CHAPTER 5

CURRENT NATIONAL HEALTH POLICY FOR IMPROVING PUBLIC HEALTH SERVICE DELIVERY AT S.S.R.N.H.

5.1 INTRODUCTION

The previous chapter addressed some of the major obstacles and flaws influencing effective public health service delivery at S.S.R.N.H. In this chapter the current national health policy for improving public health service delivery will be examined. It attempts to provide answers to the research question, what is the current national public health policy of Mauritius? Additionally, what are the effects of the current national health policy on S.S.R.N.H.? The current national health policy of the Ministry of Health and Quality of Life, Mauritius is concerned with adding years to life, health to life and life to years (Cumper 2000:23).

In this chapter a unified analysis of the **National Policy For Public Health Act 17 of 2000**, **Mental Health Act 4 of 1992, Dental Health Service Act 30 of 1990,** on the establishment of non-communicable disease centres, decentralisation of primary health care, and the modernisation of the Mauritius Institute of Health will be carried out. An analysis of the White Paper on Health Sector Development and Reform of December 2002 has also been made in section 5.6 of this chapter. Additionally, implementation of family planning maternal and child health programmes are also addressed. Furthermore, this chapter concentrates on contributing instruments to achieve national policy objectives of public health service delivery, among others, job expansion of personnel, job enrichment of personnel, flexitime for personnel, quality circles, job sharing, condensed working week, job rotation of personnel and employee-centred job re-design in order to improve public health service delivery at S.S.R.N.H.

5.2 CURRENT NATIONAL HEALTH POLICY OF THE MINISTRY OF HEALTH AND QUALITY OF LIFE, MAURITIUS

The current national health policy **Act 17 on Public Health 2000** is the means by which and according to which, the health objectives of the Ministry of Health and Quality of Life, Mauritius may be attained. Health policy as a conscious action involves the assessment of the health policy situation or the circumstances surrounding the setting of health goals, the identification and weighing up of alternatives and the evaluation of results (Quade 1982:70).

The activities of the Ministry of Health and Quality of Life, Mauritius are co-ordinated by the Permanent Secretary assisted by the Principal Assistant Secretary and three Assistant Secretaries. The Principal Assistant Secretary is the head of the Administrative Division. This Division is concerned with the formulation of health policy. In order to achieve optimum health for all by 2040, the current national health policy Act 17, particularly public health 2000 is the backbone aims at the treatment of the sick, the protection of vulnerable groups and the raising of the basic health status of the entire Community (Cumper 2000:123).

The development of public health service delivery at S.S.R.N.H. for clinical care of sick persons and rehabilitation of the disabled, the reduction of health risks, the prevention of occurrence of diseases and equitable distribution of all health resources has resulted from the current national health policy. Similarly, the current national health policy on public health 2000 throws light on the following health objectives of the Ministry of Health and Quality of Life, Mauritius (Cumper 2000:115):

- Develop a comprehensive public health service in order to meet the health needs of the population.

- Investigate the influence of the physical environment and psychosocial domestic factors on the incidence of human diseases and disability.

- Plan and carry out measures for the promotion of health.

- Institute and maintain measures for the prevention of diseases including the epidemiological surveillance of important communicable diseases.

- Provide facilities for the treatment of diseases, including mental diseases by maintenance of hospital and dispensary services.

- Make provisions for the rehabilitation of the disabled.

- Control the practice of medicine, dentistry and pharmacy.

- Provide facilities for the training of Nursing Officers, Midwives and Health Inspectors.

- Advise local government authorities regarding health services and inspect those services.

- Prepare and publish reports and statistical data and other information relating to public health.

- Initiate and conduct operational bio-medical health studies of diseases of major importance in the country.

- Provide a quarantine service to prevent the introduction of infectious quarantinable diseases by sea and air.

Thus, the current national health policy **Act 17 on Public Health 2000** is concerned with improving public health service delivery through achievement of the abovementioned health objectives.

5.3 THE NATIONAL POLICY FOR PUBLIC HEALTH ACT 17 OF 2000

An explicit national policy for public health achieves several things. It defines a vision for the future which in turn helps establish benchmakers for the short, medium and long term. It builds consensus and informs people, and in doing so fulfill an important role of governance. The **National Policy For Public Health Act 17 of 2000** is very important for the following reasons:

- The policy provides a general blueprint on public health describes the broad objectives regarding health to be achieved and lays a foundation for future action.

- The policy gives public health a priority on disease prevention.

