



## Reproductive Health Project: The Case of Mauritius

### Abstract

The main objectives of this work in progress were: to assess the current status of reproductive health in Mauritius, to appraise the progress made and review the areas of concern and based on secondary data available to conduct a cost effectiveness analysis in a broad sense of the word by linking outcomes with expenditures. We found that Mauritius has made remarkable improvements in practically all components of reproductive health and will be meeting the Millennium Development Goals (MDGs) with respect to reproductive health comfortably with the sole exception being the infant mortality rate. The study conducted also showed increased efficiency at an aggregate level. However, as stressed in the report, for Mauritius, the devil is in the details. We do have some serious areas of concern at the micro level. The most pressing ones identified are: increase drop-outs among contraceptive users and more reliance on less reliable natural methods, an increase in teenage pregnancy, an increase in abortion rates, and some lack of reproductive health responsibility by the youth. A critical analysis with respect to each of the above issues was conducted to see what is being done and what needs to be done at the macro level. We then reviewed the field studies which have been conducted with respect to these areas, what results were noted and we highlighted some main recommendations based on the results.

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### Lead institution

University of Mauritius

### Country where the research takes place

Mauritius

### How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

The study examines the following questions:

- To assess the current situation as regards various aspects of reproductive health in Mauritius.

- To analyse what are the challenges with respect different components of reproductive health in Mauritius.
- Subject to data availability and limitations conduct a cost effective analysis (CEA) at an aggregate level by linking outcomes in different areas of reproductive health with expenditures. Given the non-availability of line item expenditure, the analysis will be indicative.
- Based on the challenges, conduct interviews with resource persons in the health sector to see what is being done and what can be done to tackle the problem areas.

### How will the research addresses a policy need, and what kind of policy lesson is expected?

It is clear from the data that the improvements are quite significant. Yet we must not rest on our laurels, as there are some areas of concern which must not be neglected. Despite significant progress, some reproductive health indicators remain alarming, for example, high rates of unwanted pregnancies, high rates of abortion, and increasing STIs especially HIV. Also although the contraceptive prevalence rate has increased from 74.7 percent in 1991 to 78.5 percent in 2002 among currently married women aged 15-44 years, there is an increasing trend in the use of less reliable methods. There is evidence to show that whilst services are readily available, they are focused on married women as core target. This blocks critical sexual and reproductive health targets like adolescents and men. The services are focused mainly on family planning methods/contraceptives aimed at women and are not fully integrated with other sexual and reproductive health service needs for example sexual violence. There is a need to strengthen efforts in order to attain the Millennium Development Goals (MDGs) to which Mauritius has subscribed.

### Methods used

This study used cost effectiveness analysis and interviews with resource persons in the health sector

### Data used

Data has been collected from three sources: the Ministry of Health and Quality of Life, the Mauritius Family Planning and Welfare Association and the Action Familiale over the period 1989 to 2005. Then the data showing the expenditure

on reproductive health were aggregated. Unfortunately, in Mauritius there has not been a consistent preparation of National Health Accounts (NHA). The only NHA prepared for the year 2001 was published in 2006. It has also been very difficult to obtain breakdown (line item expenditure) of expenditures on reproductive health. Where it is available for one organization, the same is not available from the other two organizations. It is therefore not possible to obtain the total per year for a given line item expenditure on reproductive health. We therefore had to rely on aggregate expenditure on reproductive health for each organization.

The yearly expenditure on reproductive health was then converted into constant 2005 rupees, using the Consumer Price Index as the adjustment factor. We converted all the expenditures in 2005 rupees to reflect current cost as close as possible. Selected indicators of reproductive health were then divided by expenditure on reproductive health to obtain the cost per selected indicator. Ideally we should have obtained the expenditure in relation to that item and then do the computation but as indicated earlier it has not been possible to obtain the data series by line item.