

Substantive Session of the ECOSOC

Statement by H.E Mr. S.B.C Servansing, Ambassador and Permanent Representative of Mauritius on "Addressing non-communicable diseases and injuries: uniting development and public health agendas".

Geneva, Thursday 9 July 2009

I wish to express our deep gratitude to the WHO and the Chairperson and Members of the ECOSOC for giving us this opportunity to share some insights on the Mauritius experience in respect of the NCD challenge.

This reflects the political priority we now attribute-and indeed should-to NCDs in the international arena and the high-level political engagement we require within the UN system to address this pressing global health concern.

Indeed, given their high incidence on the socio-economic fabric of all nations, NCDs have become an issue of global governance, i.e. without concerted global action, the NCDs will certainly attain unsustainable epidemic proportions, if they have not already, especially in rapidly changing societies.

Mauritius is a case in point.

Indeed, over the last two decades there has been a rising incidence of NCDs, particularly diabetes, cardiovascular diseases and cancer in Mauritius. Other major NCDs in the country include mental illness, chronic respiratory problems, substance abuse and road traffic accidents. All these NCDs present serious public health threats.

Evidence-based national data over the past few years indicate that NCDs represent about 80% of the total disease burden in Mauritius and account for 85% of the total deaths every year.

NCD surveys on disease and risk factor prevalence were carried out in 1987, 1992, 1998 and 2004 in Mauritius. The 2004 survey has revealed that:

- 15 per cent of the Mauritian population aged 20 to 74 years are diabetics and for those aged 30 years and above, the prevalence of diabetes is 19.3 per cent;
- 12.1 per cent of the population aged 30 years and above have Impaired Glucose Tolerance;
- 30 per cent of the adults aged 30 years and above are hypertensive;
- 38 per cent of the population aged 30 years and above are either overweight or obese;
- 39.3 per cent of the population are smokers and 19.1 per cent are heavy drinkers;
- the prevalence of high cholesterol level is 45 per cent in males and 37 per cent in females; and
- less than 10 per cent of female adults and less than 25 per cent of male adults are practising adequate physical activities. In other words, this means that 90 per cent of the female population and 75 per cent of the male adults are NOT practising physical activity.

These statistics are alarming indeed and speak for themselves. This has compelled Mauritius to review its policies and develop a national strategy to address these problems. Allow me to highlight some of them.

We have already developed a **National Service Framework for Diabetes** in partnership with the **WHO-Afro and the African Union**. It sets out the strategies for diabetes prevention and includes, amongst others, **standards and key interventions that are important for improving the primary, secondary and tertiary prevention and care of diabetes in Mauritius**.

The targets set out in the Framework are guided by the **Western Pacific Diabetes Declaration and Plan of Action (2000)** and the **African Diabetes Declaration and Strategy (2003)**. These targets seek to:

- **reduce new cases of blindness due to diabetes by one third or more.**
- **reduce end-stage diabetic renal failure by at least one third.**
- **reduce limb amputations for diabetic gangrene by one half.**
- **reduce morbidity and mortality from coronary heart disease.**

In line with the framework, we are running a **major multimedia campaign in collaboration with the private sector to increase national awareness**. There are plans to launch a **mass screening programme** for the population at risk using an adapted **Finn Score questionnaire**. Similarly, a **'know your number' programme** will be launched next month.

We have launched a **community leadership empowerment programme** and set up an **International Advisory Committee**, consisting of medical scientists of international repute, to monitor and evaluate the implementation of the framework.

Furthermore, A set of protocols and guidelines for the prevention and management of NCDs have been developed to facilitate the implementation of the NCD Programme at three levels of prevention, thereby strengthening capacity building in the area of NCDs,

At the primary intervention level, we have established **mobile clinics, with a fully equipped medical team, to offer the first contact with the public at grass roots level**. With their screening facilities, these clinic travel throughout the country for early detection and timely management of NCDs. **These clinics operate at all levels in the community, including schools, workplaces and community centres and offer a package of 13 services including screening, counseling, demonstration of practice of physical activities and healthy cooking**. Such screening facilities are also provided in 26 strategic Area Health Centres.

