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&

QUALITY OF LIFE

GLOBAL ESTIMATES OF AIDS EPIDEMIC, 2011

- **People living with HIV**
34.0 million [31.4 – 35.9 million]
- **New HIV infections in 2011**
2.5 million [2.2– 2.8 million]
- **Deaths due to AIDS in 2011**
1.7million [1.5– 1.9 million]

HIV EPIDEMIC IN 2011

- An estimated 0.8% of adults age 15-49 years worldwide
- Sub-Saharan Africa remains mostly severely affected
 - a) With nearly 1 in every 20 adults
 - b) 4.9% living with HIV
 - c) Accounting for 69% of the people living with HIV worldwide.

Worldwide, the number of people newly infected continues to decrease:

- the number of people (adults and children) acquiring HIV infection in 2011 (2.5 million [2.2million–2.8 million]) was 20% lower than in 2001.
- The sharpest declines in the numbers of people acquiring HIV infection since 2001 have occurred in the Caribbean (42%) and sub-Saharan Africa (25%).

DEATH IN 2011

- In 2011, **1.7 million** [1.5 million–1.9 million] people died from AIDS-related causes
- Worldwide, this represents a 24% decline in AIDS-related mortality compared with 2005 when 2.3 million deaths occurred.
- The number of people dying from AIDS-related causes in sub-Saharan Africa declined by 32% from 2005 to 2011, although the region still accounted for 70% of all the people dying from AIDS in 2011.

No of children newly infected with HIV

- In 2011, 330 000 children acquired HIV infection. This represents a 43% decline since 2003 (when 560 000 children became newly infected) and a 24% drop since 2009 (when 430 000 children acquired HIV infection).
- More than 90% of the children who acquired HIV infection in 2011 live in sub-Saharan Africa.
- There, the number of children newly infected fell by 24% from 2009 to 2011.
- The number of children acquiring HIV infection also declined significantly in the Caribbean (32%) and Oceania (36%), with a more modest decline in Asia

Promising trends in treatment coverage

- Antiretroviral therapy reached 8 million people by the end of 2011 – a 20-fold increase since 2003
- Since 1995, antiretroviral therapy has added 14 million life-years in low- and middle-income countries, including 9 million in sub-Saharan Africa

AIDS EPIDEMIC IN MAURITIUS

1987 to March 2013

5,577

Male 4,412

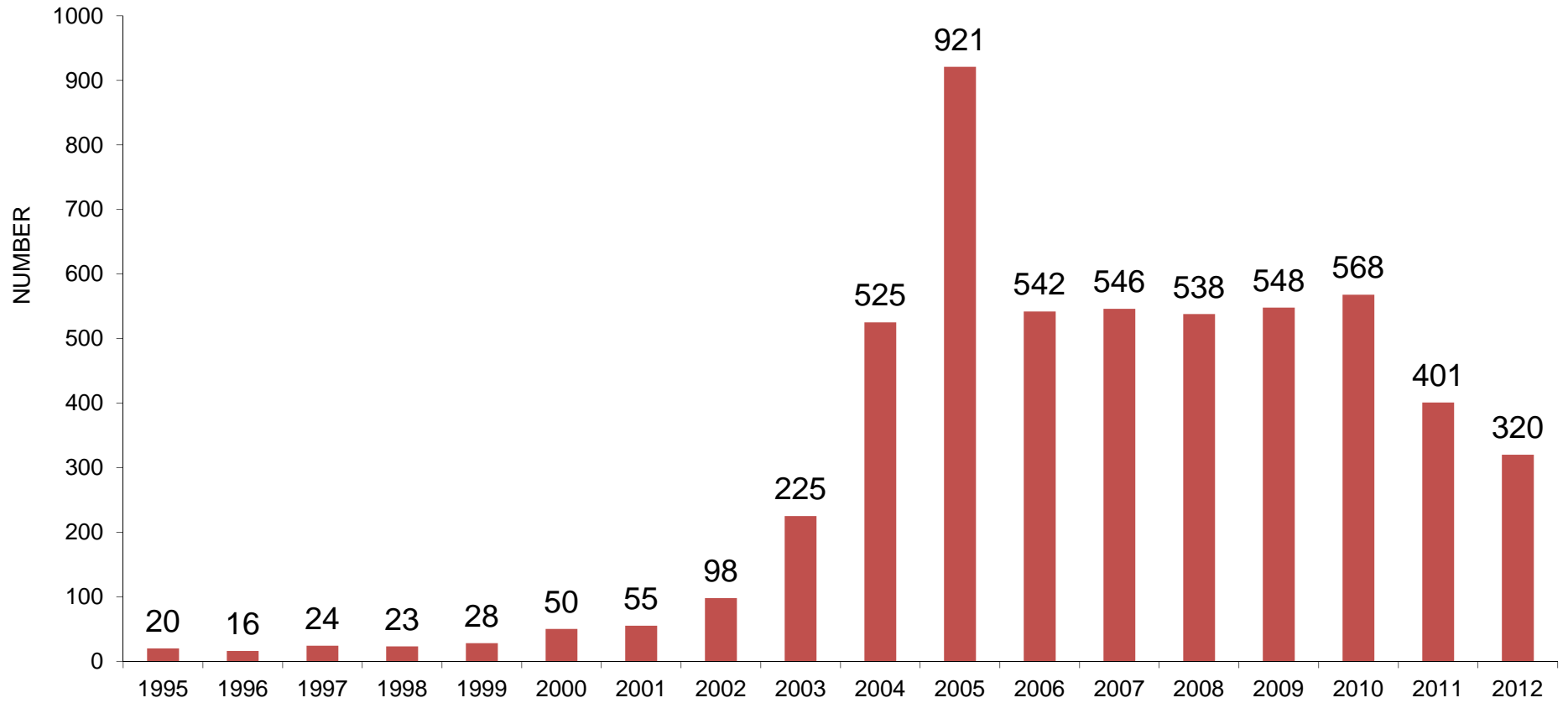
Female 1,165

Sex Ratio M : F 4 : 1

DEATHS 686

Prevalence in the Population (15-49 Years):
0,97%

YEARLY HIV/AIDS CASES REGISTERED AMONG MAURITIANS
1995 - 2011



The number of people newly infected continues to decrease:

