

Rapid Review of
Healthy Ageing and Long-Term Care Systems
in East and Southern Africa



Country summary reports

Mauritius



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Mauritius is a small island developing state which has a projected total population of 1.27 million, with approximately 234,361 (18.1 per cent)¹ persons aged 60 years and over – the highest in East and Southern Africa (ESA) and in sub-Saharan Africa more broadly (United Nations Department of Economic and Social Affairs, 2019). This figure is projected to rise to 31 per cent by 2050, making its demographic composition more like Europe than elsewhere in Africa. This makes older people a significant political lobby group, as is visible in the policy and programmes in place which are quite different from those elsewhere in the ESA region.

The country's health expenditure was 6.2 per cent of Gross Domestic Product (GDP) in 2019 (World Health Organization, n.d.). Mauritius is an upper middle-income country, and it has the highest ranking in the sub-Saharan African region with a Human Development Index of 66 and of 0.804 in 2020. The country was previously classified as a high-income country, but has recently been reclassified by the World Bank as an upper middle-income country because of the devastating impact of COVID-19 on the Mauritian economy. Absolute poverty before the COVID-19 pandemic was low with an extreme poverty rate (those living under \$1.90 per day) of 0.2 per cent, and it is less unequal than many other African countries with a GINI coefficient of 36.8. The health systems capacity in Mauritius is high with a 65 per cent coverage of essential health services.

Mauritius has a well-established health and social protection system in place, which includes significant provision for older people. Despite being a small and relatively wealthy country, and therefore contextually different from many countries in the region, it nevertheless provides many examples of good practices in supporting older people in the African region in terms of investment in the older population and intersectoral collaboration.

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Overarching frameworks and plans in place around ageing and older persons

Mauritius was the first African country to put a national policy in place for older adults in 2001. The country offers a comprehensive package of social and health services; a Basic Retirement Pension has been in place since 1951 and made universal in 1974.

The Protection of Elderly Persons Act 2005 aims at protecting older people from all forms of neglect and abuse. Older people are afforded further rights and protections in the more general National Human Rights Action Plan 2012-2020. The Ministry of Social Integration, Social Security and National Solidarity developed the National Strategy Paper and Action Plan on Ageing 2016-2020, which is currently being implemented.

Mauritius has a national programme to foster age-friendly environments, which falls under the purview of the Ministry of Social Integration, Social Security and National Solidarity, which has an intersectoral committee to plan and implement the programme.

During its 2018 Universal Periodic Review cycle, Mauritius supported a recommendation to “Ratify the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons in Africa” but has not yet done so.

Beyond its own senior citizens, Mauritius plans to attract at least 50,000 foreign retirees to the country in the 2022-2023 financial year (Economic Development Board Mauritius, 2022). This has implications for the country's health-care system. It is expected that non-communicable diseases (NCDs) and the chronic conditions associated with them, and the need for the specialized health-care services required to manage them, will increase dramatically as will the county's population, including its foreign retirees.

Coordinating mechanisms

The Senior Citizen's Council (SCC) established in 1985 and legislated by the Senior Citizens Council Act of 1995 (and SCC Amendment Act of 2011), creates an important interface between senior citizen organizations and government, and ensures the coordination of older persons programming and integration of older persons in national and sector development plans. The SCC operates under the aegis of the Ministry of Social Integration, Social Security and National Solidarity and collaborates extensively with other government departments as well as international organizations focused on ageing. The SCC provides an example of an effective coordination mechanism which creates a platform for the effective participation of older persons in government.



Social protection and development services

The National Pension Scheme includes both non-contributory and contributory benefits and is governed by the National Pensions Act of 1976. It includes:

- A non-contributory Basic Retirement Pension (BRP is available on a universal basis to Mauritians age 60+ years). The Basic Retirement Pension provides high coverage of older persons and reached 242,367 beneficiaries in June 2021 (comprising 58 per cent of government spending on social security and welfare) and is valued at around \$202 per month.
- Contributory Retirement Pension (CRP) paid to those who have contributed to the Social Insurance Scheme (contributions are compulsory for private sector and parastatal employees).
- Carer's Allowance for BRP and CRP beneficiaries who need the constant care and attention of another person.

Additional Social Aid assistance payments are made to eligible beneficiaries with special needs or with dependents under the Social Aid Act (1983). Older people also have access to free public transport and free health care (Social Security and National Solidarity, 2021). The provision of social protection to other age groups means that the pension is not used as a de facto unemployment benefit in households as it is in other countries in the region.

While in other countries in the region, the policy focus and development drive is to extend social protection to older people, in Mauritius the question is one of the sustainability of a generous universal pension in the context of rapid population ageing. The sustainability of the BRP has been questioned since 2004 when the International Monetary Fund (IMF) proposed the introduction of a means test to constrain spending, but this experiment failed as the additional bureaucracy required in the context of such a small population yielded very little savings. However, pressure on this pension plan does continue to grow, and is expected to reach 85 per cent of GDP by 2023-2024, while the *contribution sociale généralisée* (CSG) system introduced by the government in 2020 can only gather an additional 1.5 per cent of GDP 9K (Khan, 2022).

There is an extensive network of day care and recreational centres that provide information and assistance, wellness programmes, and social and recreational activities. These clubs also include lifelong learning opportunities, including computer clubs which are valuable in supporting the development of digital literacy skills.

