### **VOTE 16 - MINISTRY OF HEALTH AND QUALITY OF LIFE**

#### **CONTEXT FOR BUDGET INTERVENTION**

The vision of the Ministry of Health and Quality of Life is to build a healthy nation through the delivery of compassionate, quality and cost-effective services to the population. Consistent with this vision, the mission of the Ministry is to enhance the health status of the population, improve the quality of health care delivery with a view to increasing patients' satisfaction, enhance social equity through the provision of a wider range of health services to the whole population and ensure that the health sector is consolidated and that the health services remain accessible to every citizen.

The general health status of the Mauritian population has been improving steadily over the past few decades. Both the infant mortality rate and the life expectancy have improved significantly in Mauritius since independence in 1968. Life expectancy for males has increased from 61.0 in the seventies to 68.8 years in 2005 and for females has improved from 65.9 to 75.6 years during the same period. Infant mortality rate which was 51.7 per thousand live births in 1971 has significantly been brought down to 14.4 per thousand live births in 2006.

The major concern in Mauritius is the high prevalence of non-communicable diseases (NCDs). NCDs represent the bulk of morbidity, disability and premature deaths and are responsible for about 80% of the burden of disease in the country. In 2006, 50.7% of deaths were attributed to diseases of the circulatory system. The Non-Communicable Disease Survey 2004 indicates that nearly one out of every five Mauritians above the age of thirty years has diabetes. Mauritius is ranked third amongst countries in the world with the highest prevalence of diabetes. Besides, hypertension, cardiovascular diseases, cancer and pulmonary diseases are amongst some of the other NCDs contributing to morbidity, mortality and disability in the population. It is to be noted that all these NCDs are linked by common preventable risk factors related to lifestyle, such as tobacco use, unhealthy diet, obesity and physical inactivity.

To build over the health gains already achieved and to counteract the challenges of NCDs, the Health Strategy for the period 2005-2010 aims at enhancing outcomes at the level of four service delivery areas and two service support areas. These four delivery areas are: public health, primary health care, hospital services/high-tech medical care, non-communicable diseases/ health promotion activities, laboratory services/ pharmaceuticals and capacity building

2007/08

2008/00

2000/10

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		2007/08	2008/09	2009/10
		Estimates	Estimates	Estimates
Α	Expenditure by Programme (Rs)			
1	Primary Health Care and Health Promotion	702,581,650	717,990,410	734,782,23
2	Hospital Services	3,749,990,350	3,896,509,590	4,005,717,76
	Total	4,452,572,000	4,614,500,000	4,740,500,00
B	Expenditure by Economic Categories (Rs)			
1	Recurrent Expenditure	4,051,072,000	4,135,000,000	4,261,000,00
1.1	Personal Emoluments	2,333,968,000	2,438,894,000	2,485,959,00
1.2	Other Staff Costs	354,066,000	348,009,000	353,056,00
1.3	Other Goods and Services	1,209,643,000	1,212,634,000	1,283,201,00
1.4	Subsidies and other Current Transfers	153,395,000	135,463,000	138,784,00
2	Capital Expenditure	401,500,000	479,500,000	479,500,00
2.1	Acquisition of Fixed Capital Assets	400,500,000	477,500,000	477,500,00
2.2	Purchase of Land/Intangible Assets	-	-	-
2.3	Capital Transfers	1,000,000	2,000,000	2,000,00
	Total	4,452,572,000	4,614,500,000	4,740,500,00
С	Staffing - funded positions			
1	Managerial positions	348	348	348
2	Technical positions	6,538	6,538	6,538
3	Support positions	6,200	5,800	5,400
	Total	13,086	12,686	12,286

