

CASE STUDY

# MAURITIUS

## Divest from Crisis, Invest in Care: Mauritius' Shift Toward Domestically Financed Harm Reduction

### Summary

Mauritius' shift from solely punishment-led drug control to pragmatic harm reduction followed a public health emergency. Research showed injecting drug use became the dominant route for newly detected HIV infections in the early 2000s, including a sharp 2005 spike linked largely to prisons.<sup>1</sup>

Rather than relying only on arrests and detention, Mauritius invested in prevention and care: opioid agonist therapy (OAT) was introduced in 2006 and extended into prisons, while the Needle and Syringe Programme (NSP<sup>a</sup>) was scaled in community settings.<sup>2,7</sup> Sustained harm reduction through public health systems and civil society can shift epidemic dynamics and improve continuity of care across community and within closed settings – a distinctive strength in Mauritius.<sup>1,2</sup>

However, gains remain fragile; Hepatitis C prevalence among people who inject drugs remains extremely high; coverage is uneven; there have been only minor reductions in the number of arrests; and COVID-19 disruptions showed how quickly care can be interrupted without protected procurement, operating permissions, and political cover.<sup>5,8</sup>

### Key statistics:

**28.3%** ▼

New HIV infections attributed to injecting drug use fell from 92.1% in 2005, to 28.3% in 2024.<sup>1,8</sup>

**21.2%** ▼

HIV prevalence among people who inject drugs fell from 51.6% in 2011 to 21.2% in 2021.<sup>9</sup>

**975,112**

There were 975,112 needles distributed in Mauritius in 2023.<sup>4,1</sup>

**80%**

The government funds 80% of all domestic HIV programming for people who inject drugs and their partners.<sup>5</sup>

a. NSP = needle and syringe programme (often referred to as NEP/NSEP in local programme documentation).

## The punitive approach

Before the 2006 reforms, drug policy in Mauritius focused overwhelmingly on criminalisation and detention. Injecting-related HIV transmission rose steadily in the period leading up to 2006, culminating in a 2005 spike when over 90% of new HIV cases were among people who use drugs.<sup>1</sup>

While this approach has been shifted to prioritise health and rights, including continued efforts towards further reform such as the Drug Users' Administrative Panel (DUAP) and regulation of medical cannabis, enforcement of punitive policies persists; over 4,000 drug-related offences were recorded in 2024, sustaining a reduction seen in recent years following a high of just over 5,000 in 2020.<sup>3,4</sup>

## Challenging the punitive approach

The turning point was both epidemiological and political. Infectious disease specialists from the Ministry of Health, supported by civil society, notably Collectif Urgence Toxida (CUT) and UNAIDS reframed drug use as a health emergency – including in prisons and other closed settings.<sup>1,2</sup>

This evidence-based reframing enabled decision-makers to judge policy based on impact: reducing blood-borne infections and maintaining continuity of care. Political will enabled programmatic scale-up and sustained harm reduction.

## Instigating change

Mauritius launched NSP and OAT services in 2006 to reduce blood-borne infections among people who inject drugs. While NSP was community-based only, OAT was introduced both in the community and in prisons, making Mauritius one of the few countries to integrate harm reduction into closed settings.<sup>2,7</sup>

Implementation relied on collaboration between government and civil society through social contracting. The NSP delivery model includes fixed and mobile sites, operated by public services and NGOs. Peer-led outreach programmes, notably by AILES and CUT, extend reach to hidden populations, conduct testing, and support linkage to care.

Meanwhile, one-stop shops improve access for women though structural barriers persist, including lack of childcare at OAT sites and privacy concerns at police-adjacent dispensing points.

## Investing in Community, Health and Justice

Public investment in harm reduction has yielded measurable outcomes: reduced new HIV infections, improved access to OAT, and decreased justice system burdens. The government funds 80% of the national HIV programme, contributing \$228,000 USD in 2023 to services for people who inject drugs and their partners.<sup>5</sup>

Investment began as a response to an overwhelming crisis and has now been sustained for 10 years in a significant show of faith in harm reduction. This investment placed Mauritius as a leader in the region and sheltered the country from the impact of donor funding cuts.

## Impact and the Investment Case

Mauritius is widely cited as a global example of how harm reduction can reverse an injection-driven HIV epidemic. After the 2006 reforms, the proportion of newly detected HIV cases attributed to injecting fell sharply, from 92.1% in 2005, to 31.1% in 2014, and now 28.3% in 2024.<sup>1,8</sup>

Overall HIV Prevalence among people who inject drugs has also steadily decreased overtime thanks to sustained implementation, from 51.6% in 2011 to 21.2% in 2021.<sup>9</sup>

**The epidemiological impact combines with economic sensibility; the average cost of OAT per person is just \$1-2 USD per day, while the cost of imprisonment is 11 times more expensive in Mauritius at Rs 794 (\$17 USD) per person per day.**<sup>10,12</sup>

The indicators of significant impact include reduced incarceration, high NSP coverage including peer-led secondary distribution, increased OAT uptake and prison-community continuity, as well as legal reforms including the 2023 HIV Act amendment protecting NSP clients from prosecution.<sup>6</sup> However, urgent scale up is needed, Global Fund support is finite and Hepatitis C prevalence among PWID remains at 90%. Prevention and continuity of care are vulnerable to operational shocks, as shown during COVID-19, when NSP sites faced access restrictions.<sup>5,13</sup>

## Conclusion

Mauritius is an example of what is possible when justice, public health, and community systems align. This experience shows what can be achieved through a modest shift from a predominantly punitive approach, and the overwhelming HIV epidemic it caused, to an approach prioritising health. Providing NSP and OAT – including in closed settings – stemmed a HIV epidemic and provided long-term security to HIV prevention to bring lasting impact.

Sustaining this success means protecting services from disruption, embedding them in domestic budgets, and ensuring equity for women, and people in closed settings, and access for all through investments in justice, health, and rights.

## Sources

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This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.

