

AF



General data

POPULATION, 2023  
**1,261,041**

PHYSICIANS/1000 INH, 2020–2022  
**1.2**

NURSES/1000 INH, 2020–2022  
**3**

LIFE EXPECTANCY, 2022  
**75.27**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**75**

GDP PER CAPITA (US\$), 2023  
**11,613.04**

HEALTH EXPENDITURE, 2021  
**564.91**

UNIVERSAL HEALTH COVERAGE, 2021  
**66**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

① EMERGING  
② PROGRESSING  
③ ESTABLISHED  
④ ADVANCED

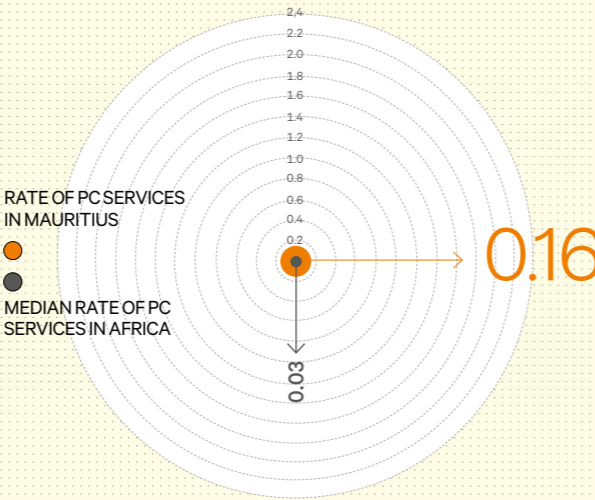
Mauritius

⑥ Provision of PC (Specialised Services)

Total number of Specialised PC services  
**2**

Rate of PC services per 100,000 inhabitants  
**0.16**

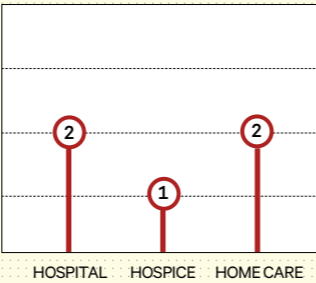
Mauritius in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**0**

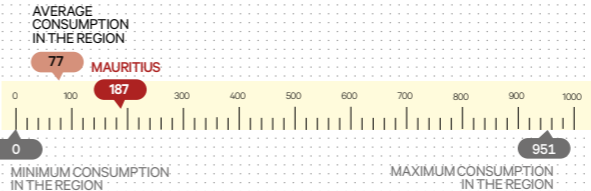
AF

Mauritius

④ Use of essential medicines

Opiods consumption (excluding methadone)  
**187**  
S-DDD/MILL INHABITANTS/DAY

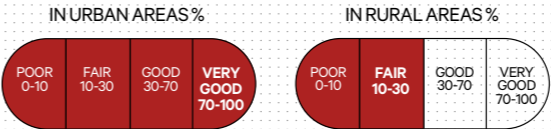
Mauritius in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



③ Research

PC-related research articles

**1**

Existence of PC congresses or scientific meetings

**2**



National Association: No.  
Consultants: Literature Review.

Data collected: May 2025.  
Date validated by consultants: N/A  
Endorsed by National PC Association: N/A.  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

