

# COVID-19

## SOCIOECONOMIC RESPONSE PLAN



# MAURITIUS



Republic of  
**Mauritius**



**COVID-19**  
**RESPONSE**



**UNITED NATIONS**  
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Food and Agriculture  
Organization of the  
United Nations



IAEA  
International Atomic Energy Agency



Enabling poor rural people  
to overcome poverty



International  
Labour  
Organization



International Organization for Migration (IOM)  
The UN Migration Agency

SGP The GEF  
Small Grants  
Programme



UNITED NATIONS  
HUMAN RIGHTS  
OFFICE OF THE HIGH COMMISSIONER



United Nations Entity for Gender Equality  
and the Empowerment of Women



UNAIDS  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS



Empowered lives.  
Resilient nations.



United Nations  
Economic Commission for Africa



United Nations  
Educational, Scientific and  
Cultural Organization



Ensuring rights and choices for all since 1969

UN HABITAT  
FOR A BETTER URBAN FUTURE



UNITED NATIONS  
INDUSTRIAL DEVELOPMENT ORGANIZATION



UNODC  
Global Maritime Crime Programme



UNWTO  
World Tourism Organization



World Health  
Organization



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## EXECUTIVE SUMMARY

The Government of Mauritius and the United Nations entered into a Strategic Partnership Framework (SPF) 2019-2023 on 20 August 2019. The agreement constitutes the development cooperation compact between the Government and the United Nations (UN). It is fully aligned to Mauritius' National Vision, the three-year Strategic Plan, related Sustainable Development Goals (SDGs), internationally and regionally agreed commitments and obligations, including human rights treaties, the SAMOA Pathway and the Africa Agenda 2063.

The SPF consolidates the work of the UN system in a single coherent framework that provides a platform for common policy work and stronger coordination and delivery of results. Its primary focus is to support the ongoing transformation of Mauritius's economy towards high income country status while ensuring sustainable job creation and economic growth, to secure lasting and inclusive prosperity, especially for vulnerable groups.

On 31 December 2019, the People's Republic of China informed the World Health Organization (WHO) that they had diagnosed cluster cases of pneumonia of unknown cause in Wuhan city of Hubei Province. It was confirmed as the outbreak of new type of Coronavirus, later named COVID-19. On January 30, 2020, WHO declared the outbreak a Public Health Emergency of International Concern. – On March 11, 2020, the COVID-19 outbreak was declared a Pandemic.

On 18 March 2020, the first three confirmed cases of COVID-19 in Mauritius were reported, resulting in heightened surveillance and containment measures and the eventual closure of Points of Entry and domestic curfew. Mauritius **reported 342 cases and 10 deaths as at 12 July 26.**<sup>1</sup>

From the outset of the crisis, WHO has provided technical and infrastructure support to the Government of Mauritius to develop its public health preparedness and response plan and to start implementing it before the first case of COVID-19 was declared in the country. In addition, UNDP has contributed to health system strengthening through digital technology; and, social protection through the COVID Solidarity Fund.

UNFPA supplied equipment for health workers and provided support to GBV survivors. IAEA contributed funds for purchase of special diagnostic kits. UNODC supported the supply of COVID-19 PCR testing kits and targeted guidelines on care for People Who Use Drugs and People Living in Prisons and closed settings. UNESCO worked with national commissions providing IT solutions, e-learning guidelines for children out of school due to COVID-19, and guidelines to fight disinformation.

UNECA's analytical work resulted in the first quick assessment of the socio-economic impact of COVID-19 in Mauritius. IOM produced guidelines for border management and support of migrant workers. ILO acted as advocate for sustainable jobs and labour guidelines. UNWTO assessed the impact of COVID19 on the tourism sector while OHCHR provided guidelines for respecting human rights during the pandemic. In collaboration with a local NGO, UNHCR implemented a COVID-19 Emergency and Refugee Assistance Project providing Personal Protective Equipment (PPE) and food to vulnerable Mauritians and refugees.

As the crisis escalated into a pandemic threatening the wellbeing of some of the world's most vulnerable nations, the UN developed a Global Humanitarian Response Plan, aimed at nations already affected by humanitarian crises and instability to guide UN humanitarian agencies and major international NGOs in helping them (i) contain the spread, (ii) decrease the deterioration of human assets and rights, social cohesion and livelihoods, and (iii) protect, assist and advocate for vulnerable groups.