- The policy improves procedures for developing and prioritizing public health services and activities.

- The policy identifies the principal stakeholders in the public health field and designates clear roles and responsibilities.

- The policy facilitates agreements for action among the different stakeholders within the public health environment.

Section 3 of the **National Policy For Public Health Act 17 of 2000** stipulates the following principal areas for action, namely:

- financing of new projects equipment, training and manpower;

- legislation on public health, health practices and human rights;
- organization of services in the health institutions;
- human resources and training for increasing efficiency and effectiveness in health institutions;
- promotion of health education, prevention and treatment of communicable and non-communicable diseases;
- quality improvement in public health service delivery; and
- application of information systems in health institutions.

Financing is a powerful tool for translating current national health policy into reality. Financing is the mechanism whereby resources are allocated for infrastructure, technology, the delivery of public health services and the development of a trained workforce **(National Policy For Public Health Act 17 of 2000:44)**. Section 3 of this Act outlines the mechanisms for raising revenues: taxes, user charges, mandates and grant assistance. The Act also enshrines the fundamental principles, values and objectives of public health policy in Mauritius. Such legislation guarantees that the dignity of patients is preserved and that their fundamental human rights are protected **(National Policy For Public Health Act 17 of 2000:56).**

The organization of services is another critical area of public health policy because services are the means whereby public policy reaches people. Services are responsible for implementing programmes through the delivery of effective public health interventions. The Act outlines three major strategies for improving public health service delivery in Mauritius namely: shifting care away from large hospitals, developing Community public health services; and integrating health care into general health services.

Human resources are the most important assets of a public health system. The performance of the health care system depends ultimately on the knowledge, skills and motivation of the people responsible for delivering services. Section 3 of the Act is concerned with the following types of human resource persons:

- General physicians.
- Neurologists and psychiatrist.
- Community and primary health care workers.
- Mental health professionals, Nurses, occupational therapists psychologists and social workers.
- Traditional health workers.

There is increasing evidence that consumer participation in advocacy and mutual help organizations can have a positive outcome such as reduction of high blood pressure through diet control (**National Policy For Public Health Act of 2000:20**). With the application of advocacy there is reduction in the duration of inpatient treatment and number of patients attending S.S.R.N.H. The Act establishes beneficial effects for patients such as increased self esteem, skills, the reinforcement of social support networks and improvement in family relationships as stated in Section 4 of this Act.

A quality orientation results in the optimal use of limited resources and can reduce the overuse and misuse of services such as ambulances and drugs. On-going quality monitoring by health institutions provide an in-built mechanism for continually improving the effectiveness and efficiency of policy, plans and programmes (**National Policy For Public Health Act 17 of 2000:41**).

The formulation of a policy should be based on up-to-date and reliable information concerning the Community, public health indicators, effective treatments, prevention and promotion strategies (Cumper 2000:92). The **National Policy For Public Health Act 17 (2000:81)** indicates that a public health information system should be developed in consultation with consumers and families so as to meet concerns about confidentiality and to develop sensible procedures for accessing information. Common standards in information technology allow local information systems to communicate across agency and geographical boundaries for treating patients (**National Policy For Public Health Act 17 of 2000:83**).

The **National Policy For Public Health Act 17 (2000:89)** is an essential and powerful tool for improving public health service delivery in Mauritius. When properly implemented through plans and programmes, the Act will have a significant impact on public health in the country and especially at S.S.R.N.H. This section below explains another important legislation for improving public health service delivery in Mauritius.

5.4 THE MENTAL HEALTH ACT 4 OF 1992

The **Mental Health Act 4 of 1992** provides for the reception, detention and treatment of persons who are mentally ill in institutions such as S.S.R.N.H. The regulation, among others, requires a doctor who intends performing a leucotomy to notify the Regional Health Director 30 days before the intended date of the operation. The Regional Health Director must also be furnished with a medical report by a panel of at least three psychiatrists (Cumper 2000:71). Five of the ten best leading causes of disability in Mauritius are psychiatric conditions, such as depression, alcohol abuse, schizophrenia, bipolar disorder and post-traumatic stress disorder. The expected increase in the contribution to mental illness is larger than that for non-communicable disease (Damar 2002:26).

The **Mental Health Act 4 of 1992** is essential for complementing and reinforcing mental health policy and providing a legal framework for meeting its goals. This Act makes provision for protecting human rights, enhance the quality of mental health services and promote the integration of persons with mental disorders into communities. These goals are an integral part of the current national health policy for improving public health services delivery in Mauritius.

