



SEVENTH NATIONAL ASSEMBLY

PARLIAMENTARY

DEBATES

(HANSARD)

(UNREVISED)

FIRST SESSION

TUESDAY 28 MARCH 2023

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(Formed by Hon. Pravind Kumar Jugnauth)

Hon. Pravind Kumar Jugnauth	Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity
Hon. Louis Steven Obeegadoo	Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism
Hon. Mrs Leela Devi Dookun-Luchoomun, GCSK	Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology
Dr. the Hon. Mohammad Anwar Husnoo	Vice-Prime Minister, Minister of Local Government and Disaster Risk Management
Hon. Alan Ganoo, GCSK	Minister of Land Transport and Light Rail Minister of Foreign Affairs, Regional Integration and International Trade
Dr. the Hon. Renganaden Padayachy	Minister of Finance, Economic Planning and Development
Hon. Mrs Fazila Jeewa-Daureeawoo, GCSK	Minister of Social Integration, Social Security and National Solidarity
Hon. Soomilduth Bholah	Minister of Industrial Development, SMEs

	and Cooperatives
Hon. Kavydass Ramano	Minister of Environment, Solid Waste Management and Climate Change
Hon. Mahen Kumar Seeruttun	Minister of Financial Services and Good Governance
Hon. Georges Pierre Lesjongard	Minister of Energy and Public Utilities
Hon. Maneesh Gobin	Attorney General, Minister of Agro-Industry and Food Security
Hon. Jean Christophe Stephan Toussaint	Minister of Youth Empowerment, Sports and Recreation
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Hon. Darsanand Balgobin	Minister of Information Technology, Communication and Innovation
Hon. Soodesh Satkam Callichurn	Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection
Dr. the Hon. Kailesh Kumar Singh Jagutpal	Minister of Health and Wellness
Hon. Sudheer Maudhoo	Minister of Blue Economy, Marine Resources, Fisheries and Shipping

Hon. Mrs Kalpana Devi Koonjoo-Shah

Minister of Gender Equality and Family
Welfare

Hon. Avinash Teeluck

Minister of Arts and Cultural Heritage

Hon. Teeruthraj Hurdoyal

Minister of Public Service, Administrative
and Institutional Reforms

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MAURITIUS

Seventh National Assembly

FIRST SESSION

Debate No. 01 of 2023

Sitting of Tuesday 28 March 2023

The Assembly met in the Assembly House, Port Louis, at 11.30 a.m.

The National Anthem was played

(Mr Speaker in the Chair)

ANNOUNCEMENTS**PRIVATE NOTICE QUESTION – DISSEMINATION – PRESS**

Mr Speaker: Hon. Members, I have two short announcements to make.

I have taken note of the fact that the letter addressed to the Clerk of the National Assembly by the hon. Leader of the Opposition, giving notice of today's PNQ, has found its way, in its entirety, in the Press. I acknowledge the interest of the hon. Leader of the Opposition in disseminating the PNQ he wishes to put today to the public through the Press.

However, inasmuch as, by definition, giving private notice is defined as giving notice in writing sent by any means that is private to the recipient, the more so, having regard to the provisions of the Standing Orders in relation to the process of accepting a parliamentary question and the sub-editing thereof, it is deemed improper for copy of such letter giving notice of the Private Notice Question to have found its way in the Press even before the sub-editing thereof by the Clerk.

Thank you.

HON. DR. BOOLELL – SUSPENSION MOTION – PRESS & RADIO REPORTS

I have another announcement in relation to written Press and radio reports concerning the resumption of his seat by hon. Dr. Boolell presently suspended by the House on the 25 November 2022 for that day's Sitting and the ensuing four Sittings.

The House will recall that the suspension of the hon. Member followed a motion made and voted by the Assembly in accordance with the provisions of Standing Order 49(1). Such order for suspension can only be revoked following an appropriate motion to, and voted, by the Assembly to that effect.

As intimated to the House in the past, I reiterate that as Speaker I have no authority in the matter.

Furthermore, I wish to add that I have so far, not received any formal letter from the Member concerned tendering his unreserved and unconditional apologies to the House with a request to resume his seat.

Thank you for your attention.

PAPERS LAID

The Prime Minister: Mr Speaker, Sir, the Papers have been laid on the Table.

A. Office of the President

The Annual Report (2021-2022) of the Ombudsperson for Children.

B. Office of the Speaker

The Annual Report and Audited Accounts of the Independent Commission against Corruption for the year ended 30 June 2022.

C. Prime Minister's Office

Ministry of Defence, Home Affairs and External Communications

Ministry for Rodrigues, Outer Islands and Territorial Integrity

(a) Certificate of Urgency in respect of the following Bills (In Original):

- (i) The Waste Management and Resource Recovery Bill (No. I of 2023);
- (ii) The Supplementary Appropriation (2022-2023) Bill (No. II of 2023); and
- (iii) The Mauritius Digital Promotion Agency Bill (No. III of 2023).

(b) The Civil Aviation (Pravasi Bharatiya Divas 2023) (Exemption) Order 2022. (Government Notice No. 323 of 2022)

(c) The Immigration (Advance Passenger Information and Passenger Name Record Data) (Amendment) Regulations 2022. (Government Notice No. 341 of 2022)

(d) The Report of the Director of Audit on the Financial Statements of the Media Trust for the year ended 30 June 2020.

(e) The Information and Communication Technologies (Registration of SIM) (Amendment) Regulations 2023. (Government Notice No. 7 of 2023)

D. Ministry of Education, Tertiary Education, Science and Technology

(a) The Education (Amendment No. 3) Regulations 2022. (Government Notice No. 329 of 2022)

- (b) The Annual Report and Report of the Director of Audit on the Financial Statements of the Mauritius Qualifications Authority for the year ended 30 June 2021.
- (c) The Education (Amendment) Regulations 2023. (Government Notice No. 9 of 2023)
- (d) The Education (Amendment No. 2) Regulations 2023. (Government Notice No. 10 of 2023)
- (e) The Private Secondary Education (Amendment) Regulations 2023. (Government Notice No. 11 of 2023)
- (f) The Annual Report and Report of the Director of Audit on the Financial Statements of the Mahatma Gandhi Institute for the year ended 30 June 2021.
- (g) The Education (Amendment) Regulations 2023. (Government Notice No. 20 of 2023)
- (h) The Education (Amendment No. 4) Regulations 2023. (Government Notice No. 27 of 2023)
- (i) The Annual Report and Report of the Director of Audit on the Financial Statements of the Mauritius Examinations Syndicate for the year ended 30 June 2021.
- (j) The Annual Reports and Reports of the Director of Audit on the Financial Statements of the Private Secondary Education Authority for the Financial Years 2019-2020 and 2020-2021.

E. Ministry of Local Government and Disaster Risk Management

The Mauritius Meteorological Services (Warnings) Regulations 2023. (Government Notice No. 8 of 2023)

F. Ministry of Land Transport and Light Rail

Ministry of Foreign Affairs, Regional Integration and International Trade

The Light Rail Fares and Light Rail Tickets (Amendment) Regulations 2023. (Government Notice No. 1 of 2023)

G. Ministry of Finance, Economic Planning and Development

- (a) The Report of the Director of Audit on the Accounts of the Government for the Financial Year 2021-22.
- (b) The Report of the Director of Audit on the Accounts of the Rodrigues Regional Assembly for the Financial Year 2021-22.
- (c) The Certificate of the Director of Audit on the Annual Statements of Government of the Republic of Mauritius for Financial Year 2021-22. (In Original)
- (d) The Certificate of the Director of Audit on the Annual Statements of the Rodrigues Regional Assembly for Financial Year 2021-22. (In Original)
- (e) Estimates of Supplementary Expenditure (2022-2023) of 2023.
- (f) The Public Procurement (Amendment No. 3) Regulations 2022. (Government Notice No. 311 of 2022)
- (g) The Statutory Bodies Pension Funds (Amendment of Schedule) Regulations 2022. (Government Notice No. 312 of 2022)
- (h) The Statutory Bodies Pension Funds (Amendment No. 3) Regulations 2022. (Government Notice No. 313 of 2022)
- (i) The Pensions (Amendment No. 3) Regulations 2022. (Government Notice No. 314 of 2022)
- (j) The Freeport (Amendment No. 2) Regulations 2022. (Government Notice No. 315 of 2022)
- (k) The Annual Report of the Bank of Mauritius for the year ended 30 June 2022.
- (l) The Double Taxation Avoidance Agreement (the Hong Kong Special Administrative Region of the People's Republic of China) Regulations 2022. (Government Notice No. 316 of 2022)
- (m) The Finance and Audit (Non-Governmental Organisation Trust Fund) (Revocation) Regulations 2022. (Government Notice No. 319 of 2022)
- (n) The Public Procurement (Amendment of Schedule) (No. 4) Regulations 2022. (Government Notice No. 328 of 2022)

- (o) The Customs Tariff (Amendment of Schedule) (No. 6) Regulations 2022. (Government Notice No. 330 of 2022)
- (p) The Excise (Amendment of Schedule) (No. 5) Regulations 2022. (Government Notice No. 331 of 2022)
- (q) The Value Added Tax (Amendment of Schedule) (No. 2) Regulations 2022. (Government Notice No. 332 of 2022)
- (r) The Customs (Amendment No. 2) Regulations 2022. (Government Notice No. 333 of 2022)
- (s) The Excise (Amendment No. 3) Regulations 2022. (Government Notice No. 334 of 2022)
- (t) The Annual Report 2021/22 of the Procurement Policy Office.
- (u) Virement Warrant – Quarter 2 (October – December 2022): Nos. 1, 5 to 25. (In Original)
- (v) Virement (Contingencies) Warrant – Quarter 2 (October – December 2022): Nos. 4 to 10. (In Original)
- (w) Virement Certificate - Quarter 2 (October – December) 2022: Vote/Sub-Head (Certificates Nos.): 1-5(1), 1-6(1-4), 1-7(3), 1-11(1), 1-15(2), 1-18(1), 2-107(1), 2-3(1-2), 2-5(1-2), 2-7(1), 3-1(1), 5-1(1), 6-101/6-102(1), 6-103(1), 6-3(1), 7-1(1,3), 7-3(1), 7-6(1-2), 8-1(2,5-7), 9-2(1), 10-101(1-4), 10-104(1-2), 11-2(2-5), 12-1(2-3), 13-1(1-2), 13-4(1-2), 14-1(1-4), 15-2(1-2), 16-1(4-5), 16-103(1-4,4A), 17-1(1-2), 17-2(1), 18-1(2-3,5), 19-1/19-2(1-5), 20-1(1), 21-1(1), 21-103(2), 22-1(1), 23-1(3-6), 24-1(2). (In Original)
- (x) The Customs (Mutual Administrative Assistance Agreement (Pakistan)) Regulations 2023. (Government Notice No. 25 of 2023)
- (y) The Customs Tariff (Amendment of Schedule) Regulations 2023. (Government Notice No. 32 of 2023)

H. Ministry of Energy and Public Utilities

The Central Water Authority (Dry Season) Regulations 2022. (Government Notice No. 320 of 2022)

I. Ministry of Social Integration, Social Security and National Solidarity

The Report of the Director of Audit on the Financial Statements of the National Pensions Fund for the year ended 30 June 2018.

J. Ministry of Industrial Development, SMEs and Cooperatives

The Annual Report and Report of the Director of Audit on the Financial Statements of the Co-operative Development Fund for the year ended 30 June 2021.

K. Ministry of Environment, Solid Waste Management and Climate Change

The Annual Report and Report of the Director of Audit on the Financial Statements of the National Environment and Climate Change Fund (*formerly National Environment Fund*) for the year ended 30 June 2021.

L. Ministry of Financial Services and Good Governance

(a) The Annual Report 2021/2022 of the Financial Services Commission.

The Financial Services (Global Shared Services) Rules 2022. (Government Notice No. 342 of 2022)

(b) The Financial Services (Consolidated Licensing and Fees) (Amendment) Rules 2023. (Government Notice No. 13 of 2023)

(c) The Annual Report of the Ombudsperson for Financial Services for the Financial Year ended 30 June 2022.

M. Attorney General

Ministry of Agro-Industry and Food Security

(a) The Code Civil Mauricien (Rate of Interest) Regulations 2022. (Government Notice No. 326 of 2022)

(b) The Institutions Agréées (Amendment) Regulations 2022. (Government Notice No. 327 of 2022)

- (c) The Code Civil Mauricien (Rate of Interest) (Revocation) Regulations 2023. (Government Notice No. 18 of 2023)
- (d) The Code Civil Mauricien (Rate of Interest) Regulations 2023. (Government Notice No. 19 of 2023)
- (e) The Balance Sheets and Reports of the Director of Audit on the Financial Statements of the Curatelle Fund for the years ended 30 June 2020 and 30 June 2021. (In Original)
- (f) The Food (Amendment No. 2) Regulations 2023. (Government Notice No. 28 of 2023)
- (g) The Annual Report and Report of the Director of Audit on the Financial Statements of the Food and Agricultural Research and Extension Institute. (In Original)

N. Ministry of Youth Empowerment, Sports and Recreation

The Annual Report and Report of the Director of Audit on the Financial Statements of the Mauritius Sports Council for the year ended 30 June 2019.

O. Ministry of National Infrastructure and Community Development

- (a) The Building Control (Accessibility and Gender Compliance in Buildings) (Amendment) Regulations 2022. (Government Notice No. 322 of 2022)
- (b) The Consolidated Annual Report and Reports of the Director of Audit of the Land Drainage Authority for the Financial Years 2018/19, 2019/20 and 2020/21. (In Original)

P. Ministry of Labour, Human Resource Development and Training

Ministry of Commerce and Consumer Protection

- (a) The Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 7) Regulations 2022. (Government Notice No. 324 of 2022)

- (b) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 31) Regulations 2022. (Government Notice No. 325 of 2022)
- (c) The Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 8) Regulations 2022. (Government Notice No. 335 of 2022)
- (d) The Consumer Protection (Price and Supplies Control) (Amendment of Schedule) (No. 3) Regulations 2022. (Government Notice No. 336 of 2022)
- (e) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 32) Regulations 2022. (Government Notice No. 337 of 2022)
- (f) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 33) Regulations 2022. (Government Notice No. 338 of 2022)
- (g) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 35) Regulations 2022. (Government Notice No. 339 of 2022)
- (h) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 36) Regulations 2022. (Government Notice No. 340 of 2022)
- (i) The Consumer Protection (Control of Price of Petroleum Products) (Amendment) Regulations 2023. (Government Notice No. 2 of 2023)
- (j) The Workers' Rights (Additional Remuneration) (2023) Regulations 2023. (Government Notice No. 3 of 2023)
- (k) The Workers' Rights (Payment of Special Allowance 2023) Regulations 2023. (Government Notice No. 4 of 2023)
- (l) The Export Enterprises (Remuneration) (Amendment) Regulations 2023. (Government Notice No. 5 of 2023)

- (m) The National Minimum Wage (Amendment) Regulations 2023. (Government Notice No. 6 of 2023)
- (n) The Rodrigues Consumer Protection (Chilled, Fresh and Guttled Fish) (Maximum Price) (Amendment) Regulations 2022. (Government Notice No.12 of 2023)
- (o) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment) Regulations 2023. (Government Notice No. 17 of 2023)
- (p) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 2) Regulations 2023. (Government Notice No. 21 of 2023)
- (q) The Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment) Regulations 2023. (Government Notice No. 22 of 2023)
- (r) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 3) Regulations 2023. (Government Notice No. 23 of 2023)
- (s) The Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 2) Regulations 2023. (Government Notice No. 24 of 2023)
- (t) The Consumer Protection (Consumer Goods) (Maximum Mark-Up) (Amendment) Regulations 2023. (Government Notice No. 26 of 2023)
- (u) The Annual Report and Report of the Director of Audit on the Financial Statements of the State Trading Corporation for the year ended 30 June 2021.
- (v) The Consumer Protection (Sale of Pre-Packed Food) (Amendment) Regulations 2023. (Government Notice No. 30 of 2023)
- (w) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 4) Regulations 2023. (Government Notice No. 31 of 2023)
- (x) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 5) Regulations 2023. (Government Notice No. 33 of 2023)

Q. Ministry of Health and Wellness

- (a) The Dental Council (Postgraduate Education Board for Dental Specialists) (Amendment) Regulations 2022. (Government Notice No. 317 of 2022)

- (b) The Dental Council (Registration of Dental Surgeons and Dental Specialists) (Amendment) Regulations 2022. (Government Notice No. 318 of 2022)
- (c) The Public Health (Restrictions on Tobacco Products) (Amendment) Regulations 2022. (Government Notice No. 321 of 2022)
- (d) The Nursing Council (Continuing Professional Development) Regulations 2023. (Government Notice No. 14 of 2023)
- (e) The Nursing Council (Registration of Nurses and Midwives) (Amendment) Regulations 2023. (Government Notice No. 15 of 2023)
- (f) The Nursing Council (Amendment of Schedule) Regulations 2023. (Government Notice No. 16 of 2023)
- (g) The Dental Council (Additional Qualifications) Regulations 2023. (Government Notice No. 29 of 2023)

R. Ministry of Blue Economy, Marine Resources, Fisheries and Shipping

- (a) The Annual Performance Report for the Financial Year 2021-2022 of the Ministry of Blue Economy, Marine Resources, Fisheries and Shipping.
- (b) The Annual Report and Report of the Director of Audit on the Financial Statements of the Mauritius Oceanography Institute for the period 01 January 2016 to 30 June 2017.

S. Ministry of Arts and Cultural Heritage

The Annual Report and Report of the Director of Audit on the Financial Statements of the Marathi Speaking Union for the year ended 30 June 2021.

ORAL ANSWERS TO QUESTIONS**MR J. H. C. – ICAC & ADSU ENQUIRIES**

The Leader of the Opposition (Mr X. L. Duval) (*by Private Notice*) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister of Rodrigues , Outer Islands and Territorial Integrity whether, in regard to one Mr J. H. C., alias F., he will –

- (a) for the benefit of the House, obtain from the –
 - (i) Independent Commission against Corruption and the Commissioner of Police, information as to the outcome of the enquiries carried out by the ICAC and the Anti-Drug Smuggling Unit in 2016, if any, and whether any prosecution was initiated;
 - (ii) Commissioner of Police, information as to if an objection to departure was lodged against him since that date and, if so, until when, and
 - (iii) Passport and Immigration Office, details of the overseas travels undertaken by the latter since 2016, and
- (b) state if he was informed by the Commissioner of Police in his daily briefings therewith of the holding in September 2019 of a Rogatory Commission in relation thereto for drug offences.

The Prime Minister: Mr Speaker, Sir, I welcome the opportunity of this question to set the records straight in the wake of the various, tenuous and wild statements made in the media and by certain politicians, especially from persons with no serious standing, in their futile and desperate attempt to destabilise my Government.

Mr Speaker, Sir, in regard to part (a)(i) of the question, I am advised that under section 81 of the Prevention of Corruption Act, no information regarding ongoing investigation by the ICAC can be disclosed and the exception provided for under the law would not apply to Parliamentary Questions.

Mr Speaker, Sir, in regard to part (a)(ii) of the question I am informed by the Commissioner of Police that, Mr J. H. C., aged 33, and residing at Les Salines Pilot, Black River, is known to ADSU, in particular ADSU Western Division, for his association with drugs.

In accordance with information received from the ADSU database, Mr C. is on record from 2016 onwards.

On 15 September 2016 at 07.10 hours, Western Division of ADSU searched a bungalow occupied by Mr C., in the presence of one Mr J. L., Painter and residing thereat. Mr C. was arrested for possession of –

- a printed paper parcel wrapping containing a certain quantity of substance suspected to be Cannabis mixed with tobacco.
- Rs18,150 in the bungalow.
- Rs296,275 in BMW X6 Reg. No. F1117.
- Rs11,875 in car Volkswagen Reg. No. 559.

These items were suspected to be proceeds of money laundering transactions.

A provisional charge was lodged against him for money laundering and possession of cannabis on 15 September 2016. An Objection to Departure was subsequently imposed on him. He was bailed out on 20 September 2016. However, the Provisional Charge was struck out on 25 January 2018. Consequently, the Objection to Departure lapsed.

I am further informed by the Commissioner of Police that the enquiry has been completed and the case was referred on 07 October 2022 to the Office of the Director of Public Prosecutions for advice.

On 08 January 2023, the DPP advised prosecution against the accused parties for Possession of Dangerous Drugs before the Black River District Court and that the matter be referred to the Integrity Reporting Services Agency as well as the Anti-Money Laundering/Combatting the Financing of Terrorism Task Force for in-depth investigation and additional consideration. On 16 February 2023, the matter was accordingly referred to these institutions.

Mr Speaker, Sir, with regard to part (a)(ii) of the question, I am informed by the Commissioner of Police that in 2019 a case of possession of cannabis was lodged against Mr C. by the Anti-Drug and Smuggling Unit.

On 16 April 2019, a second prohibition to departure against Mr C. was lodged at Pamplemousses District Court.

On 17 February 2020, Mr C. applied for a Variation Order to enable him to travel to Seychelles, and on 18 February 2020 his request was acceded to by the District Magistrate of Pamplemousses. However, the following conditions were imposed –

- (i) he was allowed to travel on a restricted passport;
- (ii) he had to furnish a security of Rs5000, and
- (iii) he would have to appear before the District Court of Pamplemousses on 26 February 2020 at 09.30 hours.

Mr Speaker, Sir, in regard to part (a)(iii) of the question, I am informed by the Passport and Immigration Office that Mr C. left Mauritius for Seychelles on 20 February 2020. He came back to Mauritius on 23 February 2020.

The Prohibition Order was waived on 04 August 2020 by the District Court of Pamplemousses after he had paid the fine imposed by the Court.

Regarding his other travel details, I am informed that Mr C. travelled overseas on four other occasions since 2016 on the strength of his Mauritian Passport.

His travel movements are as follows –

- (i) on 05 May 2018, he travelled to Dubai and returned back on 12 May 2018;
- (ii) on 17 November 2018, he travelled again to Dubai and returned back on 29 November 2018;
- (iii) on 10 June 2019, he travelled to Dubai anew and returned back on 23 June 2019, and
- (iv) he last travelled to Madagascar on 14 December 2022 and returned to Mauritius on 14 January 2023.

Mr Speaker, Sir, in regard to part (b) of the question, I am informed by the Attorney-General's Office that a letter was received at its end from the Secretary for Foreign Affairs on 26 October 2018 addressed to the Solicitor General, and enclosing a request dated 20 September 2018 from the French Authorities to obtain the testimonies of Mr C. and one Mr J. D. D. in relation to drug trafficking offences.

Thereafter, the Attorney General's Office lodged by the end of May 2019 an application before the Judge in Chambers to take down the testimonies of the said two persons.

The application was granted and an Order was issued by the Supreme Court on 12 June 2019 ordering the Master and Registrar to take down the testimonies of the said two persons.

On 02 August 2019 the Master and Registrar issued an Order requiring the attendance of the said two persons on 18 September 2019 at 10.00 hours for their testimonies to be recorded.

The matter was heard by the Deputy Master and Registrar on 18 September 2019 when the testimonies of the said two persons were recorded in Kreol.

On 06 January 2020 the Master and Registrar forwarded to the Attorney General's Office the following documents –

- (i) the Order made by the Judge in Chambers dated 12 June 2019, and
- (ii) the depositions taken by the Deputy Master and Registrar on 18 September 2019 together with the typed version of the testimonies in Kreol language.

On 14 January 2020, the Attorney General's Office made a request to the Master and Registrar for the testimonies of the said two persons to be translated into French and for a certified copy of the translated versions to be sent to the Attorney General's Office.

On 29 July 2020, a letter was received from the Secretary for Foreign Affairs addressed to the Solicitor General enclosing a Note Verbale informing of the administrative closure of the request for Rogatory Commission regarding the cases of Mr C. and Mr D.

On 06 February 2023, a reminder was sent by the Attorney General's Office to the Master and Registrar requesting an update on the request dated 14 January 2020. A reply was received on 08 February 2023 enclosing the translated testimonies in French.

As already stated, it is to be noted that since 29 July 2020 a Note Verbale was received from the French Authorities informing of the administrative closure of the request for Rogatory Commission on these two cases.

Mr Speaker, Sir, it is important in a country where the rule of law prevails for institutions to do their work without fear or favour. Despite regular attempts from the Opposition and other gossip mongers to throw mud at certain institutions, the fact remains that those institutions, namely the Police, ICAC, FIU, amongst others, are required to deliver according to their respective mandates.

As Prime Minister, I have never intervened, and shall never do so in the daily operations of these institutions. I mean business when it comes to clean up our country from the evils of drug trafficking and of other criminal activities.

Mr Speaker, Sir, with the setting up of the Commission of Inquiry on Drug Trafficking in 2015, the Government resolutely launched a crusade against the drug mafia, and, since then, we have been taking numerous decisive and strong measures to root out the drug scourge from our society.

We have expended tremendous efforts in this battle since our last mandate, and we have achieved unprecedented results as evidenced by the record seizures and arrests, which have been acknowledged and commended by the Commission of Inquiry on Drug Trafficking.

Mr Speaker, Sir, the fight against drug trafficking is indeed an arduous and everlasting battle, and there is no room for respite or complacency, as it is the future of our youth and the stability of our society which are at stake.

This is also the reason why I have always put this fight above partisan politics and favoured a concerted and collaborative approach. And I had been expecting the Opposition to follow suit and place the national interest above political considerations.

Mr Speaker, Sir, we will continue to wage this war with renewed vigour and determination. We have a strategy and we have a plan. We will do whatever it takes, within the confines of the law, to demolish and disable the drug trafficking network and ensure that there is no safe haven in this country for the drug lords and that they are brought to justice and put behind bars and neutralised.

Mr Speaker, Sir, as I said earlier on, this is an arduous and continuous battle, but let my message be clear: there will be no retreat no surrender, come what may. Thank you.

Mr X. L. Duval: Mr Speaker, Sir, I am very surprised of the avowed satisfaction of the Prime Minister with regard to the operations of the Police, the ICAC, the Attorney General, etc. in the light of his own statement in this House in reply to my PNQ.

Firstly, I would like to ask the hon. Prime Minister regarding the Rogatory Commission; a request was made, according to him, in September 2018. It took eight months for the Attorney General to act upon it and make an application to the Judge in Chambers, and three years later, that is, when the actual translated transcript was received by the Attorney General.

Mr Speaker, Sir, the Prime Minister has, no doubt, taken note of the extremely damning comments of the Magistrate of the French Court who said that he has got no cooperation from Mauritius in this respect. No cooperation! And it is very, very bad for our reputation overseas.

So, Mr Speaker, Sir, I would like to ask the Prime Minister what took so much time? Was there some invisible hand that was preventing the Government from acting quickly in this respect?

The Prime Minister: There was no invisible hand. I have just given, in full transparency, the different dates when the request was received by the Ministry of Foreign Affairs, and indicated that the Secretary for Foreign Affairs immediately did the needful. The Attorney General's Office was requested to act on the Note Verbale, and this is what in fact it did. Obviously, certain procedures need to be respected, and we have also to go before the Court because the testimony of those two persons had to be recorded by the Master and Registrar. I have given all the dates and indicated all the procedures that were followed to enable recording of those statements. But I must say that it is unfortunate that, when the statements had been recorded, there was a Note Verbale wherein the French authorities had informed us that the request for the Rogatory Commission was administratively closed.

Mr X. L. Duval: That was two years after the request was made that the French told us to forget about it.

Mr Speaker, Sir, I would like to ask the hon. Prime Minister concerning the ICAC enquiry. It started seven years ago on a supposedly major drug dealer, maybe not the big boss but

a major drug dealer. It took seven years and are you saying that the same enquiry which began in 2016 is still ongoing today and that is why you cannot give us any information?

The Prime Minister: Mr Speaker, Sir, the hon. Leader of the Opposition knows very well that I cannot furnish details nor can I obtain from investigating bodies details of ongoing enquiries. I shall not thus be able to provide any detail in regard to what has been done from that time till today. But, I too see in the Press that there have been numerous arrests and numerous persons have been requested to furnish explanations. I am only hoping that if there is a case against those persons who have been investigated upon, the matter will eventually be decided, and they will be taken before a Court of law.

Mr X. L. Duval: Let me come to this Rogatory Commission again. In September 2019, let us say, it is then that the Commissioner of Police wakes up and understands that he is dealing with a major drug dealer trying to import so many times from Reunion. Let us say then, that the Police Officer of ICAC wakes up, should not we have seen all these arrests, all these seizures and a renewed vigorous ADSU inquiry from 2019 itself, rather than when it came out in the Press a few months ago? This is my question. What happened when the Rogatory Commission was held in Mauritius, Mr Franklin or whatever his name is, Mr C. F. deponed and the other guy also deponed? What did the Police do? You are in charge of the Police, what did the Police do when all this information came out from Reunion authorities?

The Prime Minister: Information was obtained from Reunion authorities in regard to an offence that was committed in Reunion Island, and those two persons have been convicted. Both the Police and ICAC have informed me that the enquiry has been ongoing. In fact, you need to arrest a person when you have evidence to arrest that person, and I have mentioned two cases concerning Mr C. for which he was arrested. In one case, he was already sentenced. The other case is before the Court. I cannot give any more information in regard to what evidence is now being collected by the investigative bodies. All I can say is that, whenever there is sufficient evidence to take those people to Court, they will eventually, I hope, be asked to answer before a Court of law.

Mr X. L. Duval: Can I ask the hon. Prime Minister, here we are in March 2023 and the ICAC has arrested these people, what are the ADSU doing? All this time that these guys are in prison, on remand, isn't it the time that all the acolytes, all the collaborators of this Mr C. will get

all the evidence to disappear and people who might have to leave Mauritius, will leave Mauritius? The public, hon. Prime Minister, is extremely astonished that at this time there is “only” enquiry on money laundering; but there seems to be no vigorous enquiry as to where are the drugs being seized through the Franklin connection.

The Prime Minister: The Leader of the Opposition is talking as if he knows exactly where the drugs are and the quantity of drugs which are in circulation. *Nous sommes dans un État de droit, M. le président. Bien sûr, il faut faire des enquêtes mais pour faire les enquêtes, il faut surtout collecter les informations, les preuves nécessaires pour pouvoir poursuivre une personne.* The Police and ICAC are thus investigating. Until the time when they feel that they have sufficient evidence, they will of course, submit the cases to the DPP for advice, to eventually establish if there is a case for prosecution. The Leader of the Opposition is saying so many drugs, but does he have evidence? If he has evidence, he can impart it to me and I shall pass it on to these bodies.

Mr X. L. Duval: All this money must come from some criminal activities. It does not come from gambling; it comes from criminal activities, and I would have expected ICAC to do their work and ADSU to do their work at the same time and not leave it so long. Obviously, I am sure everybody understands that it is not in the best interest of an enquiry to have it three months or four months after the thing has actually splashed out.

I am going to ask the hon. Prime Minister whether at any time an international arrest warrant was issued for Mr C. or Mr F. and whether the Government of Mauritius, the Police acted upon that?

The Prime Minister: Yes. Let me come back to what the Leader of the Opposition is saying, among other things that we need to arrest. We just had a case where somebody was arrested, caught red-handed with 46 kg of drugs, worth more than Rs230 m., and what have they been saying? There has been planting! They then decide to defend this kind of drug traffickers. And, now, he is asking why is this one not being arrested? You are right, people will see and will judge who is in fact doing the needful and who is really determined to track down those drug traffickers. But, Mr Speaker, Sir, let me state again that we have to go according to law. There is the law of the country that prevails, and until and unless you have evidence, you cannot really

just arrest a person. You are talking about money laundering. Indeed, there are investigations that are ongoing and predicate offences also, trying to find out from where this money comes from.

I now come to the second question that you have put. I am informed by the Police that there was an Interpol Diffusion Notice. But, unfortunately, what we have been advised, you cannot just arrest a person unless there is an extradition request from a country. Otherwise, the person will go to Court, and then, the authorities, again, will be blamed for arresting a person without justification.

Mr X. L. Duval: So, there has been no demand for extradition from Reunion Island. Are you surprised by that, by the non-cooperation of the Mauritian authorities since 2018? Are you surprised that our reputation has now become so bad that Reunion Island has not bothered to issue an extradition request?

The Prime Minister: You ask if I am surprised. Why do I have to be surprised? This is the law, Mr Speaker, Sir. Who is surprised or who is not surprised is irrelevant. Would you, hon. Leader of the Opposition, be surprised that it is only now that the French Authorities have made a request to extradite those two persons? Why is it now that they are asking for extradition?

Mr X. L. Duval: Don't shout at me...

The Prime Minister: If we were so surprised, they would not even now itself have asked for extradition.

Mr X. L. Duval: Why are you getting excited? Don't get excited!

The Prime Minister: I am not getting excited, I am trying to impart realities to you because I see...

Mr X. L. Duval: Yes.

The Prime Minister: I see you are surprised.

Mr X. L. Duval: I am.

The Prime Minister: Because you said - should I be surprised by the way in which this matter has been handled, and that the Réunion Authorities have not requested an extradition? Okay, fair enough. If that was the case, it would still apply till today. Why is it now that on 21

and 22 of February, the Ministry of Foreign Affairs had received a request from the Embassy of France in a Note Verbale for the extradition to the French Authorities of Mr J. C. and Mr J. D.

Mr X. L. Duval: The hon. Prime Minister knows that the Magistrate said she got no cooperation from the Mauritian Authorities. I am not surprised now that everything is happening because it's thanks to the Press which has done a wonderful job in this respect. I am not surprised at all. My question to the hon. Prime Minister is this: now, that there appears to be a request for extradition - and I presume the Extradition Act, the new treaty has not been made public - is the hon. Prime Minister going to give the assurance to the House that his Attorney General will not resist in any way the application because there are certain provisions in the law, Mauritian Citizen etc... where the Attorney General may actually decide not to go and ask for extradition? I will ask the hon. Prime Minister will this particular Attorney General accede to the request for extradition via the Court procedures, of course?

The Prime Minister: This Attorney General, hon. Leader of the Opposition, is particularly doing more than what you have in mind and I can tell him that, when the request was received – such requests were, of course, received by the Ministry of Foreign Affairs - these requests were on the same day conveyed to the Office of the Solicitor General. On 28 February, the Attorney General's Office informed that there are certain things that had to be clarified and I can tell you that all the needful is being done to enable the case to be entered before the Court for the extradition of those two people.

Mr Speaker: Time over!