While supporting the initial public health response globally, the UN Development System subsequently elaborated a global approach for an immediate response to the socio economic crisis resulting from the health crisis, based on five pillars: (i) Health First: Protecting health services and systems during the crisis; (ii) Protecting People: Social protection and basic service; (iii) Economic Recovery: Protecting jobs, SMEs, and vulnerable productive actors; (iv) Macroeconomic response and multilateral collaboration; and (v) Social cohesion and community resilience.

At the request of the Government of Mauritius; and based on the SPF agreement, the UN in Mauritius has developed a phased COVID-19 Socioeconomic Response Plan (SERP). The objective of the plan is to assist the Government and people of Mauritius to prepare for and protect people from the pandemic and its impacts in the immediate term; to respond during the outbreak; and, in the medium to long term, plan for and implement recovery from socio-economic impact. The key areas of focus of the plan are directly aligned to the five pillars of the *UN Global Socioeconomic Response Plan*.

<sup>1</sup> Government of Mauritius <http://covid19.mu/> last accessed 12 July 2020



# LIST OF ACRONYMS

<b>AAR</b>	After Action Review	<b>SIDS</b>	Small Island Developing States
<b>AU</b>	African Union	<b>SMEs</b>	Small and Medium-sized Enterprises
<b>CDC</b>	Center for Disease Control	<b>SOPs</b>	Standard Operating Procedures
<b>CHL</b>	Central Health Laboratory	<b>SPF</b>	Strategic Partnership Framework
<b>COP</b>	Community of Practices	<b>SPRP</b>	Strategic Preparedness Response Plan
<b>CSO</b>	Civil Society Organization	<b>SRM</b>	Social Register of Mauritius
<b>DBM</b>	Development Bank of Mauritius	<b>TVET</b>	Technical and Vocational Education and Training
<b>GBV</b>	Gender Based Violence	<b>UNCTAD</b>	United Nations Conference on Trade and Development
<b>GDP</b>	Gross Domestic Product	<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>GOM</b>	Government of Mauritius	<b>UNDP</b>	United Nations Development Programme
<b>HRP</b>	Humanitarian Response Plan	<b>UNECA</b>	United Nations Economic Commission for Africa
<b>IAEA</b>	International Atomic Energy Agency	<b>UNEP</b>	United Nations Environment Programme
<b>ICT</b>	Information and Communications Technology	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation
<b>ILO</b>	International Labor Organization	<b>UNFAO</b>	United Nations Food and Agriculture Organization
<b>IMF</b>	International Monetary Fund	<b>UNFPA</b>	United Nations Population Fund
<b>IOM</b>	International Organization for Migration	<b>UNHABITAT</b>	United Nations Human Settlements Programme
<b>IPC</b>	Infection Prevention and Control	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>KAP</b>	Knowledge, Attitude and Practices	<b>UNICEF</b>	United Nations Children's Fund
<b>MIC</b>	Monitoring and Implementation Committee	<b>UNIDO</b>	United Nations Industrial Development Organization
<b>MOHW</b>	Ministry of Health and Wellness	<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>NGO</b>	Non-governmental Organization	<b>UNWTO</b>	United Nations World Trade Organization
<b>ODI</b>	Overseas Development Institute	<b>WFP</b>	World Food Programme
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights	<b>WHO</b>	World Health Organisation
<b>PCR</b>	Polymerase chain reaction		
<b>POE</b>	Points of Entry		
<b>PPE</b>	Personal Protective Equipment		
<b>SARI</b>	Severe Acute Respiratory Infection		
<b>SDGs</b>	Sustainable Development Goals		
<b>SEA</b>	Sexual Exploitation and Abuse		
<b>SERP</b>	Socioeconomic Response Plan		







# 1 GUIDING FRAMEWORK

## GOVERNMENT OF MAURITIUS & UNITED NATIONS - STRATEGIC PARTNERSHIP FRAMEWORK 2019-2023

The Government of Mauritius and the United Nations entered into a Strategic Partnership Framework (SPF) 2019-2023 in July 2019. The agreement, which is based on selected outcomes, constitutes the development cooperation compact between the Government and the United Nations. The SPF describes the planned cooperation results and strategies supported by the UN system and how they contribute to the country strategic priorities and the Sustainable Development Goals (SDG), including the SAMOA Pathway and the Africa Agenda 2063.