The **Mental Health Act 4 of 1992** makes provision for protecting the rights of people with mental disorders, who are a vulnerable section of society. They face stigma, discrimination and marginalization in society and this increases the likelihood that their human rights will be violated. Mental disorders can sometimes affect people's decision making capacities and they may not always seek or accept treatment for their problems. Rarely, people with mental disorders may pose a risk to themselves and others because of impaired decision-making abilities. The risk of violence or harm associated with mental disorders is relatively small. Common misconceptions on this matter should not allow influencing mental health legalization (Cumper 2000:90).

Mental health legalization in Mauritius provides a legal framework for addressing critical issues such as the Community integration of persons with mental disorders, the provision of care of high quality, the improvement of access to care, the protection of civil rights and the protection of rights in other critical areas such as housing, education and employment. Section 1 of the **Mental Health Act 4 of 1992** guarantees to persons with mental disorders that confidentiality exists in respect of all information obtained in a clinical context. The Act explicitly prevents disclosure, examination or transmission of patient's mental records without their consent. The principle of free and informed consent to treatment is enshrined in the Act. Treatment without consent (involuntary treatment) is permitted only under exceptional circumstances (which must be outlined). The legalization incorporates adequate procedural mechanisms that protect the rights of persons with mental disorders who are being treated involuntarily and is permitted clinical and research trials only if patients have given free and informed

consent. Furthermore, section 2.3 of the Act ensures that all treatments are provided on the basis of free and informed consent except in rare circumstances. Consent cannot be lawful if accompanied by a threat or implied threat of compulsion, or if alternatives to proposed treatment are not offered for consideration (Cumper 2000:98).

The **Mental Health Act 4 of 1992** makes provision for improving mental health services in Mauritius. In terms of Section 2 of this Act, the following provisions have been made, namely:

- provision is made for the rights of mentally ill people to be protected;

- provision is made for mental health care at primary, secondary and tertiary levels of public health care to be accessible as an integrated approach into general health services; and

- provision is made for the establishment of a Mental Health Review Board to review all involuntary and assisted admissions before patients are ratified by the judicial system.

Furthermore, in section 4 of this Act, the following provisions are made for promoting mental health strategies, namely:

- establishing the Mental Health Commission whose main purpose is to ensure proper admission procedures, treatment, leave, discharge and rights of patients;

- creating a safe and supportive environment by providing sport and recreation facilities;

- providing information with a view to de-stigmatizing mental health problems and assisting people to recognize mental health problems and obtain the necessary assistance; and

- building skills, including life skills such as anger management, conflict resolution and assertiveness.

Additionally, Section 4 of this Act makes mention of the role of the Mental Health Commission such as to:

- review matters relating to admission, treatment, leave, discharge and continued treatment of patients;

- bring to the notice of the Mental Health Review Board any breach or suspected breach of discipline, professional misconduct and violation of patients' rights;

- refer to the police any suspected criminal offence under this Act; and

- report to the Mental Health Review Board any problem relating to the living conditions and the standard of care at health institutions.

Furthermore, Section 5 of this Act stipulates that the Mental Health Review Board shall be responsible for:

- the planning and management of mental health care;

- the promotion of standards of good practice and the efficiency of mental health services;

- the protection of patients' rights;

- the promotion of the physical and mental health of patients;

- the promotion of measures to ensure that mental health patients are given appropriate care;

- recommending measures for the occupational health care of patients;

- recommending measures on continuing education and training of nursing and paramedical staff;

- the investigation of complaints and grievances of patients, patients' next of kin, visitors and staff; and

- recommending measures for the sound financial management of mental health services.

Moreover, section 4 of this Act deals in detail with the measures which must be taken in the case of convicted prisoners. Also section 4 of the Act makes provision for compulsory confinement of mental patients in private dwellings. Additionally, section 4.8 makes provision for certain persons to consent on behalf of a mental patient to medical treatment. The Act sets up a priority list of persons who may consent, namely: the curator, appointed by the court to the person or property of the patient; the patient's spouse, parent, major child or brother or sister (Cumper 2000:101)**.**

No person who suffers or is alleged to suffer from mental illness may be received or detained in any place otherwise than in accordance with section 4.11 of this Act. Thus the **Mental Health Act 4 of 1992** makes provisions for the effective and efficient co-ordination of public health services by the State with reference to the mentally ill.