Hon. Members, the Table has been advised that PQs B/4, B/12, B/13, B/14, B/16, B/18 and B/20 have been withdrawn.

Hon. Nagalingum!

ALLEGED MAFIA INFILTRATION – PROPOSED ACTIONS

(No. B/1) **Mr D. Nagalingum (Second Member for Stanley & Rose Hill)** asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the alleged mafia infiltration of our institutions, he will state the actions he proposes to take in relation thereto.

The Prime Minister: Mr Speaker, Sir, I shall reply to this Parliamentary Question together with Parliamentary Questions B/11 and B/19 as they relate to the same subject matter.

In regard to PQ B/1, the hon. Second Member for Stanley and Rose Hill, being himself a politician of long standing and a member of a political party, the leader of which held office as Prime Minister, should have been aware that any Prime Minister and Head of Government, in a similar jurisdiction, is necessarily, by nature of his function, the most informed person in his country but, also necessarily, he imperatively needs to ensure and be fully satisfied that information obtained by him or intimated to him particularly from private sources, is accurate and reliable and can safely and successfully be acted upon.

Having said that, let me confirm what I recently mentioned in a function about my awareness of the influence of the drug mafia on certain people in certain institutions. If I may, Mr Speaker, Sir, let me quote what I did in fact say –

“Zot konn le combat ki mo p amené au gouvernement, pa moi toussel, mais mo lé dire moi mo gouvernement nou p amené contre bann trafiquant la drogue, contre bann mafia la drogue et mo bien bien, mo bizin dire inquiet kan mo trouve ki manière sa bann mafia la, zot ena l’influence lor certaine dimoune dan certaines autorités dan certaines institutions.”

I have thus only expressed my concern about the influence which the drug mafia is capable of exercising on certain persons in certain institutions.

Mr Speaker, Sir, the House will appreciate, as I am sure any former Prime Minister will objectively appreciate, that, while certain specific information which I receive in my capacity as Prime Minister, can overtly be disclosed to the public, there is very highly sensitive information which it would neither be in the order nor appropriate to disclose while covert measures have been taken to establish facts and the truth. It follows that whenever I receive credible and reliably significant information, I do share it with and entrust it to the relevant authorities for appropriate action.

Mr Speaker, Sir, I must say that the mafia influence on our institutions is not a new phenomenon and is not limited to Mauritius only. In many countries, powerful drug cartels are known to have influenced or infiltrated the State machinery, thus undermining their ability to effectively defend the national interest. In Mauritius, as far back as 1987, the Rault Commission

on Drug Trafficking was very critical of the then Flying Squad, which was blamed in the Report as being a corrupt unit with some senior officers who were at the beck and call of notorious drug traffickers.

The 2015 Parry Report on horseracing had made damning observations regarding illegal and corrupt activities in the horseracing industry which were associated with an organised mafia that was being tolerated by certain institutions.

More recently, the Lam Shang Leen Report on Drug Trafficking also made similar observations about the local drug mafia who, according to the Report, and I quote –

“... are always miles ahead of the authorities in view of their innovative approach and financial support and capability to infiltrate various institutions and who seemed to know in advance what is in store for them before the enforcement agencies closed in on them”.

The Commission also mentioned that, and I quote –

“It is inconceivable that there have been several allegations and reported cases of corruption within the ranks of the ADSU and of certain officers working hand in hand with the drug lords”.

In the same vein, the Commission added, and I quote –

“The Prison Administration and the Police were fully conscious that many Prisons Officers had been caught in the web of the drug barons to do their dirty job in return of advantages”.

Mr Speaker, Sir, the drug traffickers networking is not limited to institutions only but also extends well beyond as highlighted in the Lam Shang Leen Report, and I quote –

“In the meantime the drug traffickers have developed a very solid highly sophisticated network comprising of prison/police officers, customs officers, pharmacists, complacent doctors, bookmakers, casino owners, jockeys, money changers, financiers and lawyers. In remaining silent and not denouncing the real culprits in their neighbourhood, they become accomplices when they should have been the foremost line of the battalion to ward off the drug traffickers.”

Mr Speaker, Sir, it is therefore clear that the evil influence of drug barons on our institutions was known well before 2014, and the then Prime Minister, being the best informed person, should have been aware of it. Yet, absolutely nothing was done to fight the drug scourge which was met with a disconcerting complacency with the result that the situation went from bad to worse.

This abject and shameful failure on the part of the then Government to fulfil its duty to protect our citizens was also highlighted in the Lam Shang Leen Report.

Mr Speaker, Sir, to refresh the mind of some Members of the other side of the House, let me again quote what Lam Shang Leen Report had to say, and I quote –

“The Commission is fully conscious of the pragmatic, multidisciplinary and multidimensional approach of the 2004-2009 Master Plan Report which had unfortunately never been implemented for reasons best known to those policy makers concerned. The Commission noted that some of the recommendations had sadly remained very relevant and pertinent today despite the passage of time and despite certain efforts made at a certain time to implement certain of those recommendations. Unfortunately, no concrete and serious action had been taken to tackle the innovative methods used by drug traffickers in this technological age to buttress their illegal activity.”

Mr Speaker, Sir, in December 2014, we inherited the rot and soon after we embarked on a crusade against the drug traffickers, and, as the first bold step, we set up the Commission of Inquiry on Drug Trafficking, which had that far been systematically refused by the Labour Party led Government. Since then, the Government has been battling relentlessly to root out the drug scourge from our society. In this battle, there have been some corrupt officials who have been interdicted from the service on grounds of suspected involvement in drug cases. The organisations have been restructured for more efficiency and effectiveness. The Police has been at the forefront of this crusade and often at the risk of the lives of Police Officers. And one will understand the disappointment and frustration of the Commissioner of Police when the expected collaboration and cooperation of certain institutions are not forthcoming.

Mr Speaker, Sir, as a follow-up to the Commission of Inquiry on Drug Trafficking Report published in July 2018, a Ministerial Committee was set up under my Chair and another Committee was set up under the Chair of the Secretary to Cabinet and Head of the Civil Service

to look into the legal, institutional and administrative issues and to expedite the implementation of the recommendations contained in the Report of the Commission of Inquiry. The National Drug Secretariat of my Office, which has, *inter alia*, the responsibility to coordinate the implementation of the National Drug Control Master Plan 2019-2023, took over this responsibility as from March 2020.

The Report of the Commission of Inquiry was scrutinized by the National Drug Secretariat and a list of 390 recommendations comprising 328 for Mauritius and 62 for Rodrigues was drawn up and categorised under the responsibility of relevant Ministries and Departments for implementation.

Regular monitoring of the recommendations is conducted and the status of the 390 recommendations as at January 2023 is as follows –

- (i) 295 have already been implemented or have adequate measures in place;
- (ii) actions have been initiated on 51 recommendations;
- (iii) six may require legislative amendments and are under consideration at the level of different Ministries and Departments, and
- (iv) 35 are considered not feasible by the different Ministries and Departments concerned, and
- (v) three recommendations relate to the Judiciary.

The remaining 15% of the 390 recommendations which have not yet been completed are expected to be implemented by December 2023.

Mr Speaker, Sir, on 31 August 2018, the Ministerial Committee set up a Task Force with the following Terms of Reference –

- (i) to conduct further enquiries that the Commission has earnestly called for in a number of identified cases;
- (ii) to refer those cases where names have been mentioned to the relevant authorities;
- (iii) to look into cases where the Commission has drawn attention to but has not been able to gather sufficient evidence to investigate into, and
- (iv) any other matter not mentioned in the Report but which might be related to what I have just mentioned.

The Task Force is constituted of the Director General of the Independent Commission Against Corruption (ICAC) as Chair, the Commissioner of Police, the Director General of the Mauritius Revenue Authority (MRA), the Director of the Financial Intelligence Unit, the Director of the Integrity Reporting Services Agency, and the Deputy Solicitor General. At its first meeting on 11 September 2018, the Task Force decided to co-opt the Commissioner of Prisons as one of its members.

The Task Force has, since 11 September 2018, met on numerous occasions to develop the necessary strategy and plan of action in order to fulfill its mandate.

I wish to inform the House that a draft legislation for the setting up of the Financial Crime Commission is being finalised for a proper institutional framework to combat financial crime. This will also be in line with Government's philosophy to avoid setting up multiple agencies dealing with related or similar issues.

Mr Speaker, Sir, I am further informed that, as at date, out of the 64 initial cases entrusted to the Police, enquiries are proceeding in respect of 15 cases, no further action has been taken in 15 cases upon advice of the Office of the Director of Public Prosecutions (DPP), 2 cases have been sent to the Office of the DPP for advice, 22 have been referred to the Anti-Drug and Smuggling Unit for monitoring and enquiry has been completed in 10 cases.

In regard to the 122 cases referred to the Mauritius Revenue Authority, I am informed that the outcome of these cases is as follows –

- A. 75 cases were investigated, out of which, 43 investigations were completed with tax yields and 32 cases were completed without tax yield.
- B. 38 cases were discontinued for the following reasons –
 - (i) 2 persons have already passed away;
 - (ii) 34 cases have been disposed of after preliminary enquiries which did not give conclusive evidence of tax evasion, and
 - (iii) 2 cases were finalised before the setting up of the Task Force.
- C. The 9 remaining cases are subject to further investigation at the level of ICAC or the Mauritius Revenue Authority.

Referrals from Anti-Drug and Smuggling Unit and the Mauritius Revenue Authority allowed the Integrity Reporting Services Agency to obtain an Unexplained Wealth Order to confiscate cash in the sum of Rs16.5 m. suspected to be proceeds of drug trafficking. An application for an Unexplained Wealth Order in the sum of Rs52 m. is currently before the Court following another ADSU referral and a further referred case in the sum of Rs16 m. is under investigation.

Mr Speaker, Sir, I am informed that the Independent Commission Against Corruption (ICAC) initiated investigation in 53 cases. Out of 48 cases completed, 40 were set aside by the ICAC at Preliminary Investigation stage. However, 5 have been referred to the Police and 2 to the Mauritius Revenue Authority. Out of the remaining 8 completed cases, in 3 cases the DPP advised No Further Action, and in 1 case the DPP advised prosecution. The advice of the DPP is awaited in 4 cases.

The Financial Intelligence Unit made major progress by completing its investigative analysis on all the 71 subjects, referred to in the report of the Commission of Inquiry on Drug Trafficking.

Mr Speaker, Sir, in line with the recommendation of the Report of the Commission of Inquiry on Drug Trafficking in Mauritius, the Declaration of Assets (Mauritius Prisons Service) Regulations were promulgated with effect from 04 April 2022 for every officer of the departmental grade in the Prisons Department to make a declaration of his assets and liabilities as well as those of his family and close relatives.

Regarding seizures of drugs, I am informed by the Commissioner of Police that, between January 2015 and 28 February 2023, a total amount of Rs14.8 billion worth of drugs has been seized as compared to drugs of a street value of Rs2.7 billion, seized during the years 2000 to 2014.

Mr Speaker, Sir, the record seizures and arrests made since 2015 overwhelmingly testify to our determination to root out the drug scourge which has been wreaking havoc in our society, particularly among our youth. I know for sure...

(Interruptions)

Mr Speaker: Order!

The Prime Minister: I know for sure...

(Interruptions)

Mr Speaker: Order!

Mr Nagalingum: On a point of order, Mr Speaker, Sir. If the Prime Minister has a long answer, he can table it in the Assembly. We have so many questions to ask and probably we will not have enough time.

(Interruptions)

Mr Speaker: In your question, hon. Nagalingum, you made mention for the Prime Minister to state the actions he proposes to take in relation thereto whatever...

(Interruptions)

So, what can I do? What can the Chair do if he has 50 actions he has taken?

An hon. Member: Ask him to table his answer!

(Interruptions)

Mr Speaker: I am talking to one hon. Member; it would be impolite and lack of decorum for other Members to intervene! Please!

The Prime Minister: Mr Speaker, Sir, I was saying that the record seizures and arrests made since 2015 overwhelmingly testify to our determination to root out the drug scourge which has been wreaking havoc in our society, particularly among our youth. I know for sure that the population appreciates the concrete results we have achieved and shown so far, and that from all walks of life our citizens are supportive of the action of the Government.

Mr Speaker, Sir, concerning the mafia in the horseracing industry highlighted in the Parry Report and also by a former President of the Mauritius Turf Club after nine years of Labour reign, we have taken the bull by its horns since 2015 to firstly bring reforms as recommended by the Commission and secondly pave the way for the industry to develop and move ahead sustainably. We have amended the law to bring all operators under the purview of the companies' legislation to ensure transparency and accountability. We have set up a Horse Racing

Division at the Gambling Regulatory Authority to take over the regulatory and governance functions of horseracing. Professionals have been recruited to look precisely at the integrity aspect of horseracing. Many of those who were known to indulge in corrupt practices are now facing the reality of a drastically changed landscape. They now know that their dirty business will no longer be allowed to occur at the expense of racegoers. I am pleased that we are cleaning the Augean Stables and putting order where required with resolve and determination, contrary to those days during the 2005-2014 period when the horseracing mafia that was connected to the drug mafia was being allowed to extend its illegal activities before the eyes of everybody.

Mr Speaker, Sir, with determination we have managed to win many battles against the mafias that grew and prospered during the years 2005 to 2014. However, they have built networks and parts of those are still functional. That is what I referred to in my public statement.

Let me restate most emphatically that we are consistent and steadfast in our resolve to dismantle the drug networks and any other mafia networks in our country and we are unflinchingly maintaining our stand of ridding our country of drug hydras.

Mr Nagalingum: Mr Speaker, Sir, having listened to the reply of the hon. Prime Minister, gives rise to even more questions than provide answers. Considering that there are dozens of institutions which are headed by women and men of professional integrity and that the statement of the hon. Prime Minister is casting suspicion on all institutions, will the hon. Prime Minister provide clarification on which institution he was referring to and state whether any mafiosi has been identified and what action, if any, has been taken?

The Prime Minister: I think the hon. Member has not listened to my long reply. In fact, indeed, it was a long reply.

(Interruptions)

But let me repeat. Maybe he is not aware that there has been a number of cases, Mr Speaker, Sir, wherein people working in some institutions have in fact been caught. Some of them have been arrested and brought before the Court, and their cases are ongoing, and some of them have been arrested; and their cases have been dealt by the Court, and they have been convicted also. All this just to give an idea of the influence of the drug mafia on officials in institutions, since 2015 to date, in several Departments and Ministries, in the Mauritius Prison Services, numerous

officers have been interdicted, or dismissed or subjected to disciplinary actions for drug dealing. In the Mauritius Prison Service: 21; the State Trading Corporation: 1; Agro-Industry: 2; National Land Transport Authority: 1; Education: 8 and Labour. I can go on like this, and this is only part of a long list.

Also, these are the people who, I am saying, are, unfortunately, accomplices or they are themselves in drug trafficking, in drug dealing and this is what I have referred to.

Those persons who, instead of honestly and seriously shouldering their responsibility and also as good citizens, abiding by the law of the country, they in fact, do the contrary and go against the law. This question of drug trafficking is of paramount importance for the Government and that is why *j'ai continué à dénoncer les brebis galeuses dans toutes les institutions qui sont concernées.*

Mr Juman: L'honorable Premier ministre, regardez-moi la photo. Monsieur R. S., suspecté d'avoir blanchi plusieurs dizaines de millions de roupies ; Monsieur S. B., suspecté dans une affaire de trafic de drogue en compagnie du Premier ministre, Pravind Jugnauth, pas l'avocat Pravind Jugnauth.

M. le Premier ministre, ma question est simple. Est-ce que les tentacules, l'infiltration de la mafia ont atteint jusqu'aux dirigeants de notre pays ?

The Prime Minister: Les tentacules ont atteint les dirigeants du Mauritius Labour Party, et cela oui !

(Interruptions)

Regardez dans votre rang. Dans votre rang, vous avez des membres de votre parti, *at least* un membre que je connais, qui a été arrêté par la police pour possession...

An hon. Member : Voilà !

(Interruptions)

The Prime Minister: ...et trafic de drogues.

Mr Speaker: Order!

(Interruptions)

Order!

The Prime Minister: Et puis nous ne savons pas qui est-ce ...

Mr Speaker: Do not come with this again! Order, please!

The Prime Minister: Et tout le monde sait, M. le président, qui sont ceux qui sont en train de défendre les trafiquants.

(Interruptions)

Et dire qu'il veut nous donner la leçon !

(Interruptions)

Mr Speaker: Hon. Luchmun Roy!

Mrs Luchmun Roy: Thank you, Mr Speaker, Sir. Well we, on this side, unanimously commend the Prime Minister for his battle against drugs, my question to the hon. Prime Minister this afternoon is: he has lengthily mentioned about the report of Lam Shang Leen. So, my question is prior to 2015, was there any institution or any Commission of Inquiry on drug mafia? Was there any Commission by any other Government like *Parti Travailliste* Government? Did they bring forward any Commission to combat the drug mafia? Thank you.

The Prime Minister: Mr Speaker, Sir, it is so obvious that from 2005 to 2014, there had been systematic request for a Commission of Enquiry on Drug Trafficking. Even during that period, Members of the MMM party, in the Opposition, were always asking and requesting the Prime Minister to set up a Commission of Inquiry on drug trafficking *mais le Premier ministre d'alors avec le Parti Travailliste a fait la sourde oreille. Pourquoi?* Why not set up a Commission of Inquiry? The only conclusion which I can come to is *pour tolérer, pour soutirer et pour protéger ces mafias.*

(Interruptions)

Mr Assirvaden : M. le président, le Parti Travailliste n'est pas au pouvoir depuis huit ans. Le Premier ministre qui a reconnu publiquement l'infiltration et l'influence de la mafia dans nos institutions qui sont sous la charge d'un gouvernement MSM et Premier ministre depuis sept ans. Au-delà de votre réponse et de votre aveu, M. le Premier ministre, une chose demeure, je voudrais savoir, M. le Premier ministre...

Mr Speaker: This is a supplementary question. Put your question!

Mr Assirvaden: *Yes !* Je voudrais savoir, M. le Premier ministre, ce que la population retient de cette photo où vous, personnellement, M. le Premier ministre en compagnie de quelqu'un qui a été arrêté pour des milliards de roupies dans des bonbonnes de gaz, qu'est-ce que vous avez à dire en ce qui concerne les infiltrations de la mafia ? Ma question est précise - est-ce que ce monsieur qui est à votre côté, fait lui aussi partie de la mafia qui a infiltré nos institutions dont le *Prime Minister's Office*? Ma question est directe.

The Prime Minister: Vous savez, honorable membre, je peux moi aussi montrer des photos, et la prochaine fois, je vais emmener d'autres photos. Je ne savais pas que vous allez montrer des photos. Je vais montrer la présence de votre leader avec certaines personnes de la mafia.

(Interruptions)

Mr Assirvaden: Répondez à ma question !

The Prime Minister: D'ailleurs...

Mr Assirvaden: Répondez à ma question !

The Prime Minister: Écoutez. Vous montrez les photos, regardez la photo que je montre ici.

(Interruptions)

C'est qui ça ? C'est Jasmine Toulouse, candidate du MMM au numéro 14. Avec qui ?

(Interruptions)

Avec qui ? Peut-être que vous allez reconnaître qui c'est. Alors, ne venez pas montrer des photos comme si...

Mr Assirvaden: Répondez à ma question !

The Prime Minister: ...vous faites des accusations.

(Interruptions)

Des accusations gratuites, *gratuitous* et allez répéter cela dehors si vous avez le courage...

Mr Assirvaden: Vous oubliez votre propre...

The Prime Minister: Si vous avez le courage, allez répéter cela dehors.

An hon. Member: Own goal!

Mr Speaker: Hon. Nuckcheddy!

Mr Nuckcheddy: Thank you, Mr Speaker, Sir. Can the hon. Prime Minister inform the House if he is aware of public statements made by Counsel S. T. following a Bail Motion he lodged in Court for his client A. B. who is a suspected drug trafficker?

The Prime Minister: *Yes !* Parce qu'on est en train de dire qu'il y a des institutions et que je suis en train d'attaquer les institutions mais l'avocat S. T., Sanjeev Teeluckdharry, parce qu'il n'y a pas lieu de ne pas mentionner son nom. C'est connu. D'ailleurs, il a fait une intervention publique concernant un jugement. *Let me quote –*

« Un très mauvais jugement. Enn mazistrate ki pa konpren nanie dan bail, enn mazistrate ki pa konpran nanie dan prezonpsion d'inosens et Right to be Released on Bail... »

Et pour ce genre de commentaires, je n'entends rien. En effet, personne ne fait de commentaires, personne ne dit qu'on est en train d'attaquer le judiciaire...

(Interruptions)

...qu'on est en train d'attaquer la magistrature. Non, rien du tout !

(Interruptions)

Ils sont tous tranquilles !

(Interruptions)

Mr Speaker: Order !

(Interruptions)

Order !

(Interruptions)

The Prime Minister: Et il n'y a pas que lui, M. le président. Il y a d'autres aussi qui ont fait des commentaires.

Mr Speaker: Time over! The Table is advised that PQs B/2, B/3, B/6, B/9, B/10, B/21 and B/68 have been withdrawn.

(Interruptions)

Questions to Ministers!

**MR S.K.C. – LEASED STATE LAND – ILLEGAL CONSTRUCTION –
BUILDING AND LAND USE PERMIT**

(No. B/22) Mr R. Wochit (Third Member for Pamplémousses & Triolet) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the constructions on the portion of 721 acres of State land leased to Mr S. K. C. at a distance of approximately 700 meters from Grand Bassin, he will state if any Building and Land Use Permit has been issued to the lessee and, if so, by which local authority and when and, if not, the actions initiated in respect of the said illegal construction/s?

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Speaker, Sir, the portion of land which had been leased to Mr. S.K.C falls under the jurisdiction of the Savanne District Council. I am informed by the latter that as per their records, no Building and Land Use Permit has been issued to Mr. S.K.C. regarding the construction on the said portion of State land.

I am informed by the Ministry of Agro-Industry and Food Security that the land was leased to Mr. S.K.C. for a period starting from 30 July 2021 and terminating on 29 July 2028. However, the lease was cancelled through a letter on 7 March 2023.

The District Council of Savanne has informed that it has sought legal advice on actions which may be initiated in respect of the existing constructions on site.

Mr Wochit: Can the hon. Minister inform the House if any representative from the local authority concerned, that is, Savanne District Council or from his Ministry, has effected

any site visit on the said portion of land which is found outside settlement boundary to take stock of the constructions effected thereat?

Dr. Husnoo: I mean this plot of land, Mr Speaker, Sir, is found very much in the forest. It is not well seen from the main road. Actually, no visit was made by the local authorities before because they were not aware that any construction was being made there at that time but afterwards, they visited the place.

Mr Wochit: Can the hon. Vice-Prime Minister inform the House whether, the local authority concerned, that is, the Savanne District Council, is contemplating any legal action against the lessee for violation of building laws on that land.

Dr. Husnoo: That is what I have said, Mr Speaker, Sir. They have sought legal advice on how to proceed with that particular case.

Mr Wochit: Can the hon. Vice-Prime Minister inform the House if his Ministry, with the collaboration of the Ministry of Land and the Ministry of Agro, is planning to set up a reforestation programme on the said portion of land?

Dr. Husnoo: The land belongs to – I have just mentioned – it belongs to the Ministry of Agro-Industry. So, they are going to decide what they are going to do with this plot of land.

Mr Speaker: Next question!

BREAST & CERVICAL CANCERS – REPORTED NUMBERS 2022

(No. B/23) Ms J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Minister of Health and Wellness whether, in regard to breast and cervical cancers, he will state the reported numbers thereof in 2022.

Dr. Jagutpal: Mr Speaker, Sir, worldwide, cancer is the second leading cause of death. About 1 in 6 deaths is due to cancer globally. According to the WHO, in 2020, around 10 million people were diagnosed with cancer, and it is expected that these figures will nearly double by the year 2040.

Mauritius, over the past decades, has experienced a gradual rise in the incidence of cancer and follows the global trend. It has been observed that females are more affected than males with

regard to cancer. In females, breast cancer is the most common cancer, followed by colorectal cancer whereas the most common cancer in males is prostate, followed by colorectal.

Mr Speaker, Sir, cancer surveillance is a key component of cancer control. The appropriate tool for surveillance is a Register. A population based National Cancer Registry has been maintained on a continuous basis since 1990. The Registry provides an accurate picture of the occurrence of cancer in the Republic of Mauritius. Again, according to WHO, a cancer registry is a key component used to develop the strategy in the fight against cancer. Statistics obtained play a crucial role to gauge the consequences of cancer on general health, analyse the recent tendencies and foresee the evolution. The Registry also helps to formulate policy on cancer and follow-up on the results.

Mr Speaker, Sir, last year, my Ministry has developed a National Cancer Control Programme for the period 2022-2025, which has been approved by Government. This Action Plan focuses on the five most common cancers for male and female in the Mauritian population, namely breast, colorectal, prostate, cervix, and lung cancer.

Some of the main recommendations are –

- i. strengthening of cancer awareness campaigns through mass media communication;
- ii. introduction of national cancer screening programme;
- iii. introduction of new nuclear medicine services such as PET Scan and SPECT Scan at the New Cancer Centre;
- iv. extension of palliative care services from hospital to community and domiciliary-based;
- v. integration of cancer care with cancer patients, and
- vi. twinning of the National Cancer Centre with a reputed international cancer centre.

Mr Speaker, Sir, with regard to detailed statistics pertaining to 2022, I am informed by the Central Health Laboratory, for the year 2022, approximately 559 cases of breast cancers and 91 cases of cervical cancers have been diagnosed for public hospitals only. Data are still being

compiled for private clinics and I wish to inform the House that once the National Cancer Registry Report 2022 will be finalised, same will be published on the Ministry's website.

Ms Tour: Thank you, Mr Speaker, Sir. Can the hon. Minister tell us about the strategy of his Ministry for colorectal cancer screening?

Dr. Jagutpal: Given the increasing trend in colorectal cancers in Mauritius and across the world as well as the colorectal cancers burden, the Ministry of Health has organised an international conference on colorectal cancer screening last year, from 12 to 13 September. Dr. Sulleman Moreea, GOSK, teaching lead gastroenterologist, herpetologist at Bradford Teaching Hospitals, UK, a Mauritian national established in the UK, assembled eminent and renowned experts in the field of colorectal cancer to share their experience with the participants about treatment, carrying out necessary tests, screening of colorectal cancers in Mauritius, thereby preventing early deaths.

The Colorectal Cancer Screening Centre will be housed at Dr. A. G. Jeetoo Hospital under the umbrella of the Centre for Gastroenterology and Hepatology. Dr. Sulleman Moreea was on official visit last week, from 20 to 24 March, to chart out the process for the implementation of the Colorectal Cancer Screening Programme, which I believe we will start it early next year.

Ms Ramyad: May we know from the Minister when will the PET Scan and the radiology machine for the therapy of cancer patients be fully operational at the New Cancer Hospital?

Dr. Jagutpal: Mr Speaker, Sir, the building of the New Cancer Centre is already vested to the Ministry of Health. Now, the procurement for its equipment is being done by the HSCC and it is in process. By the third quarter of this year, we will be having the equipment, and then, we will also need to conduct the training. So, by end of this year, these equipment will already be installed and in service.

Mr Speaker: Hon. Mrs Mayotte!

Mrs Mayotte: Can the hon. Minister provide details to the House pertaining to breast and cervical cancer screening in Mauritius? Thank you.

Dr. Jagutpal: Mr Speaker, Sir, breast and cervical screening programmes are being carried out during the whole year. The tests being carried out are for those who are married or

sexually active women aged between 25-65 years old. The tests are being done at the community level, at the worksites, and it is being done according to guidelines laid down by the expert for detection and treatment. So, screening activities have been re-engineered because previously we were using different tools to do the screening. Now, it is being done using liquid-based cytology instead of the conventional cytology.

For the year 2022, the number of screening conducted in regard to cervical screening done by the Health Promotion Unit is 8,800 and by the Medi-Clinics and Area Health Centres is 3,183. So, in total, the screening done last year for breast and cervical cancer is 11,983. So, these are the tests being done.

Mr Speaker: Last question!

Ms Tour: Can the hon. Minister give us some information about clinical research to be carried out on cancer in Mauritius?

Dr. Jagutpal: The Ministry of Health is collaborating with the International Cancer Research (ICR) Group to carry out research and development programmes in connection with the prevalence of cancer in Mauritius. The ICR Group, domiciled in United Arab Emirates, is the research and development arm of the King Saud University, mandated to run the Quantum Optics Programme. So, this is the research collaborators and hopefully in the coming weeks, we are going to sign the MoU and with it, we can start establishing the different criteria on how to conduct research in Mauritius and Rodrigues as well concerning cancer.

Mr Speaker: The Table has been advised that the following PQs have been withdrawn: B/56, B/57, B/58, B/59, B/65, B/76, B/78, B/96, B/101, and B/103.

Next question!

BROWN SEQUARD HOSPITAL – CHILDREN ADMITTED

(No. B/24) Mrs A. Navarre-Marie (Fourth Member for GRNW & Port Louis West) asked the Minister of Gender Equality and Family Welfare whether, in regard to children entrusted to shelters, she will, for the benefit of the House, obtain therefrom, information as to the number thereof who are presently placed in the Brown Sequard Hospital.

Mrs Koonjoo-Shah: Mr Speaker, Sir, with regard to children entrusted to shelters, I am informed that presently no child is admitted at the Brown Sequard Hospital.

However, I am also apprised, Mr Speaker, Sir, that there are currently five minors falling under the care of my Ministry who are admitted at the hospital mentioned. These minors suffer from severe psychiatric issues that require ongoing specialised care which is only available at the said hospital.

Mrs Navarre-Marie: Il semblerait que des enfants d'un certain *shelter* sont envoyés aux *BSH* pour avoir manifesté un fort caractère ou leur mécontentement devant le repas qui leur est servi. Nous savons tous que qui dit *BSH* dit également problème psychiatrique. La ministre en a-t-elle été informée de ce cas et est-elle également au courant que les enfants admis dans les *shelters* ou au *BSH* sont tout de suite déscolarisés ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, I am not aware of the particular case raised by the hon. Member of the Opposition but I can reassure the House that the five minors currently admitted, the five minors whom I mentioned, who fall under the care of the Child Development Unit of my Ministry and who are currently admitted in Brown Sequad Hospital, do suffer from very serious psychiatric problems that require specialised treatments like I mentioned.

As to the second part of the question, was it about somebody being admitted because they complained about their meals?

Mrs Navarre-Marie: Déscolarisation des enfants.

Mrs Koonjoo-Shah: Mr Speaker, Sir, the hon. Member mentioned something very pertinent. The decision whether there can be a continuity *dans la scolarité de ces enfants* rests upon the decision of the medical staff and the personnel providing treatment to these minors and unfortunately, often is the case - they are not automatically *déscolarisés* - that they cannot carry on with their education.

Mrs Navarre-Marie: La ministre est-elle au courant qu'en 2013 un comité ministériel comprenant le ministère du Genre, le ministère de la Santé et celui de la Sécurité sociale avait été mis sur pied pour dégager un plan à l'intention des enfants nécessitant des soins psychiatriques. Est-ce que la ministre est en mesure de nous dire si le comité fonctionne toujours? Si oui, est-ce qu'il y a des recommandations qui ont été faites sur le sort des enfants admis sur long terme au *BSH* ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, I am not fully aware of the report or the committee being mentioned by the hon. Member, the one that was set up in 2013. But I can reassure the hon. Member and the House as well that since the enactment of the Children's Act of 2020, there has been the Child Services Coordinating Panel which is set up and comprises of various stakeholders. The provisions to set up an infrastructure to provide specialised care for children requiring such care is being discussed with the relevant stakeholders. At the moment, I would like to point out that the Brown Sequard Hospital is the only institution that can provide this kind of specialised care. Government is committed to coming up with the specialised institutions that can provide housing facilities, accommodation and care to these children with these needs.

Ms Anquetil: Je vous remercie, M. le président. Les effets secondaires des médicaments sont inévitables et désastreux sur les enfants. La ministre pourrait-elle indiquer à la Chambre qui prend la décision d'interner ses enfants au *BHS* ? Est-ce qu'il y a un panel composé de différents spécialistes médicaux ? Je vous remercie, M. le président.

Mrs Koonjoo-Shah: Mr Speaker, Sir, the question put forward by the hon. Member is not related to the Parliamentary Question that I am replying to but the answer is very simple enough. And we don't say interned; we say admitted to a facility. The answer is very simple. It is a medical team that decides what medication to be provided to any patient, be it yourself, myself or a child or anybody else who requires medical attention. It is a doctor who prescribes medication.

Mr Speaker: The Table has been advised that PQs B/82, B/83, B/88, and B/99 have been withdrawn. Also, PQ B/54 will be replied by the hon. Vice-Prime Minister, Minister of Local Government and Disaster Risk Management. PQ B/59 will be replied by the hon. Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade.

Next question!

RIGHTS OF THE CHILD - COMMITTEE - RECOMMENDATIONS

(No. B/25) **Ms J. Bérenger (First Member for Vacoas & Floréal)** asked the Minister of Gender Equality and Family Welfare whether, in regard to the last report submitted by the

Committee on the Rights of the Child, she will state the recommendations thereof which have been implemented as at to date.

Mrs Koonjoo-Shah: Mr Speaker, Sir, allow me to inform the House that the United Nations Committee on the Rights of the Child, the UNCRC examined the combined 6th and 7th periodic reports of Mauritius and commended the Government of Mauritius on its presentation.

The concluding observations which were adopted on 03 February this year are available on the website of the Office of the High Commissioner for Human Rights since 23 February 2023.

Mr Speaker, Sir, my Ministry has already initiated a series of measures for implementing the recommendations contained in the report and the Child Services Coordinating Panel, as established under the Children's Act, is holding consultations with relevant stakeholders to devise the implementation plan, which I am sure you will appreciate, consist of immediate short, medium and long term actions.

Mr Speaker, Sir, the Child Services Coordinating Panel has been mandated for this particular task and I wish to reassure the House and the hon. Member putting a question that by the time we go to our next reporting cycle which will be in 2030, significant progress will have been achieved.