#### SUMMARY OF BUDGET

MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)
PROGRAMME 1- PRIMARY HEAL	TH CARE AND HEALTH PROMO	DTION	
		e expectancy from 68.9 to 72 years for males and from 7	75.6 to 78 years for females by 2015.
A1: Health policy for Primary Health Care (PHC).	SO: To have an efficient referral system.	O1: Formulation of health policy for PHC.	P1: Draft health policy paper on PHC by November 2007.
A2: Provision of maternal and child health services.	SO: To achieve the UN millennium development goals related to health.	O1: Reduce child mortality.	P1: Infant Mortality Rate (IMR) reduced from 13.4 per thousand live births in 2005/06 to 12.0 in 2007/08.
			P2: Under Five Mortality Rate (UFMR) reduced from 16.0 per thousand live births in 2005/06 to 15.0 in 2007/08.
		O2: Improve maternal health.	P1: Maternal Mortality Rate (MMR) reduced from 0.20 per thousand live births in 2005/06 to 0.10 in 2007/08.
			P2: Immunisation coverage rate as a percentage of registered live births increased from 98.0% in 2005/06 to 98.5% in 2007/08.
			P3: Prevalence of Low Birth Weight babies decreased from 15.7% in 2005/06 to14.0% in 2007/08.
			P4: Still Birth Rate (SBR) reduced from 8.8% in 2005/06 to 8.4% in 2007/08.
A3: Vector-control and surveillance of communicable diseases with a focus on Malaria, Chikungunya, Poliomyelitis,	SO1: Better control of communicable diseases.	O1: A malaria-free environment.	P1: Incidence of imported cases of malaria decreased from 36 in 2005/06 to 18 during 2007/08
Tuberculosis and Avian Influenza.		O2: Better surveillance of communicable diseases.	P1: Reduce significantly Chikungunya cases in 2007/08 compared to 14,000 in 2005/06.
			P2: Reduce significantly cases of Tuberculosis in 2007/08 from 100 in 2005/06.
	SO2: To prevent the emergence of Avian Influenza.	O3: Updated preparedness plan for Avian Influenza.	P1: Preparedness plan to be submitted by December 2007.
A4: Implementation of the National Strategic Plan on HIV/AIDS 2007-2010.		O1: Enactment of HIV and AIDS prevention bill.	PI: HIV and AIDS Prevention Bill to be enacted by September 2007.
		O2: HIV prevention including, education campaigns, methadone therapy on a pilot basis and needle exchange.	P1: Significant reduction in the number of new cases of HIV/AIDS in 2007/08 compared to 700 cases in 2005/06.

MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)
			P2: HIV transmission rate among Injecting Drug Users (IDU) reduced from 88% of all cases in 2005/06 to 70% in 2007/08.
A5: Implementation of the Nutrition Action Plan.	SO: To encourage healthy nutrition.	O1: Awareness campaigns for healthier food habits.	P1: Prevalence of obesity in young people aged 12- 19 reduced from 7.3% in 2005/06 to 6% in 2007/08.
			P2: Prevalence of obesity in adults 20-74 reduced from 10.3% in 2005/06 to 9% during 2007/08.
			P3: Prevalence of overweight in the age group 20- 49 reduced from 10% in 2005/06 to 9% in 2007/08.
			P1: Policy paper to be finalised by December 2007 and Action Plan by June 2008.
A6: Enhancement of sexual and reproductive health services.	SO: Safer sexual and reproductive health.	O1: National sexual and reproductive health policy.	P1: Draft paper to be finalised by December 2007.
		O2: Formulation of an action plan on sexual and reproductive health.	P1: Action plan on sexual and reproductive health finalised by June 2008 (http://health.gov.mu).
		O3: Better targeting of family planning activities.	PI: Number of clients following family planning services increased by 2% in 2007/08 from 40,626 in 2005/06.
			P2: Number of new family planning clients increased by 20% in 2007/08 from 5,071 in 2005/06.
			P3: Attendances at family planning clinics increased by 2% in 2007/08 from 110,000 in 2005/06.
			P4: Dropout clients decreased by 5% in 2007/08 from 13,559 in 2005/06.
			P5: Dropout returnees increased by 1.5% in 2007/08 from 4,740 in 2005/06.
			P6: Sensitisation of men and women on sexual and reproductive health increased by 25% in 2007/08 from 2,000 in 2005/06.
			P7: Adolescent fertility rate declined from 33.0 in 2005/06 to 32.5 in 2007/08.

MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)
			P8: Sensitisation of secondary school students on sexual and reproductive health increased by 15% in 2007/08 from 3,005 in 2005/06.
			P9: The number of admissions in hospitals due to complications from abortion reduced by at least 1% compared to 1,389 cases in 2005.
A7: Food hygiene and safety.	SO: To reduce the burden of food-borne and water-borne diseases.	O1: Further enforcement of Food Act.	P1: Number of food poisoning cases reduced by 50% in 2007/08 from 60 cases in 2005/06.
			P2: Cases of gastro-enteritis reduced by at least 25% in 2007/08 from 64,000 in 2005/06.
A8: Improve health lifestyle of young people.	SO: To develop a culture of healthy lifestyle among school children and reduce morbidity among them.	O1: Expanding coverage for early detection.	P1: Number of pre-primary school children screened increased by 15% in 2007/08 from 14,000 in 2005/06.
			P2: Number of primary school children screened increased by 80% in 2007/08 from 76% in 2005/06.
			P3: Number of secondary school students screened increase significantly in 2007/08 compared to 2005/06.
A9: Immunisation of children.	SO: Increase immunisation coverage against diphtheria, tetanus, poliomyelitis and measles/mumps/rubella (MMR).	O1: Extending coverage of immunisation for children.	P1: Child immunisation cover increased from 98% in 2005/06 to 98.5% in 2007/08.
A10: Preventive oral health and hygiene.	SO: To reduce morbidity related to oral health and promote oral hygiene.	O1: Formulation of oral health action plan.	P1: Oral health action plan ready by June 2008 (http://health.gov.mu).
		O2: Health prevention at schools.	P2: Number of fluoride tablets distributed increased from 33,000 in 2005/06 to 39,000 in 2007/07 for plaque prevention.
		O3: Health prevention among the public.	P1: Prophylactic treatment increased by 10% in 2007/08 compared to 2005/06.
A11: Prevent people from getting diabetes.	SO1: Reducing significantly the incidence of diabetes.	O1: Implementation of the National Service Framework for Diabetes (NSFD) (Phase 1- 2007/10).	P1: Annual Report by May 2008 ( http://health.gov.mu).
		O2: National Register for diabetics.	P1: Register compiled and made available to policy makers by end May 2008.

MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)
		O3: Screening and health promotion campaigns.	P1: Case ascertainment improved from 55% in 2005/06 to 65% in 2007/08.
			P2: Good glycaemic control improved from 18% in 2005/06 to 25% in 2007/08.
	SO2: To prevent diabetics from getting complications.	O4: Complications and disabilities reduced.	P1: Number of lower limb amputations reduced by 15% in 2007/08 from 300 cases in 2005/06.
			P2: Significant reduction in the number of blindness cases due to diabetes in 2007/08.
			P3: Significant reduction in the number of renal failure cases due to diabetes in 2007/08.
A12: Protect workers from occupational health hazards.	SO: To reduce morbidity, mortality and disability associated with biological, chemical and physical hazards.	O1: Occupational health services to all sectors of economic activities strengthened.	P1: Number of workers screened increased by 25% in 2007/08 compared to 2005/06.
A13: Combat non-communicable diseases other than diabetes.	SO: To reduce the burden of other non- communicable diseases with focus on	O1: Tobacco control action plan.	P1: Tobacco control action plan finalised and disseminated by April 2008.
	cardiovascular diseases, cancer, mental illness and substance abuse.	O2: Action plan for alcohol and substance abuse.	PI: Action plan for alcohol and substance abuse finalised and disseminated by December 2007.
		O3: National cancer action plan produced.	P1: National Cancer action plan finalised and disseminated by December 2007.
		O4: Action Plan on physical activity.	P1: Action plan on physical activity finalised and disseminated by January 2008.
A14: Develop partnerships with non- governmental organisations.	SO: To better target vulnerable groups for health policy implementation.	O1: HIV/AIDS prevention campaigns strengthened.	PI: Half- yearly report on HIV/AIDS submitted (http://health.gov.mu).
		O2: Family planning and reproductive health services.	PI: Half-yearly report on family planning and reproductive health services ( http://health.gov.mu).
		O3: Campaigns to reduce the burden of diabetes and other non-communicable diseases.	PI: Half-yearly report on activities related to reduce the burden of non-communicable diseases. (http://health.gov.mu).
PROGRAMME 2 - HOSPITAL SER	VICES	·	·
		cancer and other non-communicable diseases by 2010	
A1: Health Policy, including statistics for cost effective curative services.	-SO1: To deliver improved quality of services through cost-effective intervention programmes.	O1: Draft policy paper for curative services, including high-tech medicine made available.	P1: Issue and dissemination of policy paper by March 2008 and published on website (http://health.gov.mu).

MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)
	SO2: To strengthen evidence-based policy making.	O2: Evidence-based health indicators made available.	P1: Annual Health Statistics and Family Planning/Demography reports by November 2007 (http://health.gov.mu).
		O3: Total expenditure flows within the health sector, both public and private spending, including out-of-pocket households' spending.	P1: Second National Health Accounts report by March 2008.(http://health.gov.mu).
A2: Improve quality of curative care.	SO: To reduce the average duration of curative care treatment.	O1: Bed occupancy rate at all hospitals maintained at an average of 75%.	P1: Average yearly occupied bed days reduced by 10% in 2007/08 from 890,117 in 2005/06.
			P2: Average yearly bed occupancy rate increased from 69% during 2005/06 to 75% in 2007/08.
		O2: Number of patients going for overseas treatment reduced.	P1: Number of patients sent abroad for treatment not available locally decreased by 10% in 2007/08 from 360 in 2005/06.
A3: Rationalise the access to emergency services.	SO: More patients redirected to unsorted outpatient departments.	O1: Optimum use of emergency services.	PI:Quarterly percentage of patients directed to unsorted outpatient departments increased by 25%.
			P2: Average quarterly outpatient attendances reduced by 10% during 2007/08 from 2,900,000 attendances in 2005/06.
A4: High-tech health medicine for better delivery of curative care.	SO: Improving significantly the quality of curative care through cost-effective	O1: Cardiac surgery.	PI: Waiting list for cardiac surgery reduced by 10% in 2007/08 as compared to 2006/07.
	interventions.	O2: Angioplasty.	PI: Waiting list for angiography reduced by 10% in 2007/08 as compared to 2006/07.
		O3: Haemodialysis and renal transplant.	PI: Number of haemodialysis sessions reduced by 10% in 2007/08 from 110,000 sessions in 2005/06 and renal transplants increased by 2% in 2007/08.
		O4: Neurosurgery.	PI: Number of neurosurgical cases sent abroad reduced by 10% in 2007/08 as compared to 2006/07.
		O5: Hyperbaric medicine.	PI: Overhead cost of operating hyperbaric unit reduced by 10% and fees for this service to foreigners reviewed and made applicable in 2007/08.
		O6: Neonatal intensive care.	P1: Number of neonatal deaths reduced by 10% in 2007/08.

VOTE -16 - Ministry of Health and Quality of Life - PBB - 2007/08 - 2009/10				
MAIN ACTIVITIES (A)	SPECIFIC OBJECTIVES (SO)	OUTPUTS (O)	PERFORMANCE INDICATORS (P)	
		O7: Lithotripsy.	PI: Waiting list for lithotripsy reduced by10% in 2007/08 as compared to 2006/07.	
		O8: Spinal surgery.	PI: Waiting list for spinal surgery reduced by 10% in 2007/08 as compared to 2006/07.	
		O9: Cataract.	PI: Waiting list for cataract reduced by 10% in 2007/08.	
		O10: Corneal transplant.	PI: Waiting list for corneal transplant reduced by 10% in 2007/08.	
		O11: Vitrectomy.	P1: Vitrectomy services made available locally, thereby resulting in a 10% reduction in cost incurred for treating cases abroad.	
		O12: Leukaemia.	P1: Significant reduction of waiting time for bone marrow transplant in 2007/08.	
A5: Define policy aiming at rationalising laboratory support services.	SO: Reducing the average cost of laboratory tests by eliminating wastages at the central	O1: Cost-effective pathology tests.	PI: Number of pathology tests undertaken at the Central Laboratory reduced by 5% in 2007/08.	
	laboratory.	O2: Awareness campaigns to collect more blood.	PI: Number of pints of blood collected increased from 10,000 in 2005/06 to 11,000 in 2007/08.	