5.5 THE DENTAL HEALTH SERVICE ACT 30 OF 1990

Section 2 of the **Dental Health Service Act 30 of 1990** makes provision for, among others, the promotion of dental services to the general public, cost effective intervention to improve dental health status of the communities and the coordination of the collection of relevant data to assist in the planning of appropriate dental health services. Moreover, this Act is the "charter" of the dental practitioner in Mauritius. Section 4 of this Act is concerned with the following, namely:

- to assist in the promotion of the public health especially in preventive dentistry;

- to create an awareness about the importance of good health, good looks, and relaxed and welcoming appearance;

- to communicate to the Minister of Information on matters of public importance acquired by the dentistry under the Act; and

- to advise the Minister of Health and Quality of Life on any matter falling within the scope of the Act (**Dental Health Services Act 30 of 1990**).

A mobile dental health clinic was launched in April 2002 at S.S.R.N.H. in order to increase efficiency of the public health service delivery by making dental services accessible to the citizens of the northern districts. The mobile dental health clinic facilitates and brings the dental services closer to the public and improves governance by achieving accountability and transparency in dental health services. By so doing the number of dental patients attending S.S.R.N.H. is reduced. In addition to screening oral diseases, the mobile dental health clinic also assists in promoting oral health awareness among the population. Dental treatment is also provided to targeted school children.

The dental clinic at S.S.R.N.H. is manned by dental surgeons and dental assistants who assist the Dentists in clinical and clerical duties. This public health service is in great demand owing to the increase in the number of school children, expectant and nursing mothers.

5.6 THE WHITE PAPER ON HEALTH SECTOR DEVELOPMENT AND REFORM OF DECEMBER 2003

The White Paper on Health Sector Development and Reform 2003 proposes the Action Plan for Public Health. The aim of the Action Plan 2003 is to improve the level of health in Mauritius and the range and quality of public health services and to meet the present and future health needs of the people (White Paper 2003:94). The White Paper 2003 reviews the progress that has been made in the development of health services and identifies specific new and expanded services that are necessary to secure in Mauritius the levels of public health services that are enjoyed by people in developed countries.

Section 3 of the Action Plan for Public Health 2003 aims for:

- a better deal for patients;
- a better deal for hospital staff;
- more efficient public health services in all hospitals;
- joint working of the public health sector with the private health sector; and
- better tangible results approaching those achieved in many developed countries.

Furthermore, Section 6 of the Action Plan for Public Health 2003 has been designed to achieve the following targets to create a self-sufficient, sustainable health service fit for the 21st century (White Paper 2003:21):

- Health targets, namely:
  - increase in expectation of life at birth to above 75 years; and
  - reduce infant mortality.

- Service targets, namely:
  - double the number of open heart operations;
  - save 500 lives a year from end stage renal failure;
  - reduce the amputation rate in diabetes; and
  - modernise health facilities at S.S.R.N.H., Dr A.Jeetoo Hospital, Brown Sequard Hospital and other hospitals.

- Consumer targets, namely:
  - ensure effective quality health care; and
  - reduce waiting time, improve privacy of patients and quality of reception in all hospitals.

- Health promotion targets, namely:
  - promote health through changes in life style of the citizens; and
  - prevent the younger generation from becoming diabetic and hypertensive.

Section 7 of the Action Plan for Public Health 2003 proposes the introduction of many new and expanded public health services. These include, among others:

- a 24-hour family doctor service;

- high technology services to tackle the complications arising from diabetes, hypertension, cardiac surgery, renal dialysis, spinal injury and eye surgery;

- a national Institute for non-communicable diseases;

- patient's charter system to protect consumer interests;

- an information system with a smart card for tracking and improving the quality of treatment;

- staff retention in hospitals; and

- a new geriatric service.

The Action Plan for Public Health 2003 also includes provision for increase in public health services to respond to the needs of the rising population and the increasing proportion of elderly people. For instance, the White Paper 2003 plans to introduce a 24–hour family doctor service for every person in the country. This will ensure a more coherent screening service than ever before. The Doctors, who will be specially trained for this work, will follow clear national guidelines setting out the best public health care for each type of case. The family doctor service will have a role in promoting public health in the Community. The family doctor service will establish new forms of regular health surveillance and will provide domiciliary health care for elderly and disabled people (White Paper 2003:112).