⑤ Education & Training

Medical schools with mandatory PC teaching  
**0/3**

Nursing schools with mandatory PC teaching  
**0/2**

Recognition of PC specialty  
**2**

② Policies

National PC plan or strategy  
**2**

Responsible authority for PC in the Ministry of Health  
**2**

Inclusion of PC in the basic health package at the primary care level  
**2**

① Empowerment of people and communities

Groups promoting the rights of PC patients  
**2**

Advanced care planning-related policies  
**1**

AF

Mauritius

<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	<div><div></div><div>2</div><div></div><div></div></div> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>In Mauritius, identifiable champions and advocates of palliative care are active, but there is no formal national association or institutionalized group dedicated to promoting the rights of patients and caregivers in this field. As noted in the APCA Atlas of Palliative Care in Africa (2017), no national palliative care association has been established, and there are no regular professional networks or congresses focused exclusively on palliative care. Civil society organisations such as MACOSS have participated in relevant policy discussions, and some individuals advocate through platforms linked to specific diseases, such as cancer. However, these activities remain fragmented.</p>
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div></div> <p>There is no national policy or guideline on advance care planning.</p>	<p>There is currently no national policy or guideline in Mauritius explicitly addressing advance care planning (ACP), including living wills, surrogate decision-making, or formal directives for end-of-life care. None of the national strategic documents analyzed—including the National Cancer Control Program 2022–2025 or the National Service Framework for NCDs 2023–2028—contain language or recommendations that suggest a formal framework for ACP is in place. Moreover, the National Integrated Care for Older People (ICOPE) Strategic and Action Plan 2022–2026 emphasizes integrated care for aging populations but does not include any mention of advance care planning tools, legal instruments, or policy mechanisms to regulate medical decision-making at the end of life. The lack of mention in official and civil society plans confirms the absence of formal ACP processes in the country.</p>
<b>Ind3</b>  3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div></div><div>2</div><div></div><div></div></div> <p>Developed over 5 years ago.</p> <div><div></div><div></div><div>3</div><div></div></div> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Mauritius does not have a standalone palliative care strategy but includes palliative care explicitly within two major national health documents: the National Cancer Control Program (NCCP) 2022–2025 and the National Service Framework for NCDs 2023–2028. In the NCCP, palliative care is presented as a key component, with defined goals for hospital-based, community-based, and domiciliary care services. These include proposed timelines for scaling services and resource needs, suggesting the existence of planning indicators. However, there is no evidence of active auditing or systematic evaluation of these components. The same applies to the NCD strategy, which includes palliative care in Protocol 8C but lacks a structured monitoring framework. Thus, while there is evidence of recent policy integration, the absence of a national PC law, stand-alone plan, or evaluated indicators places Mauritius in an intermedi-</p>

AF

Mauritius

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div></div><div>2</div><div></div><div></div></div> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	<p>ate stage of development.</p>
<b>Ind4</b>  PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	<div><div></div><div>2</div><div></div><div></div></div> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Mauritius has made explicit references to integrating palliative care into primary care within major national health strategies, particularly in the National Cancer Control Program 2022–2025 and the National Service Framework for NCDs 2023–2028. Both documents advocate for extending services to community and home-based platforms, which implicitly target the primary care level. However, there is no evidence that palliative care has been formally included in the essential services list by any government decree or law, nor is it codified in the General Health Law. The movement toward integration is strategic and policy-driven rather than legal or regulatory. This suggests that the country is in a preparatory phase for formal inclusion of palliative care within UHC service packages.</p>
<b>Ind5</b>  5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	<div><div></div><div>2</div><div></div><div></div></div> <p>The authority for palliative care is defined but only at political level without coordinating entity defined.</p> <div><div>1</div><div></div><div></div><div></div></div> <p>Emerging   Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>Although the Ministry of Health and Wellness in Mauritius references palliative care in strategic documents and has supported its inclusion in programs such as cancer and NCD services, there is no evidence of a dedicated, structured unit or coordinating body responsible for its development and oversight. The APCA Atlas of Palliative Care in Africa indicated the presence of a focal person or point of contact at the Ministry (APCA, 2017), and this is partially supported by references in the NCCP 2022–2025, where the ministry is tasked with implementation roles. However, no technical team, budget line, or specialized staffing has been identified that would constitute a formal coordinating body.</p>

AF

Mauritius

<b>Ind6</b>  Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div>2</div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>There is no evidence that Mauritius hosts a recurring, structured national conference specifically focused on palliative care. Neither the Ministry of Health and Wellness nor any civil society or academic institutions report organizing regular congresses dedicated to this area. The APCA Atlas of Palliative Care in Africa confirms that as of its last reporting. While <b>palliative care may occasionally be mentioned in broader health forums</b>—particularly those focused on cancer or NCDs—there is no indication that it features as a regular thematic track. Activities appear to be isolated and irregular, without institutional anchoring.</div>
<b>Ind7</b>  Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Indicates a minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Mauritius that all met the inclusion criteria for this indicator. Mauritius exhibits a minimal presence of peer-reviewed research in palliative care over the past five years. Only a single study identified—a Master’s thesis from 2017 exploring the lived experiences of terminal-stage cancer patients receiving palliative care in Mauritius.</div>
<b>Ind8</b>  Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div><div></div><div>187</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div><div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>MAURITIUS</div><div>187</div></div><div><div>0</div><div>100</div><div>200</div><div>300</div><div>400</div><div>500</div><div>600</div><div>700</div><div>800</div><div>900</div><div>1000</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>0</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div></div></div>