The six expected outcomes of this SPF have been identified jointly by the Government, the UN, partners in civil society, and the private sector. The outcomes are driven by the pillars of the Mauritius National Vision, the three-year Strategic Plan priorities, and related SDGs:

1

**NATIONAL VISION: STRONG ECONOMY**  
(MANUFACTURING AND SMES, AGRICULTURE, FINANCIAL SERVICES, GENDER EQUALITY)

### SPF Outcome 1. Transformed businesses

By 2023, there shall be a stronger policy and regulatory environment that promotes innovation and increased productivity in targeted traditional and new sectors.

2

**NATIONAL VISION: STRONG ECONOMY,  
A FULLY OPEN COUNTRY**  
(LABOUR AND EMPLOYMENT, HEALTH, GENDER EQUALITY)

### SPF Outcome 2. Ageing society, health, and labour market reforms

By 2023, there shall be a comprehensive approach to address challenges posed by population ageing including its effects on population health, the labour market, and economic growth.

3

**NATIONAL VISION: STRONG ECONOMY,  
SUSTAINABLE DEVELOPMENT**  
(OCEAN ECONOMY & TOURISM)

### SPF Outcome 3. Ocean economy and tourism

By 2023, the marine sector shall have an integrated policy and regulatory environment that promotes sustainable resource management and private sector led diversification and job creation.

## 4

**NATIONAL VISION: COHERENT SOCIAL DEVELOPMENT & INCLUSIVE SOCIETY, STRONG ECONOMY****(EDUCATION, GENDER EQUALITY)****SPF Outcome 4. Quality, inclusive education and skilling**

By 2023, the education and training system shall offer higher quality, inclusive services and equips all learners with knowledge and skills for enhanced employability.

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## 5

**NATIONAL VISION: COHERENT SOCIAL DEVELOPMENT & INCLUSIVE SOCIETY****(SOCIAL PROTECTION & GENDER EQUALITY)****SPF Outcome 5. Social protection and gender equality**

By 2023, social protection policies and programmes shall be strengthened and rationalized to reach the most vulnerable, eliminate GBV, and to enhance the socio-economic and political empowerment of women.

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## 6

**NATIONAL VISION: SUSTAINABLE DEVELOPMENT, SAFER LIVING ENVIRONMENT****(ENVIRONMENT, ENERGY & WATER, AGRICULTURE)****SPF Outcome 6. Resilience to climate change**

By 2023, integrated policy frameworks and enhanced community action shall promote climate and disaster resilience and biodiversity protection, and create incentives for the transition to renewable energy.

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The success of the SPF will be measured by Mauritius' progress toward selected key performance indicators for the three-year Strategic Plan and the SDG, across targeted sectors and themes:

The SPF consolidates the work of the UN system in a single coherent framework that provides a platform for **common policy work and stronger coordination and delivery** of results. It builds upon the successes and lessons from past cooperation by UN agencies, funds and programmes, and it harnesses the comparative advantages of the entire UN system for more effective, joint work with country partners.

Based on this framework agreement, the United Nations in Mauritius, at the request of the Government of Mauritius, has developed a COVID-19 Socio-Economic Response Plan to assist with a **multi-sectoral response for protection, response and early recovery**.

<sup>2</sup> WHO COVID-19 website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed 8 July 2020.