Section 8 of the White Paper 2003 also proposes the introduction of new legislation concerning the health sector to be revisited (White Paper 2003:99). Provision is made for the following:

- A Dangerous Chemicals Control Bill: The legal framework for the control of dangerous chemicals is being strengthened. The Dangerous Chemical Control Bill is being finalized. Its main objective is to provide further prevention of damage to health and to the environment caused by chemical substances and for the provision of better protection to workers, members of the public and the environment in general.

- A Human Tissue (Removal, Preservation and Transplant) Bill: The draft Bill is being finalized in consultation with the State Law Office and the World Health Organisation. The objective of the Bill is to provide the legal framework for carrying out the removal, preservation and transplant of human tissue, other than blood transfusion under appropriate medical supervision.

- An In-vitro Fertilization Bill: A legislative framework will be enacted to regulate. In-vitro fertilization. In this context the Ministry of Health and Quality of Life, Mauritius has enlisted legal assistance through the World Health Organisation.

- A Pregnancy Control Bill: A draft bill is being prepared in consultation with the Ministry of Women's Right, Child Development and Family Welfare and other stakeholders to address issues concerning the termination of pregnancies, especially in cases of sexual assault.

All the above proposals of the White Paper 2003 have been submitted for public consultation to promote the widest possible debate, comments, suggestions and proposals to be submitted to the permanent secretary, Ministry of Health and Quality of life, Mauritius. No doubt the White Paper 2003 contains a wealth of reform proposals for improving public health service delivery in Mauritius more particularly at S.S.R.N.H.

5.7 DECENTRALISATION AND STRENGTHENING OF PRIMARY HEALTH CARE IN MAURITIUS

Decentralising public health services is the contemporary health policy of the Ministry of Health and Quality of Life, Mauritius (Cumper 2000:61). The concept of decentralisation of public health is closely bound up with the concepts of hierarchy and range of control. It entails the division of responsibility in such a way that a high degree of discretion is entrusted to subordinate health units (Cumper 2000:45).

Decentralization must first be regarded as a means to an end, rather than an end in itself. In this instance, decentralization is the "means" to achieve the "end" of an efficient and effective public health service care (PHC) approach (Lim 1991:80). The principles such as provision of adequate water supply and sanitation, prevention and control of locally endemic diseases, provision of adequate food supply, provision of maternal and child health care, family planning services, immunization programmes, pharmaceutical services and appropriate treatment of common diseases and injuries have been reinforced in the National Health Policy 2002 (National Health 2002:81).

The current National Health Policy 2002 is expected to result in decentralized management of PHC. This is because the current National Health Policy 2002 makes provision for the creation of a democratic environment for governance and health development at local level which will facilitate the participation of citizens at the grassroots level in health decision-making. It also makes provision for promotion of accountability, good governance, and bringing health services closer to the public (National Health 2002:31). This requires the transfer of responsibility, resources and authority from central levels of management to the periphery. Decentralization of primary health care will ensure better management of Community health promotion, prevention of diseases, cure of patients and rehabilitation of drug-addicts and mental patients (Taylor 1998:84).

Additionally, decentralization of primary health care will encourage Community participation in school health programmes, family planning programmes, enforcement of public health measures for improving environmental health and more effective response to epidemics (National Health 2002:33).

The major aim of the current National Health Policy 2002 is to strengthen primary health care by providing services such as Family Doctors, Dentists, Retail Pharmacists, Opticians, Community Nurses, District Nurses, Midwives and Health Visitors (National Health 2002:41). Strengthening primary health care will ensure better Community health.

Section 11 of the National Health Policy 2002, sets out the following requirements to strengthen primary health care in Mauritius, namely:

- awareness among health workers, health planners and lay people of basic health problems at grassroots level;

- commitment to improve the health of the population, both for its own sake and as a foundation for economic and social development;

- manpower planning to establish in broad terms the number and roles of the health workers;

- creation of a district health team in order to teach feeding habits, housing arrangements, practices affecting pregnancy, child–rearing, care of old people, means of coping with disease, accidents and tragedy;

- mobilization of resources and capabilities of communities to fulfill their own aspirations;

- identification of major health problems and adoption of specific programmes to combat them;

- regular evaluation to ensure continual improvement of health programmes;

- provision of basic health care facilities within walking distance for the population; and

- continuing health education to improve skills at all levels of care.

The National Health Policy 2002, therefore, concentrates on decentralization and strengthening primary health care in all health institutions including S.S.R.N.H. in Mauritius as a policy objective aimed at reducing the rates of mortality and morbidity caused by conditions for which prevention, easy treatment and control exist. Prominent among these causes are communicable and non-communicable diseases, nutritional deficiencies and manageable complications of pregnancy.

