**Ministry of Foreign, Affairs, Regional Integration and International Trade**

**(Human Rights Division)**

**Human Rights in the context of HIV and AIDS**

1. Mauritius is a welfare state with the health services including HIV services being free of user-costs at the public health institutions. Mauritius is signatory of treaties on HIV/AIDS and has adopted and implemented international recommendations to combat this disease.

2. Legislations

(i) The HIV and AIDS Act 2006, provides for a rights-based approach to HIV and AIDS-related issues as well as for the prevention and containment of HIV and AIDs though implementation of the Needle Exchange Programme for People Who Inject Drugs. This Act safeguards the rights of the people living with and affected by HIV. It protects them against Stigma and Discrimination and ensues there is no breach of confidentiality with regards to their HIV status.

Any person who contravenes this Act is liable to a penalty not exceeding Rs 50,000 and to an imprisonment not exceeding 12 months. Moreover, Health Care Professionals are required to abide by a code of conduct in respect to patients, including people affected by or living with HIV.

(ii) The Employment Rights Act 2008 and the Workers’ Right Act 2019 ensure the protection of fundamental rights of workers. More specifically, according to the Employment Rights Act 2008, the definition of “discrimination” and ”harassment” have been carefully defined to include HIV status as one of the grounds for such acts. The Act also states that one’s HIV status should not be the determinant of the termination of an employment agreement between the employer and the employee. Moreover, the Employment Relations Act 2008 provides that the right of the employee to join as a member of a trade union shall not be forfeited because of his/her HIV status.

Employment and Income Opportunities for People Living with HIV (PLHIV): All PLHIVs are given same employment opportunities without any discrimination (Employment Rights Act 2008 and Equal Opportunities Act 2011).

(iii) The Equal Opportunities (Amendment) Act (EOA) 2011 ensures that every person has an equal opportunity to attain his objectives in various spheres of activities and that no person is placed, or finds himself, at a disadvantage, by reason of his status, including impairment, sex or sexual orientation. The Act accordingly prohibits any form of discrimination in a direct or indirect manner on the ground of status.

Additionally, it prohibits discrimination by victimization. These prohibitions from discrimination apply to employment activities, education, and provision of goods, services or facilities among others. An Equal Opportunities Commission has also been established where complaints in respect of, or alleged cases of violation of equal opportunity rights, are looked into.

3. National Action Plan

A five year National Action Plans (NAP) for HIV and AIDS is being implemented by the Ministry of Health and Wellness to achieve zero discrimination, zero new HIV infections and zero AIDS-related deaths so as to end AIDS by 2030. The activities of the NAP ensure that the targetted programmes do not exclude any population/sub population. Gaps in the HIV Care Continuum are addressed through review of all strategies aiming to end AIDS by ensuring that no one is left behind. The National Action Plan for HIV and AIDS is based on the UNAIDS 95-95-95 targets to end AIDS by 2030.

4. Other Programmes/ Measures include:-

(i) Awareness Campaign on HIV

* Media campaigns, event-based radio and TV programmes, awareness sessions are carried out to sensitise the population on HIV and AIDS, Stigma and Discrimination and the patients’rights to health.
* Workshops on Human Rights, Stigma and Discrimination for different audiences and on barriers to health/HIV services are carried out .
* Awareness sessions on HIV and AIDS and discrimination for the new recruits of the police force, the prison officers, for people at their workplaces to protect them against HIV, promote safe behaviors and reduce stigma and discrimination against people living with HIV are regularly conducted.
* Training for the health care workers of the public and private health settings are also carried out to promote the rights to health for all including the vulnerable groups. Unmet needs of Key Affected Populations are being addressed through empowerment programmes, social and legal aids.

Moreover, throughout the year, promotion of the potential of Undetectable = Untransmissible (U=U) are carried out by the health care professionals engaged in the management of HIV during HIV prevention programmes as well as clinical sessions with the people living with and affected by HIV with emphasis on all its benefits on the quality of life. Access to services is further facilitated through reimbursement of transport to all patients attending the HIV clinics across the island.

On-going training is provided to health and non-health professionals to reduce stigma and discrimination which is one of the major barriers to access HIV services. HIV prevention programmes include activities targeting the hard-to-reach key population in the hard-to-reach location.