AF

Mauritius

<b>Ind9</b>  9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div><div></div><div></div><div></div><div>4</div></div><div>Very good: Between 70% to 100%.</div></div> <div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%</div></div>	<div>Mauritius has a strong availability of pain relief and palliative care medicines in urban primary care settings. The country maintains high opioid accessibility compared to the regional average, with oral morphine and adjuvant drugs (e.g., antiemetics, anxiolytics) routinely stocked in urban health centres. Furthermore, government records confirm that medical doctors in public institutions can prescribe morphine and that these medicines are available at no cost in government pharmacie. In rural areas, access is more limited. Although essential medicines are present, the distribution is uneven, reflecting constraints in logistics and health facility infrastructure. The ICOPE Strategic and Action Plan highlights disparities in availability of geriatric and supportive services in rural regions. Therefore, availability remains below the urban threshold.</div>
<b>Ind10</b>  10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div><div></div><div></div><div></div><div>4</div></div><div>Very good: Between 70% to 100%.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%.</div></div>	<div>In Mauritius, oral immediate-release morphine is included in the national formulary and is widely available in urban primary care facilities, especially those connected to major public hospitals and cancer services. Reports confirm that this formulation is legally accessible and that non-specialist medical practitioners are authorized to prescribe it. The National Cancer Control Program explicitly notes that morphine is integrated into treatment protocols for pain relief in both inpatient and outpatient cancer care. In contrast, rural availability remains inconsistent. While morphine is stocked in central and regional hospitals, rural health centres often lack full pharmaceutical capacity and may rely on referrals to better-equipped facilities. This discrepancy is noted in health system assessments and older person care plans.</div>

AF

Mauritius

<b>Ind11</b>  11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)  11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.  11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).  11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.	<div>0/3</div> <div>0/3</div> <div>0/2</div> <div>2/2</div>	<div></div> <p>According to the APCA Atlas of Palliative Care in Africa (2017), palliative care is not formally integrated as a compulsory subject in the undergraduate curricula of any medical or nursing schools in Mauritius. However, both of the country's two nursing schools offer palliative care as an optional module. The absence of mandatory teaching highlights a gap in professional preparation, which directly impacts service quality and scaling. This indicates early recognition of the subject within nursing education, but still reflects a low level of curriculum integration overall, especially in medical education.</p>
<b>Ind12</b>  Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	<div><div><div></div><div>2</div><div></div><div></div></div></div> <p>There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities or institutions).</p>	<p>In Mauritius, there is no officially recognized specialization or subspecialization in palliative medicine for physicians endorsed by a national professional or regulatory body. However, the APCA Atlas of Palliative Care in Africa (2017) reported that two doctors had received formal training in palliative care, most likely through international or external certificate programs rather than national specialization pathways. This indicates the presence of some professional-level training opportunities, possibly in the form of workshops or diplomas, but these lack national accreditation or institutionalization within the country's medical certification framework. There is no evidence of a national curriculum, recognition of palliative medicine as a specialty, or integration into postgraduate medical training by the Medical Council or Ministry of Health.</p>

AF

Mauritius

<b>Ind13</b>  13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.  13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.  13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).  13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.  13.5. Total number of specialised PC services or teams in the country.	<div><div><div></div><div>2</div><div></div><div></div></div></div> <p>Isolated provision: Exists but only in some geographic areas.</p> <div><div><div></div><div>2</div><div></div><div></div></div></div> <p>Ad hoc/ in some parts of the country.</p> <div><div><div></div><div>1</div><div></div><div></div></div></div> <p>Not at all.</p> <div><div><div></div><div>2</div><div></div><div></div></div></div> <p>Ad hoc/ in some parts of the country.</p>	<p>Mauritius has a very limited network of specialized palliative care services. According to the APCA Atlas of Palliative Care in Africa (2017), only one hospital-based service was active as of 2017, located at Victoria Hospital and focused on oncology. This was confirmed in subsequent documentation, including the National Cancer Control Programme 2022–2025, which mentioned that <b>palliative care services for cancer patients had been moved to the new National Cancer Hospital but remained largely inpatient and institution-based</b>. There is no evidence of specialized palliative care being systematically delivered across regions or disease types, and no mention of free-standing hospices or well-established home-based palliative care teams. Services are sparse and highly localized, with no indication of scale-up across public or private sectors. This fragmented model reflects an early stage of service development, concentrated in one or two sites.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <div><div><div>0.03</div><div>MAURITIUS</div><div>0.16</div><div>0</div><div>1.68</div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div><div>MINIMUM RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div> <div><div>2</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div>
<b>Ind14</b>  14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has <b>geographic reach</b> and is delivered through different service delivery platforms.  14.2. Number of pediatric specialised PC services or teams in the country.	<div><div><div></div><div>1</div><div></div><div></div></div></div> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <div><div><div></div><div>0</div><div></div><div></div></div></div> <p>PPC TEAMS</p>	<p>Mauritius currently does not have any specialized paediatric palliative care services. According to the APCA Atlas of Palliative Care in Africa (2017), the limited palliative care infrastructure in the country serves only adult cancer patients, with no designated programs for children. This gap is confirmed in all available national health planning documents, including the National Cancer Control Programme 2022–2025, which does not include paediatric palliative care among its objectives or strategic interventions (Ministry of Health and Wellness, 2023a).</p>