Ms J. Bérenger: La ministre a mentionné les *immediate actions*. Parmi les principaux sujets de préoccupation du comité des Droits des enfants des Nations unies et pour lesquels justement il demande des actions urgentes figurent les grossesses précoces dues au manque d'éducation sexuelle et d'accès limité à la contraception entre autres. La ministre peut-elle nous dire si et quand est-ce qu'elle compte implémenter une mesure qui a été recommandée qui en soit très simple à implémenter, qui voudrait que les adolescents n'aient plus besoin d'être accompagnés par leurs parents pour bénéficier de moyens de contraception auprès de l'institution concernée ? Cette mesure-là va... Je finis juste. Cette mesure-là est très simple à implémenter et permettrait de réduire le nombre de grossesses précoces, d'avortements clandestins et de transmission de maladies sexuelles. Merci.

Mrs Koonjoo-Shah: Mr Speaker, Sir, it is indeed a strong recommendation of the Committee and I can reassure the hon. Member and the House that it is something that we are looking at implementing urgently.

Ms J. Bérenger: Parmi d'autres recommandations urgentes, le comité a fait ressortir que cela fait huit ans que ce gouvernement parle du même *Adoption Bill*. Est-ce que la ministre peut-elle enfin aujourd'hui annoncer quand est-ce que ce projet de loi sera enfin présenté à la Chambre ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, indeed it has been flagged by the Committee that the enactment of the Adoption Bill is a priority. It is a priority of this Government and I have just reported that there are so many recommendations contained in that report that is being monitored by the Child Services Coordinating Panel. Coming to the Adoption Bill, this is not an emerging need. The need for the Adoption Bill to come into play has been there way before eight years. I can report to the House that the Bill is currently being finalised with the Solicitor General's Office and my Ministry, myself, my Government will be bringing it to the House.

Ms J. Bérenger: Les experts ont aussi fait ressortir qu'il n'existe pas de stratégie nationale concernant le bien-être des enfants. Est-ce qu'elle peut nous dire de ce qu'il en est ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, again, this is one of the recommendation to come up with a 10 year plan for the welfare of the children. Again this is not another emerging need or a new recommendation of the UNCRC. It is something that has been flagged prior during the tenure of other Governments as well but we will do it. We are working on it and we will come up with a plan.

Mr Speaker: The Table has been advised that PQs B/64, B/92, B/100 have been withdrawn.

Hon. Members, I suspend the Sitting for one and a half hour.

At 1.03 p.m., the Sitting was suspended.

On resuming at 2.34 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please remain seated, be seated! Hon. Dr. Gungapersad!

PRIMARY SCHOOLS – STAFF SHORTAGE – JANUARY 2023 TO DATE

(No. B/26) Dr. M. Gungapersad (Second Member for Grand' Baie & Poudre d'Or) asked the Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology whether, in regard to the primary, State secondary and private secondary schools

respectively, she will state the present shortages of teaching and non-teaching staff in each category since the resumption of school in January 2023 to date.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): Mr Speaker, Sir, at the beginning of the school year, there were some shortages in teaching and non-teaching staff in some schools. This situation arose due to a panoply of reasons including, retirement of staff, promotion exercises as well as the availing of vacation leave. To palliate the shortages, the Ministry has had recourse to the services of supply teachers for both primary and secondary schools. Furthermore, the Ministry, through the Public Service Commission, is in the process of recruiting Educators for primary and secondary schools. As regards private secondary schools, each has its own recruitment process and as per their respective entitlements.

Mr Speaker, Sir, as at date, we have noted that there are a few areas, a few subjects where teachers are lacking but necessary measures are being taken at the level of the Ministry.

Dr. Gungapersad: Can the hon. Minister inform the House whether recruitment of Educators in secondary school was affected because of the Education (Amendment No. III) Regulations 2022 which barred graduates who did not have PGCE or alternative qualification from joining the teaching profession and ultimately, in the Cabinet meeting of Friday 24 February, this decision was reviewed and moratorium was given for degree holders.

Mrs Dookun-Luchoomun: Not at all, Mr Speaker, Sir, because the measure was taken on 21 December 2022 and normally schools recruit their teachers prior to the entry of school in January and we expect that the recruitment process occurs before that but nevertheless, the measure taken, the regulation proposes that teachers that are recruited should be bearers of a PGCE. Now, the amendment that we have brought was simply to allow teachers who are already following PGCE courses or enrolled for such courses to be allowed to be taken as Educators by schools.

Dr. Gungapersad: As at 07 March, a shortage of around 400 Educators was being deplored and until last Wednesday, 22 March 2023, there was an interview process going on for supply teachers and in spite of that, 400 teachers are missing, only 200 eligible persons turned up for interview. What measures will be taken to ensure that the second semester is not affected like the first semester?

Mrs Dookun-Luchoomun: Mr Speaker, Sir, we have already recruited the supply teachers. As I have just stated, there are a few areas where it seems that there are no candidates who have applied for the post of supply teacher but we are still looking at the possibilities of having teachers who have just retired to join the system but as at date, we have already filled in the posts.

Dr. Gungapersad: Hon. Minister, the semester is coming to an end. For subjects like Biology, Design and Communication, Maths, Business and Technology, students have missed a whole term. What measures will be taken so that the studies of these students are not affected?

Mrs Dookun-Luchoomun: I am sure the Rectors of the schools will work with the staff and see how they can remedy the situation, Mr Speaker, Sir.

Mr Speaker: Next question!

BABY S. – L'OISEAU DU PARADIS SHELTER - HEALTH CONCERNS

(No. B/27) Ms S. Anquetil (Fourth Member for Vacoas & Floréal) asked the Minister of Gender Equality and Family Welfare whether, in regard to Baby S., a resident of Relay Shelter Cap Malheureux, also known as L'Oiseau du Paradis, admitted to the Intensive Care Unit on 21 October 2022, she will, for the benefit of the House, obtain information as to –

- (a) if she has been discharged therefrom, and
- (b) the findings of the Fact-Finding Committee set up to look therein, indicating the actions and sanctions taken in relation thereto, if any.

Mrs Koonjoo-Shah: Mr Speaker, Sir, with regard to part (a) of the question concerning Baby S., I am informed that the baby is still admitted at hospital in view of her needs for targeted medical treatment and intervention in order to support her specific health concerns.

Mr Speaker, Sir, with regard to part (b) of the question, the Fact-Finding Committee submitted its report on 22 November last year, actions already implemented are as follows –

- (a) The National Children's Council Board has been reconstituted;
- (b) Seven caregivers who were on duty that night have been interdicted on 27 January this year;

- (c) There is a police enquiry ongoing and further actions will obviously be taken in the light of the findings of that enquiry;
- (d) The management of shelters presently being run by the National Children's Council will be handed over to NGOs and to that effect, bids have already been launched;
- (e) Full psycho-social support has been extended to the mother and relatives of the baby, and
- (f) Procedures to declare the child have already been initiated by the Tardy Declaration Unit of my Ministry.

Mr Speaker, Sir, other recommendations of the Fact-Finding Committee require further consultation and certain amendments to legislations and Mr Speaker, Sir, my Ministry is ensuring close monitoring of the situation.

Ms Anquetil: *Je vous remercie M. le président.* Can the Minister state why the suspension of the caregivers took place more than three months after they were aware about the alleged child ill-treatment and more than two months after the provisional charge was lodged? Thank you.

Mrs Koonjoo-Shah: Mr Speaker, Sir, the suspension and interdiction of the said caregivers happened following an enquiry. It is not that the suspension will happen overnight. There has to be an enquiry; the enquiry has to submit its findings and in the light of those findings, the Board took the decision to interdict the seven caregivers on 27 January of this year.

Mrs Navarre-Marie: La ministre serait-elle disposée à déposer sur la table de l'Assemblée les recommandations de ce *Fact-Finding Committee* ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, as I mentioned in my reply to a PNQ on the matter last year, due to the very sensitive nature and personal medical information of the minor, the Fact-Finding Committee Report cannot be tabled to the House.

Ms Anquetil: Merci M. le président. La ministre pourrait-elle éclairer la Chambre sur le fait que les faits remontent au 21 octobre et la lettre de suspension date du 26 janvier mais elle peut confirmer que pendant ce laps de temps, les *caregivers* étaient on *duty* et se retrouvaient tous les jours dans la salle de conférence du NCC. Merci.

Mrs Koonjoo-Shah: Mr Speaker, Sir, as I have just replied, the seven caregivers were interdicted from their duties on 27 January of this year, 2023, and I think the hon. Member is stepping slightly out of the limits of the question that she herself has put forward. So, I would invite the hon. Member to bring a specific question pertaining to the caregivers to be answered from the House.

Mr Speaker: Hon. Dhunoo!

NEW SOCIAL LIVING DEVELOPMENT LTD - CONSTRUCTION OF 12000 HOUSES

(No. B/28) Mr S. Dhunoo (Third Member for Curepipe & Midlands) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the project for the construction of 12000 houses, he will, for the benefit of the House, obtain from the New Social Living Development Ltd., information as to where matters stand.

The Deputy Prime Minister: Mr Speaker, Sir, let me first of all thank the hon. gentleman for providing me with the opportunity to enlighten the House on the major developments concerning this project.

As the House will recall in the Budget Speech of June 2020, my colleague, the Minister of Finance, Economic Planning and Development, announced an unprecedented effort by the Government to build 12,000 residential units over a period of three years for families with monthly income of up to Rs60,000. Following the 2021 Budget Speech and subsequent consultations, it was decided that the New Social Living Development Ltd. (NSLD), a Special Purpose Vehicle incorporated as a wholly owned company, subsidiary of the National Housing Development Co. Ltd. (NHDC) be the implementing agency for the construction of these 12,000 housing units. The NSLD became operational in October 2020.

Now, Mr Speaker, Sir, this unprecedented measure – it is good to recall – was announced just after the first lockdown, due to COVID-19, was lifted. At that point in time, no one could have foreseen that with the resurgence of the pandemic worldwide, Mauritius would be subject to a second lockdown which, obviously, had a serious negative impact on the implementation of the project resulting in inevitable and significant delay. That second lockdown extended from March to April 2021 and it stands reason that during the lockdown, no site visits or land surveys

could be carried out. Moreover, neither the NSLD nor any relevant department or services, both in the public and private sectors, were operational.

Despite the prevailing situation, my Ministry, in collaboration with the NSLD, began the tedious exercise of identifying land which would be suitable and buildable. I think we targeted some 58 sites across the island of Mauritius. Now, with a view to limiting expenditure, the priority was to identify state land and land vested in state owned companies. Where it was not possible to secure such land, the NSLD embarked upon the acquisition of private land through private agreement or compulsory acquisitions. That exercise is still ongoing.

In respect of each and every plot of land identified, site visits had to be carried out with all the concerned authorities to first ascertain the suitability of the plot. It was only after clearances were obtained from all relevant authorities that the NSLD could then arrange for geotechnical investigations to be carried out to ascertain the buildability of the land. In regard to private land, acquisition procedures could only be initiated after conclusive geotechnical reports.

It is worth noting, Mr Speaker, Sir, that the limited number of firms undertaking geotechnical investigations and the limited availability of appropriate equipment on the market have also been a cause of delay beyond the control of the NSLD. For instance, in the case of two plots of land of a total of 15 arpents identified at Palma, the relevant geotechnical surveys took more than a year, and in the event, yielded in a negative result in as far as the land was not found to be buildable.

Nonetheless, the NSLD concurrently prepared the Request for Proposals for the appointment of Project Management Consultants for construction, as is the usual practice for major Government projects. The main task of these Consultants consists in the preparation of concept design, architectural drawings and detailed structural designs and thereafter the tender documents for construction works.

Now the Request for Proposals for the appointment of Consultants was launched in January 2021. Just let me recall that the announcement was in the Budget of June 2020; in January 2021, we launched the Request for Proposals for the appointment of Consultants. Following tender procedures, only three out of ten bids were found to be technically and financially responsible. So, following the advice of the NSLD's Legal Adviser, the procurement exercise had to be cancelled. So, the NSLD launched a reformulated Request for Proposals in

August 2021. In the meantime, we had the second lockdown. Following the second Request for Proposals, eight Consultants were appointed in March 2022. The Consultants set themselves to task and once the tender documents for construction were ready, a first tender exercise for construction this time was launched by the NSLD in August of 2022.

Unfortunately, the quotes received were beyond the 30% increase in construction costs as assessed by Statistics Mauritius at the time. In view of the significant implications both for the total project cost and the eventual selling price of these units, in September 2022, the NSLD –

- (1) reviewed its specifications for the housing units to align strictly with NHDC specifications for low income households;
- (2) reviewed the contractual conditions to render the project more attractive to potential bidders, and
- (3) decided to annul the ongoing bidding exercise and launch a second bidding exercise based on modified tender documents.

The second bidding exercise was thus launched on 22 November 2022 and the closing date was 22 December 2022. Again, the prices quoted were extremely high varying between Rs3.5 m. and Rs12.5 m. per housing unit. It is apposite to note that the unit cost of the last NHDC social housing project had been in the region of Rs1.8 m. at the time of contract – Rs1.8 m. compared to Rs3.5 m. and to Rs12.5 m. in December 2022.

Now, it is, Mr Speaker, Sir, essential to understand that the fundamental objective of Government is to provide adequate and decent housing at an affordable price to the needy and less fortunate sections of the community. In the circumstances, Government, in December 2022, decided to proceed with the construction of 12,000 housing units in phases. The first phase of which would consist of the construction of 8000 housing units of 60 m² each, that is, 400 units per Constituency, targeting households with a monthly income of up to Rs30,000, so to the more need and the less fortunate. The first phase of the project includes on-site social amenities and makes provision for essential ecological measures including rainwater harvesting, solar energy panels and appropriate waste disposal systems.

Furthermore, so as not to repeat the previous ineffective tender exercises, the NSLD, in February 2023 adopted a new procurement strategy based on the design and built concept and

selective tendering. Thus, it was decided that the project would be entrusted to locally incorporated, large contractors building and civil works as registered with the Construction Industry Development Board (CIDB). On 03 February 2023, the NSLD launched an expression of interest targeting all CIDB registered, 19 large contractors building and civil works, the main feature of the expression of interest being a predetermined price of Rs2.7 m. per housing unit inclusive of on-site infrastructural works.

Only 16 such large contractors were responsive and 14 found to be compliant with the requirements of the Expression of Interest.

As at now, 28 of the 39 earmarked sites for the first phase have already been placed at the disposal of the NSLD. Moreover, letters of intent have been issued to the 14 selected large contractors. Preparation of concept designs, master plans and programmes of works by the contractors are underway and once approved, will be followed by letters of award and handing over of sites.

Government, Mr Speaker, Sir, will remain true to its commitment to the people of Mauritius and despite the unfavourable prevailing conditions shall spare no effort to ensure the timely completion of the first phase of the project.

Mr Dhunoo: The hon. Deputy Prime Minister is aware that for allocation of a house, there is a salary threshold that he has mentioned for a family to be allocated a housing unit. This Government has introduced minimum salary and has also given compensation of Rs1000 thanks to the Minister of Finance and the Prime Minister and thus, the family no longer fall under the previous threshold. Will his Ministry review the salary threshold for allocation of housing units?

The Deputy Prime Minister: I must consider, Mr Speaker, Sir, that the point is very relevant. Initially, the project targeted working class and middle class households of the country, providing an offer of social housing for household incomes of up to Rs60,000 per month. The first phase that is now being envisaged by Government is targeting the neediest sections of the community. Hence, the Rs30,000 monthly income ceiling which is that of the NHDC up until now. I have received requests similar to that raised by the hon. gentleman and have asked the NHDC to analyse its actual waiting list, after which I shall discuss the matter with my colleague, the Minister of Finance.

Mr Uteem: In answer to a PNQ on the 15 November last year, the hon. Deputy Prime Minister mentioned that the subsidy which Government will provide to households earning less than Rs30,000 will be 67%. So, they will have to pay 1/3. So, based on the revised cost of Rs2.7 m. per house, can the hon. Deputy Prime Minister confirm that those households will now have to pay a third which is Rs900,000 for these social houses?

The Deputy Prime Minister: I do not have an answer to that question at the present time but shall be glad to come back to it at a later stage. As I said, the prime concern of Government has been to focus on affordability. It makes no sense for Government to invest in social housing if at the end of the day, those houses are not affordable for the poorest sections of the community. So, a lot of ground work has been undertaken. Unfortunately I do not have at hand right now the precise figures but I shall be very happy to communicate same to my colleague of the House.

Mr Léopold: With reference to the housing scheme being mentioned, can the hon. Minister inform the House whether this scheme is applicable to other outer islands of the Republic of Mauritius including Rodrigues.

The Deputy Prime Minister: When the scheme was formulated, the objective was 12,000 houses for the 20 constituencies of Mauritius, that is, 600 per constituency. In the case of Agalega, there is a separate specific housing project being handled by the NHDC again, which to my great frustration has been very much delayed by COVID-19 and we are trying to catch up and that project is very much on for Agalega.

As regards Rodrigues, initially the understanding was that within the budget of the Rodrigues Regional Assembly, the funds were available for specific housings schemes. Thereafter, there have been requests for additional provision for social housing and the matter has been considered by a joint team of the Ministry of Housing and the Ministry of Finance that visited Rodrigues a short while back and the recommendations are under study at the level of the Ministry of Finance and my Ministry.

Mr Speaker: Last question, hon. Dhunoo!

Mr Dhunoo: Can the hon. Deputy Prime Minister inform the House, for such a big project, 12,000 housing units, what are the measures that his Ministry is going to take to ensure that the project is finished on time?

The Deputy Prime Minister: Very good question! It is an immense challenge, Mr Speaker, Sir. It is an immense challenge and it is a race against time. Just as much as was the case when 20 years ago we undertook to double the number of state schools in Mauritius within a few years and what we have done is set up a fast track committee that has already had its first meeting to consider how different Ministries can collaborate and coordinate their efforts to ensure that we expeditiously get through the first phase which is clearances and approvals and building permits so that very soon construction works can actually begin.

So, I had the opportunity some ten days ago of chairing a first meeting of that fast track committee which comprised a number of Ministries including the Ministry of Finance, the Ministry of Energy, the Ministry of Labour and Commerce, the Ministry of Environment, the Ministry of National Infrastructure, and the Ministry of local Government. So, we are working together to review progress and to ensure that permits and clearances are delivered in good time. It also includes all the authorities that are concerned with the Building and Land Use Permits at the level of local authorities from the Traffic Management and Road Safety Unit to the Land Drainage Authority, Wastewater Management Authority, CEB, CWA and so on. Again, I repeat, we shall leave no stone unturned to make sure that we follow this project very closely and meet our schedule.

Mr Speaker: Next question!

FREE PRE-PRIMARY EDUCATION – PROGRESS

(No. B/29) Mrs A. Navarre-Marie (Fourth Member for GRNW & Port Louis West) asked the Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology whether, in regard to the proposed implementation of free pre-primary education with effect from 2024, she will state the progress achieved in relation thereto as at to date.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): Mr Speaker, Sir, as announced by the hon. Prime Minister, pre-primary education will be free for children aged 3 to 5 as from January 2024.

Mr Speaker, Sir, some 21,500 children in some 750 schools will benefit from this measure. A survey carried out in 2022 revealed that this sector is being serviced by 1,000 teachers and 750 non-teaching staff. A committee is currently working on the project implementation and defining the modalities for the grant-in-aid system.

Mr Speaker, Sir, once these have been worked out, they will be presented to stakeholders. They will equally be invited to join the grant-in-aid scheme. I wish to highlight that the measure was welcomed by the teaching community and parents as well.

I wish to mention that UNESCO recommends that at least one year of pre-primary education should be free and compulsory. We are going a step further, Mr Speaker, Sir, with two years of pre-primary education free.

Mrs Navarre-Marie: M. le président, la ministre sera d'accord avec moi que ce projet suscite pas mal d'interrogations malgré le fait qu'elle prétend qu'il y a eu consensus autour du projet.

Il y a pas mal d'interrogations de la part des partenaires éducatifs sur les modalités autour de ce projet. Donc, elle a informé la Chambre que les modalités ne sont pas encore prêtes. Quand est-ce que ces modalités seront prêtes? Quand est-ce qu'on saura quels sont les critères d'éligibilités autour de ce projet?

Mrs Dookun-Luchoomun: M. le président, je viens de mentionner que nous sommes en train de travailler sur les modalités mais nous avons aussi informé le public à travers une conférence de presse que le projet est en cours. Nous sommes en train de travailler et qu'on allait inviter tous les *stakeholders* à prendre connaissance des modalités. Nous sommes en train de travailler sur un projet très important et nous voulons que d'ici 2024, tout soit prêt. D'ailleurs, nous avons déjà fait comprendre aux *stakeholders* qu'ils seront invités à intégrer le système, de joindre le système de *grant-in-aid* mais, nous avons aussi fait comprendre que nous n'allons pas *stem the tide of diversity*, Mr Speaker, Sir. On va permettre à ce que certaines institutions continuent à opérer comme ils le veulent librement, *fee paying*, tout comme c'est le cas pour le primaire et secondaire et enseignement supérieur.

Mr Speaker: Next question!

SAINT BRANDON ISLAND - FISH VESSEL YU FENG – WRECKAGE – SALVAGE OPERATION

(No. B/30) **Mr P. Armance (Third Member for GRNW & Port Louis West)** asked the Minister of Blue Economy, Marine Resources, Fisheries and Shipping whether in regard to the Fish Vessel Yu Feng which wrecked on 05 December 2022, near Saint Brandon Island, he will give details of the salvage operation and the cost thereof.

Mr Maudhoo: Mr Speaker, Sir, I wish to inform the House that in December 2022, a contract was signed by my Ministry with the salvage company Bridge Maritime Limited to proceed with the pollutant and wreck removal and scuttling operations of grounded casualty vessel FV Yu Feng No. 67 at Ile du Sud, Saint Brandon, on 05 December 2022.

On 05 January 2023, the salvage team reached the casualty site and managed to board the casualty vessel for only three hours and started the preparation of the salvage equipment and its transportation on board the casualty vessel. Unfortunately, the salvage team could not proceed with the installation of the pump on the casualty vessel on 06, 07 and 08 January 2023 due to bad weather conditions prevailing in Saint Brandon, that is, high wind speed and swells of 2 metres and above.

Upon improvement of the weather condition on 09 January in the morning, a team of 6 persons were able to transfer and install the pumps and other equipment on board the casualty vessel in the morning. This exercise took them around 6-7 hours. However, no diesel oil was pumped from the oil tank as the team had to leave the casualty vessel at around 16.30 hrs due to heavy swells again. The heavy swells continued on 10 January 2023.

On 11 January 2023, the National Emergency Operations Command (NEOC) met under the chair of the Vice-Prime Minister, hon. Dr. Anwar Husnoo, in the presence of the representatives of the salvage company. It was decided that the salvage team would re-attempt to board the casualty vessel on 12 January morning for the pumping of oil as there was a forecast for good weather conditions on that day. However, this attempt was also unsuccessful.

On 12 January 2023, a meeting chaired by the hon. Prime Minister was held with relevant stakeholders to discuss on the way forward regarding the wreck and pollutants removal operation and the salvage master was called in the meeting to clarify certain issues regarding the conduct

of the operations. The Mauritius Meteorological Services confirmed the weather conditions would deteriorate during the next 15 days or more so and also, there would possibly be cyclonic conditions over Saint Brandon during those periods. So, there was also no visibility as to when the weather condition would allow resumption of the salvage exercise. In this respect, it was decided that the contract for both the removal of the pollutants and the wreck be terminated. The salvage company was informed accordingly and the team was demobilised from the casualty site on the same day, that is, 12 January 2023.

Another meeting was held on 16 January 2023, under the chair of the hon. Prime Minister with the salvage master and all stakeholders whereby the salvage master confirmed that it was too risky to continue with the salvage operation which would put the salvage team's lives at risk.

On 20 January 2023, the Government decided that the responsibility for the wreck and pollutants removal operation would be looked henceforth by the Ministry of Local Government and Disaster Risk Management and at the level of the National Disaster Risk Reduction and Management Centre, under the Chair of hon. Dr. Husnoo, Vice-Prime Minister.

Mr Speaker, Sir, with regard to payment for this operation to be made to the salvage company, I wish to inform the House that an amount of USD 471,761, representing mobilisation cost, has already been paid to the Contractor on 21 December 2022. As regards the additional amount of USD 463,197.55 claimed by the salvage company as per the BIMCO Wreckhire Contract, following the advice of the Attorney General's Office, my Ministry is conducting a due diligence exercise with regard to the representation made by the salvage company as to whether the proposed plan of action could really have been executed being given the weather conditions and sea conditions at the casualty site are always rough with heavy swells. On completion of the due diligence exercise, the advice of the AG's Office would be sought anew based on the information received from the stakeholders.

Mr Speaker, Sir, after several meetings in fact held with the Taiwanese local fisheries representative in Mauritius, it was only yesterday, that is 27 March, that the owner of the vessel responded and informed that they will give due considerations with regard to removal of pollutants. It was now that they had responded. The matter is being followed by the Director of Shipping.

I wish to take this opportunity to extend my gratitude to the Government of the Republic of India for its precious assistance for the operations conducted on 09 and 10 March by the MARCOS Commando of the National Coast Guard to proceed on board the casualty vessel with the assistance of the helicopter of the Indian Navy Ship, INS Tir. 18 bags of solid waste weighing approximately 350 kg and comprising all fishing lines, plastic materials, fishing buoys and Nets which were the main pollutants on board the vessel and harmful to the marine lives, were removed from the casualty vessel.

Mr Speaker, Sir, I am informed that as at date, there is no oil spill, dead fish, bird, debris or tarballs observed along the shoreline.

Mr Armance: So, hon. Minister, you have spent nearly USD 500,000. Can you confirm to the House what was the volume of diesel and pollutants that were present at the time of wrecking, how much have been removed and how much is still on board of the vessel?

Mr Maudhoo: Mr Speaker, Sir, as I have mentioned, the diesel oil could not be removed and whatever solid pollutants which were removed has been done by the Marcos Commando of the NCG.

Mr Armance: What was the volume, the quantity of diesel?

Mr Maudhoo: Diesel has not been removed, Mr Speaker, Sir.

Mr Armance: Mr Speaker, Sir, can the Minister confirm that since January this year, there has been no real effort from his Ministry to attempt to pump the diesel despite the fact that there have been international organisations that approached Mauritius to give a helping hand?

Mr Maudhoo: Mr Speaker, Sir, in fact, we have approached international organisations through the Ministry of Foreign Affairs. In fact, the UN Expert was in the team which attended the salvage operation. It was only through advice and not like giving us means to do the attempt for the operation for removal of pollutants.

Mr Uteem: May I know from the hon. Minister, you have mentioned that you are in contact with the owners, have they agreed –

- (i) to refund the 500,000 dollars that Government has been paying for the salvage operation, and

- (ii) to remove, not just the pollutant, but the vessel from the coral reefs, which is damaging the coral reefs?

Mr Maudhoo: Mr Speaker, Sir, I did not mention this, but, in fact, we proceeded with the salvage operation because there was no response at all in the beginning, be it from the owner or the P&I. So, we had to proceed after several meetings.

As I said, there was a lot of pressure put on the local Taiwanese representatives and they only responded yesterday. Now, they are saying that they will give consideration because pressure has also been put maybe from the Government's side of Taiwan. So, now they are responding and they have said they are going to reimburse whatever amount has been spent, whatever claim we are going to put. Definitely, Mr Speaker, Sir, under the convention, there are different avenues for the Government of Mauritius to recoup expenses incurred in relation to salvage and wreck removal. So, we have already drawn the attention of the owner and the Taiwanese representative that will definitely pass on the expenses incurred by Government to them.

Mr Speaker: Last question!

Mr Armance: What commitment are you taking to the House today? Are you giving us guarantee that you are going to avoid another Wakashio and that you are going to take all necessary precautions to protect the environment? Can you please take this commitment to the House today?

Mr Maudhoo: Mr Speaker, Sir, it is as if we can prevent accidents!

(Interruptions)

Mr Speaker: Order!

Mr Maudhoo: I do not know if this is a question. But anyway, I wish to assure the House, Mr Speaker, Sir, that it is almost since one year since we have stopped issuing fishing license to Taiwanese Vessels; we have already taken the measures. In fact, whatever Taiwanese Vessels which are fishing under the IOTC Convention, when they come to our port for transit, obviously, when they leave the port, there are a lot of security checks being done on the vessel before they leave. Let me apprise the House that this vessel did not have any Mauritian fishing license, it fished under the IOTC Convention. So, obviously, when they come to Mauritius, they go through

the EEZ. And, in fact, I will also draw the attention of the IOTC with regard to such type of vessel operating in the Indian Ocean.

Mr Speaker: Next question!

METHADONE SUBSTITUTION THERAPY

(No. B/31) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Health and Wellness whether, in regard to the Methadone Substitution Therapy Programme, he will state the average waiting time for an opioid drug user to be induced thereon, indicating the measures being taken in order to decrease intake thereof.

Dr. Jagutpal: Mr Speaker, Sir, the Methadone Substitution Therapy (MST) Programme is a fundamental harm reduction strategy regarding Opioid Use Disorder, that is, heroin intake. The MST Programme has been put in place in 2006 following recommendations of the United Nations Office on Drugs and Crime (UNODC). Since the introduction of the MST Programme, 12,714 patients have been induced on methadone.

Mr Speaker, Sir, there are at present five Methadone Day Care Centres where patients are induced on methadone. These are –

- St Croix Methadone Day Care Centre;
- Bouloux Methadone Day Care Centre;
- Frangipane Centre;
- Orchidée Centre at Brown Sequard,
- Mahebourg Methadone Day Care Centre.

To highlight, the Centre Orchidée is dedicated to female patients only.

The waiting time for an opioid drug user to be induced on methadone varies depending on the region and is on average 3 weeks.

Patients are referred to a Methadone Day Care Centres by Non-Governmental Organisations or by Medical Practitioners (public or private) or by self-referral. A patient is taken care of in the centre by a trained multidisciplinary team comprising of a Psychiatrist, Medical Health Officer, Specialised Nurse, Psychologist, Specialised Health Care Assistant and Social Worker from Non-Governmental Organisations. After a comprehensive workup, patients are induced on methadone as per management guidelines.

Mr Speaker, Sir, the number of beneficiaries induced on methadone was 917 in 2020, 1,159 in 2021 and 1,567 in 2022. It is to be noted that measures are taken not to decrease intake on MST Programme, but rather to increase intake of methadone of individual patients. A patient on methadone may require a life-long treatment, but very few patients may engage in tapering their methadone dose under supervision of their medical team.

Measures that have been taken to decrease the waiting time are as follows –

1. Increase in the intake of patients on the programme through the opening of two new centres, namely Centre Frangipane in 2021 and Centre Orchidée in 2022;
2. Furthermore, intakes have also been generally increased in all our centres over the past 2 years;
3. In addition, residential induction on methadone has been introduced with the opening of Centre Frangipane;
4. Methadone induction has been scaled up since early 2022 in prisons of Mauritius,
5. A national waiting list is being introduced in order to decrease waiting time for patients. This will allow patients not to be restricted to a certain Methadone Day Care Centre for his induction and for induction to take place promptly.

Mr Speaker, Sir, these measures are successfully helping in making the waiting time as short as possible. Furthermore, the whole programme of Methadone Substitution Therapy has been reviewed to address the shortcomings. In this respect, protocols have been worked out to take full charge of patients in a holistic manner from the medical aspect to the psychosocial aspect as well as emphasising on rehabilitation and their re-insertion in the mainstream of society. This measure concerns mainly methadone patients who are taking methadone for years without proper follow up.

The protocols have been worked out by a technical working group comprising officers of my Ministry and representatives of NGOs involved in the implementation of harm reduction strategies under the guidance of Dr. David Mété, *Chef de Service d'Addictologie, Centre Hospitalier Universitaire de la Réunion*. The Ministry officially launched the new protocols not later than last week.

The new protocols are also meant to enable methadone induction to be carried out in a low threshold basis, that is, there will be no need for the patient to stay the whole day at the Methadone Centre for induction. Patients have to stay around three hours in the centre only. The waiting list for induction in Day Care Centres will thus be eliminated.

This induction will be carried out in the five existing Methadone Day Care Centres which will be transformed into polyvalent consultations for substance use with a multidisciplinary approach, including Doctors, Psychologists, Social Workers and with the active participation of NGOs.

Mrs Luchmun Roy: Thank you, hon. Minister. In your answer, you mentioned about the new protocols, can the hon. Minister bring more details and shed more light on the new protocols of the management of opium and disorders on methadone and whether it has been updated and what are exactly those protocols? Thank you.

Dr. Jagutpal: Mr Speaker, Sir, as I have mentioned these protocols and guidelines have been updated recently with the collaboration of Dr. Mété from *Centre Hospitalier* of Réunion Island. Why do we have to update these protocols? Because if we look at the UNODC and our National Drug Control Master Plan, they are to reduce drug use, improve health status, prevent future damage by reducing risk of complication. So, that is why it has been updated. So many patients are in methadone for many years and we have identified the shortcomings of these patients. They need proper follow up and they need reinsertion in the society. So, all these have been taken into account, especially in view of all the waiting list also, patients have to wait to be induced on methadone, so that is why the protocols have been worked out in such a way that we can implement all the recommendations through Dr. David Mété and his team.

Mrs Luchmun Roy: Hon. Minister, during your answer, you mentioned about the induction. Can you just shed some light upon this, whether the induction without admission is considered as a dangerous practice or like a normal practice? Thank you.

Dr. Jagutpal: The induction of methadone? So, obviously, induction of methadone is the only substitution therapy that we have for addicts, for those who are taking heroine. So, this induction of methadone has a process. We have to follow some guidelines before inducing these patients methadone and that is why the view is to accommodate patients as fast as possible so that there is no waiting time and that is what the Ministry has been working on recently.

Mr Osman Mahomed: Thank you. Can I ask the hon. Minister while there is a waiting time, there are cases of theft of methadone at methadone distribution centres by the medical staff themselves and this is being sold outside, sometimes even to children.

Dr. Jagutpal: Yes, I believe we all have recently seen on news. We all came to know about it and thanks to the Police; the good work that the Police Department is doing is enabling to track down all those who are involved in trafficking of methadone. But basically, the traffic of methadone is happening because some people they don't want... Methadone is not a drug that will bring some high or some kind of dependency. It is only a drug that will cause relieve to someone who is taking heroine and getting the withdrawal symptoms, that is, the craving for the drug, and methadone will reduce that craving. So, what is happening is the traffic of methadone is for those who are not willing to attend centres because of some reasons and that is why, there is the traffic of methadone.