Booklets on Sexual and Reproductive Health and Rights (SRHR) have been produced for students. Additionally, the production of age-appropriate booklets on Sexually Transmitted Infections including HIV and AIDS, which will focus on prevention, high-risks behaviours, impact of Sexually Transmitted Infections/HIV on the lives of those affected by and infected with HIV, amongst others is being discussed with the Ministry of Education, Tertiary Education, Science and Technology . The end-results would be empowerment of students to tackle these issues at an earlier age thus giving them an opportunity to take informed decisions.

(ii) Medical Treatment for HIV

Treatment, care and support of children living with HIV is provided by a multi-disciplinary team. The Prevention of Mother-To-Child-Transmission national protocol is accessible and available to all pregnant women attending the public and private health institutions, free of user cost. A robust referral system is in place at the AIDS Unit to direct the needy to the different institutions as per their requirements such as financial aid, school materials to orphans and those on social register list, psychological support is available through the Ministry of Health and Wellness and the NGOs.

Child-friendly medicine combination are included in the National Treatment Protocol for HIV comprising dispersible dolutegravir (paediatric tabs). HIV user-friendly services for adolescents and young adults are being reinforced.

Adolescent girls and young women are considered to be vulnerable to HIV and other Sexually Transmitted Infections. For them to enjoy their SRHR, there are legal barriers which have to be addressed such as age of consent, access to condoms and parental consent to access health/HIV services.

However, access to health/HIV/SRHR services by adolescents remain a challenge for the country.

(iii) Efforts and commitment of the government towards ending AIDS by 2030 are reflected through investment, country ownership of programmes such as Anti Retroviral Therapy, Methadone Substitution Therapy, Addictology Units, Detoxification and Rehabilitation Centres for substance abusers.

The National Protocol for Management of People Living with HIV, the Prevention of Mother-To-Child-Transmission, the Post-Exposure Prophylaxis and Pre-Exposure Prophylaxis are available and accessible to all in need. The “Test and Treat” Strategy has been adopted in 2017 to ensure that once diagnosed with HIV, all adults and children irrespective of their immune status are initiated on HIV treatment at the earliest. Prior to initiation on Antiretroviral Treatment (ART), all patients are counselled and referred to support services as and when required. On-going treatment literacy sessions and promotion of secondary prevention against HIV are carried out by the health care professionals to ensure prevention of drug resistance. Patients on Antiretroviral therapy are monitored for treatment failure through viral load test. Switching of treatment is carried out for those with drug resistance.

(iv) Social Aid/ Financial Assistance

Social aid is being provided to all those HIV positive patients as per their needs. Refund of transport costs to attend HIV points of care is being catered to reduce barriers to treatment.

HIV is not considered as a disability as per the HIV and AIDS Act 2006. The Social Aid Act provides for specific criteria to determine the eligibility of a People Living with HIV to grant social aid and the presence/absence of an HIV Doctor does not influence the decision of the panel.

(v)Drug Use Prevention Programme

Due to COVID19 pandemic, the prevention activities in educational institutions, workplaces, and community were temporarily put on halt for the period from March to May 2021 with respect to the change in academic calendar year for prevention activities. Drug Prevention Programme resumed as from July 2021.

Extensive anti-drug campaign throughout the island targeting the youth in and out of school, the workforce and the community at large are being carried out. These are done through the following:

* Awareness and educational sessions at schools.
* Sensitization programmes in the Community and Workplace
* Radio and TV programmes.

(vi) Needle Exchange Programme (NEP)

The Needle Exchange Programme is a Government led outreach programme started in 2006. The Programme target People Who Inject Drugs (PWID) in order to curb the trend of HIV infection in this vulnerable population.

(vii) Addiction Unit

In each Health Region a Drug Addiction Unit has been set up since 2016 to provide assistance, medico-psychosocial support, as well as referral services for people who misuse alcohol and other drugs.

(viii) Youth Empowerment Programme Against Drugs

A Youth Empowerment Programme Against Drugs has also been launched recently to conduct training of trainers in 24 regions by team of persons who are knowledgeable and well acquainted in community drug prevention programme and who are active in regions considered as drug prone areas.

As at date 13 regions have been covered reaching 311 participants.

5. The promotion of right to health to patiens and elimination of barriers to access health including HIV services is on-going. Provision of integrated HIV services is being reinforced to facilitate management of People Living with HIV, to improve quality care and retention of patients in the health services.

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