# Programme 1: Primary Health Care and Health Promotion

		2007/08	2008/09	2009/10
		Estimates	Estimates	Estimates
		Lotinutes	Lotimutes	Lotinutes
1	Recurrent Expenditure (Rs)	672,981,650	691,340,410	713,332,233
1.1	Personal Emoluments	350,048,227	368,849,570	378,169,985
1.2	Other Staff Costs	49,273,970	48,038,820	48,698,475
1.3	Other Goods and Services	260,064,453	260,585,020	272,319,973
1.4	Subsidies and other Current Transfers	13,595,000	13,867,000	14,143,800
2	Capital Expenditure (Rs)	29,600,000	26,650,000	21,450,000
2.1	Acquisition of Fixed Capital Assets	29,100,000	25,650,000	20,450,000
2.2	Purchase of Land/Intangible Assets			
2.3	Capital Transfers	500,000	1,000,000	1,000,000
	Total	702,581,650	717,990,410	734,782,233
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Recurrent Expenditure	672,981,650		
	Personal Emoluments	350,048,227		
	Other Staff Costs	49,273,970		
	Wages	1,495,900		
	Travelling and transport	32,352,000		
	Staff welfare	44,750		
	Overtime	14,920,000		
	Allowances to members of medical professions	461,320		
	Other Goods and Services	260,064,453		
	Office expenses and incidentals	940,800		
	Telephone bills	3,131,800		
	Rent	6,028,900		
	Maintenance and running of vehicles	4,400,000		
	Office equipment and furniture	305,500		
	Maintenance of buildings, grounds, plant and	1,349,000		
	equipment	1,547,000		
	Training of staff	2,520,000		
	I.T. facilities	900,000		
	Electricity charges	4,245,300		
	Water rates	2,487,000		
	Publications	100,000		
	Fees to Chairman and Members of Boards and	700,000		
	Committees	,		
	Quality Assurance of Drugs	700,000		
	Control of Non-Communicable Diseases	1,800,000		
	Uniforms	3,297,500		
	Provisions and stores	1,540,000		
	Apparatuses and supplies for laboratories	18,000,000		
	Medicine	107,900,000		
	Laundry	213,728		
	Security and cleaning services	100,000		
	Conferences and seminars	30,000		
	Disinfection	1,500,000		
	Postage	235,000		
	Operating expenses: Medical, Nursing and other	400,000		
	Councils for professions allied to medicine	+00,000		
	councils for professions affect to incurrine			

]	2007/08	2008/09	2009/10
	Estimates	Estimates	Estimates
Printing and stationery	514,925		
Surgical dressings, disposables and minor	71,920,000		
equipment			
Other operating expenses	5,000		
Promotion of Maternal & Child Health	700,000		
Preventive Medicine & Health Promotion	6,200,000		
National Health Accounts	100,000		
Exchanges in the field of Health	3,000,000		
National Anti-Aids Strategy	4,000,000		
Blood Transfusion Service	800,000		
HIV/AIDS and Substance Abuse Prevention	10,000,000		
Funding Programme			
Subsidies and other Current Transfers	13,595,000		
Grant to Mauritius Institute of Health	800,000		
Grant to Human Service Trust	1,245,000		
Contribution to "Prévention, Information et Lutte	650,000		
contre le SIDA" (PILS)	,		
Grant to NGOs for Anti-Smoking and Anti-	500,000		
Alcohol Campaign	,		
Grant-in-aid to Blood Donors' Organisation	50,000		
Contribution to Local Organisation(s)	9,250,000		
Contribution to International Organisation(s)	1,100,000		
e ()	, ,		
Capital Expenditure	29,600,000	26,650,000	21,450,000
Improvements, Renewals and Minor Projects	600,000	400,000	400,000
Vehicles	5,000,000	3,750,000	3,750,000
Health Centres	22,000,000	20,000,000	15,000,000
National Non-Communicable Diseases Institute	500,000	1,000,000	1,000,000
Computerisation of Health Sector	1,000,000	1,000,000	800,000
Improvement to Quality of Life	500,000	500,000	500,000
			I
Staffing - funded positions	6	<i>(</i> 2)	
Managerial positions	63	63	63
Technical positions	1,266	1,266	1,266
Support positions	576	576	576
Total	1,905	1,905	1,905