Health and long-term care

Older persons' needs are well integrated in health sector planning, and Strategic Goal 14 of the Health Sector Strategic Plan 2020-2024 is to "Enhance the health and well-being of the elderly." Strategic objectives listed in this plan include:

- Develop and implement policy on Integrated Care for Older People (ICOPE).
- Prevent and manage geriatric diseases in a holistic way and reduce patient dependency.
- Mainstream routine screening for visual and auditory impairment, depression and other common conditions associated with ageing.
- Build capacity of health-care professionals in geriatric medicine.

Specific services for older people

- The Ministry of Social Security and National Solidarity Domiciliary Care provides domiciliary care by doctors on a monthly basis to people aged 90 years and above, as well as people with disabilities aged 60 years and above. The services also includes health talks, physiotherapy and vaccination for the elderly, and home-based 24 hour nursing care for those in need.
- Older people have access to free health care and free medication, but costs of medicine are prohibitive if the patient has to buy on his/her own.
- The Ministry of Health and Wellness has Area and Community Health Centres which offer health-care services to old age patients in their respective catchment areas. Regular screening for NCD risk factors and health education is carried out by the Health Promotion Unit of the Ministry of Health and Wellness. Medical social workers cater to social and family problems among older people. Community-based rehabilitation workers cater to the disability needs of the elderly population ensuring cross referrals.
- Some "mediclinics" and area health centres are age-friendly, with ramp access for wheelchair patients and for those who cannot use stairs, and support bars in toilets to facilitate use by elderly patients. However, community health centres do not have these provisions. All public health-care facilities have a fast-track system for the vulnerable (including elderly), people with disabilities and children.
- Annual influenza vaccine campaign for older persons.
- Free assistive devices such as wheelchairs, hearing aids, spectacles, and dentures are provided to older people who require them. There may, however, be waiting periods.

Non-communicable diseases

Mauritius is particularly hard-hit by diabetes and in 2016, one in four deaths were attributable to diabetes, the highest ratio of any country globally (global average is 2.8 per cent) (Republic of Mauritius, 2018). The country is making significant efforts in reducing the causes of, and improving the management of, NCDs.

- Disease specific NCD action plans are in place. Development and implementation of National Service Framework for NCDs and Integrated NCD Action Plan and operationalization of the National Multi-Sectoral NCD Committee.
- National Sport and Physical Activity Policy 2018-2028 and Active Mauritius Strategy both aim to encourage physical activity to reduce NCD incidence and include mention of programmes and guidelines for older people. Active Mauritius includes an Ageing Well Programme and Elderly Fitness Programme which Mauritians can register for online.
- Government is refocusing health expenditure based on epidemiological trends, namely the growing burden of NCDs.

Sexual and reproductive health

Mauritius is the only country in the ESA region that has substantively included older people in its National Sexual and Reproductive Health (SRH) Policy (2007). The policy has a section on geriatrics and sets the goal of ensuring that all women and men continue to enjoy good physical, psychological and social well-being as senior citizens. It focuses on strengthening awareness around the processes and effects of menopause and andropause, HIV and sexually transmitted infection (STI) education and counselling, and to strengthening social and health service coverage and quality to address older persons' SRH needs through training. The most recent National Sexual and Reproductive Health Strategy (2009-2015) available online includes a section on geriatrics and sets specific goals around increasing usage of SRH services, reducing sexual violence and improving and increasing the coverage of SRH services in long-term care facilities. The document includes activities related to advocacy around the post-menopausal period and urogenital issues for men, capacity building for service providers around managing menopause and other SRH problems of the elderly and strengthening services for dealing with post-menopausal and erectile dysfunction problems for men.

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Long-term care

- Together with South Africa, Mauritius is the only country in the region to have a formal long-term care framework.
- Home-based care is incentivized via increased Basic Retirement Pension (BRP) payments for people over 90 years and caregiver allowances for family-based care along with visits from community nurses. Provision is also made for day care facilities, and The Trust Fund for the Soroptimist Day Care Centres for The Elderly Act 2004 was introduced to fund day care centres. The Get Together Programme for older people living alone and receiving social, is designed to encourage coming aid to pay rent to come together for meals. However, there is a need for more respite care, therapeutic adult day care and sitter-companion services.
- Those without family support can be admitted to long-term care facilities. However, private care homes are costly and there is a shortage of places at government-funded homes. The Residential Care Homes Act 2003 was enacted to establish standards and codes of practice and to monitor the quality of care delivered in private homes. Regular inspections of both public and private homes help to ensure that residents receive adequate care. In the future, Mauritius expects to face even greater demands for long-term care. Its Observatory on Ageing (established in 2013) provides data to help inform policy and service development.
- The Government of Mauritius foresees rising rates of dementia and disability and increased overall demand for long-term care, and is planning for a 52 per cent increase in publicly funded residential bed capacity by 2030.
- Government makes provision for older detainees via the Mauritius Prison Service 10-year Strategic Plan (2013-2023), including a geriatric unit at one of the prisons.

Disaster situations

Mauritius is highly vulnerable to severe weather events and disasters and has a strong legal framework to cover disaster risk management. The National Disaster Risk Reduction and Management Center was established to coordinate disaster responses. The National Disaster Risk Reduction Strategic Framework (2020-2030) includes a section on the importance of gender, age, health, and disability status in disaster risk management.

Gender, age and health status considerations are set also out in the National Disaster Risk Reduction and Management Act (2016) and mainstreamed across the National Strategic Framework's vision, strategy and objectives, and in the work set out in the National Action Plan (2020-2030).



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