HARM REDUCTION INFORMATION NOTE -Mauritius

COLLECTIF URGENCE TOXIDA
Harm reduction association

HARM REDUCTION INTERNATIONAL

This information note has been compiled by Harm Reduction International (HRI) in collaboration with Collectif Urgence Toxida (CUT) to support Global Fund Grant Cycle 8 processes.

1. Epidemiological data:

1.1 People who use drugs, HIV and viral hepatitis

- There are an estimated 14,000 people living with HIV in Mauritius.[1]
- There are an estimated 12,455 people who inject drugs in the country.[2]
- There are an estimated 55,000 total people who use drugs in the country, with the majority using cannabis, and heroin being second most common.[3]
- Women make up 13% of all people who use drugs in the country.[4]
- Since 2023, there have been 1,422 new HIV infections in total across all populations.[5]
- There is an estimated HIV prevalence of 32.3% among people who inject drugs.[6]
- New HIV infections attributed to injecting drug use was estimated to be 37.1%, a significant increase on 2023 and continuing a reversal since a low of 19.9% in 2022.[7]
- Hepatitis C prevalence is estimated to be 90% among people who inject drugs.[8]
- HIV and hepatitis C co-infection is estimated at 89.2%.[9]

1.2 Prevention and harm reduction programmes after recent funding shifts

- The country remains relatively sheltered from the impact of funding shifts, however key components of harm reduction services, such as peer outreach work, remain fragile within transition processes.[10] [11]
- Recent increases in new HIV infections and the extremely high rates of hepatitis C among people who inject drugs in the country show that progress remains extremely fragile.
- 827,329 needles were distributed last year as part of the country's needle and syringe programme in 2024.[12]
- Opioid agonist therapy remains available in community and prison settings, though induction into the OAT programme is only available in one prison, while other prisons allow continuity of care for people enrolled in the OAT programme before incarceration.[13]
- As of June 2025 only 55% of people living with HIV had ever initiated anti-retroviral therapy (ART), with 39% currently receiving ART and 24% achieving viral suppression.[14]
- Only 52% of people who inject drugs that had tested positive for HIV were receiving ART by the end of 2022, while even within closed settings such as prisons, only 4 out of 5 (82%) were receiving ART.[15]

2. Harm Reduction Financing

- The government of Mauritius funds around 80% of the national HIV programme, including partial funding for harm reduction programmes including related to methadone dispensing, NSP procurement, and laboratory testing.[16] [17]

- The most recent Global Fund HIV country grant for Mauritius amounted to USD $2,368,481 million for 2023-2025. This includes USD $19,424 for people who use drugs and their sexual partners, and harm reduction interventions for people in prisons and other closed settings.[18] [19]
- Since 2019, the Global Fund has provided the only international donor support for HIV programming for people who inject drugs and their partners in Mauritius.[20]

3. Recommendations for strengthening Integration of harm reduction services into broader health system[21]

Mauritius stands at a position of comparative stability – years of domestic investment has enabled a degree of shelter from the worst of the funding shocks. However, regression in recent years highlights the need to sustain support for harm reduction and HIV prevention in the country. The Global Fund has been vital to uphold and support the existing government funded initiatives in the country. Now is the time to ensure adequate funding is invested by the Mauritian government to ensure progress does not stagnate, or worse progress.

- *Secure Adequately Expanded Domestic Financing*

The Government of Mauritius has a proud history of financing harm reduction – with significant epidemiological results showing significant reductions in HIV prevalence among people who inject drugs following 2006 reforms.

Political decisions have meant that progress has now stagnated, with new HIV infections on the rise, along with the proportion attributed to people who inject drugs. This can be largely attributed to the government decision to close mobile NSP service leading to reduced uptake. This decision has since been reversed and the proportion of new HIV infections attributed to people who inject drugs decreased again slightly in 2025.[22] [23]

Adequate increases in government commitments to harm reduction must be secured within transition planning as part of the Global Fund funding request process. This must include adequate future financing to further expand harm reduction programmes to bridge lingering gaps.

Financing must not stop at medical interventions and must also include other activities previously supported under the Global Fund. Research for key populations, such as Integrated Biological and Behavioural Surveillance surveys which lost funding in GC7 reprioritisation. Reliable data is crucial to understanding the HIV response and adequately assign resources to ensure effective implementation of HIV programming.

People in prisons and other closed settings face significant barriers to accessing harm reduction, and the options for OAT remain limited to methadone and suboxone. Meanwhile, basic HIV prevention interventions such as condoms and PrEP remain unavailable or inadequately implemented in prisons and other closed settings. Expanding options, along with adequately financed outreach, can increase uptake and drive further advancements.

- *Prioritise Social Contracting and Support Community-Led Organisations*

Civil society plays a key role in the implementation of Mauritius' HIV response, notably through CUT, PILS, and AILES among others. Mauritius has an existing social contracting scheme under the National Social Inclusion Foundation (NSIF) which should be expanded to allow for further investment beyond the 20% currently allocated for health.

Key populations and community-led organisations face additional barriers to accessing services and funding under the NSIF. While harm reduction is supported within national documents and through government funding, personal possession, sex work, and same sex sexual activities all remain criminalised and communities face significant stigma within society.

As part of the NSIF National HIV Programme development, CSOs have produced a consolidated plan and budget for community-led interventions – ensuring clarity of needed investment to enable long-term sustainability of HIV financing. This plan must be implemented by the government to ensure support for civil society and community-led interventions.