## **Programme 2: Hospital Services**

		2007/08	2008/09	2009/10
		Estimates	Estimates	Estimates
1	<b>Recurrent Expenditure (Rs)</b>	3,378,090,350	3,443,659,590	3,547,667,767
1.1	Personal Emoluments	1,983,919,773	2,070,044,430	2,107,789,015
1.2	Other Staff Costs	304,792,030	299,970,180	304,357,525
1.3	Other Goods and Services	949,578,547	952,048,980	1,010,881,027
1.4	Subsidies and other Current Transfers	139,800,000	121,596,000	124,640,200
2	Capital Expenditure (Rs)	371,900,000	452,850,000	458,050,000
2.1	Acquisition of Fixed Capital Assets	371,400,000	451,850,000	457,050,000
2.2	Purchase of Land/Intangible Assets	-	-	-
2.3	Capital Transfers	500,000	1,000,000	1,000,000
	Total	3,749,990,350	3,896,509,590	4,005,717,767
	Recurrent Expenditure	3,378,090,350		
	Personal Emoluments	1,983,919,773		
	Other Staff Costs	304,792,030		
	Wages	13,602,100		
	Travelling and transport	187,198,000		
	Staff welfare	535,250		
	Overtime	95,080,000		
	Allowances to members of medical professions	8,376,680		
	Other Goods and Services	949,578,547		
	Office expenses and incidentals	4,859,200		
	Telephone bills	14,668,200		
	Rent	15,974,100		
	Maintenance and running of vehicles	17,600,000		
	Office equipment and furniture	3,194,500		
	Maintenance of buildings, grounds, plant and	49,151,000		
	equipment			
	Training of staff	10,080,000		
	I.T. facilities	3,600,000		
	Electricity charges	47,530,700		
	Water rates	29,463,000		
	Publications	1,790,000		
	Fees to Chairman and Members of Boards and Committees	2,800,000		
	Quality Assurance of Drugs	2,800,000		
	Control of Non-Communicable Diseases	7,200,000		
	Uniforms	26,592,500		
	Provisions and stores	68,160,000		
	Apparatuses and supplies for laboratories	72,000,000		
	Medicine	217,100,000		
	Clothing and bedding	7,060,000		
	Laundry	43,866,272		-
	Security and cleaning services	18,687,000		
	Conferences and seminars	120,000		
	Material and stores, orthopaedic workshop	5,000,000		
	Ayurvedic and other traditional medicines	6,000,000		
	Dental materials, equipment and stores	4,500,000		
	C.T. scan and MRI fees and materials	4,500,000		
	Postage	1,467,000		

٦	2007/08	2008/09	2009/10
	Estimates	Estimates	Estimates
-			
Operating expenses: Medical, Nursing and other	1,600,000		
Councils for professions allied to medicine	, ,		
I			
Printing and stationery	5,210,075		
Surgical dressings, disposables and minor	160,080,000		
equipment			
Other operating expenses	325,000		
National Health Accounts	400,000		
Blood Transfusion Service	3,200,000		
Expenses i.c.w. Renal Dialysis Services	93,000,000		
Subsidies and other Current Transfers	139,800,000		
Grant to Mauritius Institute of Health	3,200,000		
Grant to Trust Fund for Specialised Medical Care	102,000,000		
Grant-in-aid to Blood Donors' Organisation	200,000		
Assistance to patients inoperable in Mauritius	30,000,000		
Contribution to International Organisation(s)	4,400,000		
Capital Expenditure	371,900,000	452,850,000	458,050,000
Improvements, Renewals and Minor Projects	11,400,000	7,600,000	7,600,000
Buildings	10,000,000	12,000,000	15,000,000
Vehicles	15,000,000	11,250,000	11,250,000
Equipment	59,000,000	30,000,000	30,000,000
Jawaharlal Nehru Hospital	12,000,000	10,000,000	10,000,000
Upgrading of Sir Seewoosagur Ramgoolam	35,000,000	40,000,000	30,000,000
National Hospital			
Upgrading and Extension to Dr. Jeetoo	40,000,000	192,000,000	220,000,000
Hospital/New Dr. Jeetoo Hospital			
Upgrading of Flacq Hospital	48,000,000	58,000,000	50,000,000
Grant to Trust Fund for Specialised Medical Care	500,000	1,000,000	1,000,000
Upgrading of Victoria Hospital/New Central	36,000,000	37,000,000	46,000,000
Outpatient Department	1 4 000 000	12 000 000	
Upgrading of Brown Sequard Hospital	14,000,000	12,000,000	8,000,000
Souillac District Hospital	14,000,000	1,000,000	-
Acquisition of High-Tech Equipment	50,000,000	30,000,000	20,000,000
New Psychiatric Hospital	18,000,000	2,000,000	2,000,000
Computerisation of Health Sector	9,000,000	9,000,000	7,200,000
Staffing funded positions			]
Staffing - funded positions	295	295	295
Managerial positions	285 5.272	285 5.272	285 5 272
Technical positions	5,272 5,624	5,272 5,224	5,272
Support positions	5,624 11 181	5,224 <b>10 781</b>	4,824 10 381

11,181

10,781

10,381

Total