

Submission to the Committee on Economic, Social and Cultural Rights

78th Session (8 September – 26 September 2025)

MAURITIUS

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Submitting organisations



Collectif Urgence Toxida (CUT) is a non-profit organisation founded in 2005 in response to the alarming rise in HIV infections among people who inject drugs in Mauritius and was officially registered in 2007. A pioneer in harm reduction in the African region, CUT set up the first needle exchange programme in the country, which is now deployed in over 30 sites across the country. As a member of international platform such as the International Durg Policy Consortium (IDPC), our organization also specialises in advocacy, and awareness-raising campaigns to promote drug policy reform, health equity and the respect of human rights of people who use drugs.

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Harm Reduction International (HRI) is an international organisation that envisions a world in which drug policies uphold dignity, health and rights. We use data and advocacy to promote harm reduction and drug policy reforms. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies and why investing in harm reduction makes sense. HRI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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Introduction

[Collectif Urgence Toxica \(CUT\)](#) and [Harm Reduction International \(HRI\)](#) welcome the opportunity to submit information to the UN Committee on Economic, Social and Cultural Rights (CESCR) ahead of its review of the periodic report of Mauritius and the adoption of the List of Issues at its 78th session (8th – 26th September 2025). This submission will highlight the compatibility of Mauritius' drug policy with the new governmental regime and its obligations under the International Covenant on Economic, Social and Cultural Rights (ICESCR), with a focus on the right to health, harm reduction, and non-discrimination. Unless specified, information on this submission is taken from HRI's [Harm Reduction Information Note – Mauritius](#), published in 2023. Suggestions for issues to be submitted to the country are included at the end of each paragraph.

Context/Background

Mauritius faces a complex public health challenge at the intersection of drug use and HIV. As outlined in HRI's [briefing](#), as of 2023, an estimated 14,000 people are living with HIV in the country, alongside approximately 12,000 people who inject drugs. Although new HIV infections among adults declined between 2010 and 2021—by 29% among women and 33% among men—AIDS-related deaths rose by 23% during the same period. The overall HIV prevalence in 2020 stood at 1.7%, but this rate is significantly higher among key populations: 32.3% among people who inject drugs, 28.4% among transgender individuals, and 17.3% among people in prison. Young adults aged 15–24 have also emerged as a high-risk group, with increasing infection rates. Additionally, there has been a rise in the use of new psychoactive substances such as synthetic cannabinoids and synthetic cathinones, which complicates both prevention and treatment efforts.

Co-infection with viral hepatitis further compounds the health burden among people who use drugs in Mauritius. Hepatitis C (HCV) is highly prevalent in this population, with an estimated 90% of people who inject drugs affected. Hepatitis B is also a concern, with a prevalence of 3.5% among the same group. Despite the high rates of HCV, only 17.7% of those co-infected with HIV and HCV have received treatment for hepatitis C. This underscores the urgent need for integrated care and expanded access to treatment services for people who use drugs, particularly those with multiple infections.

1. Harm Reduction Services

As mentioned in the state report (E/C.12/MUS/6), Mauritius has incorporated harm reduction strategies into its national policy framework, with legal backing provided by the HIV and AIDS Act of 2006. This has enabled the implementation of needle and syringe programmes (NSPs) in the community, as well as the availability of opioid agonist therapy (OAT) using methadone and buprenorphine in both community and prison settings (including a women's prison).¹ In 2018, OAT coverage among people who inject drugs reached 53.6%. Notably, during COVID-19 lockdowns, advocacy by civil society organisations led to the lifting of restrictions on NSPs,

¹ Harm Reduction International, The Global State of Harm Reduction 2024, page 3, https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf.

allowing for secondary syringe distribution by peers in certain regions. However, critical gaps remain in the harm reduction services, as Mauritius does not currently support peer distribution of naloxone, drug consumption rooms, the provision of safer smoking equipment and the provision of NSPs in prison, where recent updates confirmed the possibility of methadone induction inside prison (does not require prescription from before incarceration).