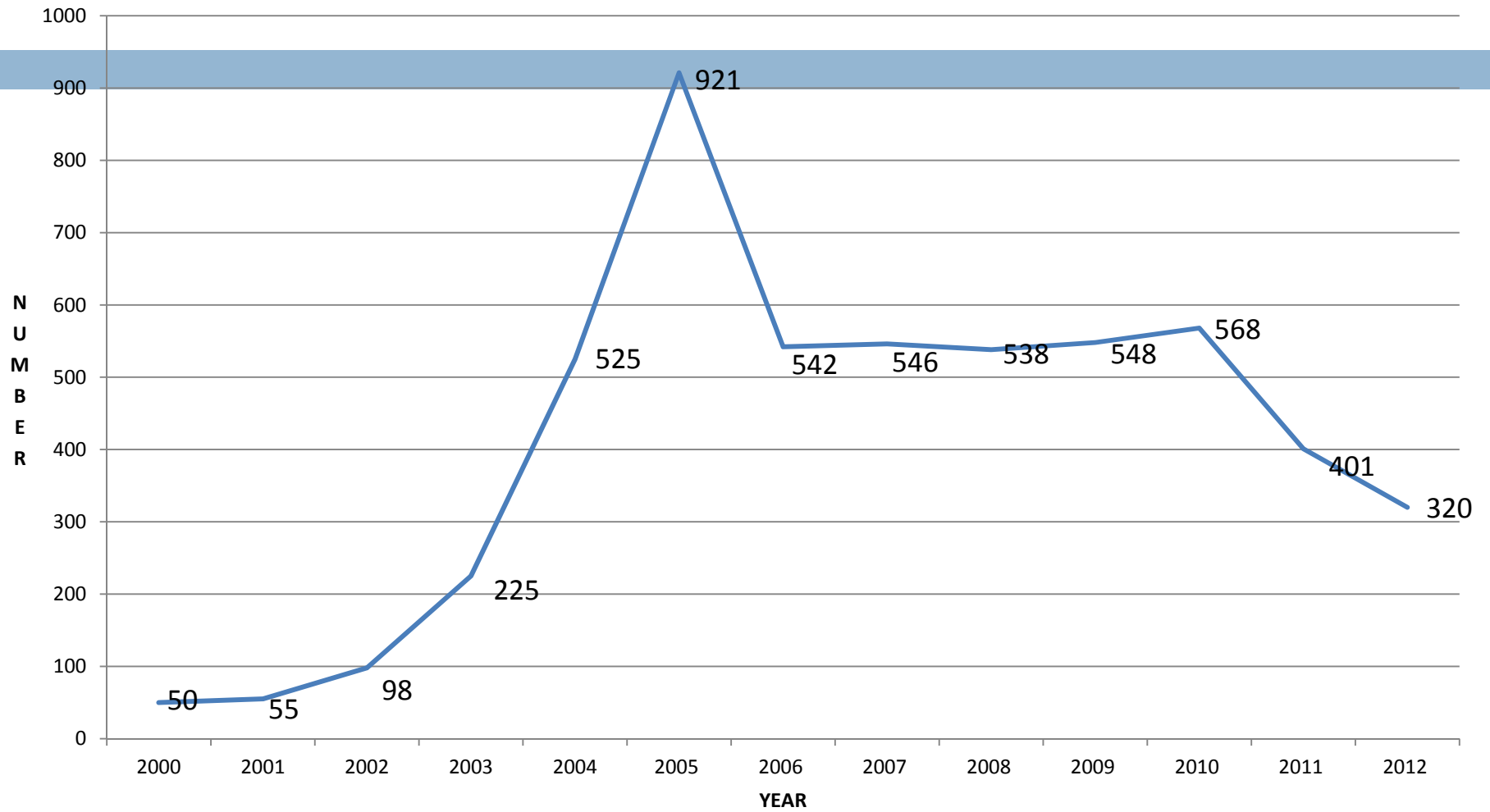
320 cases have been registered in 2012

compared to

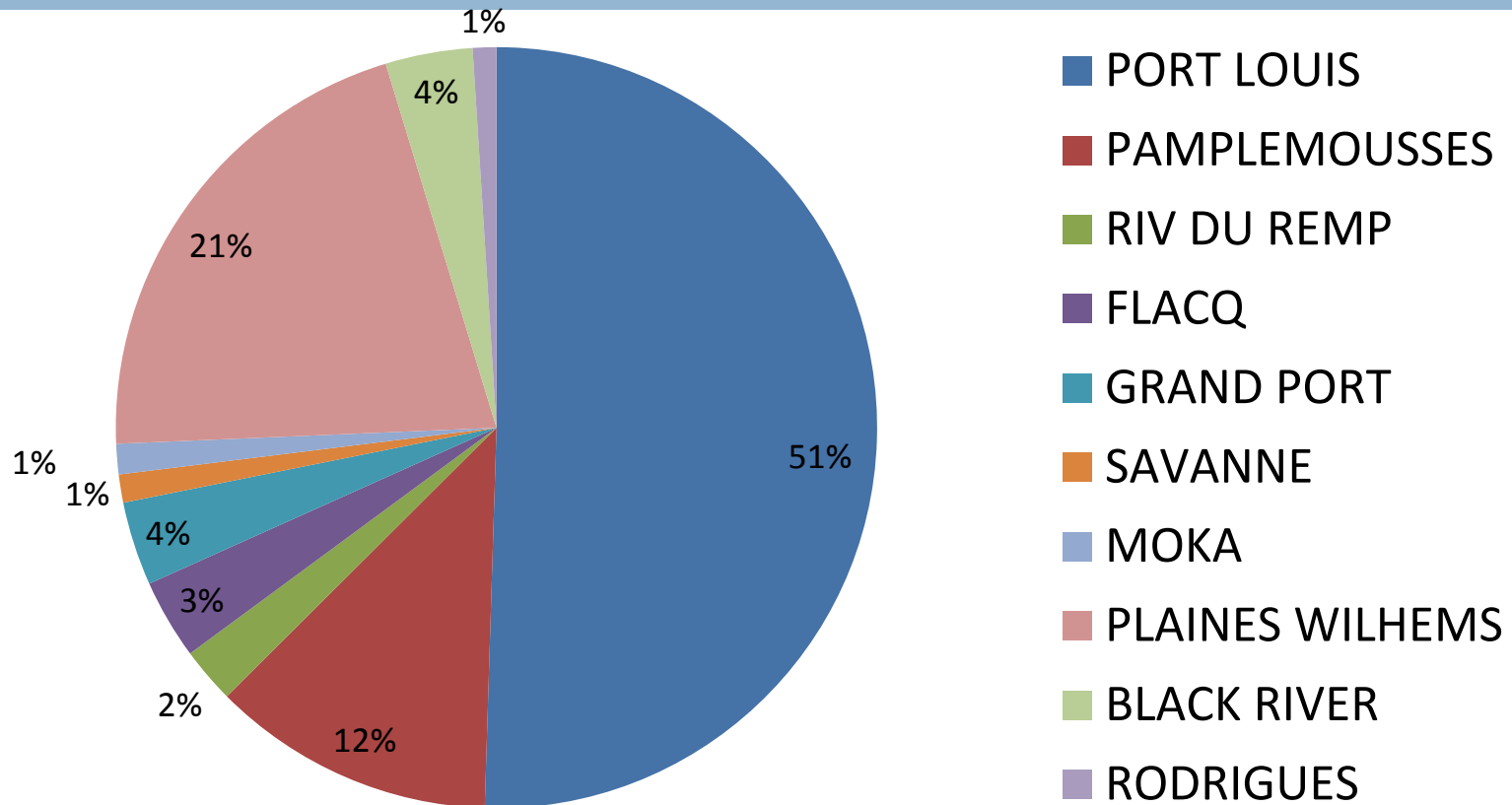
568 in 2010 representing a 33% decrease.