So, the Ministry is working out a way to find out how we can get these patients who are willing to take methadone but don't want to be on that process of probably not to expose to others that they are taking methadone. So, we are working on how to get some kind of facilities for them also to get methadone as quick as possible.

Mr Speaker: Next question!

GRA - HORSE RACING TRAINER LICENSE – HOLDERS

(No. B/32) Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière) asked the Minister of Finance, Economic Planning and Development whether, in regard to the Horse Racing Trainer License, he will, for the benefit of the House, obtain from the Gambling Regulatory Authority/Horse Racing Division, the list of the holders thereof for the Horse Racing Season 2023, including the names of the –

- (a) foreign trainers who applied therefor, indicating the respective date of application and of issue and name of company under which each operate, and
- (b) persons who participated in the Horse Trainers Examinations organized by the GRA/HRD in 2022 and 2023 respectively, indicating the names of those who succeeded.

Dr. Padayachy: M. le président, je tiens à remercier l'honorable membre pour cette question. En ce qui concerne la partie (a) de la question, j'ai été informé par la *GRA* que pour la saison des courses 2023 le *Horse Racing Committee* de la *HRD* a délivré 20 licences d'entraîneurs de courses de chevaux, donc deux ont été délivrés à des étrangers qui sont de nationalité sud-africaine. Je vais, si l'honorable membre est d'accord, déposer la liste de ces entraîneurs au lieu de les lire un par un. Donc, je dépose la liste des entraîneurs de courses qui possèdent une licence délivrée par la *DRH*.

M. le président, en ce qui concerne la partie (b) de la question, je dépose également une liste de tous les candidats qui ont postulé et participé à l'examen d'entraîneurs de chevaux organisé par la *HRD* en 2022 et 2023 respectivement, y compris les noms de ceux qui ont réussi les examens.

J'ai fini, j'attends si ...

Mr Quirin : Bien sûr ! Bien sûr ! J'ai des questions supplémentaires. M. le président, avant même que la saison ne débute, un entraîneur sud-africain, Gareth Van Zyl, a rendu sa licence à la *GRA*. Le ministre, peut-il nous dire dans ce cas précis s'il y a des conditions qui sont attachées lorsqu'un entraîneur étranger rend sa licence ? Si oui, quelles sont ces conditions et si non, pourquoi ?

Dr. Padayachy: M. le président, je suis en train de chercher certaines informations ; je n'ai pas ces informations avec moi. Je me ferai un plaisir de donner les informations à l'honorable membre. Je viens d'apprendre comme l'honorable qu'il y a eu un entraîneur qui a rendu le tablier comme on le dit. Donc, je chercherai l'information ; je n'ai pas cette information avec moi.

Mr Quirin : J'espère, M. le président, que l'honorable ministre déposera la réponse dans un délai raisonnable.

Dr. Padayachy: Avant la semaine prochaine !

Mr Quirin : Très bien, je vous remercie. M. le président, le ministre peut-il aussi nous dire - j'espère qu'il pourra répondre à cette question - ce qu'il adviendra des 18 chevaux qui étaient sous la responsabilité de l'entraîneur Van Zyl et les palefreniers qui travaillaient avec lui ?

Dr. Padayachy: M. le président, ce genre d'information je ne l'ai pas avec moi. Je suis désolé ; je ne suis pas un entraîneur, je ne vais pas aux courses, je n'ai pas ces informations.

Mr Speaker: Hon. Members...

Dr. Padayachy: Je vais vérifier. Faites avoir les questions, je vais trouver ces réponses.

Mr Speaker: ... try to relate your question to the main question. It would be ...

(Interruptions)

Mr Quirin : J'espère que cette fois-ci que l'honorable ministre pourra répondre.

Dr. Padayachy: Vous m'écrivez toutes les questions, je trouverai une réponse.

Mr Quirin : Alors, M. le président, l'honorable ministre peut-il nous dire si tous ceux qui postulent pour devenir entraîneur, doivent-ils obligatoirement passer par une épreuve écrite et si c'est le cas, comment se fait-il qu'un ancien jockey qui malheureusement ne sait ni lire ni écrire a obtenu sa licence d'entraîneur ?

Dr. Padayachy: Je n'ai pas.

(Interruptions)

Mr Speaker: Order! Order!

Dr. Padayachy: Je vais trouver les réponses. Je vais vous donner toutes ces réponses. Je n'ai pas ces informations.

Mr Speaker: Hon. Member, let us be clear with one thing. Your question, a 10 lines question, you should relate it to your supplementary questions to ask clarifications about your main question. Please go ahead, next question!

Mr Quirin: All my supplementary ...

Mr Speaker: Ask your supplementary questions!

Mr Quirin: ... were related to my initial question. It is not my fault if the hon. Minister cannot reply.

An hon. member: *Li ti bizin pa vini zordi.*

Mr Speaker: Okay. So, this question has sufficiently been canvassed. You have no more supplementary question, I guess. Next question!

Ms Anquetil: Je vous remercie, M. le président.

BONNE TERRE, VACOAS - PURE MIND HAVEN SHELTER

(No. B/33) Ms S. Anquetil (Fourth Member for Vacoas & Floréal) asked the Minister of Gender Equality and Family Welfare whether, in regard to the Pure Mind Haven Shelter, located in Bonne Terre, Vacoas, she will, for the benefit of the House, obtain information as to –

- (a) the number of minors presently sheltered thereat, and
- (b) if any monitoring and evaluation thereof has been carried out by her Ministry since the coming into operation thereof and, if so, indicate the outcome thereof and, if not, why not.

Mrs Koonjoo-Shah: Mr Speaker, Sir, with regard to part (a) of the question, the Residential Care Institution for children known as Pure Mind Haven was registered with my Ministry on 19 March 2021 and is presently accommodating 25 children - 7 boys and 18 girls aged between 5 and 17, respectively.

As regards part (b) of the question, Mr Speaker, Sir, I am apprised that since its coming into operation, 40 monitoring and supervision visits (including surprise and late-night visits have been effected by Enforcement Officers of my Ministry.

Recommendations to improve on the environment and infrastructure of the institution have been made and consistent follow-up maintained throughout. Shortcomings were flagged to the management of that institution and a reasonable moratorium was granted for redress and corrective actions.

Mr Speaker, Sir, I am also informed that Pure Mind Haven has benefitted an amount of Rs500,000 from the National Social Inclusion Foundation for maintenance, repairs and embellishments, following the recommendations made by the enforcement team of my Ministry.

Ms Anquetil: Merci, M. le président. J'ai en ma possession un rapport très détaillé et très accablant du ministère sur la gestion, comme l'a si bien dit la ministre, catastrophique du shelter *Pure Mind Haven* que je dépose sur la table de l'Assemblée Nationale. On parle de –

- (a) surpopulation ;
- (b) ratio ;
- (c) enfant en *shelter* pas conforme au *Place and Safety Regulation 2019* ;

- (d) locaux insalubres ;
- (e) étrangers qui ont accès au *shelter* ;
- (f) un personnel non qualifié, et
- (g) un *gate* non cadenassé.

Donc, je dépose le document.

La ministre pourrait-elle nous expliquer comment son ministère a pu accorder une licence à ce *shelter* situé au premier et deuxième étage sans aire de jeux, le rez-de-chaussée est une résidence privée et un autre bâtiment qui sert de store dans la même cour avec des va-et-vient tout au long de la journée ? Merci.

Mrs Koonjoo-Shah: Mr Speaker, Sir, with your permission I would like to peruse the report that the hon. Member has just tabled before I answer the question. Regarding one part of the question she has put forward, I can answer that one with pleasure.

At the time of registration...

Can I answer you? You are already raising your hand.

(Interruptions)

Ms Anquetil: Cool down! Cool down!

Mrs Koonjoo-Shah: At the time of registration, Mr Speaker, Sir, which was 19 March 2021...

Mr Speaker, Sir, I have given the opportunity; I have given the decency to the hon. Member and Members of the Opposition whenever they intervene or put questions to listen, to talk.

(Interruptions)

Mr Speaker: Order!

Mrs Koonjoo-Shah: So, when I am replying to a question put by their own colleague, nobody is decent enough to listen to the reply.

Can I carry on, Mr Speaker, Sir, with your permission? At the time of registration, which I stated in my original reply...

(Interruptions)

Mr Speaker: Order!

Mrs Koonjoo-Shah: ... on 19 March 2021, that institution had satisfied all the conditions of compliance and as I stated in my earlier report, during monitoring visits, shortcomings were flagged and a reasonable moratorium was granted to the institution for redress including the provision of a fund of Rs500,000 by the NSIF (National Social Inclusion Foundation) for them to bring the changes required to up their standard and meet the criteria.

Nevertheless, once the moratorium expires, the site visit that is scheduled for follow-up will be carried out and if the institution is found not to be up to the criteria that is stipulated in the regulations, then obviously, appropriate actions will be taken.

Ms Anquetil: Je vous remercie, M. le président. En passant, je tiens à déposer un autre document sur la table de l'Assemblée nationale où c'est écrit clairement que : *the Ombudsperson for Children paid a visit to my shelter – written by the Director, Mme. L. G – and said : 'it is not fit for kids'*. Je dépose le document.

La ministre est-elle au courant de la grande, grande insécurité qui prévaut dans ce *shelter* qui est dépourvu d'aire, d'espace de jeu pour les enfants ? Je dépose une photo bouleversante et je suis sûre que cette photo ne laissera personne insensible. Vous voyez sur cette photo, trois enfants – je vais déposer le document, ne vous inquiétez pas – de ce *shelter* qui sont sur le balcon au deuxième étage; ils ont attaché plusieurs draps et un autre enfant se trouve au rez-de-chaussée et ces trois enfants essayent de remonter cet enfant sans passer par les escaliers et au vu et au su de tout le monde. Est-ce que la ministre est consciente de la grande insécurité qui prévaut et quelle action compte-t-elle prendre par rapport à une situation où ces enfants étaient menacés de mort ?

Mrs Koonjoo-Shah: Mr Speaker, Sir, allow me to reassure the House that security, safety, welfare, protection of the children of this Republic remains an utmost priority of this Government and that of my Ministry. Like I said, in my original reply, there have been shortcomings including the state of the second floor balcony that the picture the hon. Member – I presume from here, I cannot see it – was brandishing. And, again, I reiterate that there is a moratorium for redress.

In the meantime, following the recommendations of the enforcement team of my Ministry, there has indeed been a decision that should there not be noticeable corrective measures taken by that institution, arrangement will be made for our kids to be transferred to another residential care institution, Mr Speaker, Sir.

Ms Anquetil: Une dernière question!

Mr Speaker: Hon. Member, I have read your report. I am in possession of this report and I can notice that there has been some tampering with the report itself. And I don't know...

Ms Anquetil: I don't think so!

(Interruptions)

Mr Speaker: I will give a ruling concerning this report whether we can accept it or not in the House. Reports are made to be authenticated; reports are made to be genuine; a report cannot be tampered with. Put your last question!

Ms Anquetil: Merci, M. le président, mais juste à titre d'information, j'ai juste biffé le nom d'une personne dessus.

Alors, M. le président, plusieurs critères doivent être respectés pour obtenir le financement et parmi, un minimum de deux ans d'opération. La ministre pourrait-elle indiquer à la Chambre pourquoi cet abri, *Pure Mind Haven*, a bénéficié des financements à peine trois mois d'opération, tout en sachant que le personnel n'avait pas et n'a toujours pas l'expertise nécessaire dans la protection de l'enfance? Merci.

Mr Speaker: Before the Minister gives her answer, let me give my ruling on this report. This report also has been tampered with and this picture cannot be authenticated and I will give a strong ruling on pictures being circulated in the House – from both sides of the House...

(Interruptions)

An hon. Member: ... *seki pou premier minis la!*

Mr Speaker: Both sides of the House, I said!

(Interruptions)

Both sides of the House, I said!

(Interruptions)

So, I will give a strong ruling concerning these pictures and let us be more serious about circulation of fake reports and pictures.

Minister, you may continue with your answer!

Mrs Koonjoo-Shah: Thank you, Mr Speaker, Sir.

Coming to the registration of Pure Mind Haven residential care institution and how they are benefiting from funding - funding is disbursed by the NSIF as you might be aware or if you are not, the National Social Inclusion Foundation, following close monitoring depending on whether the institution meets the requisite criteria. Should they not be meeting all the criteria, I say it again, there is a certain amount of moratorium that is given to these places to bring corrective measures; whether it is a caregiver ratio, whether it is training, whether it is infrastructural redress, there is a certain leeway. A period of time is granted to that place so that they can bring the changes required. Should they not be able to comply during that moratorium period following regular visits by enforcement teams, then a decision is made based on the findings following the visits.

Mr Speaker: Next question!

**TERRE COUPÉE, SURINAM – LEASED STATE LAND –
ANNUAL RENTAL FEE**

(No. B/34) Mrs S. Mayotte (Second Member for Savanne & Black River) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the leases of plots of State land to 50 families of Terre Coupée, in Surinam, he will state the reasons why some of them –

- (a) do not pay the same rental for the lease since more than 30 years;
- (b) pay the sum of Rs1 annually, and
- (c) pay the sum of Rs3000 to Rs5000 annually.

The Deputy Prime Minister: Mr Speaker, Sir, I am informed that there is no state land lease that refers to any locality by the name of Terre Coupée in Surinam. So, the hon. Lady will bear with me if I offer an answer of general nature to her question.

The current policy pertaining to annual rental pay by any lessee holding a building site for residential purposes is based on a monthly family income, that is, the household monthly income at the time the lease is granted. This policy dates back to 2013. I am tabling the relevant information pertaining to annual rental claimed for state land leases for residential purposes and I would request that, I have three copies, if one could immediately be made available to the hon. Lady.

Accordingly, the annual rental payable in respect of leases of state land, albeit of the same size and in the same locality, may vary significantly depending on the household monthly income at the time the lease is granted.

As regards industrial site leases, the annual rental is as per the Second Schedule of the State Land's Act.

Mr Speaker: Next question!

Mrs Mayotte: Thank you, Mr Speaker, Sir. Can the hon. Deputy Prime Minister state if his Ministry has put on record the number of people living on these lease lands in Mauritius?

The Deputy Prime Minister: If the hon. lady is asking for the total number of lessees of State land for residential purposes, no, I do not have the figure, but I will undertake to communicate same to the hon. lady.

Mrs Mayotte: Some concrete constructions and two storey houses are often constructed on these lease lands and it is like that everywhere. Today, I would like to know if the hon. Deputy Prime Minister can state the steps before being given authorisation for construction procedures on these lease lands, please.

The Deputy Prime Minister: Again, if a lease over state land is granted for residential purposes, then the lessee, obviously, is entitled to build. But what type of house, what height of house depends on the relevant permit that will be granted by the relevant local authority.

Mr Speaker: Last question!

Mrs Mayotte: We also see lease land converted into concessions of concrete houses where most of the people have built their homes. But there is in the middle of these concessions, one or two families waiting since 30, 40, maybe sometimes two generations, for a contract while the others around have already obtained permission and authorisation and have been given a

contract for construction. Can the hon. Deputy Prime Minister give us the reasons why there are such situations?

The Deputy Prime Minister: I am not sure I understand the question, Mr Speaker, Sir. Permits for construction would be granted by the relevant authority, the lessee having to apply for a building and land use permit or a development permit, depending on the case.

Mr Speaker: Dr. Aumeer!

DR. A. JEETOO HOSPITAL – BABY C. & BABY M.

(No. B/35) **Dr. F. Aumeer (Third Member for Port Louis South and Port Louis Central)** asked the Minister of Health and Wellness whether, in regard to the mix up at discharge of early neonate Baby C. from the nursery at the Dr A. G. Jeetoo Hospital on 03 February 2023, he will state if the parents of neonate Baby M. who was wrongly discharged were informed thereof and, if so, indicate –

- (a) when;
- (b) if the DNA Testing was performed on both neonates to ascertain the parents thereof, and
- (c) the additional corrective measures, if any, being envisaged to avoid the recurrence of such mishap.

Dr. Jagutpal: Mr Speaker, Sir, with regard to part (a) of the question, I am informed that on 03 February 2023, both Baby M. and Baby C. were admitted at the nursery of Dr. A.G. Jeetoo Hospital. After the daily ward round, Baby C. was discharged by the Paediatrician at 12 15 hours. At the time of discharge, when the mother of Baby C. attended the Nursery, the latter was wrongly handed over Baby M.

A quarter of an hour later, the mix-up was noticed by the Charge Nurse. The mother of Baby C. was immediately contacted by phone and she attended the nursery with Baby M. within 1 hour. This matter is viewed with serious concern by the Consultant in charge of the unit and the administration of the hospital and the case has been referred to the Medical Negligence Standing Committee for an in-depth investigation.

Mr Speaker, Sir, in regard to part (b) of the question, I wish to inform the House that DNA tests are usually carried out in cases of Trisomy and Down Syndrome and the tests are performed in South Africa. In this particular case, a DNA test was not recommended as the babies were of different blood groups. Both babies were differentiated by their weight, height, length and physical appearance. A repeat of blood grouping was conducted to confirm the identity of the babies.

Mr Speaker, Sir, with regard to part (c) of the question, I wish to inform the House that my Ministry has reinforced the protocols in place at the Postnatal Unit as follows –

1. At the time of birth and at the time of discharge of a baby, two nursing officers are now required to identify the baby and ensure proper handing over after all information are duly recorded and cross checked with the Newborn Baby Chart.
2. A new born baby would now bear two bracelets, one over the wrist and a second one across the leg as a measure of additional precaution.
3. The attention of nursing staff has also been drawn regarding the exercise of diligence and professionalism in delivery of their duties.
4. All medical and paramedical staffs are strictly required to comply to clinical guidelines which are being implemented in all units of the hospitals.

Dr. Aumeer: Thank you, Mr Speaker, Sir. Indeed, this is a very tragic incident that happened. Does the Minister not believe that it was the duty of either the Consultant in charge or the Sister in charge to inform the mother of Baby M. that her baby has been in custody with a different person for more than an hour?

Dr. Jagutpal: Mr Speaker, Sir, I share your views and, in fact, it is the duty of the team at the nursery to inform the mother of that baby who has been carried by the other mother. I think that it is very important to inform the mother. Yes, I agree with you!

Dr. Aumeer: Thank you, Mr Speaker, Sir. Will the hon. Minister confirm to the House today that he will take the step to inform the mother and the father of Baby M. of such an incident?

Dr. Jagutpal: Mr Speaker, Sir, once the case is referred to the MNSA, it is for the MNSA to give their views. Whoever is negligent in this case has to bear the consequences.

Mr Osman Mahomed: The hon. Minister has stated that this matter is viewed as a great concern. Can I ask him whether he has met with the parents and ascertained with them whether this exercise that was performed at the hospital, meaning: blood group, height, weight and appearance; that they are happy with this and they are happy that the baby that they are holding is their real baby?

Dr. Jagutpal: I believe the hon. Member will agree with me. Once the case is referred to a committee for an investigation, it is not proper for me at this point of time to call. Let the inquiry be over and let the procedures be respected - who has to be taken to task and whether their recommendation is to inform the parents. I do not think it is proper at this time to conduct such an exercise.

Dr. Aumeer: Thank you, Mr Speaker, Sir. The United Nations and World Health Organisation have implemented and recommended double identification of neonates at birth including arm wrist band and leg band. Why is it now, after such an incident, that your Ministry has recommended full day Pediatric Consultants to implement it in Mauritius? It is a sort of *après la mort, la tisane*. Thank you.

Dr. Jagutpal: Mr Speaker, Sir, the hon. Member will know very well. He has been in this service for many years and I believe during the time he was in service, he should have given the advice for the Ministry to implement such a recommendation. Unfortunately, he is not there for some reasons. But I believe his team of gynecologists, pediatricians, whether in the private or the public, it is a concern for the Mauritian population and guide the Ministry that such advice should be given to officers working in the different units to know how to implement. Unfortunately, that never comes from the associations of pediatricians or gynaecologists. That never comes up. In fact, the Ministry takes some decisions, takes some steps and improves the identification of patients.

Mr Speaker: Next question!

CUREPIPE – HIGH-RISK FLOOD PRONE AREAS – DRAINS CONSTRUCTION

(No. B/36) Mr M. Yeung Sik Yuen (Second Member for Curepipe & Midlands) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the identified high-risk flood prone areas in Curepipe, he will, for the

benefit of the House, obtain from the Municipal Council of Curepipe, information as to where matters stand as to the construction of drains thereat.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Speaker, Sir, I am informed by the Land Draining Authority that there are 16 flood prone areas within the township of Curepipe which I am tabling now.

Mr Speaker, Sir, as per the LDA, there are 75 drains project for the town of Curepipe which are to be implemented by the different agencies, including 32 by the Municipal Council of Curepipe, at an estimated cost of Rs303 m. Another 40 would be carried out by NDU and three by the RDA.

I am also tabling the list of the 32 sites which are going to be done by the Municipal Council of Curepipe, along with their respective status, revised estimated cost and start and completion dates.

As at date, nine of the drain projects have already been completed, one is at the construction stage, 15 at tender stage and seven at design stage.

Mr Yeung Sik Yuen: Well, Mr Speaker, Sir, can I know from the Vice-Prime Minister, since he said in his reply in PQ B/754 on 03 November 2020, where he mentioned that there were 22 high-risk flood prone areas in Curepipe, how many projects have been completed from these 22 flood prone areas?

Dr. Husnoo: Mr Speaker, I just got the letter from LDA where they kind of lumped them to 16 flood prone areas and there are 75 drains which kind of cater for this. Your question was about what the Municipal Council of Curepipe has done. So, I have just mentioned, there are 32 drains being done by the Municipal Council and I have given you the status for each of them, whether they have been completed or not. I have got a list; I can go one by one if you want - I can do that. And you have NDU...

(Interruptions)

No, I have already tabled the report and I have mentioned there are 40 drains which are being done by the NDU and three by the RDA. You are going to have all the dates: when the projects were started, when they were completed, if they have been completed or if they are at tender stage.

Mr Yeung Sik Yuen: From a previous reply again, it was on 11 May 2021, the Minister said that there were almost Rs35 m. for projects which were ongoing. Maybe I can give him a copy of his answer so that he can reply to me.

(Interruptions)

I can give you the details in the meantime: Ramparsad Ramdin Lane; Résidence Les Jasmins, NHDC. So far, zero! NHDC in Curepipe; Stevenson Street; Morcellement Antelme; Giquel Street - all these *ankor zero plonbaz!*

Dr. Husnoo: Okay, I can take the list as well. I will tell you what has been done and what is on tender –

- 1) Morcellement Belve, Curepipe: tender stage; Rs14 million; to start on 23 May and to be completed on 23 July;
- 2) Paratian Street, Les Casernes: already completed. Rs400,000; done by Ramlo Ltee; started on 05 March 2021 and ended on 01 November 2021;
- 3) River Lane, Robinson: completed. Rs2 m.; Ramlo Ltee; started on 05 March 2021 and completed on 01 September 2022;
- 4) Impasse Dumas, Malherbes, at design stage; Rs150,000; will be starting on 23 June and to be completed in August 2023, and
- 5) Gilbert Joson St, Camp Le Vieux: tender stage; Rs38 m.; starting in April 2023 and it will end in March 2024.

If you want me to carry on, I have got another 32.

(Interruptions)

I have already given it to you.

(Interruptions)

I have already submitted the list. Okay?

Mr Speaker: I think you had enough! I think you had enough!

(Interruptions)

Dr. Husnoo: Okay, thank you.

(Interruptions)

Mr Speaker: Next question!

Ms Anquetil: Je vous remercie, M. le président.

RELAY SHELTER CAP MALHEUREUX – MINORS M. & D. - COURT ORDERS

(No. B/37) Ms S. Anquetil (Fourth Member for Vacoas & Floréal) asked the Minister of Gender Equality and Family Welfare whether, in regard to minors M. and D., she will state if Court Orders were issued for the admission thereof to the Relay Shelter Cap Malheureux, also known as L'Oiseaux du Paradis and, if so, give details thereof.

(Interruptions)

Mr Speaker: What is happening? There is a question on!

(Interruptions)

You had your question!

Mrs Koonjoo-Shah: Mr Speaker, Sir, I am informed that Court Orders for the placement of minors M. and D. at Relay Shelter Cap Malheureux were issued on 07 December 2021 and on 27 October 2022 respectively.

Thank you.

Ms Anquetil: M. le président, je suis juste abasourdie ! Franchement choquée parce que je suis en présence des *Minutes of Proceeding* de la *Children's Court* qui confirme que ces deux mineurs, M. et D., ont été placés illégalement au *Shelter* de Cap Malheureux aussi connu comme L'Oiseaux du Paradis. Comment peut-on oser dans cette Chambre dire que tout est en ordre ? Et je dépose les *Minutes of Proceeding*, voilà. J'aimerais savoir ce que la ministre a à dire, mais je vais sur ma première supplémentaire. La ministre pourrait-elle nous indiquer pourquoi le mineur de 15 ans a été déscolarisé lors de son placement illégal au *Shelter* L'Oiseaux du Paradis et forcé à suivre un cours technique alors qu'il se débrouille bien au collège, et l'autre frère de 13 ans s'est retrouvé à l'hôpital Brown Sequard...

Mr Speaker: What is your question?

Ms Anquetil: J'y arrive mais je dois expliquer...

Mr Speaker: You explain too much!

Ms Anquetil: Non, il y a deux mineurs...

Mr Speaker: Other people have their question to ask!

Ms Anquetil: Je suis sûre que vous êtes très sensible...

Mr Speaker: Put your question! Put your question!

Ms Anquetil: ... aux enfants vulnérables placés... On est en train de parler d'un cas de grande inégalité. Vous vous rendez compte l'autorité a placé illégalement...

Mr Speaker: No! But you are making a speech, hon. Member! You are making a speech! This is not parliamentary!

Ms Anquetil: La ministre peut-elle confirmer que l'aîné, le mineur M., a été bien déscolarisé d'un collègue de Goodlands pour être admis dans un collège technique et le plus jeune, le mineur D., s'est retrouvé à l'hôpital psychiatrique de Brown Sequard alors qu'il n'a aucun antécédent psychiatrique juste parce qu'il a été récalcitrant et a refusé de manger - écoutez bien - un plat de *briyani bringelle* ? Merci.

Mrs Koonjoo-Shah: Mr Speaker, Sir, once again, there has been Minutes of Proceeding that have been brandished in this august Assembly. I will wait for the report that was flashed to be authenticated before I can pronounce myself on that.

And to come to the question put forward by the hon. Member, I am not aware of each and every case that comes to the Child Protection Services or to that effect to the Family Protection Services of my Ministry. It is not exactly the role of the Minister in charge of a portfolio that wide. But, to answer the question of the hon. Member of the Opposition, I have just replied that there are Court Orders that were issued on these specific days and if the report that she tabled is authentic, I will look into it and take it from there.

With respect to all the information that she has raised concerning the minor who is 17 years old and that he was forced to quit his studies and forced to undertake a technical vocation at a particular educational institution. I will have to go and verify her claims whether they are authentic.

Mr Speaker: Let me stop you there. Let me give my ruling!

Mrs Koonjoo-Shah: Okay.

Mr Speaker: The document I have in front of me is manipulated.

(Interruptions)

It is a summon. It's not a Minutes of Proceeding, it's summon.

Mr Mohamed: No, it is a Minutes.

Mr Speaker: It is not Minutes of Proceeding. It is a summon!

Mr Mohamed: It's not a summon!

Mr Speaker: I am not talking to you. I am talking to the House. You can only talk to me on a point of order.

Mr Mohamed: I will raise a point of order.

Mr Speaker: And so, this document is not acceptable.

Mr Mohamed: On a point of order, Sir!

Mr Speaker: Yes!

Mr Mohamed: On a point of order, I am looking at the document that you are referred to and this is the document at the heading of which is written 'Children's Court' and it is written with the hand of the person presiding the Children's Court and it is signed by the Registrar of the Court and it basically says exactly ruling and the Court is writing its ruling. When the Court writes its ruling and talks about the Minutes of Proceedings...

Mr Speaker: No, what is your point of order?

Mr Mohamed: My point of order is...

Mr Speaker: You are just explaining! What is your point of order?

Mr Mohamed: My point of order, Mr Speaker, is that you are wrong. This is not a summons. This is Minutes of Proceedings.

Mr Speaker: You have no point of order!

Mr Mohamed: That is my point of order!

Mr Speaker: I rule you have no point of order because you haven't raised any point of order as per the Standing Orders.

Mr Mohamed: I am trying to put order in your mind!

Mr Speaker: Oh, this is going against the rule of Parliament. This kind of comment; either you present your apologies...

Mr Mohamed: I apologise for saying I am trying to put order in your mind.

Mr Speaker: Apologise unconditionally!

Mr Mohamed: But there is no condition attached!

Mr Speaker: That's it!

Mr Mohamed: It's all in your mind!

Mr Speaker: You apologise unconditionally!

Mr Mohamed: In your mind, you think there is a condition. There was never any condition!

Mr Speaker: Please, that is final!

Mr Mohamed: Thank you.

Mr Speaker: My ruling is final and you have no point of order!

Mr Mohamed: But I don't agree with your ruling!

Mr Speaker: It was a fraudulent point of order!

Mr Mohamed: I don't agree with your ruling!

Mr Speaker: Give your reply Minister!

Mrs Koonjoo-Shah: Mr Speaker, Sir, with all due respect to the House, the question put forward by the hon. Member again, needs to be verified because she is claiming, she is purporting that a minor has been forced to abandon his studies when he was doing very well in one academic institution and he was forcefully placed in another academic institution. It all sounds very fictitious to me and I will go and verify the authenticity of her claims and allow me, Mr Speaker, Sir, to seize this opportunity to get the hon. Member to appreciate that when it

comes to the safety and protection of our children, who she claims to be a fervent proponent of their welfare, it is improper to choose to do such dirty, *politique de bas échelle* on the back of our children.

(Interruptions)

An hon. Member: *La honte!*

(Interruptions)

Mrs Koonjoo-Shah: Yes, it is indeed very, very shameful!

Mr Speaker: Order!

Mrs Koonjoo-Shah: Mr Speaker, Sir, she chooses to come and...

Mr Speaker: Order!

Order both sides of the House! Order!

Mrs Koonjoo-Shah: Mr Speaker, Sir, the hon. Member of the Opposition comes with valid questions and...

Mr Speaker: Wait, Minister!

Mr Assirvaden: La ministre, M. le président, dans sa réponse est en train de *impute motive* pour dire que nous sommes en train de faire des *dirty works*. Ce n'est pas ça. C'est, nous faisons notre travail ! Il se peut qu'elle ne soit pas d'accord mais il n'y a pas de travail sale ! Ce n'est pas du côté de cette Chambre qu'il y a du travail sale ! Que je demande à la ministre de rectifier !

Mr Speaker: You made your point! I will give a ruling after!

Ms Anquetil: Withdraw!

Mr Speaker: Continue! Continue!

Mrs Koonjoo-Shah: Mr Speaker, Sir, contrary to what the hon. Members of the Opposition are claiming to supposedly be doing their job, yes, if you do it with a decorum and with respect to the institution, that is, this House, then it is my duty as well to come and reply.

Mr Speaker: No, Minister....

Mrs Koonjoo-Shah: You come and brandish a picture that is not even authentic. I can brandish the same thing where one Member of your Opposition published without any qualms, the Medical Report of that same baby who has been admitted in ICU whom you never even went to visit once.

(Interruptions)

I am tabling this to show that this is authentic, it can be verified and this is how low you guys go for your political mileage. *Suivez mon regard!*

Mr Speaker: We move to the next question!

**2022 NATIONAL CERTIFICATE OF EDUCATION EXAMINATIONS - FIRST
COHORT OF STUDENTS**

(No. B/38) Dr. M. Gungapersad (Second Member for Grand' Baie & Poudre d'Or) asked the Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology whether, in regard to the 2022 National Certificate of Education Examinations, she will, for the benefit of the House, obtain from the Mauritius Examinations Syndicate, the detailed breakdown of the results obtained by the first cohort of students of the Extended Stream, both in the State secondary schools and the private secondary schools and table copy thereof.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): Mr Speaker, Sir, the statistics of the NCE results 2022, subject wise, with respect to candidates of the Extended Programmes, both State and Private Secondary Schools, have been uploaded on the website of the Mauritius Examination Syndicate and are in the public domain.

The MES also prepares reports on the performance of students which are subsequently submitted to the respective schools. Mr Speaker, Sir, the educational reforms rest on the notion that the skills and competencies of all learners have to be developed to enable them to construct their future - a lifelong learning. The House would recall that the curriculum of the Extended Programme was meant to be covered over a period of four years. The strategy being to ensure that the students acquire the required knowledge and competencies over the four years. However, the first cohort of the Extended Programme learners because of the COVID-induced disruptions, did not benefit from the enhanced support as initially planned.

Furthermore, these students needed additional support and this was not possible. Nonetheless, Mr Speaker, Sir, it's worth noting that we have achieved the inclusiveness as far as in the first cohort, 71 EP Students have been successful and have joined the Grade 10 Regular Stream. Some 487 are repeating the grade. We have also been informed that there are around 3,200 recruits admitted in MITD Centres and I-Tech Institutions and these include students of Grade 9 who have met the requirements for the NQF Level 2 and obtained their NCE Certificate as well as those from the Extended Programme Stream.

Dr. Gungapersad: Will the hon. Minister, after taking cognizance of the pass rate or high rate of failure of that Extended Programme first cohort - I would have liked if as Minister, you had cared for these kids because this is a maladapted curriculum for them. Hon. Minister, I am not saying that. It is the World Bank which, in its mid-term Report, says that the curriculum is not adapted to the needs of EP and the teaching and learning processes were not well tailor made for individual needs of those students. It is high time we review this pedagogical aberration, hon. Minister.

Mrs Dookun-Luchoomun: Mr Speaker, Sir, I would like to remind the hon. Member that we have introduced the EP, the Extended Programme and we have been evaluating it periodically and right now, we have a team, a committee working on how to improve the system. I would like to draw his attention that between 2005 to 2014, the prevocational stream that we had, had never undergone any form of evaluation nor has there been any follow-up on what happened to those students whereas in our case, Mr Speaker, Sir, we have been following the students; we have been dealing with the World Bank and what he has been talking about the mid-term Report of the World Bank, it's something of the past. The World Bank is here right now. We are discussing with them and we are working towards improving the Extended Programme while making sure that these students are taken care of. This is what we have been doing, Mr Speaker, Sir, and it's totally unwarranted to talk about - *quel terme que le Monsieur a servi là?*

Dr. Gungapersad: Pedagogical aberration!