## 2 THE COVID-19 PANDEMIC

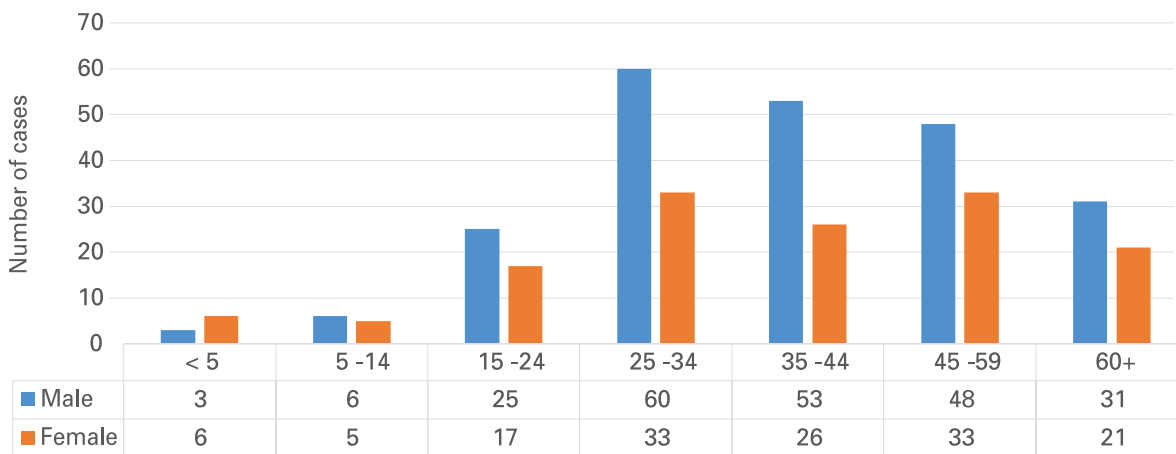
### 2.1 Context

The People’s Republic of China informed the World Health Organization (WHO) on 31 December 2019 that they had diagnosed cluster cases of pneumonia of unknown cause in Wuhan city of Hubei Province. It was confirmed as the outbreak of a new type of Coronavirus, later named COVID-19. On 30 January 2020, WHO declared the outbreak a Public Health Emergency of International Concern. On 11 March 2020, the COVID-19 outbreak was declared a Pandemic.

COVID-19 is known to cause minor illness in about 80 percent of cases but has the potential to cause severe infection through human to human transmission, leading to severe pneumonia and possibly to death. The infection is more severe in elderly persons or those with pre-existing medical conditions that lower immunity.

While most persons affected experience mild or no symptoms, they may be able to pass the infection to others. By 8 July 2020, the number of confirmed cases of COVID-19 globally was 11, 669 259, with 539 906 confirmed deaths across 216 countries, areas or territories.<sup>2</sup>

**Distribution of COVID-19 cases, by age and gender**







## 3 THE UNITED NATIONS GLOBAL COVID-19 RESPONSE

### 3.1 Global Humanitarian Response Plan (HRP)

The United Nations launched a **COVID-19 Global Humanitarian Response Plan (HRP)**, which brings together the UN agencies, funds and programmes to fight the pandemic in select countries already under humanitarian crisis prior to the pandemic. The HRP “...aggregates relevant COVID-19 appeals and inputs from WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs, and complements other plans developed by the International Red Cross and Red Crescent Movement.”<sup>3</sup>

“The world faces a global health crisis unlike any in the 75-year history of the United Nations - one that is spreading human suffering, crippling the global economy and upending people's lives. COVID-19 is threatening the whole of humanity - and the whole of humanity must fight back. Global action and solidarity are crucial.”

António Guterres  
Secretary-General of the United Nations

The Global HRP is focused on three strategic priorities: Contain the spread, decrease the deterioration of human assets and rights, social cohesion and livelihoods and protect, assist and advocate for vulnerable groups and host communities.

**i. Public Health Response: Contain the Spread of the COVID-19 pandemic and decrease morbidity and mortality:** “The implications of the evolution of COVID-19 into a pandemic are a clarion call for a step change in attitudes, mindsets, and behaviours in responding to global health emergencies. The necessary local, national and global actions to save lives, societies and economies must be rapidly scaled up.”<sup>4</sup> The United Nations effort to contain the spread of COVID-19 is based on the WHO Strategic Preparedness and Response Plan (SPRP).<sup>5</sup> The plan consists of 6 objectives including: limiting transmission including reducing secondary infections; early identification, isolation and care for patients; addressing clinical complexity; communication of critical risk and public messaging to counter misinformation; and minimize the social economic impact through multi-sectoral partnerships.

**ii. Socioeconomic Impact: Decrease the Deterioration of Human Assets and Rights, Social Cohesion and Livelihoods:** The responses to COVID-19 pandemic will have significant impact on the economic outlook and at national, global and regional levels. The “reduction of industrial and tertiary services production is affecting domestic consumption, supply chains, international trade and the balance of payments, public and private debt and fiscal space. Diminishing fiscal revenues – and the repurposing of already limited government budgets for the COVID-19 response – will negatively impact already overstretched social programmes and services (health, education, etc.).”<sup>6</sup> Sectors including food and agriculture and tourism will also face disruption with the limitation or cessation of international travel and strained supply chains; while diminished earnings from export will result in increased costs for import and higher food prices.