No of cases reported from January to March 2013 was 69.

NEW HIV/AIDS CASES (MAURITIAN) 2000-2012



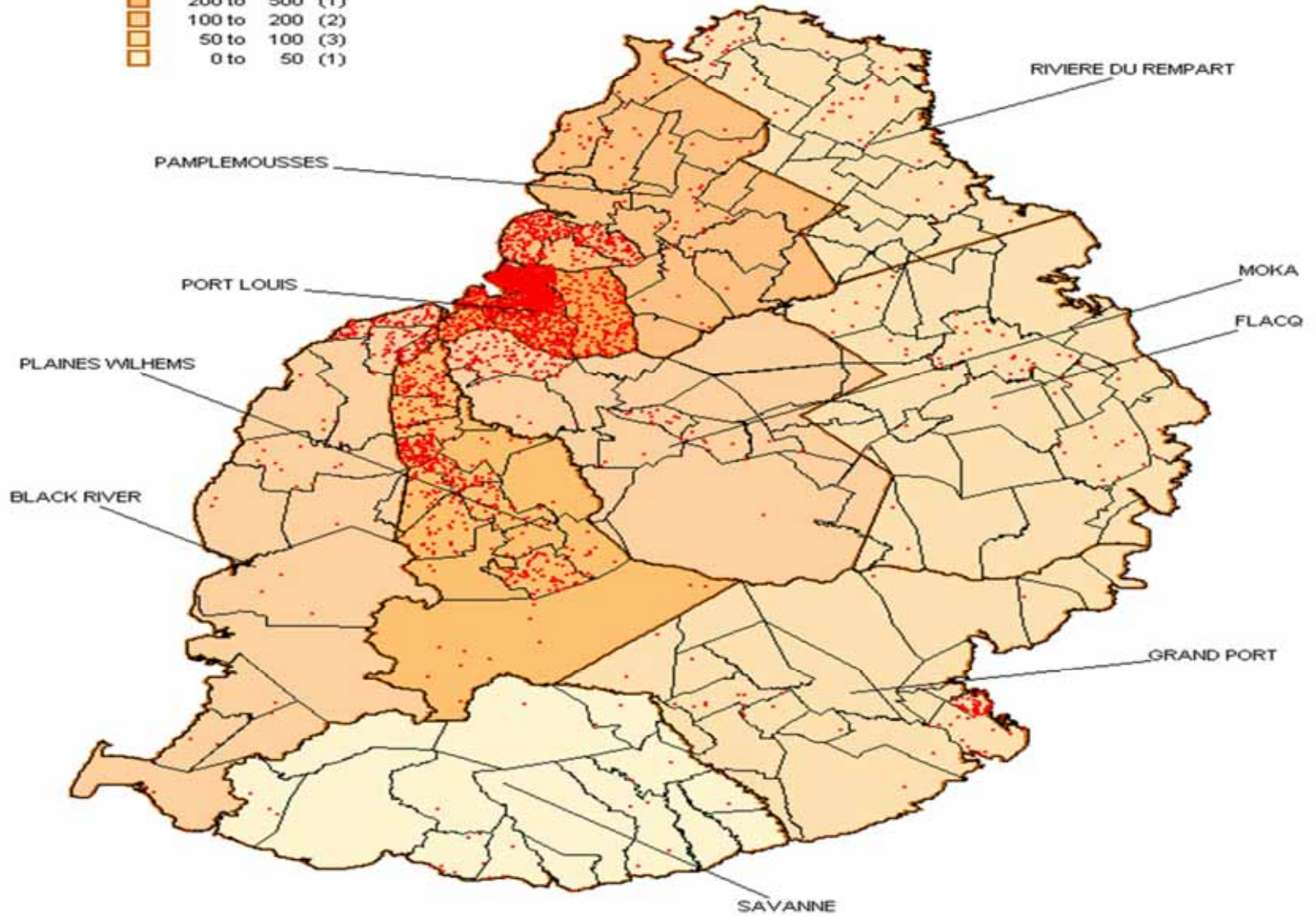
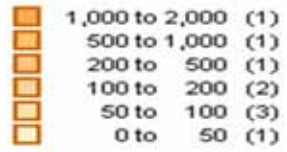
% of HIV/AIDS CASES BY DISTRICT-1987-2012