Furthermore, health education is imparted at community level through social centres. In the same vein, **health clubs, with appropriate equipment and medical supervision, and accessible health tracks** have been set up at community level to enable and encourage people to practice physical activity.

Secondary prevention:

At the secondary level, we operate a **Community based network of Area Health Centres and Community Health Centres** where most of the secondary prevention activities for NCDs are carried out. These include the following:

- (a) **running of structured NCD clinics at all health service points in the Primary Health Care system (about 150 health service points);**
- (b) **Setting up of dedicated Diabetes clinics in all the Area Health Centres. These clinics are conducted by doctors and nurses who have been trained in the management of diabetes.**
- (c) **carrying out of specialised and nutrition clinics with the services of Nutritionists at all regional hospitals and at Primary Health Care level;**

- (d) counseling and sharing of information to chronic disease patients at all health service points;
- (e) operating of a referral system whereby patients needing specialized care and treatment and referred, as priority cases, to Regional Hospitals;
- (f) offering of Podiatry Services in the public health institutions..
- (g) introducing testing of HBA1C for all diabetic patients; and
- (h) providing oral medications and insulin free of charge to all diabetic patients.

Tertiary Prevention.

We also have a structured prevention programme at tertiary level. In fact, specialised units exist at all Regional Hospitals for care and treatment of complications resulting from NCDs. Facilities for Dialysis, Renal transplant, Cardiac Care including cardiac surgeries and Eye clinics are all available in public health institutions free of any user cost.

Furthermore, retinal screening for diabetic patients using digital retinal camera of latest technology has been introduced since last year. This is being scaled up this year to cover the whole island. Additionally, outpatient departments of all Regional Hospitals provide consultations by specialists in respect of all NCD cases referred to them for further care and management.

Conscious of the fact that NCDs and their risk factors call for a comprehensive strategy, the Ministry of Health and Quality of Life of Mauritius has elaborated Action Plans, some of which have been finalised and are being implemented, whilst others are in the process of being so. These include:

- The National Nutrition Action Plan
- The National Tobacco Control Action Plan
- The National Action Plan on Physical Activity
- The Cancer Control and Prevention Action Plan.

Moreover, the sale and consumption of soft drinks in school has been prohibited. Not later than last month, i.e. in June 2009, the Government introduced a legal framework to control the consumption of food items in educational institutions as it is felt that eating habits start as from an early age and behavioural change can easily be motivated at that level.

As smoking and alcohol abuse are also risk factors for NCDs, two new Regulations have been introduced and are being fully enforced. These are

- (i) the Alcohol Regulations which prohibits advertisement and sponsorship as well as restrict Sale and Consumption in Public Places of Alcohol Drinks; and
- (ii) the Tobacco Regulations which ban advertisement, promotion and sponsorship regarding tobacco products, protect people from tobacco smoke, reduce access to tobacco products, control illicit trade, and control packaging and labeling of tobacco related products.

The case of Mauritius reveals that NCDs have serious implications for poverty reduction and economic development, not only in terms of government spending, but also in terms of reduced economic productivity that heart diseases, strokes and diabetes as well as disability entail.

However, developing sound policy action at the national level is a complex and difficult process, mainly for poor small and vulnerable economies. It poses serious capacity and resource problems for

such countries in view of weak health systems on the ground and the lack of a system-wide development perspective within which to address NCDs.

This is why shining the spotlight on NCDs at the international level has become imperative. It is only a coherent and coordinated approach at the international, regional and national levels that will provide positive results and the incentives for elaborating the right strategies. It will enable mainstreaming NCDs in the national development programme, regional cooperation agendas and global governance. It will also enable donors and international development agencies mainstream NCDs in their programmes as well.

We, therefore, call for more focused attention by the international community on this vital issue through:

- (i) initiating and sustaining a dialogue on NCDs in the UN system through the ECOSOC and UNGA;
- (ii) considering the need to convene a high level meeting on NCDs;
- (ii) integrating the fight against NCDs in the MDGs through the adoption of a credible set of indicators;
- (iv) encouraging Regional Organisations to prioritise this issue; and
- (v) assisting national authorities to put in place well-thought national strategies.

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