Over the last decade, one emblematic example of this systemic failure has been the methadone substitution programme (a form of OAT), which has remained largely in police settings. Out of the 48 sites distributing methadone, 28 of them are located at a police station. As the distribution is based on the location/residency of the client, those who live in an area where distribution is at a police station should access methadone at the said police station, regardless of whether they are facing legal charges or not. Additionally, dispensation has been limited to strict, narrow time windows, which restrict its accessibility. As a consequence, not only is it incompatible with public health standards, but it also risks discouraging people from accessing treatment due to fear of criminalisation, creating overcrowding and exposing a person to police surveillance and arbitrary arrests. The absence of follow-up care or referral pathways for psychosocial support or medical evaluation further undermine treatment outcomes.

When harm reduction is available, punitive policies, stigma and discrimination remain challenges that impede access to services. People who use drugs continue to be incarcerated for possession and consumption of drugs. These barriers also impact the enjoyment of other rights of people who use drugs, including the right to work. For example, people convicted of drug use offences (including drug use and possession) find it challenging to find employment because their legal case is recorded on their certificate of character.

In light of the setup of a Drug Users Administrative Panel (DUAP) aiming at diverting people who use drugs from the criminal system towards healthcare systems, concerns arose as to how people who use drugs will be treated with dignity as stigma and discrimination are entrenched in the country, as well as the voluntary nature of the treatment made available.

Recommendation for the List of Issues:

- a) Please explain how Mauritius meets its need for continued and increased investment and uptake in harm reduction programming to meet the epidemiological need, to reach national targets, and to expand the coverage of harm reduction services.
- b) Please provide information on how the government is planning to expand the availability of harm reduction services in prison, and ensure that such services are carried out in non-discriminatory manner.
- c) Please explain the steps that Mauritius will take/has taken to ensure that the DUAP will implement a non-discriminatory, non-judgemental approach in its operation, how and will guarantee that services are accessed voluntarily, respecting privacy and confidentiality.

2. Drug policy framework and recent developments

In terms of policy development, in the last few years Mauritius approach to drugs has been determined by the National Drug Secretariat (NDS), previously set up under the Prime Minister's Office (PMO), aiming to enhance its advocacy power and ease the pathway towards instilling

change for drug-related matters. The new national plans on drugs, adopted as the National Drug Control Masterplan of 2019 – 2023, incorporated ideas of public health and respect of human rights and notions of decriminalisation through the Drug User’s Administrative Panel (DUAP) as well as the will to move towards more health-based approaches. However, through the lens of harm reduction principles, the country fell short in its implementation, and this limited its ability to address the complex socio-economic and health needs of people who use drugs. This approach reflects a broader failure to uphold key components of the International Covenant on Economic, Social and Cultural Rights (ICESCR)—notably the right to the highest attainable standard of health and the right to non-discrimination, particularly against marginalised populations such as people who use drugs. In November 2024, a pivotal moment was felt in Mauritius with the elections of a new government. In the beginning of 2025, a new structure was proposed to address the drug situation in Mauritius – the National Agency for Drug Control (NADC) Board; and the structure previously known as the National Drug Secretariat (NDS) will be phased out gradually as the implementation of the NADC grows its roots. This structure will also be housed under the PMO with representatives of various ministries involved in drug matters, as well as 6 CSO representatives. The Chief Executive Officer of the NADC will overview 5 important axes to “tackle the drug problem” in Mauritius, namely:

- Policy, Research and Strategy Division
- Supply Reduction Coordination Division
- Prevention and Public Awareness Division
- Treatment and Rehabilitation Division
- HIV/AIDS Prevention and Care Coordination Division

The structure has not been fully established yet and is still being formed. However, current indications show that the representation of people who use drugs on the NADC Board may be limited. This risks undermining ICESCR components such as meaningful participation of the affected community in the design and implementation of health and social services.