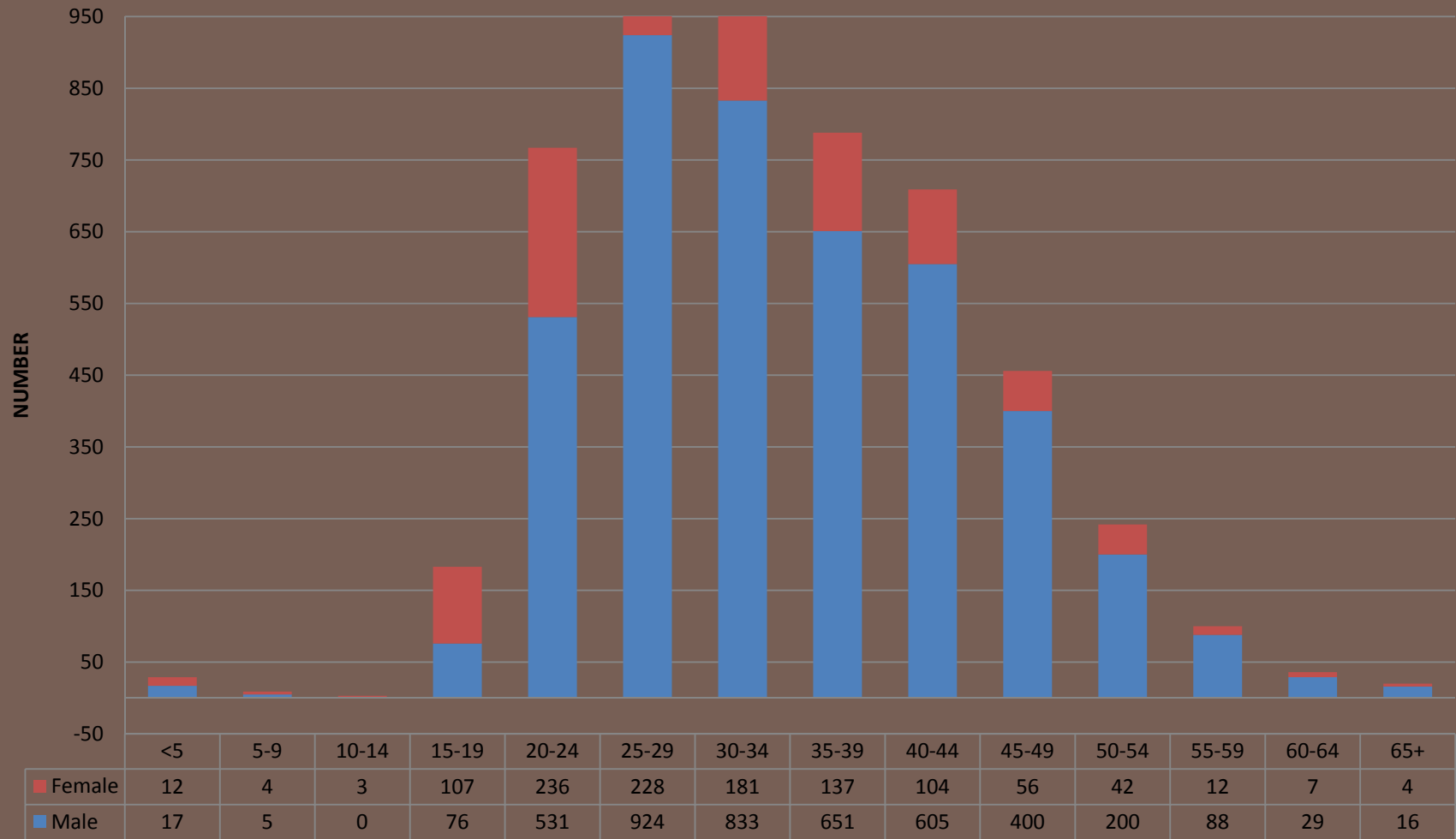
Dot Thematic by MVCA for both sexes

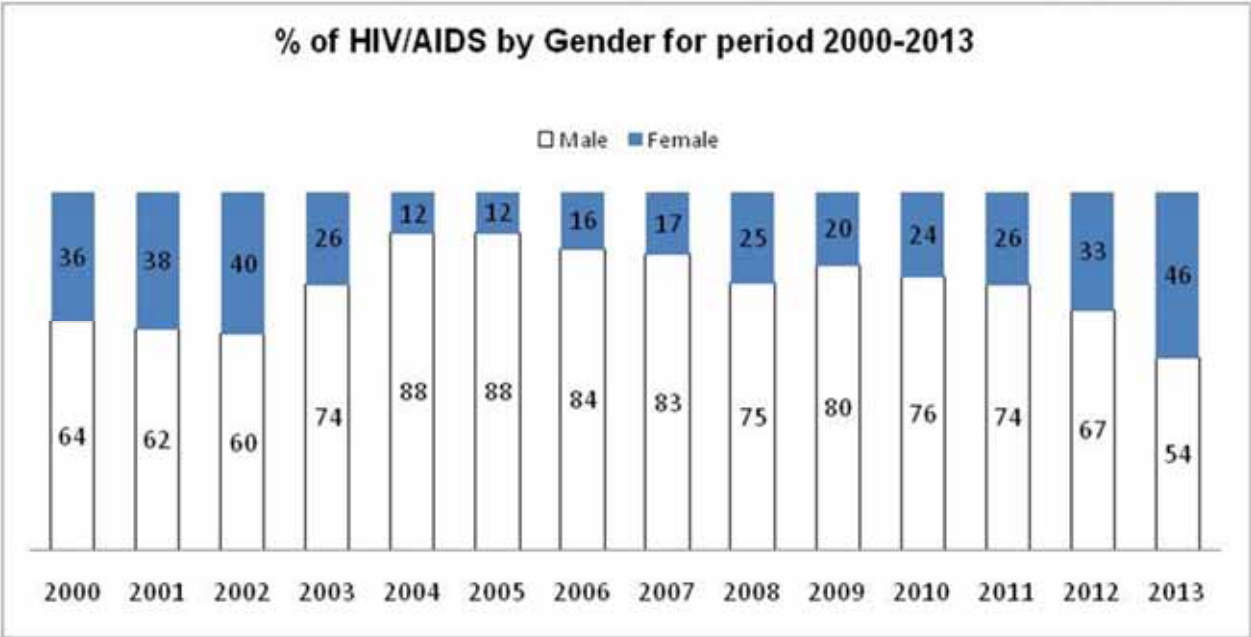
1 Dot = 1 person

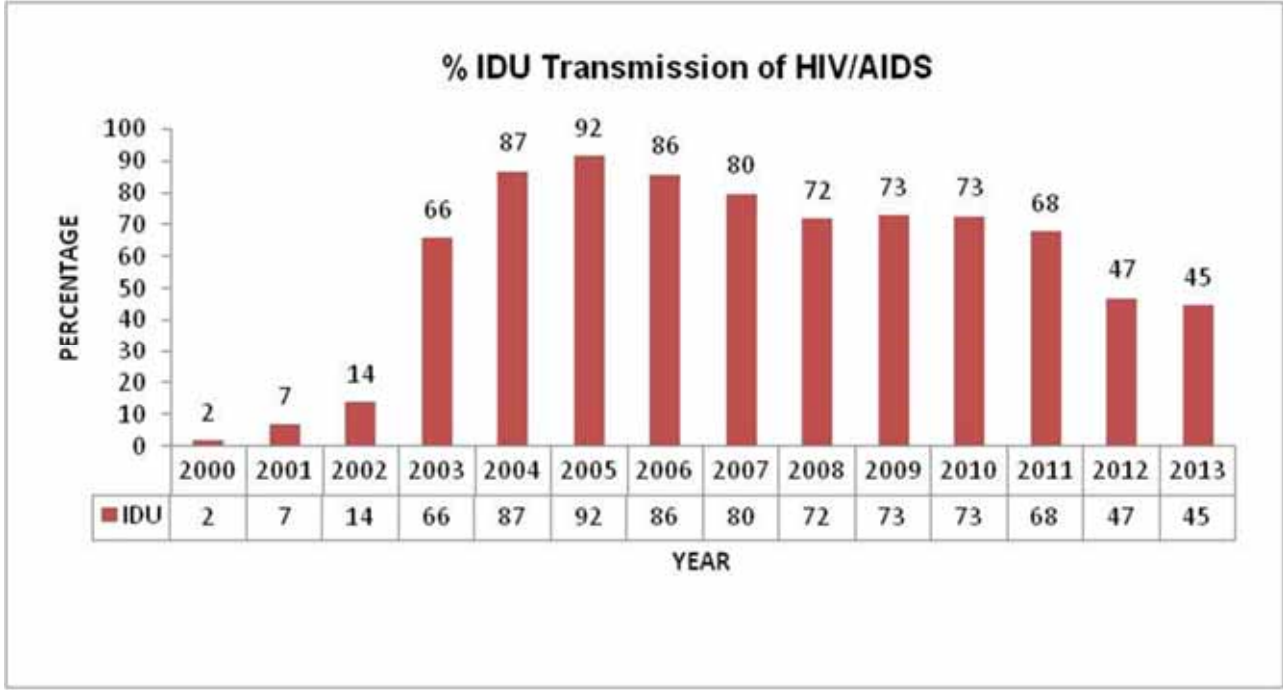
