**Ministry of Health and Quality of Life**

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**Performance Audit on “Prevention and Control of Non Communicable Diseases”**

**Executive Summary**

According to the World Health Organization (WHO), Cardiovascular Diseases (CVDs), Chronic Respiratory Diseases, Cancers and Diabetes are referred as essential Non Communicable Diseases (NCDs). Tobacco and alcohol consumption, unhealthy diet and physical inactivity are the common risk factors of NCDs.

The Health Statistics Report of 2016 revealed that CVDs and Diabetes were among the main causes of mortality with 1,934 (19.5 per cent) and 2,329 (23.5 per cent) deaths respectively. The results of the National NCD Survey 2015 revealed that 52.8 per cent of the population was consuming alcohol, only 23.7 per cent of the adults aged between 25 to 74 years were undertaking sufficient physical activity and the prevalence of current smoking and obesity were 19.3 and 19.1 per cent respectively. The Ministry of Health and Quality of Life (MoHQL) took several measures to address NCDs and their related risk factors.

This Performance Audit assessed the extent to which the measures taken to address early detection of NCDs, unhealthy diet, physical inactivity and harmful use of tobacco and alcohol have been efficient and effective.

**Key Findings**

* The WHO Progress Monitor Reports revealed that for Mauritius, the four main NCDs were attributable for 87 per cent of deaths in 2016, as compared to 85 per cent in 2015. This is not in line with Target 3.4 of the Sustainable Development Goal which is to reduce premature deaths from NCDs by one-third by 2030;
* MoHQL formulated various Action Plans on Physical Activity, Nutrition and Tobacco independently of each other and which were to be implemented at different time periods. As of December 2017, the strategies and activities of the Plans have not been evaluated to ascertain their appropriateness and effectiveness. As for alcohol consumption, it was only in mid 2017, that the Ministry initiated procedures for the preparation of an Action Plan;
* For the different Action Plans, there were issues in the implementation of the strategies and activities. These were as follows:
* *National Action Plan on Physical Activity*

For National Action Plan on Physical Activity (NAPPA) 2004-2006, only six of the
19 activities were implemented. As for NAPPA 2011-2014, in 20 of the 56 activities, MoHQL was the lead agency for their implementation. 17 of them were implemented. For the remaining 36 activities, seven were not implemented, and no feedback obtained on three. Moreover, of the eight Sub Committees set up as recommended in the Plan, two did not submit any report, and this was not followed up by the Ministry.

* *National Plan of Action for Nutrition*
1. The proposal to prepare a National Food-based Dietary Guidelines and to set up a Food Standards Agency was not implemented in 2009-2010 and was rolled over in the National Plan of Action for Nutrition (NPAN) 2016-2020. As of December 2017, the Ministry has requested the services of a Consultant for preparing the Guidelines. As for the setting up of the Agency, action has been initiated;
2. Action was taken to amend the Food Regulations of 1999 with a view to regularising the consumption of oil saturated fats and trans-fatty acids. However, as of December 2017, the Regulations were not yet finalised;
3. Several other activities relating to the increased consumption of fruits and vegetables, the formulation of an infant Food Bill and minimising anaemia among female adolescents were not implemented.
* *National Action Plan on Tobacco Control (NAPTC)*
1. According to WHO Framework Conventions on Tobacco Control (FCTC), Mauritius has to take measures to control the supply chain of tobacco products effectively. The proposal to have a protocol on illicit trade was made in NAPTC 2008-2012, but as of December 2017, its ratification was still under consideration;
2. The contents and emissions of tobacco products were not regulated. Hence, the importers were not legally bound to disclose such information to Government Authorities. Further, the contents in the cigarette sticks have never been tested;
3. According to FCTC, countries should consider establishing two or more sets of health warnings and messages to alternate within 12-36 months. As of December 2017, the Ministry had not revised the existing set of health warnings, prevailing since 2012.
* The different coordination mechanisms recommended in the Action Plans were not functioning as intended, thus affecting the implementation and monitoring of several strategies and activities.