The creation of the NADC marks an opportunity to move towards a more coordinated and holistic response to drug-related issues in Mauritius. It includes multi-sectoral composition and planned integration of various institutions and ministries concerned under the PMO’s overview. However, the extent to which it will reduce administrative burdens and meaningfully include affected communities—particularly people who use drugs—remains to be seen. During consultative meetings, it was recommended that the NADC’s civil society representation reflect the full spectrum of the national drug response pillars by including organisations working in demand reduction, harm reduction, treatment, and rehabilitation. However, this approach does not appear to have been adopted. As such, there is growing concern that the representation of civil society may remain limited or unbalanced—potentially sidelining critical views and reinforcing a tunnel-vision approach focused predominantly on prohibition and prevention. Without adequate inclusion of harm reduction actors and people who use drugs, the agency risks neglecting key dimensions of the right to health and non-discrimination.

Recommendations for the List of Issues:

- a) What steps will Mauritius take to guarantee meaningful participation of people who use drugs and civil society organisations in the development, implementation, and oversight of drug policy under the NADC, and ensure that their representation reflects the full spectrum of the national drug response, including organisations working in harm reduction and treatment?

- b) How does the State intend to ensure the NADC reduces existing administrative barriers to accessing essential health services, such as methadone, and promotes a shift away from punitive and police-led models?
- c) What safeguards are in place to ensure that the NADC's focus does not disproportionately prioritise prohibition and prevention at the expense of health- and rights-based interventions?

3. Drug education programs

In light of the state report that mentioned ‘*an extensive anti-drug campaign throughout the island targeting the youth in and out of school, the workforce and the community at large*’, and the country’s policy that continues to criminalise people who use drugs, we are concerned about the nature of the campaign, which could fuel further stigma and discrimination.

Recommendations for the List of Issues:

- a) What measures have been taken by the state to ensure that such campaign is evidence-based and does not further perpetuate stigma and discrimination against people who use drugs?

4. Harm Reduction Financing

Mauritius has demonstrated a strong commitment to addressing HIV through sustained government investment, funding approximately 80% of its national HIV programme, including partial support for harm reduction initiatives. The country has also benefited from international partnerships, most notably with the Global Fund to Fight AIDS, TB and Malaria (*Global Fund*), which provided USD 2.2 million between 2021 and 2023 to support HIV and harm reduction services. Regrettably, funding for intervention targeting people who use drugs from the Global Fund has now been reduced to USD 5710 under the 2024-2026 funding cycle, with only ‘community empowerment’ activities supported by the funding.²

Equally concerning, domestic funding for services targeting people who inject drugs and their partners has declined, from USD 261,198 in 2018 to an estimated USD 228,000 in 2023. Since 2019, the Global Fund has been the sole source of international donor support for these groups, raising concerns about the long-term sustainability and adequacy of funding, especially as key populations face increasing health and social vulnerabilities. Mauritius operates a social contracting scheme through the National Social Inclusion Foundation (NSIF), but only 20% of its funding is directed toward the health sector—insufficient to meet the needs of key populations. Furthermore, the current model bases funding decisions on proposals submitted by NGOs, with no requirement for alignment with national health strategies. While NSIF has shown openness to reforming its approach to better serve key populations such as people who use drugs, people living with HIV, and sex workers, achieving this will require stronger governance mechanisms. This includes improved resource tracking, funding predictability, responsiveness to community needs, alignment with national strategic plans, and avoiding duplication of efforts.

² <https://data.theglobalfund.org/financial-insights?locations=Mauritius>

Recommendations to be included in the List of Issues:

- a) Please provide detailed public information on:
- funding allocations and disbursements for HIV and harm reduction services, especially for key populations;
 - criteria used in the NSIF social contracting process and efforts to align it with national strategies;
 - measures to ensure equitable access to services for marginalised groups, including people who inject drugs; and
 - plans for sustaining services in the face of declining international aid and ensure sustainable domestic funding of essential health services for people who use drugs