Thematic Map by district for both sexes



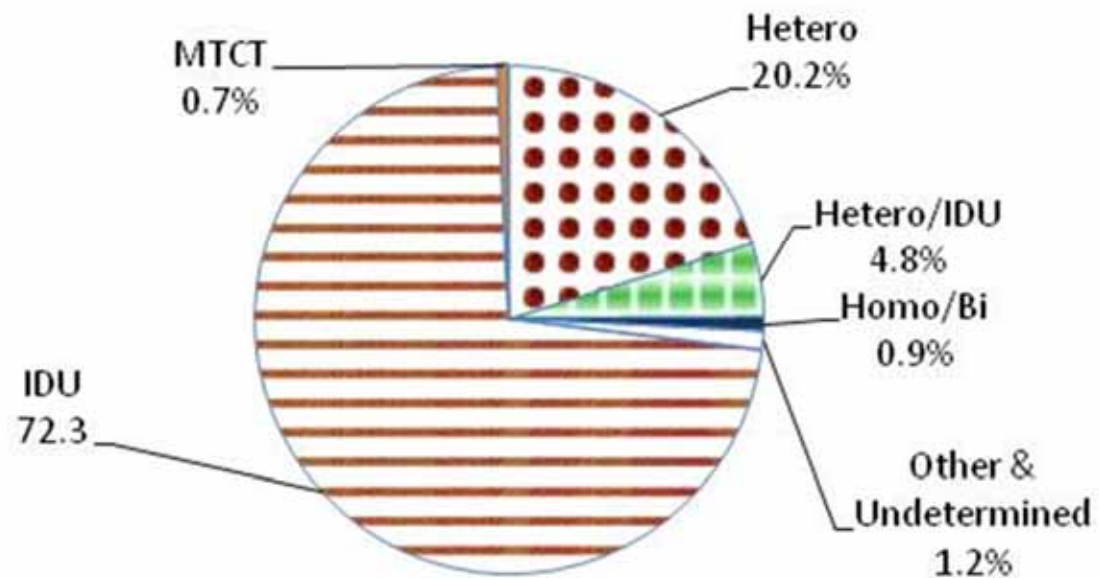
Distribution of HIV/AIDS cases by gender and age-group-1987-2012







