**Abstract for submission for AHEPA conference in ACCRA Ghana, March 2019**

**Title**: **Identifying priority health system strengthening actions through a participatory approach for addressing non-communicable disease crisis in Mauritius**

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**Background:-**Non-communicable diseases (NCDs) are the leading cause of death, disease and disability in Mauritius. The four major NCDs (cardiovascular disease mainly heart disease and stroke, cancer, chronic obstructive pulmonary diseases and diabetes), account for nearly 81% of all deaths1 and 85% of the disease burden and trends in pre mature mortality and risk factors are putting increasing strain on health systems, economic development and the well-being of the population.

**Aims and Objectives:-**The aim of this assessment was to identify health system challenges and opportunities

1. To assess the coverage of key population and individual NCD interventions and identify the health system challenges responsible for status of coverage.
2. to produce national policy recommendations for strengthening the health system

**Methods used**

An adapted version of the structured health system assessment guide developed by WHO-EURO was used. The tool identified fifteen health systems features and semi structured questions is used to assess the health system performance. This approach also gives a clear understanding of core interventions and services coverage and finally identifying those features which most significantly impact the coverage of these interventions Participatory approaches and deliberative engagement methods were used for qualitative assessment. Secondary data was used for quantitative analysis National stakeholders were engaged through participation in working groups and National consultations.

**Key Findings**

Progress has been made in scaling up a number of core NCD interventions and services. Despite the progress increasing trend is noted in mortality due to NCD. The risk of premature mortality due to NCDs is 22.5% is high as compared to other developed countries. The coverage of many core population interventions was found to range from limited to moderate and current population exposure to risk factors for NCDs remains a major concern. The coverage of individual services is much better although risk stratification for CVD, and early detection, management and follow-up of NCD patients need further improvements.

The health system features identified as major challenges for population interventions are “interagency cooperation**”** and “explicit priority setting approaches” For core individual services, “integration of evidence into practice” is the greatest challenge. Other bottlenecks for both are “population empowerment”, “adequate information solutions”, “ensuring access and financial protection” and “human resources”.

**Main conclusions**

Seven health system action areas are identified to accelerate the gains for better NCD outcomes. This will feed into the development of HSSP. Assessment also opened new window for better participatory approach for policy development.