5.8 MODERNISATION OF THE MAURITIUS INSTITUTE OF HEALTH

The Mauritius Institute of Health is in proximity to S.S.R.N.H. and have been set up in line with training policy of the institution and with a view to provide continuing education to the health personnel, to carry out public health research and to develop health learning materials. The Mauritius Institute of Health was inaugurated on 28 February 1989 and the School of Nursing was founded in 1972 (Butler 1992:80).

Section 12 of the National Health Policy 2002 makes provision for the modernization of the Mauritius Institute of Health particularly for conducting the following activities namely;

- training in public health service delivery at S.S.R.N.H;

- conducting and promoting public health services research and development;

- continuing education of public health personnel aimed at extending knowledge, skills and competence; and

- collecting, preparing and disseminating information and training materials for public health services at S.S.R.N.H.

A comprehensive programme of continuing professional education and quality assurance is being developed at the Mauritius Institute of Health for all medical, nursing and paramedical staff to promote and maintain high standards of performance and keep staff up-to-date with innovations in Mauritius and abroad. Local clinical teaching and research programmes have been established at the Mauritius Institute of Health to meet the needs of health personnel.

In–service training is being provided in first aid, non–communicable diseases, reproductive health, clinical nurse management and ward management. The Bachelor of Science Course (B.Sc) in collaboration with the University of Middlesex is being provided at the Mauritius Institute of Health. Furthermore, a postgraduate course for Doctors has been provided in epidemiology with the collaboration of the University of Bordeaux II. The Mauritius Institute of Health is acting as local coordinator for the above mentioned programmes and have in addition organized the following over the past three years: training for Dispensers, training for trainers in medical education, courses in information technology and orientation courses for newly recruited foreign Medical Officers (Baker 2002:4). Therefore, the Mauritius Institute of Health is directed towards effective and efficient public health service delivery at S.S.R.N.H.

5.9 ESTABLISHMENT OF NON-COMMUNICABLE DISEASE CENTRES

The emergence of non-communicable diseases like cardio-vascular diseases, hypertension, cancer and diabetes in the Mauritian society has been observed since 1995. These afflictions were rare or absent in the population previously. Owing to changes in the working conditions and life styles of the citizens such as the tendency to abuse alcohol, tobacco and drugs a shift in epidemiology has been observed (Cumper 2000:68).

The establishment of non-communicable disease centers since 2002 throughout the country forms part of the current national health policy aimed at prevention at three main levels of public health care namely primary, secondary and tertiary levels (National Health 2002:60).

Primary prevention through the National Health Policy 2002 aims at informing and educating the communities about eating habits and attacking the risk factors such as high cholesterol intake before the onset of non-communicable diseases such as high blood pressure and myocardial infarction in the population. Primary prevention also involves consuming a healthy balanced diet, increased physical activities, measures to prevent smoking habits in youngsters and severe control of drug and substance abuse (National Health 2002:71).

Secondary prevention through the National Health Policy 2002 aims at reducing non-communicable diseases among the victims through early detection diseases for instance, diabetes, hypertension and heart diseases. The secondary prevention by National Health Policy 2002 also aims at diagnosing patients at risk of acquiring non-communicable diseases (National Health 2002:73).

Tertiary prevention by the National Health Policy 2002 involves curative aspects of non-communicable diseases such as renal failure, high blood pressure and myocardial infarction. This is concerned with the treatment of the diseases, for example diabetes, hypertension and mental illness. It is also aimed at prevention

of complications associated with non-communicable diseases (National Health 2002:90).

The National Health Policy 2002 affects S.S.R.N.H. directly as more skilled health personnel are needed so as to be posted to different geographically located non-communicable disease centers. Some additional 50 Consultants, 90 Nurses, 60 Medical Record Officers, 20 Managerial and Administrative Staff will be required in the future in order to deal with non-communicable diseases at S.S.R.N.H (Cumper 2000:112). S.S.R.N.H will have to extend the training needs to staff so as to realize the objectives of non-communicable diseases centers.

5.10 IMPLEMENTATION OF FAMILY PLANNING, MATERNAL AND CHILD HEALTH PROGRAMMES

The implementation of family planning, maternal and child health programmes forms part of the current national health policy by making use of the **Family and Child Protection Act 5 of 2001**. Section 24 of the **Family and Child Protection Act 5 of 2001** makes provision for the following, namely:

- awareness of child care;
- provision of good quality and affordable child care services;
- protection of mothers;
- ensuring equity and access in child care;
- protection from domestic violence;
- support programmes to relieve the tension that parents face in meeting family obligations, including children's needs;

- family life and parental education programmes;

- counselling services, support groups and Community based support networks; and

- child care centers and nurseries.