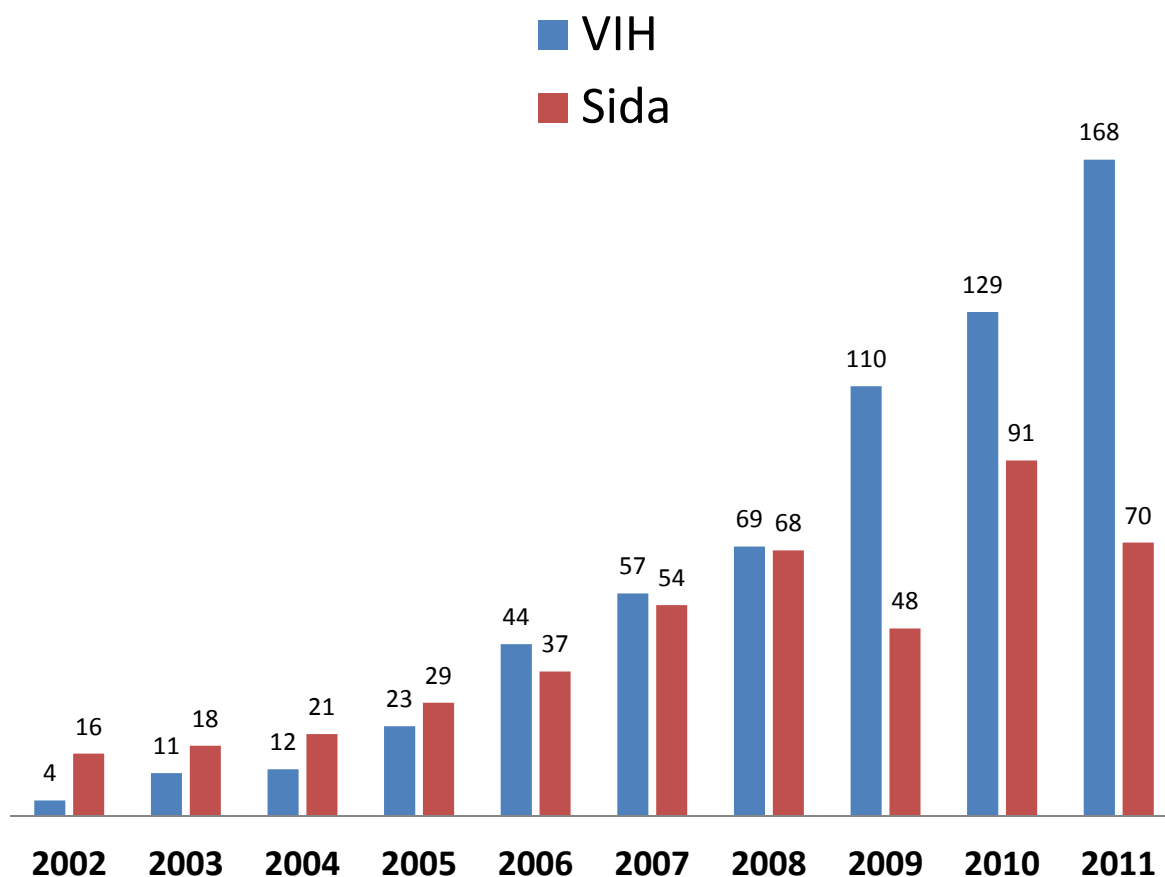
ALL HIV/AIDS CASES REGISTERED AMONG MAURITIANS,
FROM OCTOBER 1987 TO END OF MARCH 2013
BY MODE OF TRANSMISSION



