EPIDEMIOLOGICAL CONTEXT

HIV prevalence

<table>
<thead>
<tr>
<th>Key populations:</th>
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<tr>
<td>Overall population</td>
<td><strong>0.87%</strong></td>
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<tr>
<td>People who inject drugs (PWID):</td>
<td><strong>44.3%</strong></td>
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<td>Sex Workers:</td>
<td><strong>22.3%</strong></td>
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<tr>
<td>Trans people:</td>
<td><strong>27.7%</strong></td>
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<tr>
<td>Men who have sex with men (MSM):</td>
<td><strong>20%</strong></td>
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<td>Prison Inmates:</td>
<td><strong>19%</strong></td>
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HIV/HCV coinfection prevalence in PWID community: **44%**

POLICY FRAMEWORK

The current Mauritian government is overtly anti-drug. Upon his arrival in December 2014, the new Prime Minister declared a total war on drugs and on people who use drugs, depriving them of some health services they benefited so far. The methadone distribution, for example has been decentralised in front of police stations; and new intakes on the methadone (induction) programme stopped. Also, a limited quota was imposed on clean needles being distributed to NGOs, despite demand steadily increasing. In prison, only opioid substitution treatment is offered: clean needles and condoms are not available. In March 2017, the Mauritian government appointed a new Minister of Health, more opened to dialogue. Relations between civil society and the State have improved and the methadone induction program has been reintroduced.

LEGAL FRAMEWORK

The current framework on drug use and trafficking in Mauritius (Dangerous Drugs Act – DDA, 2000) is essentially repressive. The law legislates both the suppression of international and local traffic and the use and trafficking of psychoactive substances. The HIV & AIDS Act, 2006 provides a legal framework for HIV, screening and harm reduction in the country, and allowed the onset of Harm Reduction services in 2006.

OUR ACTIVITIES

Harm Reduction:

- PILS as the Principal Recipient for Civil Society receives Global Fund grants for needle and syringe program operated by Collectif Urgence Toxida (CUT) its Sub Recipient.
- Behavioral Change Information, Education and Communication (IEC / CCC)
- Distribution of Condoms and Lubricant Gels
- Voluntary Counseling / Screening of HIV, HCV and Syphilis
- Orientation and Referral for people living with HIV/AIDS

Advocacy:

- 2006: advocacy for the introduction of harm reduction programs in Mauritius and also contributed to the creation of CUT, NGO in charge of the needle and syringe program in Mauritius.
- 2013: co-organization of the “Support Don’t Punish” international campaign in Mauritius, aiming at raising awareness on the consequences of repressive drug policies on people who use drugs.
- Since 2014: advocacy targeting parties around the importance of drug policy reform and effective Harm Reduction services.
- 2016: as part of Coalition PLUS’ Indian Ocean Platform, support to advocacy for the decriminalization of drugs in Seychelles. Today, people who use drugs are no longer incarcerated and a NSP has been established there.
- 2017: coordination of advocacy with various partners for the re-introduction of methadone program induction.
- September 2017: co-funded CUT’s Conference on harm reduction. For the first time, a conference on this matter was held in the presence of key decision-makers. Following this event, a dialogue was established with the Prime Minister’s Office.
- PILS provides Technical support to key populations’ representatives in Global Fund’s Country Coordinating Mechanisms (CCMs).

1 Ministry of Health and Quality of Life, Republic of Mauritius, December 2017. Data available online; http://health.govmu.org/English/Documents/2018/HIVDec%202017.pdf
MAURITIUS

PERSPECTIVES FOR HARM REDUCTION DEVELOPMENT IN MAURITIUS

- Announcement of the creation of an HIV & Drugs Council under the authority of the Prime Minister’s Office.
- 2018: implementation of the National Drug Control Masterplan with a specific harm reduction focus.
- Setting up of Drug Dependence treatment units within hospitals, and creation drug dependence treatment centres for minors.

Medical framework:
- The methadone distribution is done in front of police stations from 06:00 to 08:00, without confidentiality for the patients.
- No psychosocial and limited medical follow-up available to patients.
- Alarming increase in the use of New Psychoactive substances particularly among young people.

OBSTACLES

Legal Framework:
- The DDA needs to be amended to remove penalties for people in possession of ‘paraphernalia’ (small equipment used in the use of psychoactive substances); these provisions are in contradiction with the HIV/AIDS Act which allows the distribution of sterile syringes for people who inject drugs.

PILS – PREVENTION INFORMATION ET LUTTE CONTRE LE SIDA

is an organisation working in the Aids response, and which was founded in 1996. It started off with the objective of providing a support structure for people living with HIV in Mauritius, through dedicated actions. Its powerful action: an intense and dynamic advocacy, which, over time, has gained national, regional and international recognition. PILS is a partner of several local stakeholders working in the AIDS response, including the Ministry of Health and Quality of Life, the National AIDS Secretariat and many NGOs. PILS also works on federating civil society organisations involved in the AIDS response for a more structured and robust response. Since 2012, PILS has been civil society’s principal recipient (PR) of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2013, PILS has become a member of Coalition PLUS and coordinates the Indian Ocean Platform since 2014.

Impact of Harm Reduction (HR) and the war on drugs on the HIV epidemic in Mauritius

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<tr>
<th>Year</th>
<th>New HIV infections (PWID)</th>
<th>Others</th>
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<tr>
<td>2005</td>
<td>800</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>1,000</td>
<td>200</td>
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<tr>
<td>2014</td>
<td>42% new infections among PWID</td>
<td></td>
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<tr>
<td>2017</td>
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Source: Ministry of Health and Quality of Life, Republic of Mauritius, December 2017.

Nicolas Ritter,
Executive Director, PILS, and Vice-President, Coalition PLUS

“Speaking of an AIDS-free world today is utopian, if we do not establish effective drug policy reform: it must include the development of harm reduction programs based on scientific evidence, with a human rights perspective for people who use drugs.”

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