by SICOM Ltd.
Employees benefits- sick leave and passage benefits	4,180,000	4,730,000	550,000	Implementation of PRB 2016
Gratuity (on contract)	290,000	297,400	7,400	Revision of salary.
Cost of utilities	1,345,000	1,215,000	(130,000)	Building under renovation - Use of less offices.
Maintenance	612,500	535,000	(77,500)	Over estimated.
Office expenses	552,500	475,000	(77,500)	Postage and sundries expenses are overestimated. Savings on cleaning by use of only 1 floor as renovation was on.
Publications and stationery	170,000	100,900	(69,100)	Use of less stationery as programs are still under development.
Fees to chairperson and professional services	896,500	884,000	(12,500)	More committees have been held, whereas fees for training of staff was overestimated.
Other goods and services	904,750	850,000	(54,750)	Saving for item staff welfare. Fewer courses led to less expenses for catering services.
Fixed assets	500,000	300,000	(200,000)	Items planned for purchase after completion of renovation works.
Training costs	7,000,000	5,500,000	(1,500,000)	Some activities are still under development.
Research costs	1,200,000	700,000	(500,000)	
<b>Total</b>	<b>44,991,250</b>	<b>44,290,300</b>	<b>(700,950)</b>	



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**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

**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 and Quality of Life empowered to undertake training and research in the health sector and related disciplines. The Institute's registered office is at Powder Mill, Pamphleusses, Mauritius.

The Objectives of the Institute are as follows:

- (i) To organize the training of local as well as overseas health personnel .
- (ii) To carry out health systems research .
- (iii) To act as a focal point and resource center for the production, exchange and promotion of health learning and health information material.
- (iv) To provide advisory services in matters of health care.
- (v) To co-operate and establish links with other similar institutions, regional and international organizations.

**2 IMPLEMENTATION OF INTERNATIONAL PUBLIC SECTOR ACCOUNTING STANDARDS (IPSAS)**

The Institute's financial statements is prepared in accordance with the International Public Sector Accounting Standards (IPSAS).

**3 ACCOUNTING POLICIES**

The principal accounting policies applied in the preparation of these financial statements are set out below:

**(i) Basis of preparation**

The financial statements have been prepared on an accrual and going concern basis and comply with the requirements of International Public Sector Accounting standards (IPSAS) and in accordance with accounting framework for Statutory Bodies.

**(ii) Revenue Recognition**

- (a) Recurrent government grants are recognize on a cash basis as income and are matched against the recurrent expenses of the entity.
- (b) Interests and other income are recognized on an accrual basis.

**(iii) 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.

**(iv) Expenses recognition**

All expenses are accounted for in the statement of Financial Performance on an accrual basis.

**(v) Inventories**

Inventories are measured at the lower of cost and net realizable value. Cost is determined using the first in and first out methods. Net realizable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

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**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

**(vi) Property, plant and equipment**

Property, plant and equipment are stated at historical cost or revaluation less accumulated depreciation. Depreciation is calculated using straight line method over the estimated useful economical lives. The annual depreciation rates are as follows:

Office furniture, fittings and equipment	10%
Kitchen utensils and equipment	10%
Motor vehicles	20%
Computer equipment	25%
Computer software & license	25%

**(vii) 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.

**(a) Trade and other receivables**

Trade and other receivables are stated at cost less impairment losses.

**(b) Cash and cash equivalents**

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

**(c) Trade and other payables**

Trade and other payables are stated at cost.

**(viii) Provisions**

A provision is recognized 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 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.

**(ix) Retirement Benefits Obligations**

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

The entity assets are managed by SICOM Ltd. The cost of providing the benefit is determined in accordance with the actuarial valuation undertaken every three years.

**(x) Grants**

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

The Institute shall recognize Government grants as follows:

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

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

**(c) 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 lifetime of the asset.**



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**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

- (i) 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 the setting off the repayment against any unamortized deferred income relating to the grant. Any excess shall be charged immediately to the Statement of Financial Performances.

**(xi) Intangible Asset**

Intangible asset is taken at cost of acquisition and any incidental costs to bring to use and it has been amortized at the rate of 25% with its useful life of 4 years.

**(xii) 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 recognized whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognized in the Statement of Financial Performance in the period in which the impairment is identified.

**(xiii) 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 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 judgments that may affect the reported amounts and disclosures in the financial statements. Estimates and judgments 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.

**(i) 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).

**5 FINANCIAL RISK FACTORS**

The Institute's activities expose it to a variety of financial risks, including:

- (i) Credit risk**
- (ii) Liquidity risk**

This note represents 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.

**Credit risk**

The Institute's credit risk is primarily attributable to its trade receivables. The amount 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.

**Liquidity risk**

Prudent liquidity risk management implies maintaining sufficient cash and the availability of funding through the adequate amount of committed credit facilities.



**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

**6 INVESTMENT**

Deposits are held at the MCS Mutual Aid Association Ltd for an amount of Rs 15.2 million.