Mrs Dookun-Luchoomun: 'Pedagogical aberration' - this is what he ought to think about because I would like to remind the hon. Member that when he was a Rector, he did not even accept to have prevocational students in his school. So...

(Interruptions)

No, I have no lessons to learn from him.

(Interruptions)

Mr Speaker: Hon. Members!

Mrs Dookun-Luchoomun: *Pe vine fer mwa la lesson !*

Dr. Gungapersad: She has misled the House!

(Interruptions)

Mr Speaker: Hon. Members! Hon. Members!

An hon. Member: I have a point of order, Sir!

Mr Speaker: Hon. Members!

An hon. Member: Don't shout!

Mr Speaker: Hon. Members, I am addressing the House! Keep your point of order!

Questions B/40, B/41, B/42, B/43, B/44, B/46, B/47, B/48, B/50, B/53, B/60, B/63, B/67, B/69, B/70, B/71, B/73, B/74, B/75, B/77, B/79, B/80, B/85, B/87, B/89, B/97, B/102, B/105, B/107, all these questions have been withdrawn.

(Interruptions)

Thank you for your silence! Time is over.

Dr. Gungapersad: I have a point of order.

Mr Speaker: You meet me in my office for your point of order!

(Interruptions)

Dr. Gungapersad: I challenge her! I challenge her! *Menteuse!*

(Interruptions)

Mr Speaker: So, now I will ask you to withdraw that word that you mentioned!

Dr. Gungapersad: I withdraw, but she will have to prove whatever she has said.

Mr Speaker: This is something else.

Dr. Gungapersad: Okay, thank you.

Mr Speaker: Thank you.

MOTION

SUSPENSION OF S.O. 10(2)

The Deputy Prime Minister: Mr Speaker, Sir, I beg to move that all the business on today's Order Paper be exempted from the provisions of paragraph (2) of Standing Order 10.

Mr Seeruttun seconded.

Question put and agreed to.

(4.16 p.m.)

STATEMENT BY MINISTER

IRAN – MINOR V. R. – REPATRIATION

The Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade (Mr A. Ganoo): Mr Speaker, Sir, with your permission, I wish to make a statement regarding the case of Minor V. R.

On 17 March 2023, the parents of Mauritian national V. R., 17 years old, called at my Ministry to seek assistance for the repatriation of their son from Iran.

According to the parents, Master V. R. attended a wedding in Dubai through the invitation of an Iranian national. After the wedding, the person took minor V. R. to his family home in Iran. The parents of minor V. R. stated that the Iranian national then asked them for a large sum of money to ensure the return of their child to Mauritius.

Faced with these demands, the parents reported the matter to the Police in Mauritius and also sought the assistance of my Ministry. Given that the last localisation of the mobile phone of minor V. R. indicated that he was in Baluchistan, a border region which straddles both Iran and

Pakistan, my Ministry sought the assistance of these two countries to search and rescue the minor. My Ministry and our missions abroad followed the matter very closely.

I am pleased to inform the House that on Monday 27 March 2023, that is yesterday, my Ministry obtained confirmation that –

- (i) Minor V. R. had been found by the Iranian authorities in the town of Zahedan city and capital of Sistan Baluchistan, and
- (ii) The alleged kidnappers had been arrested in the town of Kash in the Sistan Baluchistan province of Iran,

Minor V. R. is presently in police custody in the said town of Zahedan. Following the necessary investigation, he would be transferred to Tehran for eventual repatriation. These developments were reported through the Mauritius Police Force to the family of minor V. R. on the same day.

My Ministry will continue to follow the matter until the safe return of the minor to Mauritius. I would like at this point, Mr Speaker, Sir, to record our heartfelt appreciation to the Iranian authorities for the diligence in ensuring the liberation of the minor. In the same vein, I also wish to highlight the hard work done our consular services both at the level of my Ministry and our diplomatic representations in Antananarivo and Islamabad.

PUBLIC BILLS

First Reading

On motion made and seconded, the following Bills were read a first time –

- (a) The Waste Management and Resource Recovery Bill (No. I of 2023)*
- (b) The Supplementary Appropriation (2022-2023) Bill (No. II of 2023)*
- (c) The Mauritius Digital Promotion Agency Bill (No. III of 2023).*

Second Reading

THE HIV AND AIDS (AMENDMENT) BILL**(NO. XIX OF 2022)***Order for Second Reading read.**(4.18 p.m.)*

The Minister of Health and Wellness (Dr. K. Jagutpal): Mr Speaker, Sir, it is with a sense of duty that the HIV and AIDS (Amendment) Bill (No. XIX of 2022) is being brought to this House.

Before elaborating on the amendments that are being proposed, let me put forward a few historical facts. In the first few decades of the 20th century, in West Africa, an unknown virus, made the jump from chimpanzees which was its natural host to humans. It was followed by a silent transmission for many years from human to human during decades. When the number of infected people started increasing, a first article was published in 1981 in a medical journal reporting 5 cases of suspected pneumonia among the gay community in Los Angeles. These were the first AIDS cases, but at that time, the name was not yet identified.

The number of cases kept on growing and in 1983, HIV, which stands for Human Immunodeficiency Virus, was discovered. It was the human form of the SIV, the SIV stands for ‘Simian Immunodeficiency Virus’ of chimpanzees that brings pathogenic diseases in humans under the name of HIV. So, it is a kind of variant that has come up from SIV.

We must make the distinction between HIV and AIDS. AIDS which stands for Acquired Immunodeficiency Syndrome is the ultimate form of HIV infection. The first stage of HIV infection is the primary infection. It is the time when the virus enters the body and begins to develop. There are no symptoms in half of the cases, and in the other half, there are symptoms similarly like a common flu. Because of this, the person does not know that he is carrying the virus and almost in all cases the infection is not identified.

The duration of the primary infection lies between three weeks to three months. The second stage known as the latent stage lasts on average for about eight to ten years during which there are no signs and symptoms of the HIV infection. For all these long years, the person infected with the virus does not know if he is contaminated. The last stage of the virus is AIDS and is characterised by the presence of opportunistic infections and opportunistic cancer.

This means that the HIV virus causes infections and certain types of cancer. So, there are three stages from the time one is infected with the virus till the time the virus completely invades the body and is manifested by AIDS.

During that particular phase, HIV multiplies within the immune system and destroys the healthy cells progressively until the immune system is not able anymore to compensate for the destroyed cells.

There are three modes of transmission for HIV Infection, which are –

- (i) blood borne, that is from blood to blood;
- (ii) through unprotected sexual contact, and
- (iii) through mother to child transmission, that is, during pregnancy, delivery and breastfeeding.

Mr Speaker, Sir, over the last 40 years, incredible progress has been made in the development of effective HIV medications. These advances have transformed this fatal disease into a chronic infection. With the advent of antiretroviral drugs, people living with HIV can suppress the virus, prevent onwards HIV transmission and help HIV patients to lead a better quality life.

Mr Speaker, Sir, globally, according to the UNAIDS, out of the 84 million people ever diagnosed with HIV, about 40 million have died of AIDS. In 2021, an estimated 34.8 million people were living with HIV. In the same year, there were 1.5 million new HIV infections and 650,000 AIDS related deaths.

In Mauritius, HIV was first reported in October 1987. From 1987 to 2022, a total of 8,331 Mauritian citizens have been diagnosed with HIV out of which 6,334 are males and 2,497 are females. During that same period, 1,903 AIDS-related deaths have been registered.

Concerning the mode of transmission, contamination from the year 1987 to 2000 was mostly by heterosexual route. From 2001 to 2005, the country witnessed an exponential rise in the number of new HIV cases among people who injected drugs. An average of 50 new HIV cases was registered each month with the peak of the epidemic in 2005. More than 92% of the newly diagnosed cases were among people who injected drugs which means that HIV transmission was blood borne through sharing of needles and syringes.

Mr Speaker, Sir, in Mauritius, the HIV prevalence is 1.2% in the population at large with an estimated 14,000 persons living with HIV. The HIV epidemic is of concern to all Mauritians but is concentrated among key populations which comprise of people who inject drugs, female sex workers, men who have sex with men, and transgender persons.

Subsequently, the potential risk of the HIV epidemic bridging to the population at large is of great concern. Let me point out that in Rodrigues the situation is different as the HIV infection is driven by sexual transmission among the youth and young adults.

It is in this context of the highly significant representation of injecting drug users among the newly diagnosed HIV cases that the HIV and AIDS Act 2006 was enacted. This law makes provision for the Needle Exchange Programme and safeguards the rights of the people living with and affected by HIV. Its objective is to provide for measures to control the HIV epidemic and prevent further propagation of HIV and AIDS. The Act also makes provision for confidentiality, consent, counselling upon which HIV testing is based. It also stipulates that testing for minors is to be carried out with written consent of the minor only if he understands the nature of the test. Moreover, the Methadone Substitution Therapy was introduced in 2006 to counter the effects of injecting drug use.

Despite bold preventing measures and access to HIV testing, treatment, care and support undertaken to contain the HIV infection within the high-risk groups multiple challenges still exist and impede on the national response to the HIV epidemic.

Mr Speaker, Sir, about half of the people living with HIV in Mauritius probably do not know their status. Stigma and self-stigma are the major barriers. The fear of rejection by their close ones if found to be HIV positive makes people reluctant to get tested.

The annual number of new HIV infections registered among Mauritians in the past three years has remained between 300 to 400. The Integrated Biological and Behavioural Surveillance Survey of 2021 carried out by my Ministry shows that HIV is mostly prevalent among the key population.

The statistics show that HIV is present in 21% of people who inject drugs, 14.3% of female sex workers, 17.2% of men who have sex with men and 28% of transgender persons. The

country has not been able to eliminate mother to child transmission despite the coverage of the prevention protocol being above 90%.

The majority of persons diagnosed with HIV are in the age group 25-34 years and are considered as high-risk groups for HIV because of their unsafe behaviours. Of the total number of people diagnosed with HIV, 18% are aged between 15-24 years, and 34% between 25-34 years. Despite tremendous efforts invested by the dedicated health and non-healthcare personnel, new HIV infections still occur.

The UNAIDS HIV estimates that between 2010 and 2021, HIV-related deaths among all age groups increased by 23% although it declined by 52% among children in Mauritius.

AIDS related death occurs mostly because of late diagnosis of the HIV infection and non-adherence to treatment. The adherence rate stagnated around 70% for the past five years with approximately 1,200 people living with HIV considered as lost-to-follow-up. Active tracking of the lost-to-follow-up patients is ongoing and requires tremendous efforts to re-engage these persons into healthcare.

Responding to the diverse needs of the different populations requires huge investment in human resource and ability for multitasking. History shows that Mauritius has always strived to control the HIV infection throughout its evolution by aligning with the international recommendations pertaining to testing, prevention, treatment, care and support.

The country is signatory to regional and global treaties on HIV and AIDS, the most significant ones being the Global Response of three zeros: zero infection, zero death and zero discrimination, the UNAIDS 2016-2021 Strategy under the United Nations agenda for Sustainable Development Goals.

Mr Speaker, Sir, HIV testing is the only way to know your HIV status and subsequently to access prevention, treatment, care, support services and also to take the necessary measures not to contaminate others.

In case of a positive result, HIV screening allows the person to access treatment and undergo close monitoring. In case of an HIV negative result and in absence of any potential exposure to the virus in three months preceding the test, the person is considered to be HIV-

negative. The person is encouraged to adopt safe behaviours to maintain the negative result. If the negative person has a very high risk of becoming infected, he can have access to PReP.

Pre-Exposure Prophylaxis (PReP) is offered to HIV-negative persons at substantial risk for HIV due to their unsafe behaviours or recurrent exposure to HIV. In a sero-discordant couple, that is, a couple where one of the partners is positive, Pre-Exposure Prophylaxis is also recommended. This service is available since 2018 and needs to be further promoted. PReP is available at the HIV Point of Care Services of the Ministry, at the Banian Centre, located in the premises of Nu Vi La under the management of NGO PILS.

I take this opportunity to acknowledge the work of all the NGOs in the field of HIV, drugs and key populations. We know very well that the work of the Ministry and NGOs are complementary. Today, if we have achieved so much progress in the fight against HIV and AIDS, it is also thanks to the global fund to fight AIDS which has been the main external funding body in helping the Government to implement policies and strategies to fight HIV and AIDS during the last decades. Today, the Government funds 82% of the fight against HIV and AIDS.

Mr Speaker, Sir, my Ministry is already providing a mix of HIV tests such as –

- Mandatory HIV serological tests among blood donors and organ and tissue donors.
- Voluntary HIV Counselling and Testing are conducted at primary, secondary and tertiary level of care as well as in closed settings when a person opts for counselling and requests for HIV testing.
- Provider-Initiated Testing and Counselling which are carried out in health and non-health settings when trained healthcare or non-health care personnel propose an HIV Test to a person who may opt out.
- Several NGOs also provide HIV Testing.

Contextual analysis within which HIV services are operating led to the development of the new National Action Plan 2023-2027. A multi-sectorial, rights-based and patient-centred approach has been adopted to develop this action plan. It bears all the stakeholders' shared vision to achieve zero new HIV infections and zero death within a setting of an inclusive environment free from stigma and discrimination.

The 2023 - 2027 National Action Plan for HIV articulates priorities and high-impact interventions in line with the mission to provide high quality HIV prevention, testing, treatment and care and support services accessible to all Mauritians. Its most prominent guiding principle is the Universal Health Coverage to ensure that all individuals and communities receive the health services they need without financial hardship.

In line with international recommendations to ending AIDS as a public health threat by 2030, bold measures have been undertaken by the Ministry of Health and Wellness to bridge any loopholes in the management of people living with, affected by and at risk of HIV. Provisions of tailored combination HIV prevention programs which include a mix of behavioural, biological and structural interventions is prioritised to meet the needs of the specific high-risks groups. The existing preventive measures against HIV will allow Mauritians to take informed decisions that will impact positively on their quality of life.

Mr Speaker, Sir, the HIV and AIDS Act of 2006 no longer responds to the framework suitable to fight HIV and AIDS and needs to be amended. This Government, under the leadership of the Prime Minister Pravind Kumar Jugnauth, is determined to offer all facilities to improve the HIV and AIDS response. We are today making history by introducing HIV Self-Testing and Directly Assisted HIV Self-Testing to upscale the number of people knowing their HIV status. For the first time, a person will be able to collect his own specimen of blood, perform a simple rapid diagnostic test and interpret the result in line with the WHO recommendations of 2016.

Mr Speaker, Sir, it is only through upscaling of HIV testing among the population that we will succeed in our endeavour to diagnose HIV at an early stage and reduce AIDS mortality rate. It is understood that all HIV testing should be in line with the HIV and AIDS Act and based on the three key principles of Counselling -pre and post-test, Consent and Confidentiality.

To ensure that the rights of the person to be tested are respected, no one should be coerced to undergo HIV Self-testing and Directly Assisted HIV Testing.

Whilst respecting the person's rights, emphasis will be laid on the importance of partner notification on one's HIV status. In case of a potential HIV positive self-test result, the person will be encouraged to disclose his HIV status to his partner or partners. Even if the person does not want to disclose his HIV status to his partner, many studies have shown that knowledge of

the status prompts a vast majority of people to take steps so as to refrain from contaminating others. My ministry will ensure that the HIV Self-Testing Kits that will be on the market will be WHO Pre-Qualified. The HIV Self-Testing Kits will also be sold in private pharmacies around the island.

The amendments we are proposing to the HIV and AIDS Act of 2006 –

- (i) When a person is undergoing HIV Self-Testing and the result turns out to be positive, HIV confirmatory test must be carried out at the Central Health Laboratory of the Ministry.
- (ii) A toll-free service: 800-05-00 is available for assistance and in-depth pre and post-test counselling.
- (iii) HIV self-testing, which is already routinely being implemented in more than 50 countries, has proven its worth. It is an additional and complementary screening device.

A meta-analysis, published in 2021 in the Lancet, investigated the results of 14 self-test studies, including 13 in Sub-Saharan Africa. This meta-analysis showed that people found to be HIV positive by self-tests have the same rate of use and retention in care as people who have been found HIV positive by usual face-to-face tests.

The benefits of HIV self-testing at individual, community and national levels are undeniable as it leads to earlier HIV diagnosis and in the long run will help the Government achieve its objective in halting HIV transmission.

Moreover, the Bill provides for the introduction of paraphernalia kits in the context of the Needle Exchange Programme to prevent HIV and other blood borne infections such as Hepatitis C and Hepatitis B.

Since the introduction of Harm Reduction strategies in 2006, including the Needle Exchange Programme and blood borne infections, a general tendency towards a decrease in the prevalence of HIV infections among people who inject drugs has been noted, a decrease of some 21% according to the Integrated Biological and Behavioural Surveillance Survey in 2020.

However, the prevalence of Hepatitis C among people who inject drugs has remained around 88.8%. Hence, the free distribution of paraphernalia kits has as main objective to

decrease the incidence and prevalence of Hepatitis C without minimising that of HIV, Hepatitis B and other blood borne infections.

Mr Speaker, Sir, the main objective of the Bill is to amend the HIV and AIDS Act so as to broaden the scope of HIV Testing nationwide and allow for a greater number of people to know their status and to access the HIV continuum of HIV services.

Mr Speaker, Sir, we are proposing several amendments to the principal act –

At Section 2 – Interpretation of the principal Act is being amended to broaden the definition of “HIV test” by including a “Directly Assisted HIV Self-Test or an HIV Self-Test”. Under the same section, definitions are being provided for “Directly Assisted HIV Self-Test”, “HIV Self-Test” and “paraphernalia kit”;

At Section 5 – a new subsection is being inserted under this section to provide for private health institutions and pharmacies to make available facilities for a person to conduct an HIV Self-Test;

At Section 7 – a new subsection is being inserted to include that a person may conduct an HIV Self-Test or make a request for a Directly Assisted HIV Self-Test;

At Section 11 – a new subsection 1A is being introduced to provide for any person who conducts an HIV Self-Test, the result of which is reactive, to undergo an HIV test at a public health institution to confirm whether the test is positive;

At Sections 14, 15 and 16 – provision is also being made to include paraphernalia kit under the Needle Exchange Programme.

Along with syringes and needles, which are already provided to clients under the programme, a full paraphernalia kit will be offered including sterile cooker, alcohol swab, dry cotton swab, cotton filter and sterile water.

Mr Speaker, Sir, consultations with various stakeholders, including the World Health Organisation and NGOs have been undertaken during the consultative stage in the elaboration of this Bill, and general consensus was reached for self-testing.

My Ministry will conduct rigorous targeted audience campaigns to inform the population at large on the importance of knowing their HIV status and the availability and accessibility of HIV Self-Testing and Directly Assisted HIV Self-Testing.

Mr Speaker, Sir, I would like to thank the Prime Minister, hon. Pravind Kumar Jugnauth, who chairs the National AIDS Committee and who is determined to contribute significantly so that we get the closest possible to end HIV and AIDS in Mauritius.

My thanks also goes to the National AIDS Coordinator of my Ministry, and also the Attorney General's Office for their precious inputs in the drafting of this piece of legislation.

I thank you for your attention.

The Deputy Prime Minister Seconded.

Mr Speaker: Dr. Aumeer!

(4.49 p.m.)

Dr. F. Aumeer (Third Member for Port Louis South & Port Louis Central): Thank you, Mr Speaker, Sir. At the outset, I would like to make a small comment on the figures that have been mentioned by the Minister with regard to 8,331 cases that have been detected since it has been recorded in Mauritius. However, it is also important to note that there are approximately 5,600 people who are undetected, which makes approximately 40%.

While worldwide, we do know that the screening test in most countries have only approximately 20% that are undetected, meaning thereby that obviously awareness, sensitisation and removing of barriers and access to testing is paramount in our fight against AIDS.

Mr Speaker, Sir, it is indeed an honour and a privilege for me to address the House on such a particular Bill which has profound implications for the health and safety of our nation, more so, for the targeted cohort of the nation that face these issues.

Mr Speaker, Sir, AIDS/HIV recognised worldwide since the early 1980s, after a first case was described in the New York Native, has had a large impact on society, be it when it comes to illness or a source of discrimination. It has attracted international, political, social and medical attention as well as a large scale state funding to curb its progression, and since, it has been the centre of medical attention in most highly reputed medical forums worldwide.

Mr Speaker, Sir, access to diagnosis is paramount in HIV/AIDS and lack of early diagnosis and treatment leads to a frightening survival time of only 11 years, with a high mortality rate, as mentioned by the Minister himself.

Mr Speaker, Sir, approximately 60% of HIV infected individuals are unaware of their infection. Stigma and discrimination continue to threaten acceptance in society and also access to HIV testing services worldwide.

Mr Speaker, Sir, we do all know that one of the main efficiency of any treatment for any medical condition is to have a proper diagnosis, but that has to be timely. We have all witnessed the evolution of HIV since the mid-80s. And this is a disease because of the stigma associated with it, has caused those who are infected, who are suspected to be infected to stay away from healthcare institutions or specialised units despite intensive awareness campaigns.

Mr Speaker, Sir, the treatment for AIDS and HIV available today, ranging from anti-viral to the most promising monoclonal antibodies and the treatment of secondary infections as well as the rare cancer associated is a major game player in the overall care of HIV positive people so long we can identify them.

Mr Speaker, Sir, I am one of those who believe that the Bill presented today goes a long way in helping those who shunned from coming forward to acquire early diagnosis and subsequently seek treatment because we do know that those who have had timely diagnosis and appropriate linkage to care and sought treatment have had a quality of life similar to those who are not affected, thanks to the major advances in therapeutics in the field of medicine. Their quality of life and an expectancy of life have besought treatment early and given access to care mirror that of those who are unaffected.

Mr Speaker, Sir, any accurate, widely acceptable and easily accessible HIV screening test will –

- (1) increase the rate of diagnosis;
- (2) allow for an early anti-viral therapy and treatment for the infected individual, and
- (3) decrease the likelihood of transmission to susceptible persons.

Mr Speaker, Sir, HIV self-testing or directly assisted HIV self-test also known as rapid test is not something new and such type of testing has had its landmark in the field of medicine, particularly in the field of gynaecology where women who have missed their cycle, have had recourse to the rapid test. Notwithstanding though that these rapid testing have their own limitations in terms of false positive and false negative.

Mr Speaker, Sir, likewise we have all seen recently the number of rapid testing that have flooded the market during the highly infective period of the COVID-19. The main objective of people, ourselves, anybody in the preparation, rushing to get these tests done having in mind only one thing: early diagnosis, early access to treatment and prevention of contaminating all these, and the same concept should apply here when we go access to those who are supposed to be infected or are positive, is to identify them.

Mr Speaker, Sir, targeting the at-risk population is the main stay of the eventual success of the medical programme, aid at providing diagnosis and delivering care, be it at the doorstep of the people concerned. Therefore, same is to be emphasized as mentioned in section 3. (d) of the Bill, that once an at-risk person or suspected HIV positive have been found positive or call it reactive through the self-testing method confirmed at your test should be mandatory which is the usual ELISA testing.

Mr Speaker, Sir, the one major obstacle to get tested be it the at-risk population is stigma and discrimination associated with AIDS. This stigma and discrimination may occur in various ways such as ostracism, rejection, discrimination and avoidance of HIV positive people, violence in different ways against those seeking treatment, against those seeking HIV testing or securing treatment or even women who have faced gender-based violence from their partner having known that they are positive.

Mr Speaker, Sir, stigma can usually turn what is a manageable chronic disease into a death sentence and that does not only apply to HIV and AIDS, it also applies to other field of medicine where there are stigma and cultural taboos such as breast cancer, cancer of the genital areas and therefore unfortunately, that sort of stigma can perpetuate the spread of diseases including when it comes to the field of HIV. Despite all the efforts put through to screen all pregnant women in the case of HIV and AIDS and people attending antenatal clinic or even attending casualty, the

Minister is well aware that the uptake is quite poor probably and mainly due to the stigma and fear associated with the disease.

Mr Speaker, Sir, I have no doubt that the mover of the Bill has also considered stigma as a major obstacle to testing HIV and AIDS in the population. However, I have a concern particularly at section 8 (a) where it relates to any person, I quote –

“(…) who conducts an HIV Self-Test, the result of which is reactive, shall undergo an HIV test at a public health institution to confirm whether the test is positive.”

I believe that this should come to a public institution, defy the whole objecting of attracting people to do self-testing and breaking the barrier of stigma and keeping them away from people they did not want at the first place to know they were positive. I humbly suggest that these people with reactive tests have a domiciliary blood test using all precautionary measures by qualified health personnel.

Mr Speaker, Sir, the essential question today is, will the HIV Self-Test be used and if so, by whom? Will it be the low risk individuals, the worried well, they are well but worried or by the high risk individuals who have evade testing, who in fact need frequent testing, that is, drug users, sex workers, the gay community. Here, I have to point out that these people are the most at risk and we hope that these people will make good of the service.

Mr Speaker, Sir, rapid testing kits have been on the market for years and I am glad that this Bill will enable those who need them most get access through. However, we will have to ensure and I can remember the hon. Minister just mentioned that these tests would be WHO qualified if I am not mistaken. I hope that these tests will be Federal Drug Agency acceptable or approved in terms of the stringent quality criteria set of 95% sensitivity and specificity. I hereby request the hon. Minister to ensure that no cheap bogus test get on the market in this regard as this will probably and particularly attract interest for many who have no experience, no knowledge in medical or diagnostic practice as we saw during the pandemic.

Mr Speaker, Sir, HIV and AIDS self-testing or directly assisted HIV self-test, be it salivary or finger blood, be it in supervised or unsupervised setting must not on any terms be considered as a replacement on conventional blood allies at testing, particularly it should be seen as an alternative for those who did not and did not seek to attend health care setting.

Mr Speaker, Sir, the result of such HIV self-testing at home or being supervised can be life changing since it offers the direct advantage of delivering results in a fraction of time, it would otherwise but are unfortunately also subject to limitations that are an important consideration when being used in its interpretation.

Mr Speaker, Sir, there is surely a wide range of benefits of HIV self-testing from acceptability to rapid availability of results, same day treatment and support, increased confidentiality and privacy, far from the preying eyes of peeping Toms, limit exposure and unwanted transmission of diseases, mutual partner testing to increase awareness and decrease transmission and avert condomless sex between discordant partners.

Mr Speaker, Sir, the health economics means it is a cheaper way of doing tests and getting broader access and due consideration must be given for a non-obligatory nationwide testing which can broaden the scope of HIV testing nationwide.

Mr Speaker, Sir, all novel practices or inventions or diagnostic methods always raise certain concerns and HIV-AIDS self-testing is no exception. One of the most debated concerns is the concept of window period of self-testing, that is, the period during which the test is not reliable in an already infected person because such testing demands that a certain quantity of material be there for it to be positive. We are talking about the antibodies that are generated once somebody is infected and this period can be anything between three weeks to eight weeks before adequate seroconversion, meaning the production of adequate amount of antibodies that are detectable for a test to be valid, has taken place. This concept brings in a sense the continuous need of clinically assessing at-risk or concerned individuals and the use of conventional testing arose as an opportunity to screen for sexually transmitted disorders among which this particular group has a higher prevalence.

Mr Speaker, Sir, once more the issue of false negative can lead to false reassurance and promote sex during a time of highest infectivity. False negative will lead to missed opportunities of being counseled and linkage to care. Mr Speaker, Sir, while all these tests are available, still there are limits, whether it is conventional testing, whether it is self-testing, whether it is directly assisted test, particular in the cases of vertical transmission where new born babies who have been brought from affected mothers unfortunately carry antibodies of material that are detected when we test for HIV positive patients.

These unfortunate babies sometimes fall in that grey area where it is still debatable about whether, they should be considered as positive or they have inherited antibodies from the mother and whether, she should be treated or not.

Mr Speaker, Sir, counselling remains the central pivotal point of HIV AIDS testing, be it pre-testing because we need to do counselling at pre-testing level as we do not know the reaction of some people once they find they are positive. Suicide has been mentioned in so many studies. Enforce testing, counselling because once these people are found to be positive, need to adjust their lifestyle to –

- (a) have access to treatment;
- (b) accept the treatment, and
- (c) change their methods as they have been having sex before.

The importance of face to face counselling may depend on the region where testing is done. The culture of the people and other sensitive factors are areas where the Ministry must pay particular attention and sufficient well trained resource professionals must be available to suit the needs of those who have had different views of how society at large perceive them. How they feel, how society perceives is a very important concept so that those people come forward for testing. Phone counselling must be a last resort.

Mr Speaker, Sir, to conclude, definitely a move in the right direction to bring detection at door step in high risk individuals and hopefully the emergence of a well-defined upgraded approaching counselling and linkage to care for those who unfortunately were tested positive or negative in the window period. I finally take the opportunity to thank all the NGOs involved in such a noble task with the HIV AIDS sufferers and I also extend my thanks to the gentlemen and the ladies sitting at the back of the Minister of whom, I know some have done a remarkable task. Thank you very much.

Mr Speaker: Hon. Members, next time don't refer to strangers.

Dr. Aumeer: Thank you.

Mr Speaker: You only have the right to refer to hon. elected Members. I thank you for your cooperation.

Hon. Minister!

(5.06 p.m.)

The Minister of Gender Equality and Family Welfare (Mrs K. Koonjoo-Shah): Mr Speaker, Sir, thank you for this opportunity to share my views on the HIV and AIDS (Amendment) Bill (No. XIX of 2022) and I understandably start by congratulating my colleague, the hon. Dr. Kailesh Kumar Singh Jagutpal, the Minister of Health and Wellness, for coming up and introducing this Bill to the House and, Mr Speaker, Sir, it is so refreshing to hear the hon. Member who spoke before me and discovering that we are on the same wavelength; one of those rare occasions that we happen to be on the same wavelength and him expressing his satisfaction on this amendment.

Mr Speaker, Sir, Mauritius has ratified the Sustainable Development Goals Agenda which makes a very clear commitment to using a Fast-Track method in order to end the AIDS epidemic by the year 2030. In addition to adopting and putting into practice worldwide recommendations, Mauritius is also signatory to various instruments on HIV and AIDS as mentioned earlier by the mover of the Bill himself.

Mr Speaker, Sir, this Government, our Government, has made significant progress in the fight against HIV and AIDS and it is commendable to note that we no longer stigmatise as much as used to before those who suffer from the virus and from AIDS. The Government has constantly committed itself to enhancing the country's response to HIV and AIDS by focusing on preventive measures and by offering free services to all individuals and communities afflicted by these. The Government also offers free voluntary counselling and testing and I think this should come as a reassurance to the hon. Member who spoke before me and laid much emphasis on the importance, rightly so, of counselling and testing. The Government offers free anti-retroviral medications, methadone and a Needle Exchange Program as mentioned by the mover of the Bill.

Mr Speaker, Sir, the 95-95-95 goals were introduced by The Joint United Nations Programme on HIV/AIDS in 2014 aiming at ending the AIDS epidemic as a public health threat by 2030 and this, Mr Speaker, Sir, is the very foundation. It is the guiding principle of the National Action Plan for HIV and AIDS.

Awareness on the virus and AIDS is very important in order to safeguard our population and to curb the transmission of HIV. To educate the public about HIV and AIDS, stigma and discrimination and patients' rights to health, sustained media campaigns, event-based radio and TV programs and awareness sessions are conducted. We have trained NGOs' social workers and healthcare assistants to perform HIV testing and offer counselling. Investment in programs like methadone substitution therapy, addictology units, detoxification and rehabilitation facilities for substance abusers are concrete examples of the Government's commitment to eradicating AIDS by the year 2030.

Mr Speaker, Sir, these tangible measures are the result of dedication at the highest level of governance and here, I wish to place on record my appreciation to the Prime Minister who himself chairs the High-Level Drugs and HIV Council and that demonstrates his noble commitment to stopping drug trafficking, substance abuse, as well as ensuring that administrative bottlenecks are removed in order to completely implement the National Drug Control Master Plan 2019–2023. A Master Plan, Mr Speaker, Sir, which in itself is yet another testimony of the Prime Minister's personnel advocacy to meet our national objectives.

Mr Speaker, Sir, these actions are enhancing our approach and helping us adopt a better AIDS response in terms of policy making, policy coordination, all are which are intimately related to HIV prevention, care, and support. I have no doubt that, given the successful management of the unpredicted COVID-19 pandemic throughout the world and in our country, we shall, under the leadership of our Prime Minister, succeed in this endeavour as well which is to eliminate and why not, one day eradicate HIV and AIDS epidemic.

Mr Speaker, Sir, once again, I conquer with the hon. Member who spoke before me that indeed women worldwide living with HIV, experience stigma and exclusion and this should not be the case. I seize this opportunity to make an appeal here, in this House, to stop any such stigmatisation of our women in the Republic. It is a known fact that unfortunately, HIV infections are transmitted sexually or via mother to child transmission during pregnancy, during childbirth or breastfeeding even. Evidence also demonstrates that women who are HIV positive are more prone to experiencing gender-based violence and exclusion as very rightly pointed out by the hon. Member who spoke before me.

The risk of HIV transmission is increased by sexual violence, Mr Speaker, Sir. HIV positive or women suffering from AIDS may, more often than not, experience conflicts with their husbands and their in-laws and the family members accompanied by taboos, lack of proper education, all of which contribute to increase stigmatisation which, like I said, more often than not, lead to breakdown of family structure.

That is why, Mr Speaker, Sir, we need to sensitize the population. We need to encourage people to make use of these FDA regulated and approved self-test kits as a gateway to prevention and treatment. We should not only support women living with HIV to rehabilitate themselves but we should fully integrate them in the developmental mainstreams because their contribution is more significant from the point of view that they are the ones who have been receiving treatment, they have been the one at the brutal end of stigmatisation.

Mr Speaker, Sir, while in some countries access to HIV prevention and treatment is very much hampered by a lack of health coverage for pregnant women, fortunately, in Mauritius expected mothers visiting public health and private health facilities have free access to the national protocol for preventing mother-to-child transmission, which, in itself, is crucial to the elimination of new infections.

Mr Speaker, Sir, it is distressing though to note that among cases reported of child abandonment – and here I speak *en connaissance de cause* concerning my Ministry – there are some cases of babies abandoned, of babies born with congenital anomalies and my Ministry is aware of the fact that in many cases, the mother has either been victim of substance abuse or was unaware of her HIV/AIDS status or even victims of gender base violence. Because of that status, these are all very real and unfortunate circumstances which my Ministry comes across more often than not.