Antiretroviral Treatment (ART) Programme

- No. of patients detected: 5,577 (75% PWIDs)
- No. of patients registered: 4000 approx
- Started with some 20 patients in 2002 to reach 1800 in 2012 , out of whom 1360 are actually compliant,
- Remaining 440 comprising of non-adherent patients and death cases.

Progression of intake of ART



Year	No. Patients
2002	20
2003	29
2004	33
2005	52
2006	81
2007	111
2008	137
2009	158
2010	220
2011	238
2012	276

Progress made

- National Protocol introduced in 2008
- Decentralisation of Day Care Centres to Prisons & Rodrigues and in 2009 to VH, 2011 to SSRNH & 2012 JNH
- Eligibility Criteria in line with WHO : CD4 count at 350cells/ml in 2010
- Laboratory services reinforced with
 - ✓ 2 CD4 Facs machines and
 - ✓ 2 Viral Load machines

YEAR	No. OF Deliveries	No. of New Born Babies	No. OF Test Done On Babies	No. of HIV Positive Babies	Death Among New Borns
2009	54	54	45	1	1
2010	58	58	56	2	2
2011	58	58	47	1	0
2012	76	78 (2 twins)	37	0	4
2013	34	34	-	-	-

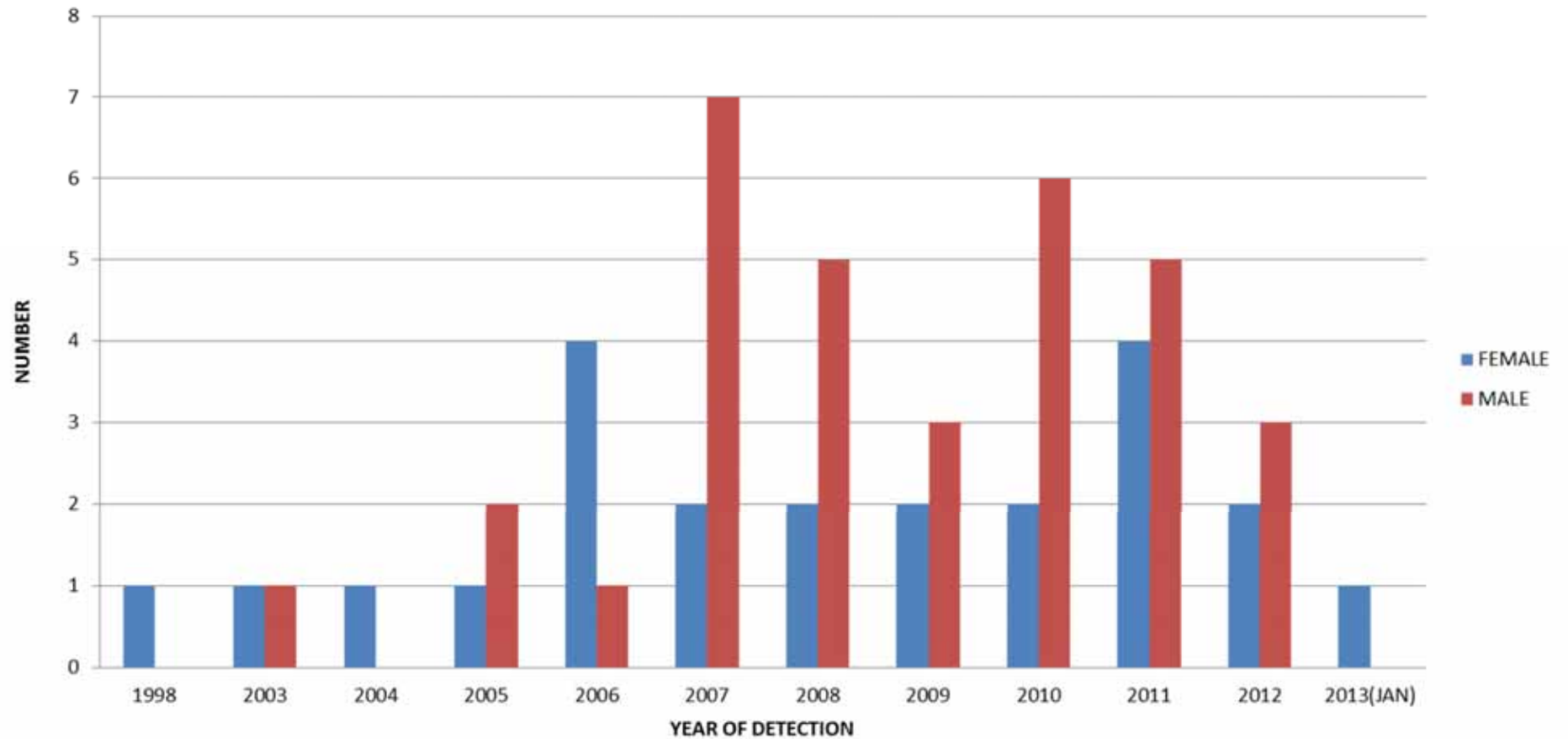
Prisons	No.HIV Positive Prison Inmates	No. of patients on ARV
Beau Bassin Prison	624 males	273
Beau Bassin Prison + special Wing female	16 females	9
New Wing	31 males	0
Grand Riviere Prison	38 males	8
Petit Verger	27 males	9
Riche Lieu Open Prison	14 males	1
Phoenix La Bastille	2 males	2
JNH Ward 0-1	8 males	4
Total	760	306