**7 PROPERTY, PLANT AND EQUIPMENT**

	<u>Off. furniture fittings and equipment</u> Rs	<u>Office computer equipment</u> Rs	<u>Motor vehicles</u> Rs	<u>Kitchen equipment</u> Rs	<u>Total</u> Rs
<b>Cost</b>					
At 31 December 2015	4,421,105	2,179,990	1,684,200	56,091	8,342,286
Additions	16,893	79,331	-	1,390	97,614
Donations	327,750	-	-	-	327,750
Disposal	-	-	(780,000)	-	(780,000)
At 30 June 2017	4,765,748	2,259,321	904,200	58,381	7,987,650
<b>Depreciation</b>					
At 31 December 2015	3,648,319	1,557,275	1,367,730	49,857	6,623,181
Charge for the period	219,537	285,615	271,260	2,327	778,759
Disposal	-	-	(780,000)	-	(780,000)
At 30 June 2017	3,867,856	1,842,890	858,990	52,184	6,621,940
<b>Net book value</b>					
At 30 June 2017	897,892	416,431	45,210	6,197	1,365,710
At 31 December 2015	1,161,420	718,971	316,470	13,822	2,210,683

**8 Intangible**

<b>Cost</b>		
At 01 January 2016	336,477	355,744
Additions	-	-
Disposal	-	(19,267)
At 30 June 2017	336,477	336,477
<b>Depreciation</b>		
At 01 January 2016	336,477	326,657
Charges for the year	-	29,087
Disposal	-	(19,267)
At 31 December 2015	336,477	336,477
<b>Net book value</b>		
At 30 June 2017	-	-
At 31 December 2015	-	-

Serviceable items which has been fully depreciated in 2015, was revalued with an extended life time of 5 years. As it consists only of office equipment, furniture and computers for an amount of Rs 650,745, adjustment has been made for its reversal.

**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>9 TRADE AND OTHER RECEIVABLES</b>		
Sundry Debtors	2,620,946	7,043,257
Other receivables	50,000	350,000
	<u>2,670,946</u>	<u>7,393,257</u>
<b>10 TRADE AND OTHER PAYABLES</b>		
Deferred income	1,011,518	2,483,976
Sundry creditors	551,883	3,314,157
Advance of motor car	50,000	350,000
	<u>1,613,401</u>	<u>6,148,133</u>
<b>11 Employee benefit obligations</b>		
Passage benefit entitlement	1,172,853	1,212,223
Vacation leave	-	3,912,428
Accumulated Sick leave at bank	4,127,973	3,718,689
	<u>5,300,826</u>	<u>8,843,340</u>

Employees entitlement leaves are recognised when they accrue to employees. Since 2011 an accrual computation is made for the estimated liability for accumulated vacation leave payable for services rendered by employees at time of retirement has been reversed. Henceforth, the paid accumulated vacation leave will be met from the item personal emolument of the Institute current budget as and when it arises.

**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

**12 Retirement benefits obligations**

MHI'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 of Mauritius as of 30 June 2017.

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>Amounts recognized in statement of financial position at end of period:</b>		
Present value of funded obligation	54,207,332	53,055,754
Fair value of plan assets	<u>(28,845,731)</u>	<u>(25,145,602)</u>
	25,361,601	27,910,152
Unrecognized actuarial gain(loss)	<u>(14,863,089)</u>	<u>(19,693,840)</u>
<b>Liability recognized in statement of financial position:</b>	<u>10,498,512</u>	<u>8,216,312</u>
<b>Amounts recognized in statement of financial performance:</b>		
Current service cost	2,375,697	1,482,855
Employee contributions	(932,838)	(556,982)
Fund expenses	120,641	38,330
Interest cost	5,172,936	3,273,242
Expected return on plan assets	(2,532,438)	(1,829,563)
Actuarial loss(gain)	<u>1,199,022</u>	<u>597,537</u>
<b>Total, included in staff costs</b>	<u>5,403,020</u>	<u>3,005,419</u>
<b>Movements in liability recognized in statement of financial position:</b>		
At start of year	8,216,312	6,786,828
Total staff cost	5,403,020	3,005,419
(Actuarial reserves transferred in)	-	(369,699)
Contribution paid by employer	<u>(3,120,820)</u>	<u>(1,206,236)</u>
At end of period	<u>10,498,512</u>	<u>8,216,312</u>
Actual return on plan assets:	2,043,883	331,199
<b>Main actuarial assumptions at the end of period:</b>		
Discount rate	6.50%	7.50%
Expected rate of return on plan assets	6.50%	7.50%
Future salary increase	4.00%	5.00%
Future pension increases	3.00%	3.00%

The staff pension plan assets are invested in funds managed by State Insurance company of Mauritius Ltd. The fair value of the plan assets as at 30 June 2017 amounts to Rs 28,845,731. and for the year 2015, it's Rs 25,145,602. respectively.