Mr Speaker, Sir, what I am trying to say is that these situations transcend all political barriers and they should not be subjected to use for political gains ever. I am not going to go on about how sometimes I have noticed and the House has paid attention to how some Members unfortunately stooped to a level whereby they used these cases of unfortunate children born from mothers suffering from such conditions to obtain political mileage. Unfortunately, we have witnessed this in this House. I am urging those Members to please stop doing that in the future. It is unfortunate.

(Interruptions)

You know I am right!

Human rights are essential to effective national responses to HIV. When HIV-positive individuals' human rights are not upheld, that is when stigma and discrimination occur. Unfortunately, the Equal Opportunities (Amendment) Act of 2011 guarantees in Mauritius that everyone has an equal opportunity to achieve their goals in a variety of contexts and that nobody is put in a situation of disadvantage due to their status, whether it is their gender, sexual orientation, or any impairment. As a result, the Act forbids any type of status-based discrimination, whether it be direct or indirect.

Mr Speaker, Sir, this Government, through The HIV and AIDS (Amendment) Bill, is once again reiterating its commitment to go many steps further placing our citizens at the heart of its developmental policies and in its quest to sustain its human centric approach for a healthier generation and a better tomorrow to leave a better legacy to our Republic.

Mr Speaker, Sir, this Bill seeks to consolidate on preventive measures and to empower every citizen to take responsibility regarding their health and also their HIV status, but in a much more dignified manner.

It is very laudable now those HIV self-test kits will enable citizens to perform these tests in the comfort of their home and in doing so, be the first one to take cognizance of their status – whether they are HIV positive or not – as opposed to what is the current legal requirement, Mr Speaker, Sir.

Mr Speaker, Sir, the promotion of the public's right to health and the removal of obstacles to receiving health services, including those for HIV, will be ongoing. To help manage people living with HIV, to improve the standard of care, and to keep patients in the medical system, a provision of integrated HIV services is being strengthened. I think hon. Dr. Aumeer will be reassured to hear that – I am sure he must have read it in the news as well – on World Aids Day, hon. Dr. Jagutpal, officially inaugurated the first community sexual health clinic to better care for patients with HIV/AIDS. This is a first of its kind centre which is going to be offering a variety of services to tackle from stigma to counselling to psychosocial care and medical support as well.

Mr Speaker, Sir, with the provisions of this Bill, women, young people, and adults can now learn their HIV status in a quick, dignified, like I said, and empowering manner via these self-testing kits. One can take the kit to their comfort of their home. HIV self-tests can be very helpful in bridging the gap between people with the virus and others who are aware or unaware of their status.

To conclude, Mr Speaker Sir, we agree – and I think it is unanimous in this House – that self-testing is a powerful strategy. It is something that I believe is going to fundamentally alter the playing field to enhance the quality of life of our citizens and to care for their health. Mr Speaker, Sir, this Government is investing tremendously in health infrastructure as everybody can note: the construction of Area Health Centres, Community Health Centres, and Mediclinics as well as specialised health centres, like the New ENT hospital, a New Eye Hospital, the upcoming New Flacq Teaching Hospital among others. Once again, we are placing the well-being of our population at the forefront of all priorities and we are proud to have a Prime Minister who acts and works hard rather than just *koz koze* as per his commitment to serve the citizens of this Republic.

Mr Speaker, Sir, protecting the health of the nation has been given highest priority by the Prime Minister and his Government in all decisions. This Bill is yet another constant which proves that the health of our population will remain a top priority. This Government is adopting effective HIV responses with a more humane approach. The rights of those who have HIV and are impacted by it will be better protected through this amendment.

This Government has always, despite so many unprecedented challenges it has had to face – the one that comes to mind is obviously the COVID-19 –, we have remained true to our commitment to leave no stone unturned to ensuring that the well-being of our citizens is always high on the agenda.

Mr Speaker, Sir, I highly commend our Prime Minister for his leadership. I also seize this opportunity to congratulate my hon. colleague, second to none, Dr. Jagutpal, for coming up with this amendment. I also put on record my appreciation for the tremendous work by all the Non-Governmental Organisations (NGOs) that play a crucial role in in the fight against HIV/AIDS.

I thank you all for your attention. Long live the Republic of Mauritius.

Mr Speaker: Hon. Members, I suspend the sitting for half an hour.

At 5.20 p.m. the Sitting was suspended.

On resuming at 6.15 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated! Hon. Ramdhany!

Dr. A. Ramdhany (First Member for Grand' Baie & Poudre d'Or): Thank you, Mr Speaker, Sir. At the very outset, let me to congratulate the hon. Minister of Health and Wellness for bringing this important bill to the House.

The existing HIV and AIDS legislation is already robust but essential amendments such the present one will only further expand access to treatment and care. Besides, HIV self-testing empowers people to find out their HIV status wherever and whenever they want. Since it is easy, quick and private, people may be encouraged to take a test earlier than they would if they had a visit to a public or private health facility, potentially bringing an earlier diagnosis.

HIV self-testing has been highlighted as an additional tool to increase access for HIV testing in higher risk population with low coverage and particularly in environments with high rate of stigma.

In addition, HIV self-testing has the potential to improve efficiency of the health system by preliminary assessment of patients without HIV straight to prevention services and freeing up health workers' time and could consequently reduce cost in public health.

HIV self-testing was first proposed as an additional option in the 1980s. By 2015, three years after the first HIV self-testing kit was approved for the American market, HIV self-testing remained unexplored with negligible access. By the end of 2015, only two high income countries were actively implementing HIV self-testing services as part of their public health HIV response primarily in the private sector and WHO had yet to state an official position.

In 2013, WHO convened the first global consultation on HIV self-testing and identified that development of the necessary normative guidance for HIV self-testing was largely hampered by the lack of evidence on safety, acceptability and feasibility, uncertain distribution methods for HIV self-testing kits, unclear processes for linking self-testers to care and treatment and the lack of gravity on methods for creating demand among target population as with any new health technology.

The introduction of HIV self-testing kit faced several immediate policy, regulatory and market challenges. An increasingly strong set of evidence from a range of different population and setting demonstrate that the implementation of HIV self-testing is safe, acceptable and effective when kits are used correctly and contributes to increase HIV testing coverage.

From WHO in 18 November 2021, the African Society of Laboratory Medicine Conference was held whereby WHO revised its guidance on HIV testing services in 2019 and released updated recommendations including moving towards using a prevalence independent HIV testing strategy consisting of three consecutive reactive serology tests to provide an HIV positive diagnosis. The use of dual HIV/Syphilis rapid diagnosis tests as an assay one in ante natal care setting move away from western blot and line immunoassay in HIV testing algorithm and reinforcing retesting prior to ART initiation.

In 2015, Unitaid invested in a comprehensive effort to develop the market of HIV self-testing by establishing the evidence for its safety, acceptability and feasibility, creating an environment with regard to normative guidance, national policies and regulatory frameworks based on the foundation of research evidence, generating diverse demands through multiple distribution channels adapted to the needs of priority population and create advocacy for additional financing, accelerating market entry for supply at affordable and sustainable prices.

This commitment resulted in the support of the five year HIV Self-Testing in Africa (STAR) Initiative. The Star Initiative partner worked together to identify, design and implement its research agenda to inform normative guidelines, the foundation upon which many national health policies are based. This was a major turning point for the creation of an enabling environment since most countries would not adopt policies of HIV self-testing and donors would not invest in the product without these guidelines.

The STAR Initiative has provided a strong foundation to introduce HIV self-testing and allowed for a rapid scale-up based on collection of multiple country evidence and rapid dissemination to inform policy and practice to international workshops and regulators and manufacturers. The increasingly strong evidence base has shown that HIV self-testing is preferred by many Africans to all other testing modalities and can reach those who do not test and are at high risk of HIV.

The importance of the Bill, Mr Speaker, Sir, once enacted, the HIV and AIDS (Amendment) Bill will define the parameters within which the HIV self-testing can be implemented and to provide to matter related thereto. This Bill comes at a time where there has been a recent search in number of HIV cases worldwide and including our island. This Bill will encourage people who would otherwise be hesitant to undergo tests, thus improving our evidence based statistics to better help the Government to cater for HIV patients.

As a medical doctor, I thank the hon. Minister of Health and Wellness for this bold decision under the leadership of the hon. Prime Minister. This will help doctors and patients alike. This Bill, Mr Speaker, Sir, will be crucial to ensure that there is a better coverage in terms of testing. I need to emphasise that the introduction of this Bill will in no way reduce the service already provided but will in fact help reaching a segment of the population who would otherwise never be diagnosed for various reasons.

The Government's decision will truly be good for our communities. The Government will oversee the process and will be able to anticipate outcomes. I will say that based on our objectives, we can expect results similar to the experiences and best practices of other countries that have gone down this path and succeeded in alleviating the stress in the health system and also expanded testing coverage.

Mr Speaker, Sir, this Bill will enhance the medical, legal, ethical scene by providing the right legal framework and standard required to face challenges lying ahead in this area.

Let me end by saying, Mr Speaker, Sir, that this Government is continuing with its vision to upgrade the lifestyle and protection of its citizens. This Bill is another step in the right direction and the evidence of the visionary approach of this Government under the leadership of the hon. Prime Minister, to ensure that Mauritius is adapting with international trends but also ensuring that necessary safeguards are in place to achieve the best result.

Thank you, Mr Speaker, Sir.

Mr Speaker: Hon. Mrs Mayotte!

(6.24 p.m.)

Mrs S. Mayotte (Second Member for Savanne & Black River): Merci, M. le président.

Vendredi dernier, la France organisait pour la 29^{ème} année consécutive, Sidaction. L'association des artistes contre le sida lançait son télé don annuelle de la lutte contre le VIH/Sida. La présidente de Sidaction, la virologue nobélisée, Françoise Barré-Sinoussi disait lors de ce coup d'envoi qu'il est possible d'éradiquer le sida à condition d'améliorer l'accès au dépistage et au traitement. Elle disait, je cite –

« On n'en guérit toujours pas bien qu'on ait jamais été aussi proche de vivre dans un monde sans ce virus. »

Ce qui veut dire qu'on n'a pas encore éradiqué la maladie pourtant on doit y arriver puisqu'on sait maintenant qu'avec les traitements, les personnes ne développent plus la maladie. Si on arrive à traiter 100 % des personnes infectées, elles ne développeront plus le sida. Ce qui résume, M. le président, en quelques mots, la ligne politique du gouvernement à travers ce projet de loi, mais permettez-moi, M. le président, ce petit flash-back dans le temps. Nous sommes en 1987, plus précisément le 11 septembre 1987 où le peuple mauricien reçoit comme un coup de massue sur la tête en apprenant la présence du premier cas confirmé d'une patiente porteuse du VIH/Sida dans notre île.

Vous imaginez, M. le président, le choc, la stupeur car la population, par manque d'information sur le VIH/Sida, est dans l'incompréhension totale. Situation de panique. C'est la maladie de la honte. Perception que cette maladie touchait les personnes qui menaient une vie de débauche. L'île Maurice est en émoi. D'ailleurs, certains étaient même descendus dans les rues pour protester de la présence de cette patiente dans un hôpital et menaçaient de vandaliser cette institution de santé mais avec le temps et les campagnes d'information et de sensibilisation, notre perception sur le VIH/Sida a heureusement changé. Nous avons compris que le VIH se transmet lors des rapports sexuels non protégés, des partages d'aiguille, de seringue, de piqûres accidentelles ou du matériel contaminé ou dans la transmission de la mère infectée à l'enfant.

Il y eut ensuite un nouveau traitement de trithérapie qui a été introduit à Maurice et aujourd'hui, on peut vivre encore plus longtemps et globalement en bonne santé avec le VIH. Bien sûr, il faut avoir accès aux soins et si l'infection a été dépistée à temps, c'est justement grâce à ces soins gratuits que prodiguent nos institutions de santé publique ; ce qui est une bonne chose bien évidemment. Sauf que, malheureusement, M. le président, les malades doivent toujours mener un combat acharné contre le stigmatisme et la discrimination, subissant le regard des

uns et le remarque des autres mais il ne faut pas oublier qu'il y avait également à cette époque un mouvement militantisme qui n'adhérait pas à la lutte menait par les ONG contre le VIH/Sida. Ces militants portaient un regard noir sur les personnes séropositives ou atteintes du sida.

Rappelons également, M. le président, que le gouvernement d'alors, sous la gouvernance de feu *Sir Anerood Jugnauth* et l'honorable *Paul Raymond Bérenger*, mit en place le *National AIDS Committee*. Le *National AIDS Committee* a contribué à une meilleure coordination dans la lutte contre le sida où tous les *stakeholders*, les ONG, le ministère de la Santé, les travailleurs sociaux et les autres ministères travaillaient en étroite collaboration. Avec le soutien des ONG., le gouvernement de feu *Sir Anerood Jugnauth* et de *Paul Bérenger* déposa ce projet de loi au Parlement sous le *HIV Act*. Et là, je tiens à saluer le combat sans relâche de PILS, Prévention Information Lutte contre le Sida, fondait en 1996 et qui offre depuis plus de 20 ans maintenant, une structure aux personnes vivant avec le VIH à Maurice. Je salue également le combat de toutes les ONG et travailleurs sociaux. Ceux-ci ont contribué énormément à briser le silence, à militer pour des soins de qualité à Maurice. Et grâce aux plaidoyers et à la persévérance de ces ONG pour rendre le virus plus compréhensible, pour faire que les patients puissent avoir droit aux soins, aux médicaments, que toute personne contaminée par le VIH soit considérée comme un humain avant tout, ayant les mêmes droits que n'importe quel citoyen, le *HIV Act* est adopté au Parlement.

En 2006, le *HIV and AIDS Act* fut adopté au Parlement et cette loi prévoyait des mesures de prévention et d'endiguement du VIH/Sida. L'Article 3(1) stipulait –

« (1) Qu'une personne séropositive ou atteinte du sida ne peut être considérée comme ayant un handicap ou une incapacité en vertu d'aucune loi et son statut ou statut présumé ne peut être utilisé comme motif de discrimination à son encontre. »

L'Article 6 stipule –

« Que nulle ne doit inciter ou faire subir à une autre personne un test de dépistage du VIH –

(a) comme conditions d'emploi, de maintien, des avantages sociaux et de promotion ou de maintien dans l'emploi de l'autre personne ; »

Mais, malheureusement, M. le président, quand le Parti Travailleiste et le PMXD prit le pouvoir à cette époque, son leader ne jugea pas nécessaire de consolider ce comité.

Nous devons saluer les efforts et l'engagement de notre Premier ministre actuelle, Pravind Kumar Jugnauth, qui a heureusement remis en place le *National AIDS Committee*. Aujourd'hui, les traitements du VIH/Sida ont tellement évolué que le gouvernement, à travers le ministre, le Dr. Kailesh Jagutpal, a vu l'urgence d'amender le *HIV and AIDS Act* de 2006 car ce projet de loi va non-seulement permettre aux personnes infectées d'avoir recours aux soins plus rapidement, de se protéger, de protéger les autres mais surtout de faire son autotest en toute discrétion loin des regards des autres.

Effectivement, M. le président, les réactions à l'épidémie du Sida varient du silence et de la dénégalation à l'hostilité et à la violence ouverte. De craindre de se voir rejeter et socialement isolé, certains hésitent à se faire tester ou à se faire soigner s'ils sont séropositifs. Ceux qui sont infectés ou soupçonnés de l'être doivent parfois être mis à l'index ou maltraités et se voir refuser des emplois ou des logements, voir des soins et traitements dans les centres de santé. Ces réactions entravent les efforts de prévention et de traitement et ne font qu'aggraver l'impact de l'épidémie. Le stigmata et la discrimination bien que distincts sont des questions étroitement liées qui demeurent parmi les aspects les plus mal compris de l'épidémie. Le stigmata est à la fois source de produits de l'inégalité sociale. Il trouve ses racines au tréfonds de la structure sociale dans son ensemble et dans les normes et valeurs régissant notre quotidien. Il provoque la dévalorisation et la honte de certains groupes et donne à d'autres un sentiment de supériorité. Et là, je rejoins les honorables membres qui m'ont précédé aujourd'hui lors des débats, je dis merci à ceux qui soutiennent aujourd'hui ce projet de loi.

M. le président, ce sont effectivement les femmes les plus stigmatisées, exemple, les femmes enceintes séropositives qui sont souvent victimes de stigmatisation à plusieurs niveaux. Elles peuvent être dévalorisées en raison de leur sexe, de leur séropositivité ou de leur grossesse alors qu'elles sont infectées. Qui plus est dans les contextes où l'allaitement est la norme, si une mère infectée décide de ne plus allaiter ou de ne pas allaiter son enfant, elle risque d'attirer l'attention sur sa séropositivité.

Le *UN AIDS* tire d'ailleurs la sonnette d'alarme sur les inégalités dangereuses sur l'impact et sur la riposte au sida. Des inégalités au sexe, des inégalités auxquels sont confrontées des populations clés et des inégalités entre les enfants et les adultes. Les effets des inégalités entre les sexes sur les risques du VIH chez les femmes sont particulièrement prononcés en

Afrique subsaharienne où les femmes représentaient 63% des nouvelles infections au VIH en 2021. Les adolescents et les jeunes femmes âgées entre 15 et 24 ans sont trois fois plus susceptibles de contracter le VIH que les adolescents et les jeunes hommes du même groupe d'âge en Afrique subsaharienne.

Une étude a montré que le fait de permettre aux filles de rester à l'école jusqu'à la fin de leurs études réduit leur vulnérabilité à l'infection par le VIH jusqu'à 50%. Lorsque cela est renforcé par un ensemble de soutien à l'autonomisation, les risques pour les filles sont encore plus réduits. Les mythes et l'ignorance persiste quant aux manières de contracter le VIH qui sont toujours responsables des comportements négatifs de certains, des attitudes préjudiciables entourant le VIH sida ont de nombreuses conséquences tant pour les individus et leurs familles que pour les communautés et les sociétés. Les mesures de nature stigmatisant peuvent prendre différentes formes, par exemple, de crainte d'être mis à l'index par leur communauté, les hommes et les femmes refusent parfois de se faire tester pour déterminer leur statut et ceux qui sont séropositifs dissimulent leurs conditions de santé.

Les personnes qui vivent avec le VIH ou le sida prennent très à cœur les réactions négatives d'autrui et éprouvent un sentiment de honte, de culpabilité et de dépression qui les pousse à s'isoler. Ces réactions constituent un obstacle majeur aux efforts de prévention du VIH et découragent les personnes infectées de recourir aux services médicaux et aux services disponibles. Le soutien, M. le président, et l'aide des membres de la famille, des amis et de la communauté sont d'une importance cruciale dans ces moments-là. Parfois, les familles blâment le malade, le néglige ou le chasse pour tenter de dissimuler leur lien avec l'épidémie et éviter toute réaction négative de leur voisinage. Les communautés locales, les ONG, les travailleurs sociaux et le gouvernement de concert aident de différentes manières à lutter contre la stigmatisation en faisant circuler les informations, en offrant des services de conseils psychologiques, en encourageant une participation accrue des séropositifs au programme et en enseignant des méthodes permettant de faire face à la maladie.

Et aujourd'hui, M. le président, aux nombres de ces stratégies, le ministre de la Santé et le gouvernement central démontrent à travers ce projet de loi leur détermination à faire de Maurice une île protégée du VIH et du sida.

À travers ce projet de loi, il sera maintenant plus facile d'élargir la portée du dépistage du VIH à l'échelle nationale et de permettre à un plus grand nombre de personnes de connaître leur statut sérologique. En conséquence, le projet de loi prévoit des dispositions permettant à une personne d'effectuer son propre test de dépistage du VIH au moyen d'un *auto-test* de dépistage. Contrairement à la loi votée en 2006 qui stipule qu'un test de dépistage du VIH soit effectué uniquement par un professionnel de santé, un praticien, un infirmier ou un personnel paramédical ou des prestataires non soignants formés, aujourd'hui, une personne pourra faire son *auto-test* qui ne prend que 20 minutes et pour une confirmation de la positivité du test, se référer à un professionnel de santé. Et le *confirm test* est très important.

Vous savez, M. le président, le VIH est une maladie qui est souvent très complexe. Une personne peut être positive aujourd'hui sans le savoir, et c'est après trois ou quatre ans, qu'elle commence à ressentir les premiers symptômes. Donc, avoir accès à un *auto-test* aujourd'hui permet à la personne qui a pris des risques que nous connaissons de se faire dépister plus tôt. Et nous devons être rassurés qu'ici à Maurice, les malades du VIH et du sida peuvent encore bénéficier des traitements antirétroviraux. D'ailleurs, l'île Maurice figure parmi les premiers pays africains à dispensé des traitements antirétroviraux gratuits. Toujours est-il que malheureusement certains patients n'en profitent pas. Pourquoi ? Toujours à cause du regard des autres.

M. le président, il est clair qu'aujourd'hui le vecteur principal du VIH sida est l'échange de seringues car il n'existe aucune loi interdisant un individu de partager une seringue. L'amendement de ce projet de loi prévoit également dans le cadre du programme d'échange de seringues de 2006, des kits de matériel de consommation en vue de prévenir le VIH ainsi que d'autres infections transmissibles par le sang, tel que l'hépatite C qui est très répandue dans la communauté des toxicomanes en plus de l'échange de seringues et d'aiguilles, non seulement la communauté des toxicomanes, mais aussi leurs familles, leurs enfants.

Rappelons que Maurice est reconnu dans le secteur du VIH comme un phare pour guider le reste de l'Afrique en matière de réduction des risques. Ainsi Maurice est le premier pays du continent à avoir mis sur pied un ensemble complet d'interventions essentielles pour réduire les risques liés à la consommation de drogues illégales et à inspirer d'autres pays du continent comme le Kenya, la Tanzanie, l'Afrique du Sud à mettre sur pied de telles interventions. Avec

plus de 33 millions de morts dans le monde depuis le début de la pandémie, le VIH est un problème de santé publique majeur. En 2019, 38 millions de personnes dans le monde vivaient avec le VIH dont 5% d'enfants.

L'Afrique étant la région du monde la plus touchée par le virus, elle abrite en effet plus de deux tiers des individus séropositifs, soit près de 26 millions de personnes. Je suis convaincue, M. le président, que ce projet de loi contribuera à atténuer les inégalités de toute forme dans notre société. D'ailleurs, le dernier rapport de *UN AIDS* insiste sur les inégalités dangereuses que le HIV peut occasionner et les conséquences.

Engageons-nous donc pour faire en sorte de mettre toutes nos forces collectives au service de la lutte contre le sida et de la réalisation du droit à la santé pour tous. Le dépistage, la prévention, l'*auto-test*, la distribution de kits pour la communauté des toxicomanes ne sont pas que des détails ou des options, mais une exigence spirituelle, une exigence afin de mieux servir, afin de mieux protéger, de se protéger et de mieux aimer.

Je vous remercie, M. le président. J'ai terminé.

Mr Speaker: Hon. Quirin!

(6.41 p.m.)

Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière): M. le président, je voudrais, avant de débiter mon intervention, faire référence à la ministre de l'Égalité du genre qui lors de son discours à fustiger l'opposition en faisant croire...

Mr Speaker: No, no, please! This is debate on an amendment!

Mr Quirin: Yes, I know.

Mr Speaker: You go directly to the amendment, please!

Mr Quirin: M. le président,...

Mr Speaker: This is debate, I tell you.

Mr Quirin: Bien sûr que je le sais, mais...

Mr Speaker: But what are you referring to Minister of....

Mr Quirin: Dans son intervention, elle avait fait référence à quelque chose qui n'est pas vraie. Je voudrais simplement... J'aurais pu garder cette partie...

Mr Speaker: *Non! J'insiste que non! Non, c'est non!* You do not have the right in a debate, on an amendment, to talk on another subject!

An hon. Member: Mais elle a parlé sur le Parti travailliste !

Mrs Navarre-Marie: Mais il doit lui donner la réplique!

Mr Speaker : *Koz impe plis ou ...*

Mr Quirin: Si c'est cela que vous voulez, on aura d'autres occasions pour réfuter la ministre. Il n'y a pas de soucis.

Mr Speaker: So that is it! You are right!

Mr Quirin: M. le président, ceci dit, la présentation de ces amendements à la *HIV and AIDS Act* vient à un moment où malgré les importants avancées médical, le VIH reste plus que jamais au centre des préoccupations de bon nombre d'organisations, y compris les ONG qui luttent depuis des années contre cette épidémie. On a tendance à oublier les complications liées au VIH qui continuent à tuer en dépit des traitements et des thérapies qui ont été développés durant ces 35 dernières années.

Les derniers chiffres disponibles auprès de l'ONU Sida, une organisation issue de l'organisation des Nations unies et qui travaille à l'échelle mondiale pour mettre fin d'ici 2030 l'épidémie du VIH sida, comme une menace de santé publique dans le cadre des objectifs de développement durable, nous rappelle à bien des égards l'atrocité de cette maladie. Ces statistiques sont, entre autres, que plus de 38 *billion* de personnes dans le monde vivaient avec le VIH en 2021. 84 millions de personnes ont été infectées depuis le début de la maladie et 40 millions sont mortes depuis. Rien qu'en 2021, 1.5 millions de personnes étaient infectées par le VIH. Je pense que l'honorable ministre avant moi, lors de son intervention, a eu l'occasion de nous donner ces statistiques.

Il est aussi bon de noter que 650,000 personnes sont décédées de maladies opportunistes liées aux VIH en 2021 et que 28,7 millions de personnes avaient accès à la thérapie antirétrovirale toujours en 2021.

Maurice, M. le président, n'a donc pas échappé aux effets et aux conséquences du VIH sida. Nous ne comptons certes pas nos morts mais les derniers chiffres disponibles sur cette épidémie ont été donnés par le ministre de la santé, lui-même, le 15 novembre dernier dans cette Chambre à une de mes questions parlementaires. En effet, Maurice et Rodrigues compte selon les informations données par l'honorable ministre, 6,572 personnes vivant avec le VIH sida, dont 5,162 sont actuellement suivies dans les *DCCIs* autrement dit, les huit *Day Care Centre for the Immuno-supressed* et aussi dans le HIV clinique à Rodrigues.

Donc, avec une population de quelques 1.3 million, certains pourraient dire que la situation à Maurice n'est pas alarmante mais le fait demeure que c'est néanmoins 0,4 % de la population qui vit avec cette maladie, et si les actions concertées ne sont pas mises en place, il se pourrait que demain nous ayons tous des regrets. Ce qui m'amène à dire que les amendements proposés par l'honorable ministre de la santé ne sont pas dénués de sens.

Cependant je suis aussi d'avis que l'auto-dépistage n'est peut-être pas la solution miracle pour que la société mauricienne se débarrasse de cette maladie. Néanmoins, il doit faire partie de l'ensemble des mesures de prévention proposées contre cette épidémie. En effet, les études et les expériences d'autres pays dont les États-Unis, le Portugal et l'Australie ont démontré que l'auto-dépistage a le potentiel d'atténuer l'impact d'une crise sanitaire en raison de la disponibilité et l'accessibilité des services de dépistage.

Toutefois, M le président, pour rendre sa démarche plus efficace, l'honorable ministre de la santé aurait dû aller beaucoup plus loin. Cela dit, rien ne l'empêche en troisième lecture de venir amender les amendements proposés afin que ce texte de loi soit aussi complet et utile que possible. En effet, M. le président, ils sont nombreux ceux qui travaillent avec les personnes vivant avec le VIH depuis de nombreuses années qui soutiennent que les amendements proposés contiennent un certain nombre de manquements. A titre d'exemple, M. le président, le *HIV Self-Test* peut avoir des conséquences négatives si les personnes qui choisissent ce procédé ne sont pas bien encadrées. Selon les experts, la généralisation de l'auto-dépistage nécessite une participation et une implication de la société civile dans le but de mettre en place un protocole efficace d'orientation et de conseil.

Actuellement et du reste, le ministre de la santé a lui-même reconnu dans sa réponse en date du 15 novembre 2022 qu'il existe bel et bien un décalage entre le dépistage et l'accès aux

traitements. Et je tiens à rappeler que dans sa réponse, le ministre avait indiqué que le protocole national de prise en charge des personnes vivant avec le VIH à Maurice a été revu en 2022, quatre ans après sa mise en application mais là encore ce protocole n'est pas *up to standard* et un expert de l'Organisation mondiale de la santé a été sollicité pour mettre en place un nouveau plan d'action en particulier en ce qui concerne la stigmatisation et j'y reviendrai.

Pour revenir aux amendements proposés, M. le président, deux questions importantes remontent à la surface. Premièrement, le dépistage du VIH s'accompagne généralement d'un exercice de *pre-counselling* et de *post-counselling* considéré comme cruciaux pour s'assurer que les personnes effectuant un auto-dépistage sont prêtes à faire face aux résultats quels qu'ils soient. Comment le ministère s'assura-t-il que ce *counselling* sera mise en place dans le cadre du programme d'auto diagnostic proposé ? Dans d'autres pays où l'auto-dépistage est pratiqué, cet exercice est encadré car il existe bel et bien un risque important qu'une personne constate que son test est positif, le risque psychologique est énorme tout comme ses conséquences. Deuxième question, M. le président, quelles mesures seront prises pour garantir la prise en charge et l'accès au traitement des personnes dont l'auto-dépistage du VIH est positif ? Comment assurer la confidentialité autour des personnes testées positives ?

Les amendements qui nous sont proposés ne font aucunement référence à ces deux questions éminemment essentielles afin d'assurer l'efficacité d'un tel exercice. Pourtant, M. le président, il existe des protocoles qui ont été mis en place dans d'autres pays pour soutenir toute personne qui décide de s'auto dépister tel que la télémédecine ou la mise en place d'une hotline mais là encore les amendements proposés n'en font pas mention de ces structures nécessaires pour que l'auto-dépistage soit un exercice efficace.

Puisque le VIH sida est une question de santé publique, il serait important dans la foulée que l'honorable ministre de la Santé vienne nous dire ce qui adviendra de tous travailleurs migrants qui seraient positifs après un auto-dépistage. Quand on sait la rigidité des lois sur le séjour des travailleurs étrangers sur notre sol, ne serait-il pas important que ce point soit pris en considération afin d'éviter d'autres tragédies telles que cette étudiante camerounaise qui faisait face à un ordre d'expulsion en raison de sa séropositivité après son arrivée à Maurice en 2015 ? Une situation qui avait, je le rappelle, mobilisé plus d'une cinquantaine d'organisations

internationales en sa faveur. Prendre en compte, M. le président, cette catégorie de travailleurs dans le cadre de cette loi relève aussi d'une question de santé publique.

Une question reste aussi posée, M. le président, sur le processus d'accréditation simplifié pour les prestataires non médicaux. Ces personnes souvent volontaires pourraient être la clé de l'efficacité de cette nouvelle stratégie nationale. Le ministre conviendra, sans aucun doute, que le long processus d'accréditation des volontaires en vertu de la Section 4 aligné à 5 et 6 du *HIV and AIDS Act* de 2006 reste un obstacle majeur dans la lutte contre cette maladie. De tant que le temps nécessaire pour obtenir leurs accréditations voir plusieurs mois ou une année ou plus, retarde systématiquement le déploiement des volontaires sur le terrain.

Pour terminer cette partie des amendements proposés, je voudrais aussi soulever deux autres questions liées à la confidentialité –

- (i) Est-ce que les résultats seront inclus aux données nationales et comment garantir la confidentialité de toute personne trouvée positive après un *self-test* ?
- (ii) Que se passera-t-il pour une personne engagée professionnellement ? Un employé positif, est-il dans l'obligation d'informer son employeur de sa situation, si oui, y a-t-il des risques de licenciement ?

Concernant le deuxième amendement majeur de ce texte de loi, M. le président, notamment la distribution du *paraphernalia* même si cela pourrait être mal compris par la population, c'est néanmoins une nécessité dans la lutte contre le VIH, les hépatites, la tuberculose et les overdoses.

Selon l'ONG PILS, ce changement est conforme au plaidoyer de la société civile et des experts de la santé en faveur de l'alignement de l'offre nationale pour une réduction des risques et aussi considéré comme une des meilleures pratiques internationales. Mais encore et toujours la question essentielle demeure : est-ce que la *Dangerous Drugs Act* sera amendé afin qu'elle soit au diapason avec l'*HIV and AIDS Act* une fois que les amendements seront votés ? Car ce n'est un secret pour personne que selon la *Dangerous Drugs Act*, la possession de tout attirails et équipements liés à l'injection des drogues est considéré comme étant illégale, une offense passible de prison.

Dans ce contexte particulier, M. le président, il serait bon également que le ministre de la Santé vienne nous dire si la force policière a été sensibilisée dans le cadre de ces amendements qui nous sont proposés afin que la possession des équipements liés à l'injection des drogues ce qui est indiqué dans la loi comme *paraphernalia* ne soit plus une raison pour la police de procéder à des arrestations des patients avec des addictions ?

Et dans la même foulée, M. le président, je voudrais attirer l'attention du ministre sur les recommandations de l'OMS, de l'ONUSIDA et de l'Office des Nations Unies contre les drogues et le crime en ce qui concerne le contenu d'un kit de *paraphernalia*. Est-ce que ce sera la même chose à Maurice ? Visiblement non si on s'en tient à la définition donnée de ce kit dans la section 3 (c) des amendements proposés et j'espère que le ministre, je suis persuadé qu'il viendra avec des précisions à ce sujet lors de son *summing-up*.

M. le président, on ne peut parler du VIH sida à Maurice sans parler de la stigmatisation que subissent ceux qui vivent quotidiennement avec ce virus.

En effet, plus de 36 ans après que le VIH ait fait son apparition à Maurice, des personnes vivant avec cette maladie sont toujours victimes de la stigmatisation et de la discrimination. Certes, je reconnais qu'il y a eu des progrès en matière de prise en charge des victimes et là, je dois reconnaître l'énorme travail abattu par des ONG dans ce sens dont PILS, CUT, AILES et tant d'autres.

Toutefois, M. le président, la mentalité, surtout en milieu hospitalier et dans la société générale, peine à changer à l'égard des personnes vivant avec ce virus. En effet, comme je le déjà indiqué plus haut, le ministre de la Santé avait expliqué qu'officiellement la république de Maurice comptait quelques 6,500 personnes qui sont informées qui connaissent leur séropositivité mais selon les estimations de Spectrum 2020 de l'ONUSIDA, il y aurait à Maurice plus de 14,000 personnes vivant avec le VIH, ce qui veut dire que 7,500 personnes ne savent pas qu'elles sont infectées.