<sup>3</sup> United Nations Humanitarian Response Plan, p.4

<sup>4</sup> SPRP, p.12

<sup>5</sup> Published 3 February 2020

<sup>6</sup> SPRP, p.13

iii. **Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic:** “The economic impact of COVID-19 will also have significant bearing on vulnerable groups including refugees, migrants, IDPs and host communities due to the loss of income, restricted movement, reduced access to markets, inflation and a spike in prices.”<sup>7</sup> The results will include job losses with those in the informal sector and low wage earners, including migrant labourers, being most affected; while those without access to savings or credit will have to rely on an already constrained public purse. To combat and recover from this public health emergency, everyone – including persons with specific health issues, disabilities, refugees and asylum seekers, migrants, stateless people and other marginalized and vulnerable groups, should be protected, assisted and advocated for in an inclusive and non-discriminatory manner.

## 3.2 Global UN Framework for the immediate socio-economic response to COVID-19

### 3.2.1 Pillar 1: Health First: Protecting health services and systems during the crisis

The COVID-19 pandemic presents the risk that even robust health systems can be overwhelmed by the outbreak. Where a health system is overstretched, deaths from the outbreak may be quickly surpassed by deaths from preventable or treatable conditions, that can no longer be accommodated by a failing health system. It is, therefore, critical to maintain essential lifesaving health services including reproductive health and rights alongside responding to the pandemic.

The UN proposes to cooperate with national governments to balance the demands of responding to COVID-19 whilst simultaneously maintaining essential health service delivery and mitigating the risk of system collapse. Through a two-phase strategy, the UN aims to **first, support targeted actions to maintain essential lifesaving health services, in line with SDG 3 despite the surge to meet the spike in demand for acute care; and; second, facilitate complementary efforts to promote health systems recovery, preparedness and strengthening**, focused on primary health care and Universal Health Coverage and preparedness for possible future waves of COVID-19.

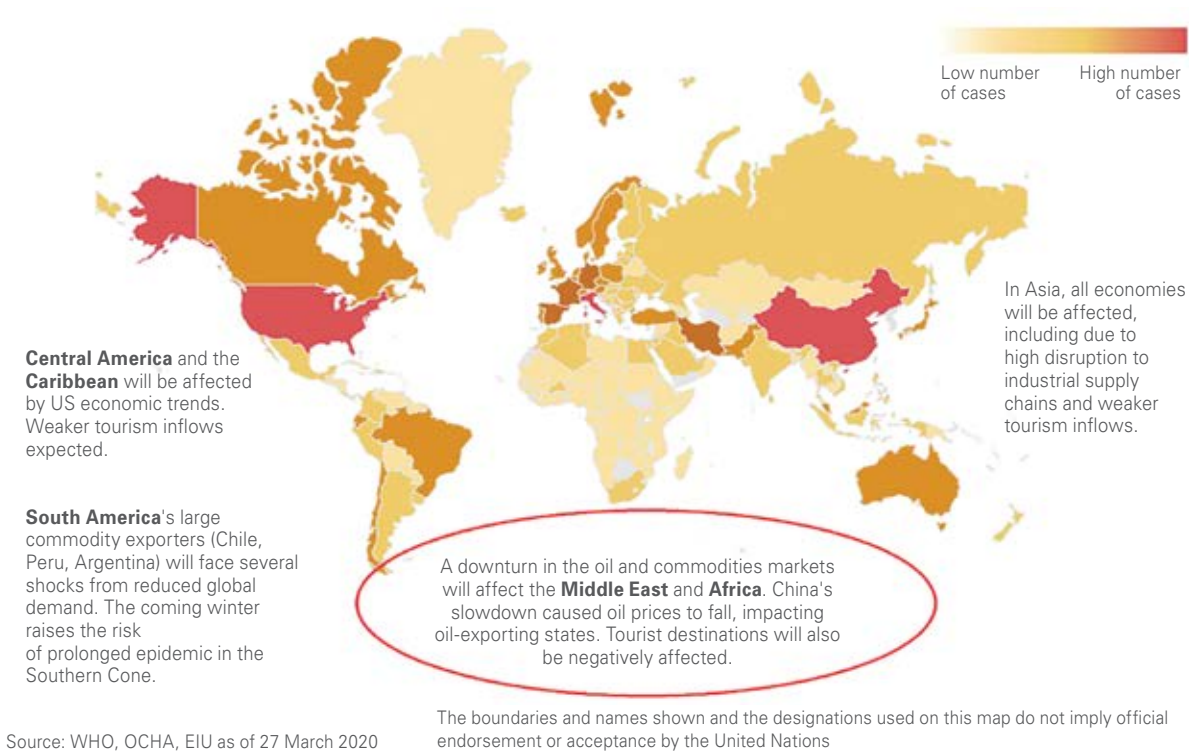
### 3.2.2 Pillar 2: Protecting People: Social protection and basic services