The discount rate is determined by reference to market yields on bonds.



**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>13 Salaries and employee benefits</b>		
Basic salary	17,407,053	10,718,814
Compensation 2017	113,933	208,227
Refund of sick leave	526,227	495,650
End of year bonus	862,377	791,308
Travelling allowances	2,798,728	1,857,922
Passage benefits	846,247	534,889
Uniform allowances	103,530	51,485
Pension and family protection Scheme	5,826,602	2,821,483
National Saving Fund Costs	199,921	125,498
Gratuity - on contract officers	297,400	276,000
Arrear Salary and Other allowances	1,987,226	1,091,193
Provision for Vacation Leave	-	244,447
Provision for Sick Leave at Bank	409,284	188,038
Overtimes	90,502	31,753
	<u>31,468,931</u>	<u>19,436,727</u>

**14 Key management personnel**

The Institute's management is carried out by the Board of Directors and day to day supervision under the responsibility of the Executive Director.

Executive Director	3,652,018	1,829,542
Chairperson and members of MHI committees	618,760	353,991
	<u>4,270,778</u>	<u>2,183,533</u>

**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>15 Training costs</b>		
Distance Learning Programme on Population	1,155,470	558,000
Atelier into Epi	-	51,000
IEAE coordinated research study	126,791	93,000
AUF Project FOCAD	224,750	-
AUF Project OSS	45,685	-
SADC Project	-	1,578,851
Training in Basic Pedagogy for Mentors	-	188,400
Top up Programme - National Pharmacy Technician	338,350	281,100
Certificate Course for Dental Assistants	29,250	121,800
Certificate for Speech and Therapy Assistants	3,000	-
Post graduate Studies in Internal Medicine	310,626	1,133,344
Post graduate Studies in Obs and Gynecology	150,872	-
Induction Course for Pre-registration House	58,200	56,200
Training for Duty Managers	-	10,650
Diploma in Radiation Therapy Technology	18,000	3,000
Training in Emergency Medicine for Nurses	425,604	67,400
Training Course for SAMU Ambulance Drivers	348,517	-
Diploma in Diabetes Foot Care Nursing	154,887	661,460
Training course in emergency medicine for nursing officers	-	1,670,950
Top up Programme National Diploma in Nursing	14,030	514
Certificate Course for Physiotherapy Assistants	233,470	235,458
Certificate for Health Care Assisting	6,000	-
Health Care Technology	33,000	-
Continuous Professional Development	11,400	-
Office supplies and stationery	360,309	279,855
Virtual health library expenses	-	131,597
	<b>4,048,210</b>	<b>7,124,579</b>

**Institute of Health**  
**to the financial statements for the period 01 January 2016 to 30 June 2017**

	Period 01 January 2016 to 30 June 2017 Rs.	Year ended 31 December 2015 Rs.
<b>16 Operational expenses</b>		
Kitchen expenses	334,695	343,445
MIH committees fees	618,760	353,991
Maintenance of computers/printers	41,825	51,817
Software and accessories	116,610	45,316
Insurance for vehicles, office and it equipment	87,454	69,416
Maintenance of equipment	102,094	78,656
Maintenance of vehicles	50,287	63,018
Fuel consumption	114,690	108,868
Office supplies and stationery	44,490	45,195
Electrical items and repairs	10,628	7,733
Sundries	22,118	37,542
Maintenance of Building	104,047	26,834
Postage services	56,307	56,085
Cleaning and laundry services	334,224	257,157
Legal retainer fees	24,000	24,000
Staff welfare	36,403	45,980
Advertisement and other expenses	45,581	-
Other administrative expenses	200,356	47,981
Training for staff	5,200	21,900
Final account expenses	171,000	102,000
Internal Control expenses	2,328	-
Virtual Library	248,972	-
Bank charges on commissions	9,761	3,232
	<u>2,781,830</u>	<u>1,792,166</u>



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**Institute of Health**  
**to the financial statements for the period of 01 January 2016 to 30 June 2017**

**17 Other inputs from Government**

In addition to grant, the Ministry of Health and Quality of Life made available the facilities, stated below at (1 and 2) to MIH during the period 01 January 2016 to 30 June 2017. Rent free building is provided to the Institute by the Ministry of Health and Quality of Life. Since 2016 the building is under renovation and the project value is Rs 14,502,541.70. The Institute would part-finance this project to the tune of Rs 5 million and the remaining balance would be met by the Ministry of Health and Quality of Life.

1 Rent - free buildings to house MIH.

2 Salaries and allowances totaling to Rs 1,256,044.54 were incurred by the parent Ministry in respect of 4 officers who were seconded to the Institute.

**18 Comparative**

The current period figures are for eighteen months period from 01 January 2016 to 30 June 2017 while the comparative figures are for twelve months period from 1 January to 31 December 2015.

**19 Event after the reporting date**

There have been no material post events after the reporting date which require disclosure or adjustment to the 30 June 2017 financial statements.