En 2017, l'ONUSIDA avait de son côté indiqué que l'indice de stigmatisation des personnes vivant avec le VIH à Maurice montrait que 30 % des personnes interrogées qui vivent avec le VIH ou touchées par le virus craignent d'être insultées, menacées, harcelées verbalement tandis que 23 % ont peur d'être agressées physiquement. L'enquête de l'ONUSIDA avait aussi révélé que 28% des personnes interrogées ont indiqué s'être vues refuser l'accès aux services de

santé en raison de leur séropositivité tandis que 40,5 % ont fait part de réactions discriminatoires ou très discriminatoires lors de la divulgation de leur état aux professionnels de santé. Et il est malheureux, M. le président, de dire que cette situation n'a guère changé ni évolué.

C'est vous dire qu'en 2023, malgré toutes les avancées notées dans le domaine médical, le Sida reste un sujet tabou même si nous savons tous qu'aujourd'hui, une personne vivant avec le VIH et qui est traitée aux antirétroviraux aura la même espérance de vie qu'une personne séronégative. Il est important à mon sens que le ministère de la Santé renforce la responsabilisation du personnel de la santé pour qu'ils comprennent mieux leur obligation légale et morale. Respecter les normes et le devoir d'offrir des services de soins sans discrimination et d'assurer la confidentialité des données des patients en créant des espaces pour les consultations individuelles et en adoptant une approche plus orientée vers la personne.

Dans la foulée, je voudrais aussi réitérer mon appel au ministre de la Santé pour une valorisation nationale sur l'utilisation de la PrEP dont il a fait état lui-même et qu'on appelle la prophylaxis pré-exposition, ce traitement préventif qui consiste en la prise de Truvada, médicament contre le VIH pour prévenir l'infection par le virus. Il est vrai qu'à une de mes questions parlementaires sur le sujet, le ministre avait indiqué qu'il y a une campagne nationale mais les ONG soutiennent que cette campagne doit être plus visible et surtout plus ciblée en particulier pour les personnes à risque.

M. le président, la stigmatisation envers les personnes vivant avec le VIH n'est pas uniquement une question de regard des autres ou l'accueil dans les centres hospitaliers mais elle se situe également et surtout dans les aides sociales accordées aux personnes vivant avec le VIH. Malgré toutes les procédures qui ont été mises en place, nous constatons que très peu de personnes vivant avec ce virus et qui ne sont pas en mesure de travailler ou qui n'arrivent pas à trouver du travail en raison de leur situation ne peuvent bénéficier de ces aides. Les R13 millions alloués par le ministère de la Sécurité Sociale pour l'année financière 2021/2022 comme indiqué par la ministre elle-même dans une réponse à une de mes questions parlementaires sur le sujet, sont largement insuffisants.

Sur ce point aussi, M. le président, il y a d'énormes efforts à faire afin que nous n'ayons pas deux catégories de mauriciens au sens de notre république.

Pour conclure, M. le président, je voudrais dire quelques mots sur les actions prises sur le continent africain notamment au sein du Parlement panafricain dans la lutte contre cette épidémie. En effet, en ma capacité de président de la Commission de la Santé, du travail et des affaires sociales du Parlement panafricain, je peux affirmer que la lutte contre le VIH Sida reste un dossier prioritaire à notre agenda. A ce propos, le Parlement panafricain travaille en étroite collaboration avec la *GLOBAL TB Caucus* et le *Global Fund* qui sont deux mouvements mondiaux ayant pour mission d'éradiquer le VIH, la tuberculose et le paludisme afin d'assurer un avenir plus équitable pour tous d'ici 2030. C'est ainsi qu'en novembre 2022, une somme de 15,7 milliards de dollars américains a été récoltée par le *Global Fund* pour soutenir financièrement la lutte contre ces trois maladies dans le monde en particulier en Afrique.

De ce fait, M. le président, nous ne pouvons que souhaiter que les amendements proposés par le ministre de la Santé apportent plus d'éclairage par rapport à la vraie situation du VIH à Maurice et dans la foulée, des mesures pour une réduction importante des infections par ce virus. Mais, il serait aussi important que dès à présent, la population mauricienne sache comment le gouvernement compte procéder en ce qui concernent l'approvisionnement des *HIV self-tests* et les kits de paraphernalia. Il serait bon de savoir, M. le président, si les quincailleries et les bijouteries seront encore une fois de la partie. Je pose la question et je vous remercie.

Mr Speaker: Hon. Mrs Luchmun Roy!

(7.00 p.m.)

Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue):

Thank you, Mr Speaker, Sir.

You know it is a good Bill when you see only two Members from the Opposition's side delivering their speech or else, there would have been so many other Members participating. So, if you say only two Members on the orators list, that means it is a very, very good Bill that the hon. Minister is bringing to the House.

Mr Speaker, Sir, I will take a very brief call on this Bill as the essential has already been said by my colleagues as well as the Minister of Health and Wellness, hon. Kailesh Kumar Jagutpal. We have been listening to the debates for the past two hours and it is being unanimously supported by both sides of the House. I shall therefore focus my speech on Section

7A HIV self-testing kits, that is, a person may conduct an HIV self-test and make a request for a directly assisted HIV Self-Test. The amendment to Section 11 of the principal Act amended.

Mr Speaker, Sir, the statistics speaks for itself as for the number of HIV/AIDS cases reported as to June 2021. There seems to be an increase in the number of reported cases. However, what is more alarming is the feminisation of HIV. The feminisation of HIV has become a global phenomenon in which more women are becoming HIV positive and this has a tragic consequence on women. The main issue, very often – as my colleagues mentioned lengthily about it – is stigmatisation of the person who is found to be positive.

Mr Speaker, Sir, I am taking a call upon this Bill as I have recently met a lady in my Constituency who she, herself suspected that her partner was HIV positive and she suspected that she might have contracted it from the partner. During that conversation, she told me and she even asked me the question: ‘Madam, I wish I could do a test by myself like we do pregnancy test or COVID-19 test’. So, I think now the self-test which comes here is kind of a solution for those who fear of being stigmatized but having said this, I think it is very good and important to highlight as well that yes, we are having the self-test at our place to do but it is important to highlight the Section 11 of the principal Act that is being amended –

“(1A) Any person who conducts an HIV Self-Test, the result of which is reactive, shall undergo an HIV test at a public health institution to confirm whether the test is positive.”

So, even if you have the self-test at your place, you eventually need to go to a public health institution to confirm whether you are positive or not and it is clearly mentioned in this section which I mentioned previously.

Unfortunately, Mr Speaker, Sir, across the globe, strong stigma surrounds HIV/AIDS due to the lack of understanding, lack of education.

Very often, it is because some consider it to be taboo, some consider it to be like a criminal behaviour. People have their own opinion because of a lack of education when it comes to HIV/AIDS. When a community first encounters HIV/AIDS infection, it is the lack of knowledge which brings forward the misinformation, as rightly said by my colleague hon. Mrs Sandra Mayotte, about how for the first case which landed in Mauritius, people were afraid of it. So, it is a lack of information and this is where it brings misinformation in those people who are

actually meeting those people. So, there is a misconception surrounding the disease and it is always about those people who have contracted it.

Therefore, Mr Speaker, Sir, the misunderstandings leading to such discrimination against those people create very often a culture of silence and fear which surrounds the disease. So, it does not only affect the HIV positive population, that is, the person who is infected, but very often, it also affects other people surrounding that person who has contracted the HIV. So, that person particularly feels afraid to go forward and seek health or seek medication.

Allow me here to cite an extract of the final report on the committee-lead AID response, which is in the updated report 2022 of UNAIDS Global, which actually answers the few questions of the former Member who spoke right before me, hon. Quirin, who mentioned about the negative effect of self-test. Well, I would invite the hon. Member to just go through that report because it clearly mentions few countries which went through the self-test and gave fabulous results like we have. You mentioned the African Parliament, you have Zimbabwe, you have Malawi, you even have Bangkok which have been doing the self-test and brought forward some very positive response in reducing the number of persons contracting HIV. You also have Nigeria as well, hon. Quirin. Just to quote in report, it mentions that “the added advantage they can bring to HIV testing require moving those barriers and striking tactical partnership with public and over healthcare providers.”

So, to conclude, Mr Speaker, Sir, this Government has relentlessly been working for an inclusive society for all. However, we need to acknowledge that the element of stigmatisation and fear hinders upon one self. This amendment comes to break, as we say, the glass ceiling, making the test accessible to all, but most importantly preserve the privacy of the individual.

The Mauritian Government remains fully committed to work in partnership with all the NGOs so that we can deliver the AIDS strategy and ending the epidemic of AIDS by 2030. Together we are working towards ensuring that each and every one can actually access the prevention and treatment service needed to ensure progress on HIV.

Before ending my speech, I shall commend the good job, the good work being done by the NGOs and I support this Bill. Thank you, Mr Speaker, Sir.

Mr Speaker: Hon. Doolub!

(7.07 p.m.)

Mr R. Doolub (Third Member for Mahebourg & Plaine Magnien): Merci, M. le président. Je dois avouer que c'est toujours une émotion de prendre la parole sur un sujet aussi délicat, voir sensible, surtout dans notre pays. On est très souvent gêné de parler de ces choses-là.

Le combat contre le SIDA, M. le président, est l'un des grands combats de l'histoire récente. Un combat indispensable qui a commencé il y a au moins plus de 30 ans dans le monde par les États, les instituts de recherche, les laboratoires ou encore par un nombre incalculable d'associations.

Ces efforts communs, M. le président, et cet engagement collectif ont permis des avancées significatives, mais la lutte contre le SIDA doit se poursuivre, elle ne doit connaître aucun répit, M. le président. Il nous faut justement mobiliser tous nos outils, tous nos dispositifs, et surtout il ne faut pas baisser la garde car on ne peut pas accepter que des jeunes puissent croire que le VIH a disparu ou que le SIDA est une maladie classique qui se guérit.

On ne peut accepter, M. le président, que le préservatif soit perçu comme une contrainte alors qu'il est la seule méthode de prévention première contre les IST. Nous devons donc rester mobilisés. C'est dans cette optique, M. le président, que ce place les amendements au *HIV and AIDS Act* dont l'objet principal est d'élargir le champ d'application du dépistage du VIH à l'échelle nationale et permettre un plus grand nombre de personnes de connaître leur statut VIH.

Une des grandes avancées de ce projet de loi, M. le président, est en effet d'autoriser une personne à effectuer son propre test de dépistage du VIH par le biais d'un autotest du VIH ou d'un autotest avec assistance directe.

M. le président, il est opportun de rappeler que la prévention est essentielle en matière de lutte contre le SIDA. Le dépistage du VIH donne aux gens les connaissances nécessaires pour agir, rechercher un traitement s'ils sont séropositifs ou se protéger s'ils sont séronégatifs.

Le dépistage, M. le président, est la porte d'entrée dans le système de soin et prise en charge. On ne peut traiter que si on connaît le statut sérologique des personnes à risque. Nous avons été témoins ces dernières années d'incroyables innovations qui contribuent à briser l'épine dorsale de l'épidémie du VIH. Ainsi, les kits d'auto dépistage permettent aux personnes de tester

le VIH en toute confidentialité, augmentant ainsi les taux de dépistage parmi les populations difficiles à atteindre.

L'auto dépistage, M. le président, ou le dépistage assisté, vient compléter les offres de dépistage classique. Il permet en effet d'atteindre des populations qui jusque-là n'avaient pas accès au dépistage du fait, notamment des barrières d'accès à la santé comme la discrimination, la stigmatisation, la distance ou tout simplement la peur. Pour nombre d'utilisateurs, l'auto dépistage favorise la discrétion et bénéficie d'une forte acceptabilité, notamment auprès des populations clé ; hommes, jeunes, prestataires de soins, femmes enceintes et leurs partenaires, des couples et de la population en général.

Il représente, M. le président, une avancée pour accroître l'autonomie des patients, décentraliser les services et créer la demande de dépistage du VIH chez les populations sans accès au service actuel et il peut donner des résultats aussi fiables que lorsqu'ils sont utilisés par un prestataire formé sous réserve que les produits utilisés répondent aux normes de qualité, de sécurité et de performance.

Un test VIH, M. le président, est un événement sérieux avec des implications déterminantes. Mais peu importe le résultat, le test fournit des informations vitales. Le dépistage permet, entre autres, bien fait de connaître son statut sérologique et de prendre des précautions qui conviennent pour éviter de transmettre le virus, de commencer un traitement le plus tôt possible si le résultat est positif afin de contrôler la multiplication du virus et ainsi maintenir ou améliorer sa santé et de prendre soin de sa santé et de celle de ses proches.

M. le président, se faire dépister plus tôt, c'est se faire traiter plus tôt. Cela veut dire une meilleure santé pour la personne infectée et un risque réduit de transmission. Un résultat positif au test d'un diagnostic de confirmation n'est certes jamais une bonne nouvelle, mais pour les personnes vivant avec le VIH, il s'agit d'un premier pas nécessaire vers une vie longue et en bonne santé.

Je souhaiterais rappeler qu'ONUSIDA, le programme des Nations unies destiné à coordonner l'action des différentes agences spécialisées de l'ONU pour lutter contre la pandémie du VIH/SIDA, avait fait ressortir dès 2018 que l'accès au dépistage du VIH est un droit humain fondamental, et avait appelé un engagement mondial pour éliminer les obstacles qui empêchent les personnes de se soumettre à ce dépistage, notamment en éliminant la stigmatisation et la

discrimination liée au VIH, en garantissant la confidentialité du dépistage et du traitement du VIH, en déployant une combinaison optimale de stratégie des dépistages du VIH pour atteindre les populations qui en ont le plus besoin.

Les amendements que nous étudions aujourd'hui, M. le président, viennent combler une lacune. Il n'y a pas de solution clé en main, M. le président, pour emmener davantage de gens à se soumettre au test de diagnostic et augmenter ainsi le taux de dépistages. On sait cependant qu'il faut combiner plusieurs approches, bien comprendre là où les populations ciblent le contexte, les croyances, le niveau d'instruction, tenir compte des populations dites vulnérables, les jeunes, les adolescents, entre autres.

M. le président, un autre élément extrêmement important mis en avant avec les résultats récents est que : plus on traite mieux on traite, moins de patients ont le virus. Donc, de fait, le traitement peut limiter l'épidémie. Si on traitait tout le monde on aurait plus de nouvelles contaminations. Il y a donc un double enjeu, M. le président, un bénéfice individuel de la personne qui se fait traiter et un bénéfice collectif. Si on traitait tous les séropositifs, on aurait plus de nouvelles contaminations.

Après avoir gravi une autre colline, tout ce qu'on découvre, c'est qu'il reste encore beaucoup d'autres collines à gravir, disait Nelson Mandela. Nous venons, aujourd'hui, d'en gravir une. Nous en découvrirons certainement d'autres à gravir encore, M. le président, mais ce ne sera jamais une raison pour ne pas avancer. Du reste, le ministre de la Santé en a pris l'habitude de gravir les collines jusqu'au sommet.

Pour conclure, M. le président, justement, je souhaite le féliciter et le Premier ministre pour leurs engagements sans relâche afin d'améliorer la qualité de vie des Mauriciens.

Merci, M. le président.

Mr Speaker: Hon. Léopold!

(7.16 p.m.)

Mr J. Léopold (Second Member for Rodrigues): Thank you, Mr Speaker, Sir.

HIV, the virus which leads to AIDS (Acquired Immunodeficiency Syndrome), remains one of the largest world epidemics with more than 38 million people worldwide living with HIV and/or AIDS because of new and continuing infections.

I want to thank the hon. Minister of Health and Wellness for bringing this Bill to the House and giving me the opportunity to take part in this debate and to further lay emphasis that HIV/AIDS remain a health challenge and not to be taken lightly. It seems to be a small amendment but the changes that this Bill will bring is very significant in the fight of the prevention of the spread of this virus. More efforts are needed to prevent the spread of HIV despite having free health care services and an easy access to treatment.

In the case of HIV/AIDS treatment, the national health service provides antiretroviral treatments. Despite all the efforts made by the national health services for the prevention, treatment and care of HIV/AIDS, HIV infection remains, as I have said, a public health concern of the Republic of Mauritius. And this concern is due to some other problems despite accessibility to treatment. Some people still do not make the necessary effort to reach the available services in the prevention and treatment of HIV and AIDS. We tend to forget that there is still no cure to AIDS.

At the very beginning of the apparition of HIV infection in Mauritius, we have done so well in the prevention of the spread of this virus. We have successfully combatted the negative attitudes and beliefs about people with HIV.

Upon national efforts, things that we have successfully done to reduce the disastrous effects of HIV/AIDS, along with the Government services and the relentless efforts of NGOs are

—

1. sensitization campaign;
2. reduction of the prevalence of HIV infection;
3. significant reduction of mother to child transmission of HIV infection, especially to those who follow antenatal clinic;
4. increase in testing capacity, and, as I have said earlier,
5. availability of antiretroviral treatment, together with other symptomatic treatment, leading to significant decrease of complications, thus decrease death rate.

With all these encouraging results, with the impression that we are winning the war against HIV/AIDS, we tend to reduce funding programmes on prevention, treatment and care of HIV/AIDS in the belief that the fight is over. This reasoning is happening in many parts of the

world, including Mauritius. But, the fact is HIV/AIDS remains the leading cause of death in the world, especially among people of age 15-49.

The fact that, in Mauritius, we still have a group of people which is disproportionately affected by AIDS, the so-called key population, is not because of their race, colour, or religion but because of their behaviour. The other remaining challenges with HIV infections are the resurgence of tuberculosis, and not to neglect the extent of the impact of COVID-19 pandemic in overstressing the health care service causing disruption in the delivery of care to HIV/AIDS patients.

It is remaining challenges or the above-mentioned challenges that render HIV infection control difficult. But, those challenges are luckily recognised and easily identified in Mauritius. It is therefore very possible and 100% achievable in joining the global efforts, especially that of Sustainable Development Goals, SDG Goal 3, that is, ensure health and well-being of all, including bold commitment to end the epidemic of AIDS, tuberculosis, malaria and other communicable diseases by 2030. The objectives can be easily reached as we already have universal health coverage.

And with regard to HIV epidemic, this amendment will do that, the eradication of HIV/AIDS, by bringing the holistic approach which is needed. The amendment will further boost the prevention of HIV/AIDS by stopping the behavioural risk causing HIV infection and eliminating the high risk of cross infection among injecting drug users, as this amendment provides the necessary requisite for the practising of aseptic technique, and the single use of paraphernalia.

This amendment will also enable all the concerning bodies, which are involved in the prevention and treatment of HIV/AIDS to get to know victims of drugs dependence. Therefore, the programme that the amendment will bring, needs to be accompanied by the treatment and rehabilitation of drugs addicts.

In addition to the preventive measures that the amendment is bringing, that is, the enhancement of behavioral changes and risk reduction, it is also providing ways of easing testing facilities so that people can know their status and timely treatment with available medication be initiated. It is well known now that antiretroviral treatment improves health and reduces HIV transmission.

The Republic of Mauritius has all the structures to prevent the spread of HIV infection leading to the eradication of this virus. We need to continue to combine our efforts in the prevention, treatment and care of persons with HIV and AIDS to achieve the 2030 goal. There must not be inequality in treatment and care and we need in addition, to enforce our sexual and health reproductive services, set up an age appropriate sexual education service, lay emphasis on the treatment and rehabilitation of substance abusers, especially injecting drug users to succeed in this war. All the structures are available in Mauritius and as I have said, it is achievable and it is possible to eradicate HIV and AIDS in the Republic.

Mr Speaker, Sir, we do know the trend of HIV AIDS in the Republic. We do know who are disproportionately affected by the infection. This Bill is therefore tailoring the prevention of HIV and AIDS to our national needs. I am therefore giving my support to the hon. Minister of Health and Wellness in the promotion of the wellbeing of all and putting an end to HIV AIDS in the Republic of Mauritius by the year 2030 and I thank you for your kind attention, Mr Speaker, Sir.

Mr Speaker: Hon. Minister!

(7.26 p.m.)

The Minister of Health and Wellness (Dr. K. Jagutpal): Mr Speaker, Sir, I will proceed with the summing up of the HIV and AIDS Amendment Bill (No. XIX of 2022).

I would like to thank the Members of Parliament from both sides of the House for having brought their insights and comments on this Bill. Mr Speaker, Sir, I also wish to point out that the amendments being brought to the HIV and AIDS Act of 2006 are testimony of the determination of this Government under the leadership of our hon. Prime Minister Pravind Kumar Jugnauth to ensure that each Mauritian knows his or her HIV status.

Mr Speaker, Sir, I will proceed by shedding some lights on the comments made during the debates on this Bill. Mr Speaker, Sir, we all know that there is an estimate of around 14,000 people in Mauritius who may be having a positive HIV test and as I pointed out earlier, some 7,000 Mauritians, they do know their status, they have done the test and obviously, they are given treatment and other facilities. This is where we are facing the challenge. There is around 48% of these persons whose status we should know and how do we overcome this challenge?

Obviously through testing as testing is the keyword that we have to adopt and this is where our testing policy will be effective till we are all engaged in knowing our status that is, the HIV status, irrespective of age, religion, status and this is where we have to focus our energy.

I will start by Dr. the hon. Aumeer who stated that persons are not aware that they are HIV positive in Mauritius and the hon. Member said that we should strive to decrease it to 20%. That is the objective of this Bill; to decrease it to 20%, how we should focus on testing.

So, according to available data, the percentage of positive persons with HIV who are aware of their status is around 48% and who are trying to scale up the number of people who knows their status, that is where we have developed the National HIV Testing Services and Policy in 2022, specifically to reduce the barriers to access HIV Testing and Counselling both for high risk groups, other vulnerable sub-populations and obviously for population at large.

Testing policy includes different array of HIV Testing Strategies, Re-Testing of HIV. It's very important to re-test. I already elaborated on how there are different phases in HIV, that is, a first phase with a later phase until you have all the disease. The disease is in progression and why it's important to have re-testing of HIV. There is another index called the Index Testing, that is, testing of family members, which is also included in the HIV Testing Policy.

The HIV Test being offered as part of a multi-disease package test during the Health Promotion Campaigns is already sensitising the population in some way so that anybody, any Mauritian, can get access to conduct the test and this Bill provides introduction of Self-Testing which is very different from what we are providing as tests and Directly Assisted HIV Test amongst others.

Hon. Aumeer also pointed out that Confirmatory Test should be made mandatory. So, this mandatory HIV testing is recommended for the screening of blood and biological tissues to prevent HIV transmission for recipient. So, this has already been undertaken. All HIV Rapid Diagnostic Tests and Conventional Tests conducted in Public and Private Health Institutions are confirmed at the Central Health Laboratory, at Victoria Hospital. It should also be pointed out that HIV Tests should be based on three key principles; Counselling, Consent and Confidentiality.

Mr Speaker, Sir, the hon. Dr. Aumeer also pointed out that the window for the test should be reliable. This is a long process. The disease has a long process before you have the expression

of the disease. The advantage of having self-testing is that anybody can conduct it at any point in time. So anybody can access these tests and this will reduce the probability of other people knowing the status of whether one is HIV positive or not. So, it's a practical way on how you can access these tests knowing that this disease has a long process.

Now, he also pointed out provision for Domiciliary Confirmatory Test. If somebody using a self-test has been tested positive, should that person have access to do a confirmatory test at his place? This can be more damaging to that person because of how that person is going to report that test to his family members. So, it has the weight of being more damaging but at the same time, can also be helpful. This is where the law has made provision for pre-testing and at this point in time, when we are speaking of HIV, it's important to know that it is not that time in 30 years back when there was no treatment. Treatment is there; treatment is accessible to anybody, in all Public Hospitals.

Treatment is accessible to everybody in all public hospitals. The antiretroviral drugs are available in Mauritius; Government procure these medicines. I believe that it is time that we all speak out that there is a fatality associated with HIV, but anyone having access to treatment, taking medications, being properly given the chance to do his test will improve the quality of his life and he can lead a normal life like everyone.

Now, there is also the question of mother to child transmission for the detection of antibody. The test that we do for the baby is the PCR test and it is not a question of the mother's antibodies transmission to the child. So, this test will detect whether this baby is suffering from HIV or not.

Mr Speaker, Sir, I come to the comments made by hon. Quirin. Again, he stated about the complication, that is, the disease complication due to HIV and AIDS. Obviously, if we do not do the test at an early phase, as I said in my Second Reading, if we diagnose the patients in their last stage - the last stage being the complicated one -, the treatment will, obviously, not have a good output. So, this is where we should understand that doing the test at an early phase will help the person get treatment and will help him not reach a complicated stage.

Now, he also mentioned about self-testing. Obviously, this is not the overall package, the overall treatment, the overall management; it is only part of the management. But it is very

important to lay on emphasise on it. It is very important that people know their HIV status as this will lead to improvement to the other indicators in the management of HIV.

So, it is not just about the testing; it's the whole package of the action plan with the policy, the testing policies, the management, the campaign. Everything will be associated to improve the outcome of those who are suffering from HIV.

Now, there has been no proposal from the Opposition as to how we manage people with HIV. We have not heard of any proposal. How do we proceed? We understand that we have 50% which are probably undiagnosed cases, but what is the proposal? In fact, the proposal is how do we improve our testing and that is what the Government is doing.

Now, he also pointed about confidentiality. There is a hotline in Mauritius, as I mentioned it earlier, it is 800-2500. It is the hotline where you can share your information. So far, out of the 7,000 people who have already had access to treatment, have we heard of any complaints? Have we heard that information has been disclosed and there has been some lack of confidentiality? With the provision already made in the HIV and AIDS Act of 2006, practically, no. If ever it is present, it is some isolated cases. So, the hon. Member can rest assured that all the confidentiality issues are being addressed there.

There is also the mention of DDA and of the drug that has been amended recently. The amendment that was made was that anyone who is a drug user, if ever the Police arrests that person, he will not go to the legal channel, but will be given the opportunity to go to the Drug Users Administrative Panel (DUAP) instead of going ahead with a legal channel, and that person will be given the opportunity to rehabilitate. That is the difference between the DDA if the Police arrest somebody with the paraphernalia kit and the drugs. The Police, through the DPP, will consider if this person is not in drug trafficking part, and of he is a person who can be subjected to rehabilitation. So, the difference is very clear in the amendment brought recently in the DDA.

Now, about the migrant workers, yes, they still have to get the HIV clearance. But at this stage, we have to manage our population; our own brothers and sisters. There are about 6,000 suffering from being HIV positive who do not know their own status. Let us deal with this, and then, we will move to the next stage of the migrant workers. I believe it is time that we firstly focus on what we are doing and then we move to the next stage concerning the migrant workers.

To the PrEP, yes, that was also the concern of the pre-exposure prophylaxis. Again, last year, we already started campaigning a lot about that. With the help of NGOs, I believe we can escalate the campaign. That will help us to find ways how PrEP can be more effective.

Concerning the accreditation of HIV testing and counselling to non-health care personnel, it should be pointed out that the accreditation is being carried out according to a module worked out with the Central Health Laboratory to ensure quality HIV testing is being carried out. However, this process takes time. So, this is also part of the different step measures taken by the Ministry to improve, to facilitate how we can get the accreditation a bit more quickly.

To end up on a lighter note, yes, obviously, if ever a *quincaillerie* or - not *boulangerie* -, *bijouterie*, they apply to import permits - it is just in Mauritius, this is a *pays de droit*, like the *secteur sucrier*; with time they changed, they diversified, they are in hotels, they are in offshores -, so, I do not find any problem whether a *quincaillerie*, *bijouterie*, the press, anybody fulfilling the criteria for import or whatever be, they do that! Obviously, if they do something wrong, we have good lawyers who defend drug traffickers even from outside and or even in Mauritius, so, they can get avail to those lawyers for whatever their issues. There is nothing to do with the Ministry of Health!

(Interruptions)

Mr Speaker: Order!

Dr. Jagutpal: So, I believe this is another step forward with the HIV and AIDS amendment. Mr Speaker, Sir, I would like to thank the hon. Prime Minister again for his support against the fight against HIV and AIDS. I will remind the House that the Prime Minister chairs the High-Level Drugs and HIV Council himself. I would like to thank the Attorney- General's Office again for the valuable contribution in drafting this piece of legislation.

Mr Speaker, Sir, I thank you for your attention. I commend the Bill to the House. Thank you.

Question put and agreed to.

Bill read a second time and committed.

COMMITTEE STAGE

(Mr Speaker in the Chair)

THE HIV AND AIDS (AMENDMENT) BILL

(NO. XIX OF 2022)

The HIV and AIDS (Amendment) Bill (No. XIX of 2022) was considered and agreed to.

On the Assembly resuming with Mr Speaker in the Chair, Mr Speaker reported accordingly.

Third Reading

On motion made and seconded, the HIV and AIDS (Amendment) Bill (No. XIX of 2022) was read a third time and passed.

ADJOURNMENT

The Deputy Prime Minister: Mr Speaker, Sir, I beg to move that this Assembly do now adjourn to Tuesday 04 April at 11.30 a.m.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun) seconded.

Question put and agreed to.

Mr Speaker: The House stands adjourned.

Adjournment Matter!

MATTERS RAISED

(7.46 p.m.)

PLAINE LAUZUN INDUSTRIAL ZONE – ROAD INTERSECTION – ROAD MARKINGS & TRAFFIC SIGNS

Mr F. David (First Member for GRNW & Port Louis West): Merci M. le président. Ma requête de ce soir s'adresse au ministre des Transports terrestres et renvoie à un point que j'ai soulevé à l'ajournement du 27 octobre 2022, à savoir l'absence de panneaux de signalisation et de marquage au sol dans la zone industrielle de Plaine Lauzun et en particulier à l'intersection se trouvant à proximité du super marché Dreamprice qui a tristement été le carrefour de plusieurs accidents de la route car les automobilistes qui arrivent de part et d'autre à ce croisement pensent

trop souvent avoir tous les deux la priorité. M. le président, j'aimerais ne pas avoir à évoquer ce même problème une troisième fois, cette fois pour déplorer un mort. Aussi, puis-je demander au ministre d'insister auprès des services de son ministère et en particulier la *Traffic Management and Road Safety Unit* pour intervenir au plus vite. Merci.

The Minister of Energy and Public Utilities (Mr G. Lesjongard): I have taken note of the matter raised at adjournment time by the hon. Member. And I have also taken note of the urgency; I will convey the message to the Minister responsible. Thank you.

Mr Speaker: Mrs Mayotte!

(7.48 p.m.)

LA GAULETTE & COTEAU RAFFIN – ROAD ACCIDENTS – BAD STATE OF BUSES

Mrs S. Mayotte (Second Member for Savanne & Black River): Merci, M. le président. Ma requête s'adresse également au ministre des Transports, l'honorable Alan Ganoo. C'est une requête de la part des habitants de La Gaulette où depuis un certain temps maintenant il y a beaucoup d'accidents. Alors les habitants demandent humblement au ministre des Transports d'installer des ralentisseurs dans la région de La Gaulette ainsi que Coteau Raffin.

Et une autre requête toujours de la part des habitants de La Gaulette pour améliorer le service des transports en commun notamment des autobus qui sont dans un très mauvais état – les autobus desservant cette région de la côte ouest.

Merci, M. le président.

The Minister of Energy and Public Utilities (Mr G. Lesjongard): Oui, M. le président, j'ai pris bonne note de la doléance de l'honorable Mayotte concernant les habitants de La Gaulette. Je ferai part au ministre concerné. Merci.

Mr Speaker : Hon. Lobine !

(7.49 p.m.)

PHOENIX, ROYAL ROAD– DEFECTIVE TRAFFIC LIGHTS

Mr K. Lobine (First Member for La Caverne & Phoenix): Thank you, Mr Speaker, Sir.

My request is addressed to hon. Alan Ganoo, Minister of Land Transport and Light Rail. I have given him notice of this matter which concerns defective traffic lights along Royal Road, Phoenix whereby this is causing serious inconveniences for users and inhabitants of this region whereby you have got schools, places of worship. And also it is a serious risk for many accidents in that region. It is nearly more than a month now that those traffic lights are defective and I would humbly request the hon. Minister if he could use his good office to request the Traffic Management and Road Safety Unit to do the needful at the earliest. I am also providing him with pictures that I have taken this morning. He is already aware; I have given him these...

Mr Speaker: All this is not important. I will give a strong ruling on that. Who is replying to this, please?

The Minister of Energy and Public Utilities (Mr G. Lesjongard): I will be replying, Mr Speaker, Sir. Thank you.

I have taken good note of the matter which has been raised by hon. Lobine and I will convey his request to the Minister concerned and I will also let him know the urgency of the situation with regard to the traffic lights.

Mr Speaker: Hon. Ameer Meea!

(7.50 p.m.)

**JUNCTION ROUTE DES PAMPLEMOUSSES & MILITARY ROAD – ENTRANCE
ROAD VALLÉE DES PRÊTRES – TRAFFIC INCONVENIENCES**

Mr A. Ameer Meea (Third Member for Port Louis Maritime & Port Louis East): I would like to raise an issue which is addressed to the hon. Prime Minister. In fact, it is a recurrent traffic issue that I don't know how many times I have raised in the House. As the House is aware, there is a heavy traffic in the junction Route des Pamplemousses and Military Road and also the entrance road rather leading to Vallée des Prêtres. I am also aware that a bypass road is being constructed to solve the problem and I really hope so, but I am not convinced that this will alleviate the problem 100%. But my appeal to the Prime Minister is that in the time being, Police Officers be posted there in the morning and especially in the evening where there is a terrible traffic. The more so that in this month of Ramadan, people of Muslim

faith rush home to break their fast. So, can I appeal to the Prime Minister that police officers be posted at this junction?

Thank you, Mr Speaker, Sir.

The Deputy Prime Minister: Mr Speaker, Sir, the points have been well noted and the hon. gentleman may rest assured that I will convey the message, the request rather to the Prime Minister.

Mr Speaker: Hon. Dhunoo!

(7.51 p.m.)

16^{ÈME} MILLE – COMMUNITY CENTRE VOLLEYBALL PITCH – BAD STATE

Mr S. Dhunoo (Third Member for Curepipe & Midlands): Thank you, Mr Speaker, Sir.