Ending criminalisation, removing barriers to community organising, and expanding access to social contracting will go along way to expanding access to HIV prevention and bringing the gap to the 95-95-95 targets.

- *Build Cross-Sectoral Collaborative Support*

Support for harm reduction requires a cross-sectoral approach and people who use drugs, along with all key populations, require holistic support. Integration should not be solely the responsibility of health authorities and requires structured, planned implementation. The Ministry of Health and Wellness should develop a national transition committee, bringing together key stakeholders across ministries and from civil society to adequately plan transition away from the Global Fund.

Transition should be achieved within the scope of an inter-ministerial MoU, bringing together the Ministries of Health and Wellness, Finance, and Social Integration, along with the National Agency for Drug Control, to implement a sustainable transition across all sectors. This can build on and revitalise the previous HIV multisectoral committee as a dormant mechanism to improve cross-government coordination and accountability.

Additional notes:

- Integration and the Global Fund Modular Framework

The Global Fund Modular Framework is the guide to organise proposed programme activities into standard modules and interventions for the three diseases (HIV, TB and Malaria) and RSSH (Resilient and Sustainable Systems for Health).[xiv] The framework includes a list of modules (broad programmatic area), interventions (specific programmes within modules), activities (operational activities for interventions) and standardised indicators to measure the result linked to modules.

It is useful for activists and those involved in the Global Fund country dialogues to understand the modular framework to be able to propose realistic and specific interventions, activities under each

module; and also to locate and track the activities, budget and indicators in the funding request document up to and during the grant-making phase.

The most relevant activities related to integration are found within the RSSH component of the GC8 Modular Framework. There are 11 modules within RSSH and each module contains different interventions related to integration such as policy, governance, financing, community-systems, human resource, procurement, data quality etc. The list of relevant interventions with useful tips for activists to engage during country dialogue and funding request is found in an annex 1.

- Useful resources on integration and harm reduction

Below are some resources specific to integration and harm reduction. Some are already listed under the reference section.

- Harm Reduction International: Key Messages on Harm Reduction and Integration for Grant Cycle 8. https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/
- The Global Fund: Grant Cycle 8- Enabling Impact: Strengthening Sustainability. https://resources.theglobalfund.org/media/fptatfhe/cr_gc8-enabling-guidance-sustainability_presentation_en.pdf
- International Network of People Who Use Drugs: Integration Without Erasure: Brief to the Global Fund https://inpud.net/integration-without-erasure/

References

[1] UNAIDS. *Global AIDS Update 2022*. https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf
[2] Ministry of Health and Wellness, Republic of Mauritius. (2023). *National HIV Action Plan 2023–2027*. https://health.govmu.org/health/?page_id=5495
[3] The Global Fund. Data Explorer – Mauritius. https://data.theglobalfund.org/location/MUS/access-to-funding
[4] The Global Fund. Data Explorer – Mauritius. https://data.theglobalfund.org/location/MUS/access-to-funding
[5] Republic of Mauritius, Ministry of Health and Wellness. *Statistics on HIV/AIDS as at end of December 2025.* https://health.govmu.org/health/wp-content/uploads/2026/03/HIV-report-as-at-end-of-2025.pdf
[6] Harm Reduction International. The Global State of Harm Reduction 2024. https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf
[7] Republic of Mauritius, Ministry of Health and Wellness. *Statistics on HIV/AIDS as at end of December 2025.* https://health.govmu.org/health/wp-content/uploads/2026/03/HIV-report-as-at-end-of-2025.pdf
[8] Harm Reduction International. The Global State of Harm Reduction 2024. https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf
[9] UNAIDS. *Key Population Atlas.* https://kpatlas.unaids.org/dashboard. Accessed on 25th June 2026.
[10] Ministry of Health and Wellness, Republic of Mauritius. (2023). *National HIV Action Plan 2023–2027*. https://health.govmu.org/health/?page_id=5495
[11] Email correspondence with CUT Mauritius, July 1st 2026.
[12] Prime Minister's Office of Mauritius. *National Drug Observatory Report*. https://mroiti.govmu.org/Documents/Annual%20Reports/National%20Drug%20Observatory%20Report%202024.pdf
[13] Harm Reduction International. The Global State of Harm Reduction 2024. https://hri.global/wp-content/uploads/2024/10/GSR24_full-document_12.12.24_B.pdf

[14] UNAIDS. *Global AIDS Update 2022.* https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf
[15] UNAIDS. *Global AIDS Update 2022.* https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf
[16] Ministry of Health and Wellness, Republic of Mauritius. (2023). *National HIV Action Plan 2023–2027*. https://health.govmu.org/health/?page_id=5495
[17] Email correspondence with CUT Mauritius, July 10th 2026.
[18] The Global Fund. *Data Explorer – Mauritius*. https://data.theglobalfund.org/location/MUS/access-to-funding
[19] The Global Fund. *Data Explorer - Mauritius*. https://data.theglobalfund.org/financial-insights
[20] The Global Fund. *Data Explorer – Mauritius*. https://data.theglobalfund.org/location/MUS/access-to-funding
[21] Key harm reduction messages on integration for GC8 https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/
[22] Republic of Mauritius, Ministry of Health and Wellness. Statistics on HIV/AIDS as at end of December 2025. https://health.govmu.org/health/wp-content/uploads/2026/03/HIV-report-as-at-end-of-2025.pdf
[23] Email correspondence with CUT Mauritius, July 1st 2026.