Maternal and children's health is a good indicator of the availability and quality of public health care delivery (Richards 1995:22). Surveillance of the main causes of the maternal mortality provides data to strengthen and monitor safe motherhood initiatives (National Health 2002:82). Pregnancy related hypertension, peri-natal haemorrhage and septic abortions are some of the conditions that affect women's health. Section 7 of the National Health Policy 2002 stipulates the policy objectives on family planning and maternal health, namely to:

- introduce and strengthen reproductive health services, including contraception services and safe motherhood initiatives;

- reduce maternal morbidity and mortality due to pregnancy and childbirth;

- reduce peri-natal morbidity and mortality;

- increase the percentage of deliveries supervised by trained Nurses and Birth Attendants;

- promote awareness of and prevent harmful effects of genital mutilation in both females and males; and

- develop and implement programmes for the early detection and management and palliative treatment of common female cancers, especially cancers of the cervix and the breast.

The National Health Policy 2002 on the above issues has a marked influenced at S.S.R.N.H. Greater emphasis is being laid on the implementation of the policy objectives by making use of scarce financial, material and human resources. This National Health Policy 2002 is expected to further influence the capacity–building of the existing health personnel at the hospital. More training and re-training is required in order to keep the momentum of improvement of public health service delivery at S.S.R.N.H. going.

The family planning and maternal health programmes of the National Health Policy 2002 have shifted its focus from achieving demographic targets to improving reproductive health of the population. Greater emphasis is being laid on promoting maternal reproductive health in order to maintain fertility at replacement level, that is, an average of two children per family (National Health 2002:117).

Section 13 of the National Health Policy 2002 stipulates the policy objectives on child health, namely to:

- strengthen current national health programmes in accordance with the United Nations Convention on the Rights of the child;
- reduce neo-natal, infant, and under five child mortality from diarrhoeal and acute respiratory diseases;
- reduce and prevent intentional and unintentional injuries;
- promote reproductive health awareness for young children;
- reduce child abuse including sexual abuse; and
- prevent commercial sexual exploitation of children.

At S.S.R.N.H. all afore mentioned policy objectives are carefully targeted in the day to day dealing with the citizens. Therefore, the current national health policy is concerned with, inter-alia, harmonization and development of protocols to address infants and child mortality and morbidity (National Health 2002:119).

Mauritius has experienced demographic and population change over the last three decades with an increasing population growth rate from 2.1% to 3.1% (National Health 2002:62). It is essential to control population growth as it exerts pressure on public health demand. The implementation of public health programmes such as the family planning and maternal health programmes will monitor population growth thereby helping health authorities to plan public health services (National Health 2002:121).

5.11 CONTRIBUTING INSTRUMENTS TO ACHIEVE NATIONAL POLICY OBJECTIVES OF PUBLIC HEALTH SERVICE DELIVERY

The instruments to achieve the current National Health Policy 2002 of the Ministry of Health and Quality of Life, Mauritius include job expansion of personnel, job enrichment of personnel, flexitime for personnel, quality circles, job design, job sharing, condensed working week, job rotation of personnel and employee-centred job redesign (National Health 2002:124). These instruments that may be used for improving public health service delivery at S.S.R.N.H.

5.11.1 Job expansion of personnel

Job expansion entails the expansion of the number of tasks and responsibilities of health personnel but does not necessarily increase the proficiency of independence associated with the hospital work (Cumper 2000:26). This is a horizontal expansion of the job. Section 8 of the National Health Policy 2002 stipulates that successful implementation of this National Health 2002 Policy will improve and promote public health service delivery in general

(National Health 2002:131). This is because the morale of health personnel would increase thereby motivating them to provide quality health services to patients. Therefore, job expansion of personnel is a contributing instrument for improving public health service delivery at S.S.R.N.H.

5.11.2 Job enrichment of personnel

Job enrichment involves basic changes in the content and level of responsibility of the job in order to present the employee with a greater challenge (Cumper 2000:41). According to Section 9 of the National Health Policy 2002 job enrichment aims at improving and promoting public health service delivery by extending duties vertically. It enables personnel to have greater autonomy to decide on how to do the entire task. Job enrichment contributes to personnel carrying out a wider variety of responsibilities (National Health 2002:121).