My request tonight is addressed to hon. Mrs Kalpana Koonjoo-Shah, Minister of Gender Equality and Family Welfare. It is related to the Centre of Sugar Industry Labour Welfare Fund situated at 16^{ÈME} Mille. The volleyball pitch that is at the Community Centre is in a bad state. For the benefit of the inhabitants of 16^{ÈME} Mille, I would be grateful if she could use her good office to replace the fencing and the lights at the volleyball pitch. Thank you.

The Minister of Gender Equality and Family Welfare (Mrs K. Koonjoo-Shah): Mr Speaker, Sir, I take very good note of my hon. colleague's *doléance* and I will look into the matter promptly.

Mr Speaker: MP Nagalingum!

(7.52 p.m.)

ANDRÉ BAZERQUE GOVERNMENT SCHOOL – PLAYGROUND – OVERGROWN GRASS

Mr D. Nagalingum (Second Member for Stanley & Rose Hill): Mr Speaker, Sir, with your kind permission, allow me to draw the attention of the Minister of Education on a gross negligence at André Bazerque Government School at Plaisance Rose Hill. Since heavy rainfall some weeks back, the grass has grown up to a very dangerous height. It has become a mini forest which has invaded the yard used as playground by the school children. Can I ask the hon.

Minister to look into the matter and take necessary actions? If possible, I will table the picture of the yard.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): Mr Speaker, Sir, I will definitely refer the case to the Zone Directorate and ensure that necessary actions be taken.

Mr Speaker: Hon. Luchmun Roy!

(7.53 p.m.)

VALLÉE DES PRETRES - SHEIK ABDUL QADIR JILANI MASJID – TRAFFIC SIGNS

Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue):
Thank you, Mr Speaker, Sir.

My address tonight goes to the hon. Minister Alan Ganoo, Minister of Land Transport and Light Rail. It is on behalf of the Noor-e-Islam Benevolent Welfare Society administered by the Sheik Abdul Qadir Jilani Masjid of Caro Lalo, Vallée des Prêtres. The request that they sent to us MPs and Ministers is building up a raised table in front of the Masjid and also fixing the traffic signs: ‘Slow Down’ and ‘No Noise’ in front of the Masjid as there are students who go for Madrasa as well. Unfortunately, Mr Speaker, Sir, I do not have any picture to table but I will request the hon. Minister to look into the matter urgently. Thank you very much.

The Minister of Energy and Public Utilities (Mr G. Lesjongard): Yes, Mr Speaker, Sir, I have taken good note of the matter raised by the hon. Member. I shall definitely refer same to the Minister concerned and also stress on the urgency of the request from the Masjid there.

Thank you.

Mr Speaker: MP Foo Kune-Bacha!

(7.54 p.m.)

**ALBION PUBLIC BEACH – HAZARDOUS PATHWAY –
RESTRICTED ACCESS TO PUBLIC**

Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière):
J’adresse ma requête à l’honorable Husnoo, Vice-Premier ministre et ministre des Collectivités

Locales qui concerne la passerelle piétonne qui mène à la plage publique d'Albion. L'accès de celle-ci a été interdit à juste titre par le *District Council* de Rivière Noire en raison de son état hasardeux et du danger qu'elle représente, mais cela fait déjà deux mois qu'elle est fermée et les opérateurs économiques de la région, notamment les restaurateurs et les plaisanciers entre autres sont pénalisés et ont vu leur activité grandement affectée et pire, ils ne savent pas combien de temps cette situation va durer, car les procédures pour entreprendre les travaux n'ont même pas encore été enclenchées. Je demande donc humblement à l'honorable ministre de voir que les travaux débutent au plus vite pour le bien de ces opérateurs. Merci.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): M. le président, je passerai certainement le message au VPM, l'honorable Husnoo.

Mr Speaker: Hon. Ittoo!

(7.55 p.m.)

SADALLY – DRAIN PROJECT - IMPLEMENTATION

Mr A. Ittoo (Third Member for Vacoas & Floréal): Thank you, Mr Speaker, Sir. My request is addressed to the hon. Minister of National Infrastructure, hon. Bobby Hurreeram. I understand from officers of the NDU that drain project for Sadally region has already been passed the design stage and the same project was delayed because of the metro works and enlargement of the Sadally channel. So, I would request the hon. Minister to use his good office to have this project implemented at the earliest because it is causing a lot of inconvenience to the inhabitants of Sadally and the region. Thank you.

The Minister of National Infrastructure and Community Development (Mr M. Hurreeram): Mr Speaker, Sir, as the hon. Member himself said, there is quite a lot of work going on in this region. I am sure that he will understand that there is a process of things. So, we are looking into it. Thank you.

Mr Speaker: Hon. Tour!

(7.56 p.m.)

VALLÉE DES PRÊTRES – SCHOOL LANE

Ms J. Tour (Third Member for Port Louis North & Montagne Longue): Merci, M. le président. Ma requête s'adresse au ministre des Transports, l'honorable Alan Ganoo, concernant la requête des parents des élèves qui fréquentent l'école primaire de Vallée des Prêtres. Ces derniers souhaiteraient qu'on convertisse le School Lane, temporairement le matin ; le temps que les enfants se rendent à l'école et temporairement dans l'après-midi ; le temps que les enfants reviennent de l'école. Je demanderai donc à l'honorable ministre de bien vouloir voir la possibilité auprès de la TMRSU d'interdire l'accès aux véhicules afin d'assurer la sécurité de nos enfants de Vallée des Prêtres.

The Minister of Energy and Public Utilities (Mr G. Lesjongard): Yes, Mr Speaker, Sir. I have taken good note of the request from the hon. Member with regard to the primary school at Vallée des Prêtres and I shall convey same to the Minister concerned. Thank you.

Mr Speaker: MP Dr. Gungapersad!

(7.57 p.m.)

GRAND GAUBE – DAMAGED JETTY – PUBLIC HAZARD

Dr. M. Gungapersad (Second Member for Grand'Baie & Poudre d'Or): Thank you, Mr Speaker, Sir. My request is addressed to the hon. Minister of Tourism. I wish to draw your attention that the jetty found near the Paul et Virginie Hotel in Grand Gaube is in a deplorable condition, especially after the passage of cyclone Freddy. Today this damaged jetty represents a serious hazard for both the inhabitants and the tourists visiting the beach. I will request you to use your good office to remedy the problem. Thank you.

The Deputy Prime Minister: Mr Speaker, Sir, yes, I shall certainly look into the matter. I do not know whether this will rather concern the Beach Authority but I will speak to my colleague from Environment and we will look into it certainly.

Mr Speaker: Hon. J. Bérenger!

(7.38 p.m.)

OLD METRO STATION, PHOENIX – REQUEST FOR RENOVATION

Ms J. Bérenger (First Member for Vacoas & Floréal): Ma requête s'adresse au ministre des Arts et du Patrimoine culturelle et concerne l'ancienne station de train à Phoenix. Le

4 novembre dernier, j'avais déjà soulevé ce sujet et entre temps, la situation a empiré et l'état du bâtiment s'est encore dégradé, le toit tombant en lambeaux et les automobilistes peuvent d'ailleurs maintenant apprécier les œuvres des tagueurs sur le bâtiment. La valeur historique et patrimoniale de ce bâtiment est indéniable. J'espère ne pas avoir à revenir avec une requête pour que le nécessaire soit fait et j'espère que le ministre entreprendra des actions avant qu'il n'y ait d'autre solution que la démolition. Merci.

The Minister of Arts and Cultural Heritage (Mr A. Teeluck): Mr Speaker, Sir, I did refer this matter to the officers of the National Heritage Fund and I was informed that firstly, this building is not listed as National Heritage. Of course, it has a cultural value, a historical value but they are trying their level best to see if something can be done. Thank you.

Mr Speaker: Hon. Deputy Speaker!

(7.59 p.m.)

CHALET ROAD, MONTAGNE BLANCHE – REQUEST FOR DRAIN WORKS COMPLETION

Mr Z. Nazurally (Second Member for Montagne Blanche & GRSE): Thank you, Mr Speaker, Sir. My request is addressed to the hon. Minister of National Infrastructure and Community Development, hon. Bobby Hurreeram. There are major drain works that had started at Chalet Road, Montagne Blanche. It's been a while since the works have stopped which is resultantly causing inconvenience to access houses by car. Even bedridden patients are not able to go to the hospital for treatment because cars cannot access the road. I would request the Minister to use his good office to look into the matter so that the works are carried out as soon as possible. Thank you very much.

The Minister of National Infrastructure and Community Development (Mr M. Hurreeram): Mr Speaker, Sir, I thank the hon. Member to have given me advance notice of this question. In fact, we have had an issue with the Contractor on this site and we have had to stop the project and we are on the process of reallocating the project to another contractor and I do thank the hon. Member of that Constituency for all the support in this difficult time. Thank you very much.

Mr Speaker: Alright, hon. Duval! Okay. Time is over. Let's call it a day.

At 8.00 p.m., the Assembly, was, on its rising, adjourned to Tuesday 04 April 2023 at 11.30 a.m.

WRITTEN ANSWERS TO QUESTIONS

MRS S. K. AGAINST MR Y. S. – ALLEGED FICTITIOUS EMPLOYMENT – INQUIRY

(No. B/2) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry initiated into the statement made by Mrs S. K. against Mr Y. S., for the alleged fictitious employment of the former as Constituency Clerk of the latter, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

MR S. K – DEATH – INQUIRY

(No. B/3) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry into the death of late Mr S. K., he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

POLICE OFFICERS –SUICIDE CASES – INQUIRY

(No. B/4) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to recent cases of suicide of Police Officers, he will, for the benefit of the House, obtain from the Commissioner of Police,

information as to the number of reported cases thereof since January 2021 to February 2023, indicating in each case the –

- (a) grade of the officer and department where the latter was posted, and
- (b) outcome of the inquiry initiated thereinto.

(Withdrawn)

POSTS AGAINST DPP'S OFFICE – SUN TV NEWS – INQUIRIES

(No. B/6) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the recent posts on certain media platforms, including on Sun TV News, against the Office of the Director of Public Prosecutions, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to if inquiries have been initiated thereinto and, if so, indicate where matters stand.

(Withdrawn)

HOEGH DETROIT VEHICLES CARRIER – MAURITIUS PORT AUTHORITY – CUSTOMS CHECK

(No. B/9) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the HOEGH DETROIT Vehicles Carrier, he will, for the benefit of the House, obtain from the Mauritius Ports Authority, information as to if same recently visited the Mauritian port and, if so, indicate –

- (a) the date of arrival;
- (b) the original port of embarkation, and
- (c) if custom officers searched same prior to the vehicles leaving the port area.

(Withdrawn)

CHAMP DE MARS RACING TRACK – ALLEGED SABOTAGE – INQUIRY

(No. B/10) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry initiated into the alleged sabotage of the racing track of the Champ de Mars on the eve of the Maiden Cup Day last year, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

**INSTITUTIONS OF MAURITIUS – ALLEGED PRESENCE OF MAFIA –
ACTIONS TAKEN**

(No. B/11) Mr E. Juman (Fourth Member for Port Louis Maritime & Port Louis East) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the alleged presence of a mafia at the helm of our institutions, he will state the institutions allegedly concerned therewith, indicating the remedial actions taken in relation thereto, if any.

(Vide reply to PQ B/1)

**MR J. H. T. H. – ALLEGED INVOLVEMENT – FATAL ACCIDENT AT BOIS
MARCHAND**

(No. B/12) Mrs J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the alleged involvement of Mr J. H. T. H. in a fatal accident on the New Trunk Road at Bois Marchand, Terre Rouge, in April 2016, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

**SUN TV NEWS – POSTS AGAINST DPP, JUSTICE E. B. & HON S. M. –
ARRESTS & PROSECUTIONS**

(No. B/13) Mr R. Uteem (Second Member for Port Louis South & Port Louis Central) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the recent posts published by Sun TV News against the Director of Public Prosecutions and other persons including former Chief Justice E. B. and Honourable S. M., he will, for the benefit of the House, obtain from the Commissioner of Police, information as to the number of persons, if any, arrested and prosecuted in connection therewith.

(Withdrawn)

**CHAMP DE MARS – EXCLUSIVE MAINTENANCE RIGHTS – TERMS &
CONDITIONS**

(No. B/14) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the exclusive maintenance rights on the Champ de Mars allocated to the People's Turf Club PLC (PTP), he will, for the benefit of the House, obtain from the Côte d'Or International Racecourse and Entertainment Complex Ltd., information as to the –

- (a) reasons therefor;
- (b) terms and conditions attached thereto;
- (c) date of approval, and
- (d) sum claimed to PTP.

(Withdrawn)

MR A. B. – ARREST – INQUIRY

(No. B/16) Mrs S. Mayotte (Second Member for Savanne & Black River) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for

Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the arrest of Mr A. B. on 19 August 2022, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to the reasons therefor, indicating where matters stand as to the inquiry initiated thereinto.

(Withdrawn)

ILLCIT DRUGS CASES – TEENAGERS & STUDENTS INVOLVEMENT

(No. B/18) Mr K. Lobine (First Member for La Caverne & Phoenix) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to illicit drugs, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to the number of teenagers and students under 18 having, since 2015 to date, been allegedly –

- (a) reported and found to be under the influence of illicit drugs, and
- (b) involved in cases of dealing therein, indicating the immediate actions taken by various authorities concerned therewith.

(Withdrawn)

ALLEGED MAFIA INFILTRATION – INSTITUTIONS

(No. B/19) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the institutions allegedly infiltrated by a mafia, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to the institutions allegedly concerned therewith and give details thereof.

(Vide reply to PQ B/1)

MR A. B. – ARREST – POLICE INQUIRY

(No. B/20) Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for

Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the arrest of Mr A. B. he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand on the Police inquiry carried out thereinto.

(Withdrawn)

AGALÉGA ISLAND – ONGOING PROJECTS

(No. B/21) Mr A. Ameer Meea (Third Member for Port Louis Maritime & Port Louis East) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to Agaléga Island, he will state where matters stand as to the ongoing projects being implemented thereat, indicating in each case the –

- (a) project value, and
- (b) cost incurred as at to date.

(Withdrawn)

CEB STAFF FUND & CEB MANUAL WORKERS PENSION FUND – DEFICIT AS AT 30 JUNE 2022

(No. B/40) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Minister of Energy and Public Utilities whether, in regard to the Central Electricity Board Staff Fund and the Central Electricity Board Manual Workers Pension Fund, he will, for the benefit of the House, obtain information as to the respective quantum of the deficit thereof as at 30 June 2022.

(Withdrawn)

SPECIAL RAPPORTEUR – REPORT – REMEDIAL MEASURES

(No. B/41) Ms S. Anquetil (Fourth Member for Vacoas & Floréal) asked the Minister of Gender Equality and Family Welfare whether, in regard to the recent report of the Special Rapporteur of the UN on the exploitation of children in Mauritius, she will state the remedial measures/actions envisaged by her Ministry in relation thereto.

(Withdrawn)

STREET CHILDREN – MEASURES ENVISAGED

(No. B/42) Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière) asked the Minister of Gender Equality and Family Welfare whether, in regard to street children, she will state the –

- (a) current estimated number thereof, indicating the number thereof below 16 of age;
- (b) number of staff members of her Ministry attending thereto, and
- (c) measures envisaged to address this situation.

(Withdrawn)

STC – PRICE STABILISATION ACCOUNT – FUNDS

(No. B/43) Mr E. Juman (Fourth Member for Port Louis Maritime & Port Louis East) asked the Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection whether, in regard to the Price Stabilisation Account, he will, for the benefit of the House, obtain from the State Trading Corporation, information as to the quantum of funds available therein in September 2022 as opposed to the amount of funds available at present.

(Withdrawn)

MONTAGNE JAQUOT - WASTEWATER TREATMENT PLANT

(No. B/44) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Minister of Energy and Public Utilities whether, in regard to the Montagne Jaquot Wastewater Treatment Plant, he will, for the benefit of the House, obtain from the Wastewater Management Authority, information as to if faults have been detected thereat and, if so, indicate the –

- (a) nature thereof, and
- (b) since when.

(Withdrawn)

STATE LAND DAYOT & MANGIN – LEASE - BIDS

(No. B/46) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the lease granted to the Eco Deer Park Association in respect of 250.76 ha of State Land Dayot &

Mangin, he will state if bids were launched prior to the grant thereof and, if so, table copy of the bid documents and, if not, why not.

(Withdrawn)

MAHEBOURG MUSEUM – NEW BUS SHELTER & LAYBY

(No. B/47) Mr R. Doolub (Third Member for Mahebourg & Plaine Magnien) asked the Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade whether, in regard to the construction of a new bus shelter and layby near the Mahebourg Museum, he will, for the benefit of the House, obtain from the Traffic Management and Road Safety Unit, information as to the –

- (a) scope of works;
- (b) cost, and
- (c) work progress thereof.

(Withdrawn)

MIDLANDS – FOOT FIVE PROJECT –CONSTRUCTION

(No. B/48) Mr S. Dhunoo (Third Member for Curepipe & Midlands) asked the Minister of National Infrastructure and Community Development whether, in regard to the construction of the Foot Five Project at Midlands, he will, for the benefit of the House, obtain from the National Development Unit, information as to where matters stand.

(Withdrawn)

**VALLÉE DES PRÊTRES/CHITRAKOOT – FLOOD MITIGATION –
CONSULTANCY STUDY**

(No. B/50) Ms J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Minister of National Infrastructure and Community Development whether, in regard to the commissioning of a consultancy study for flood mitigation for the regions of Vallée des Prêtres/Chittrakoot, he will, for the benefit of the House, obtain from the Land Drainage Authority, information as to where matters stand.

(Withdrawn)

TRIOLET - DAY CARE CENTRE – INFANT W.A – DEMISE

(No. B/51) Mrs A. Navarre-Marie (Fourth Member for GRNW & Port Louis West) asked the Minister of Gender Equality and Family Welfare whether, in regard to infant W. A. found dead in a Day Care Centre at Triolet on Wednesday 08 March 2023, she will state if her Ministry has initiated an inquiry thereinto and, if so, indicate the outcome thereof.

Reply: I am informed that my Ministry carried out an enquiry at the Child Day Care Centre at Triolet but found no evidence on the probable cause of the death of the child.

I am further informed that there is also a Police enquiry which is still ongoing.

MS S. A. – DR. A. G. JEETOO HOSPITAL – DEMISE

(No. B/53) Dr. F. Aumeer (Third Member for Port Louis South & Port Louis Central) asked the Minister of Health and Wellness whether, in regard to Miss S. A. who passed away in November 2022 at the Dr. A. G. Jeetoo Hospital after she underwent an abdominal surgery, he will state –

- (a) if the surgeon who practiced same is a qualified paediatric surgeon accredited as specialist by his Ministry and the experience held by the latter in paediatric surgery, and
- (b) if the primary surgery exceeded the average time for such a procedure and late S. A. was taken back to the operating room for further investigation immediately thereafter.

(Withdrawn)

STATE LAND DAYOT & MANGIN – LEASE AGREEMENT

(No. B/56) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Attorney-General, Minister of Agro-Industry and Food Security whether, in regard to the lease of an extent of 250,76 hectares/734 arpents of State Land situated in Mare aux Vacoas, commonly known as State land Dayot and Mangin, to Eco Deer Park Association, he will –

- (a) state the date of -
 - (i) submission of the application, indicating if a due diligence exercise was carried out by the Ministry;
 - (ii) recommendation of the Conservator of Forests, and

- (iii) issue of ministerial approval.
- (b) state the quantum of rent payable, and
- (c) table copy of the lease agreement.

(Withdrawn)

JIN FEI – MONKEYS’ RELOCATION – INQUIRY

(No. B/57) Ms J. Bérenger (First Member for Vacoas & Floréal) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the monkeys recently found at Jin Fei, he will state –

- (a) the number thereof;
- (b) the location where same have been transferred;
- (c) if his Ministry has the know-how and facilities to keep same, and
- (d) the outcome of any inquiry carried out in relation thereto by the authorities falling under the aegis of his Ministry as at to date, giving details thereof.

(Withdrawn)

NEW FLACQ TEACHING HOSPITAL – WORK PROGRESS

(No. B/58) Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil) asked the Minister of Health and Wellness whether, in regard to the construction of the New Flacq Teaching Hospital, he will state where matters stand as to the work progress thereof.

(Withdrawn)

MAHEBOURG HISTORICAL NAVAL MUSEUM – INFRASTRUCTURAL WORK

(No. B/59) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Minister of Arts and Cultural Heritage whether, in regard to the Mahebourg Historical Naval Museum, he will state the –

- (a) reasons for the pulling down of a wall thereat, and
- (b) purpose of the heavy metal infrastructure work going on thereat.

(Withdrawn)

NURSERY SCHOOLS – REPORTED CASES, YEARLY CHECKS

(No. B/60) Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière) asked the Minister of Gender Equality and Family Welfare whether, in regard to nursery schools, she will state the present number thereof in operation, indicating the –

- (a) number of –
 - (i) reported cases of any form of violence, negligent treatment or ill-treatment thereat since 2019 to date, and
 - (ii) yearly checks carried out by her Ministry in each case, and
- (b) ratio of staff to babies below 6 months of age.

(Withdrawn)

11TH INDIAN OCEAN ISLAND GAMES 2023 – PLANNING & ORGANISATION

(No. B/63) Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière) asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to the 11th Indian Ocean Island Games to be held in 2023 in Madagascar, he will state if the *Conseil International des Jeux* has officially confirmed the organisation thereof and, if so, indicate –

- (a) the scheduled dates;
- (b) the list of scheduled sports disciplines, indicating the list thereof and of events in which Mauritian athletes will be participating, and
- (c) a breakdown of the budget allocated to each participating sport federation.

(Withdrawn)

BEAU BASSIN & ROSE HILL – PAVEMENTS – SURVEY & FINDINGS

(No. B/64) Mr D. Nagalingum (Second Member for Stanley & Rose Hill) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the pavements in Beau Bassin and Rose Hill, he will, for the benefit of the House, obtain from the Municipal Council of Beau Bassin and Rose Hill, information as to if a survey thereof has been commissioned to assess the state thereof and, if so, indicate the findings thereof and, if not, why not.

(Withdrawn)

URBAN TERMINAL, VACOAS – DEVELOPMENT AND OPERATION

(No. B/65) Mr K. Lobine (First Member for La Caverne & Phoenix) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the contract awarded to the Joint-Venture Laxmanbhai & Co. (Mauritius) Ltd. and Manser Saxon Contracting Ltd. for the development and operation of a Modern Urban Terminal at Vacoas, he will, for the benefit of the House, obtain information as to the –

- (a) expected start and completion dates thereof, and
- (b) date of approval of the detailed design thereof submitted by the Joint-Venture.

(Withdrawn)

LONG TAILED MACAQUES - TRAPPING, BREEDING & EXPORTATION

(No. B/67) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the trapping, breeding and export of long tailed macaques, he will state –

- (a) the number of companies registered with the National Parks and Conservation Service therefor as at date, indicating the respective dates of registration;
- (b) the number of such species exported yearly and countries of destination over the past two years, and
- (c) if his Ministry has initiated an inquiry into the circumstances in which Hammerhead International Ltd. was authorised to register for such a business.

(Withdrawn)

NEW NATIONAL IDENTITY CARD PROJECT – COST & CONTRACT

(No. B/68) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Minister of Information Technology, Communication and Innovation whether, in regard to the newly proposed National Identity Card Project, he will state –

- (a) the initial and latest updated estimated cost thereof, including the maintenance cost and giving a breakdown of all items included in the total cost, and

- (b) if he is aware of any alleged form of corruption in relation to the award of the contract therefor and, if so, indicate the actions taken in relation thereto, if any.

(Withdrawn)

LA VIGIE-LA BRASSERIE LINK ROAD PHASE 1 – WORKS PROGRESS

(No. B/69) Mr S. Dhunoo (Third Member for Curepipe & Midlands) asked the Minister of National Infrastructure and Community Development whether, in regard to the construction of Phase 1 of the La Vigie-La Brasserie Link Road, he will, for the benefit of the House, obtain from the Road Development Authority, information as to where matters stand, indicating the measures being envisaged at the intersection thereof with the M1 Motorway.

(Withdrawn)

COASTAL HOTELS – CYCLONE FREDDY & SEA-LEVEL RISE IMPACTS

(No. B/70) Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to coastal hotels, he will state the –

- (a) damages caused thereto by the passage of cyclone Freddy, and
- (b) estimated future impacts of sea-level rise thereto, indicating the adaptation strategy thereof in anticipation of sea-level rise being envisaged, if any.

(Withdrawn)

MAURITIUS FOOTBALL ASSOCIATION - TEMPORARY COMMITTEE

(No. B/71) Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière) asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to the proposed setting up of a Temporary Committee following the dissolution of the Managing Committee of the Mauritius Football Association, he will –

- (a) state where matters stand, and
- (b) table all correspondences exchanged with the *Fédération Internationale de Football* and the Mauritius Olympic Committee in relation thereto.

(Withdrawn)

MONTAGNE JACQUOT - WASTEWATER TREATMENT PLANT

(No. B/73) Mr F. David (First Member for GRNW & Port Louis West) asked the Minister of Energy and Public Utilities whether, in regard to the Wastewater Treatment Plant of Montagne Jacquot, he will, for the benefit of the House, obtain from the Wastewater Management Authority, information as to –

- (a) the average treatment efficiency thereof in 2020, 2021 and 2022, respectively, and
- (b) whether there is any actual defect or failure preventing the plant from delivering the expected treatment efficiency.

(Withdrawn)

CONSTRUCTION OF 12,000 HOUSING UNITS - COSTS

(No. B/74) Mr E. Juman (Fourth Member for Port Louis Maritime & Port Louis East) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the construction of 12000 housing units, he will, for the benefit of the House, obtain from the New Social Living Development Ltd., the list of all the costs, including consultancy fees, incurred in relation to the first tender exercise, indicating the quantum thereof disbursed as at to date.

(Withdrawn)

WATER TANK AND PUMP GRANT SCHEME – BENEFICIARIES

(No. B/75) Mrs S. Mayotte (Second Member for Savanne & Black River) asked the Minister of Energy and Public Utilities whether, in regard to the Water Tank and Pump Grant Scheme, he will, for the benefit of the House, obtain information as to the number of beneficiaries thereunder as at to date.

(Withdrawn)

EBÈNE-RÉDUIT METRO EXPRESS LINE - TOTAL REVENUE

(No. B/76) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade whether, in regard to the Ebène-Réduit Metro

Express line, he will, for the benefit of the House, obtain from Metro Express Ltd., information as to the total revenue collected therefrom as at to date.

(Withdrawn)

MAURITIUS TOURISM AUTHORITY - PLEASURE CRAFTS

(No. B/77) Mrs S. Mayotte (Second Member for Savanne & Black River) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the pleasure crafts, he will, for the benefit of the House, obtain from the Mauritius Tourism Authority, information as to the number thereof registered as at to date.

(Withdrawn)

RDA - PONT BRUNIQUÉL - PROPOSED RECONSTRUCTION

(No. B/78) Mr S. Abbas Mamode (Second Member for Port Louis Maritime & Port Louis East) asked the Minister of National Infrastructure and Community Development whether, in regard to the proposed reconstruction of Pont Bruniquel, he will, for the benefit of the House, obtain from the Road Development Authority, information as to where matters stand.

(Withdrawn)

FAST-TRACK COMMITTEE - HOUSING UNITS - CONSTRUCTION

(No. B/79) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to Government decision dated 03 March 2023 for the setting up of a Fast-Track Committee to monitor the implementation of the project for the construction of housing units by the New Social Living Development Ltd., he will state the progress thereof.

(Withdrawn)

STC - MOGAS & GAS OIL - PRICE STRUCTURE - BREAKDOWN

(No. B/80) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection whether, in regard to the price structure for Mogas and Gas Oil, he will, for the benefit of the House, obtain from the State Trading Corporation, a breakdown of the total

amount of Excise Duty, VAT, Contributions and Funds transferred to the Price Stabilisation Account since 01 July 2022 to date.

(Withdrawn)

HEAVY RAINFALLS & CYCLONE FREDDY – VICTIMS - FINANCIAL COMPENSATION

(No. B/82) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the victims of heavy rainfalls, since January 2022 to date, including during the passage of cyclone Freddy, he will state where matters stand as to the disbursement of financial compensation to the victims thereof.

(Withdrawn)

SHOOTING & FISHING/ECOTOURISM LEASE – APPLICATION

(No. B/83) Mr R. Uteem (Second Member for Port Louis South & Port Louis Central) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the shooting and fishing/ecotourism lease over 250.76 Ha of State Land situated in the district of Plaines Wilhems and Savanne granted to the Eco Deer Park Association, he will state the –

- (a) date on which the application therefor was received, and
- (b) terms and conditions thereof.

(Withdrawn)

TERRE ROUGE - TRAFFIC PROBLEMS - SOLUTIONS

(No. B/85) Ms J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade whether, in regard to the traffic problems at Terre Rouge, near the Winners outlet and the UBP plant, he will, for the benefit of the House, obtain from the Traffic Management and Road Safety Unit, information as to the solutions being envisaged thereto.

(Withdrawn)

MR J. H. C. – DRUG TRAFFICKING - ROGATORY COMMISSION

(No. B/87) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the judgment of the Tribunal Correctionnel de St Denis de la Réunion, dated 2nd July 2021, sentencing Mr J. H. C., alias F., to 7 years imprisonment for drug trafficking, he will state if a Rogatory Commission was instituted at the level of the Master's Court in connection therewith and, if so, indicate if the conclusion thereof was communicated to the Reunion authorities and if so, when.

(Withdrawn)

INDUSTRIAL POLICY AND STRATEGIC PLAN - IMPLEMENTATION

(No. B/88) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Industrial Development, SMEs and Cooperatives whether, in regard to the Industrial Policy and Strategic Plan for the Manufacturing Sector 2020-2025, he will state where matters stand as to the implementation thereof.

(Withdrawn)

BOIS CHERI BYPASS - CONSTRUCTION

(No. B/89) Mr R. Doolub (Third Member for Mahebourg & Plaine Magnien) asked the Minister of National Infrastructure and Community Development whether, in regard to the construction of the Bois Cheri Bypass, he will, for the benefit of the House, obtain from the Road Development Authority, information as to where matters stand.

(Withdrawn)

MAURITIUS INVESTMENT CORPORATION - QUANTUM OF FUNDS

(No. B/92) Mr R. Wochit (Third Member for Pamplemousses & Triolet) asked the Minister of Finance, Economic Planning and Development whether, in regard to the Mauritius Investment Corporation, he will, for the benefit of the House, obtain information as to the quantum of funds channelled thereto from the reserve of the Bank of Mauritius.

(Withdrawn)

POLICE AND CRIMINAL JUSTICE BILL – INTRODUCTION IN ASSEMBLY

(No. B/96) Mr K. Lobine (First Member for La Caverne & Phoenix) asked the Attorney-General, Minister of Agro-Industry and Food Security whether, in regard to the proposed introduction in the Assembly of the Police and Criminal Justice Bill, he will state where matters stand.

(Withdrawn)

LEGIONELLOSIS OUTBREAK – HOTELS AND RESORTS

(No. B/97) Mr R. Doolub (Third Member for Mahebourg & PlaineMagnien) asked the Minister of Health and Wellness whether, in regard to the Hotels and Resorts in Mauritius, he will state the actions taken, if any, by his Ministry thereat, since the reported outbreak of Legionellosis in a hotel in Mauritius in February 2023.

(Withdrawn)

MEDICLINICS - CONSTRUCTION – FINANCIAL YEAR 2023-2024

(No. B/99) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Health and Wellness whether, in regard to the proposed construction of Mediclinics in financial year 2023-2024, he will state where matters stand.

(Withdrawn)

SILVER BANK LTD – BANKING LICENSE

(No. B/100) Mr R. Wochit (Third Member for Pamplemousses & Triolet) asked the Minister of Finance, Economic Planning and Development whether, in regard to the Silver Bank Ltd., he will, for the benefit of the House, obtain information as to –

- (a) the date of issue of the banking license thereto, indicating if due diligence exercises were carried out prior thereto;
- (b) quantum of public funds deposited by Government therein, indicating the Fund/s from which same were sourced, and
- (c) additional precautionary measures being envisaged to avert the recurrence of similar situations.

(Withdrawn)

JIN FEI – DISCOVERED MONKEYS – INQUIRY

(No. B/101) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Attorney-General, Minister of Agro-Industry and Food Security whether, in regard to the monkeys found in an abandoned building in the industrial zone of Jin Fei, he will state the actions taken by his Ministry to ensure the well-being thereof, indicating –

- (a) the number thereof;
- (b) location where same have been transferred;
- (c) if *Hammer Head Ltd.* possesses a valid export permit therefor and, if so, indicate the date of issue thereof, and
- (d) the proposed port of destination thereof.

(Withdrawn)

CATARACT PATIENTS - SURGERY – WAITING LIST

(No. B/102) Mr R. Doolub (Third Member for Mahebourg & Plaine Magnien) asked the Minister of Health and Wellness whether, in regard to cataract patients, he will state the number thereof on the waiting list for surgery, indicating the waiting period for cataract surgeries at the Subramaniam Bharati Eye Hospital in Moka and New Souillac Hospital, respectively, as at 01 March 2023.

(Withdrawn)

RENAL TRANSPLANT – NUMBER PERFORMED – RENAL REGISTRY

(No. B/103) Mr S. Abbas Mamode (Second Member for Port Louis Maritime & Port Louis East) asked the Minister of Health and Wellness whether, in regard to renal transplant, he will state –

- (a) the number thereof performed in regional hospitals since October 2022 to date, and
- (b) if consideration will be given for the setting up of a –
 - (i) Renal Transplant Unit at the Jawarhal Nehru Hospital, and
 - (ii) renal registry in Mauritius

(Withdrawn)

NON-COMMUNICABLE DISEASES - MORTALITY RATE

(No. B/105) Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière) asked the Minister of Health and Wellness whether, in regard to Non-Communicable Diseases, he will state the –

- (a) mortality rate attributed thereto, respectively, and death rate thereof per 100,000 population in 2016 and 2021, and
- (b) strategy, if any, being envisaged to address the lifestyle risk factors associated therewith

(Withdrawn)

CWA - OLD WATER PIPES - REPLACEMENT

(No. B/107) Mr S. Dhunoo (Third Member for Curepipe & Midlands) asked the Minister of Energy and Public Utilities whether, in regard to the replacement of old water pipes, he will, for the benefit of the House, obtain from the Central Water Authority, information as to where matters stand.

(Withdrawn)