Rodrigues

Distribution of HIV/AIDS Cases			
YEAR DETECT	SEX		TOTAL
	FEMALE	MALE	
1998	1	0	1
2003	1	1	2
2004	1	0	1
2005	1	2	3
2006	4	1	5
2007	2	7	9
2008	2	5	7
2009	2	3	5
2010	2	6	8
2011	4	5	9
2012	2	3	5
2013(JAN)	1	0	1
Total	23	33	56

Island of Rodrigues

Distribution of HIV/AIDS cases by sex and year of detection



DAY CARE CENTERS FOR IMMUNO-SUPPRESSED (DCCI)

- Volcy Pougnet CHC/Dr.A.G Jeetoo Hospital
- Candos,Victoria Hospital
- S.S.Ramgoolam National Hospital
- J.Nehru Hospital

VOLCY POUGNET CHC/DR A.G JEETOO HOSPITAL

□ CONSULTATIONS

MONDAY TO FRIDAY : 9HRS TO 16HRS
SATURDAY : 9HRS TO NOON

□ VOLUNTARY COUNCELLING AND TESTING

MONDAY TO FRIDAY : 9HRS TO 16HRS
SATURDAY : 9HRS TO NOON

□ BLOOD COLLECTION FOR CD4 /VIRAL LOAD etc :

MONDAY TO THURSDAY & SATURDAY - MORNING

CANDOS, VICTORIA HOSPITAL

□ Consultations

Tuesday & Friday : 9hrs to noon

□ Voluntary counselling and testing

Monday to Friday : 9hrs to 16hrs

Saturday : 9hrs to noon

□ Blood collection for cd4 /viral load etc.

S S RAMGOOLAMNATIONAL HOSPITAL

□ Consultations

Monday : 13hrs to 16 hrs

Wednesday : 9hrs to noon

□ Voluntary counselling and testing

Monday to Friday : 9hrs to 16hrs

Saturday : 9hrs to noon

□ Blood collection for CD4 /VIRAL LOAD:

Wednesdays - morning

J.NEHRU HOSPITAL

□ Consultations

Tuesday : 13hrs to 16 hrs

Thursday : 9hrs to noon

□ Voluntary counselling and testing

Monday to Friday : 9hrs to 16hrs

Saturday : 9hrs to noon

□ Blood collection for CD4 /VIRAL LOAD etc.

Thursdays - morning

Measures initiated recently for HIV and AIDS

- Formulation of the National Multisectoral HIV and AIDS Strategic Framework
- Setting up of the National AIDS Secretariat under the aegis of the Prime Minister's Office
- Introduction of Harm Reduction Measures namely the Methadone Substitution Therapy and the Needle Exchange Programme in 2006. Some **6,000 people** who inject drugs were already induced on methadone and some
- **6 000** were reached under the Needle Exchange Programme.

Cont.

- Enactment of the **HIV and AIDS Act in 2007**
- Decentralisation of Voluntary Counselling and Testing at Primary Health Care Level (Area Health Centres and Community Health Centres). From January to December 2012, **some 109,000 tests** for HIV have been carried out.
- Opening of Day Care Centres at regional level to provide doorstep services to People Living with HIV and AIDS. Day Care Centres are now operational at **Dr Jeetoo Hospital, SSRN Hospital, Victoria Hospital and J.Nehru Hospital.**

Cont.

- Upgrading of Laboratory facilities with the introduction of Viral Load Machine. About **4 000 viral load tests** have been carried out on HIV patients.
- Introduction of new ARV drugs for people living with HIV and AIDS.

Impacts

- The number of new cases of HIV has stabilized and is on the decrease .
- The quality of life of HIV infected persons is improving, as evidenced by their CD4 Count and Viral Load Tests (Blood Tests).
- More people are coming forward for voluntary counselling and testing .
- The number of people attending our Day Care Centres for treatment has increased, thereby showing gradual destigmatisation.

Cont

- The prevalence of HIV among pregnant women has decreased and is stabilized .
- **92% of the total number** of drug users induced on methadone are still on the maintenance therapy.
- The prevalence of HIV among people who inject drugs has stabilized **at around 50%**.
- The percentage of new cases of HIV among people who inject drugs **from 92.5 %in 2005 to 68.5% in 2011**

- Studies conducted in Mauritius have revealed that there are around 10 000 People who Inject Drugs. Some **7 500 drug users** are currently accessing the Harm Reduction Services.
- An evaluation carried by International Consultants in 2011 has shown that the Harm Reduction Programmes have **extensively contributed to improving the social life of drug users and their integration in the community.**

Major Challenges/Constraints

- Adherence to treatment
- Fear of HIV infection shift to the general population
- Raise in the prevalence among infected pregnant women.
- Stigmatization

Future Action

- Scale up testing facilities
- Strengthen the fight against stigmatization
- Reinforce the AIDS unit team to look for lost to follow up patients
- Further decentralisation at Flacq Hospital



THANK YOU