5.11.3 Flexitime of personnel

Flexitime refers to the practice where personnel may, within limits, select working hours. In a flexitime system, personnel work the same number of hours per day as in a standard system (Huber 1996:23). Flexitime consists of *coretime* during which all personnel have to be present, and a flexible period that is determined by the individual worker. Currently flexitime does not exist at S.S.R.N.H. In terms of Section 19 of the National Health Policy 2002 the introduction of flexitime as an instrument to achieve policy objectives in public service delivery will improve morale of personnel and militate against tardiness and absenteeism (National Health 2002:131).

5.11.4 Quality circles

Quality circles are defined as voluntary study groups dedicated to solving related problems and may be established at any level in an institution (Taylor 1998:61). The policy objective of quality circles in public service delivery is to promote

teamwork, improve service quality, create greater awareness of public problems and improve the work environment.

5.11.5 Job design

Job design in the public health service is another instrument that contributes to the achievement of the policy objectives of the Ministry of Health and Quality of Life (National Health 2002:123). Job design is concerned with the process of determining the specific public services to be delivered, the methods to be used in performing the service and the way in which the service relates to other services in the institution (Huber 1996:91). Consequently, personnel gain greater satisfaction from completing a comprehensive and identifiable piece of service. For this reason, job design as a policy objective in itself will create a motivating climate in the public service delivery environment.

5.11.6 Job sharing

Job sharing is a relatively new concept which refers to two part-time personnel members sharing the duties attached to one position in a way previously agreed upon (Taylor 1998:90).

5.11.7 Condensed working week

A condensed working week refers to an arrangement of working hours that enables personnel to perform work responsibilities in fewer days than the normal five-day working week (Huber 1996:31). This instrument can improve and promote public health service delivery (National Health 2002:136).

5.11.8 Job rotation of personnel

Introducing job rotation in the public health service is another instrument that contributes to the achievement of the policy objectives of the Ministry of Health

and Quality of Life, Mauritius (National Health 2002:140). This involves the systematic and planned movement of health personnel from one job to another in order to provide variety and stimulation (James 1993:145).

5.11.9 Employee-centred job redesign

Employee-centred job redesign is a creative concept developed to bring the mission of the health institution in line with the job satisfaction needs of the employee (Taylor 1998:81). Therefore, integrating this system into the health sector is aimed at the achievement of national health policy objectives so that public health service will be promoted and improved (National Health 2002:148). This instrument may strengthen, consolidate, improve and motivate health personnel at S.S.R.N.H.

In order to implement this instrument it is essential to make the Human Resource Department of S.S.R.N.H. more dynamic by increasing capacity–building of staff. By expanding the know-how of staff in the above mentioned Departments, S.S.R.N.H. is expecting to achieve the national policy objectives of improved public health service delivery.

5.12 SUMMARY

This chapter has dealt with the current national health policy for improving public health service delivery at S.S.R.N.H. The activities of the Ministry of Health and Quality of Life, Mauritius are coordinated by the Permanent Secretary. It was clearly pointed out that the current national health policy aims at the protection of vulnerable groups, the treatment of the sick and the raising of the basic health status of the whole Community. Moreover, health objectives, the Action Plan on Health of the Ministry of Health and Quality of Life, Mauritius were highlighted in this chapter.

Subsequently, some specific Acts, for instance, the **National Policy For Public Health Act 17 of 2000**, the **Mental Health Act 4 of 1992** and the **Dental Health Service Act 30 of 1990** were presented in this chapter. Attention was also drawn on the decentralisation of public health which is interwoven with hierarchy and range of control. Emphasis was also laid on primary health care which aims at the prevention of the initial occurrence of disease. Modernisation of the Mauritius Institute of Health at S.S.R.N.H. is expected to establish an institutional base for several public health activities such as more effective training of health personnel and conducting public health service research.

This section of study also threw light on the establishment of non-communicable disease centres and the implementation of family planning, maternal and child health programmes.

In the last part of the chapter an exposition of contributing instruments to achieve policy objectives for improving and promoting public health service delivery were outlined. The instruments discussed include, job expansion of personnel, job enrichment of personnel, flexitime of personnel, quality circles, job design, job sharing, condensed working week, job rotation of personnel and employee-centred job redesign.

The current national health policy aims to consolidate and strengthen public health service in the changing health environment of Mauritius. The external and internal variables in the health environment that may influence the effectiveness of public health service delivery will be analysed in the next chapter.