**Conclusion**

The Ministry developed Action Plans independently of each other to address three of the main risk factors of NCDs, instead of using an integrated approach as in other countries. Moreover, the coordination mechanisms as proposed in the different Plans are not functioning as intended, and hence, affect the smooth implementation of those strategies and activities both falling under the responsibility of the Ministry and other stakeholders within the given timeframe. The appropriateness and effectiveness of the strategies and activities contained therein has never been evaluated.

**Key Recommendations**

*Integrated Approach*

The Ministry should adopt a strategic and integrated approach to address NCDs and their related risk factors. It may use examples from countries, such as South Africa, Seychelles,

Tobago and Trinidad which have adopted Whole of Government and Whole of Society approaches. An integrated approach will bring a more synergetic and cost effective response, within a given timeframe, to mitigate the prevalence of NCDs and to meet the Sustainable Development Goal Target 3.4.

*Reviewing the Coordination Mechanisms*

An effective coordination mechanism is a key to the successful implementation of the different strategies and activities. The coordination mechanisms proposed in the different Action Plans need to be reviewed with a view to meeting its objectives.

*Evaluation of the Action Plans*

The strategies and activities of the Action Plans have to be evaluated after their implementation period. This will help the Ministry to ascertain to what extent the objectives of the different Plans have been achieved, and what changes are needed to improve them. The valuable information can be used for future Action Plans.

*National Action Plan on Physical Activity*

There is a need for the Ministry to identify the reasons for the non-implementation of the strategies and activities of NAPPA 2004-2006 and NAPPA 2011-2014 and take corrective action. The Ministry may consider rolling over all the uncompleted strategies and activities in a new Action Plan, along with new objectives and targets. In the meantime, the Ministry should continuously educate the population on the frequency, duration, intensity and types of physical activity necessary for better health.

*National Plan of Action for Nutrition*

Several of the uncompleted strategies and activities of NPAN 2009-2010 have been rolled over in NPAN 2016-2020, and which the Ministry intends to complete within the timeframe. To achieve the target, it should ensure that the new Nutrition Taskforce, together with the Nutrition Committee set up for that purpose regularly reviews the implementation status and takes corrective actions wherever needed. Continuous monitoring and reporting are vital.

*National Action Plan on Tobacco Control*

With the increase in prevalence of smoking, it is important for the Ministry to ensure that strategies developed under NAPTC 2015-2018 are implemented. There is a need to finalise the amendments of Tobacco Regulations 2008. Action should also be taken to assess the quality of cigarettes which are available on the market. The Protocol to Eliminate Illicit Trade in Tobacco Products should to be ratified, and the amendments to the Regulations should be finalised without further delay.

*Alcohol*

According to WHO, the harmful use of alcohol is a significant contributor to the global burden of disease, and is listed as the third leading risk factor for premature deaths and disabilities in the world. In Mauritius, over the period 2009 to 2015, the prevalence of alcohol consumption has increased. In that respect, the formulation of an Action Plan on alcohol consumption needs to be finalised.

***Summary of Ministry’s Reply***

With regard to evaluation of Action Plans, this is a time and resource consuming exercise.

As for the issues regarding the implementation of the different Action Plans, the following corrective actions are being taken:

*National Action* *Plan* *on Nutrition*

* Regulations for decreasing the consumption of oil, saturated fats and trans-fatty acids are in the process of being amended;
* In all health promotion activities in schools and in the community, Nutritionists and other resource persons promote the consumption of fruits and vegetables;
* For minimising anaemia among female adolescents, technical support has been sought for the fortification of staples or other food vehicles from external agencies.

*National Action* *Plan* *on Tobacco Control*

* The Ministry has already embarked on the necessary steps towards ratification of the Protocol for the Elimination of Illicit Trade;
* Necessary amendments will be made to the Public Health (Restrictions on Tobacco Products) Regulations 2008 in order to comply with WHO FCTC;
* The second set of Graphic Health Warnings has already been finalised and is awaiting approval prior to the pre-testing exercise, and amendment of legislations for implementation.

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