**The COVID-19 crisis impacts the poorest and most vulnerable hardest** and can contribute to generational poverty. The crisis can affect the quality of diets and nutrition, which can quickly translate into increased mortality, morbidity and malnutrition amongst population groups with the highest nutritional needs.

The psychological stressors of fear and anxiety coupled with diminished availability of psychosocial support can leave groups including women and children exposed to violence, abuse, exploitation and neglect. Quarantine and isolation policies, coupled with financial stress on families, individuals and communities further exacerbate domestic violence, while care and support to GBV survivors may be disrupted when health service providers are overburdened.

<sup>7</sup> SPRP, p.13





**The United Nations will seek to support national governments to adapt and scale-up social protection measures including cash transfers, food assistance, social insurance and child benefits programs while ensuring that basic services continue to operate despite the crisis and reach the most vulnerable groups.** To address multiple and intersectional vulnerabilities, individual social programs will be supported to implement an integrated social protection system that can accommodate the differentiated needs of vulnerable groups, women and men and those working in the informal sector.

### 3.2.3 Pillar 3: Economic Recovery: Protecting jobs, SMEs, and productive actors

**Globally, the COVID-19 crisis is plunging economies into recession with historical levels of unemployment and deprivation.** Small and Medium-sized Enterprises (SMEs), farm workers, the self-employed, daily wage earners, refugees and migrant workers are likely to be the hardest hit. Pre-existing gender-based inequalities will also likely put women in a more difficult position when seeking new jobs or entrepreneurship opportunities to support their economic recovery.

**In line with SDG 10, economic recovery includes job protection, ensuring decent work and protecting productive assets.** Enabling the continued or improved activity of small producers, informal workers and SMEs across sectors is vital to ensure the production of, and access to, food and other essential goods and services. Stimulus packages that support income and decent employment are critical to prevent disruptions in key employment sectors could result in riots, violence and erosion of trust in institutions and governments. Particularly in the context of Small Island Developing States, **environmental considerations are central to the response and recovery efforts.** Stimulus packages can assist in the transition to a healthier, resource efficient green and circular economy, based on sustainable consumption and production patterns linked to sustainable value chains.

### 3.2.4 Pillar 4: Macroeconomic Response and Multilateral Collaboration

Some analysis suggests that the global economy has entered the deepest recession since the Great Depression, with the possibility of a financial crisis, and with major implications for vulnerable populations. This unprecedented crisis requires a massive and global counter-cyclical fiscal and financial effort.

The UN proposes that a three-pronged approach will be helpful for a sustainable socio-economic response to the COVID-19 crisis: **First, a rapid assessment of the potential impact of the crisis** to quantify the spending necessary to contain it. **Second, an assessment of the fiscal space available for increasing spending**, to determine the government's capacity for action. **Third, an analysis of policy priorities and available policy measures** considering both financing and implementation constraints. The possible implications of proposed policy measures would also need to be considered.

Moreover, as a global issue, confronting the effects of the pandemic will require multinational, regional and coordinated efforts supported by multilateral and regional institutional initiatives. The UN proposes that four areas of regional coordination are particularly relevant: **First, prioritizing regional cooperation on trade policy** to coordinate and harmonize trade measures that impact supply chains and connectivity. **Second, promoting improved connectivity and lower transaction and transport costs.** **Third, strengthening monetary coordination and financial stability through regional coordination** to avoid national policies with potentially negative consequence on neighboring nations. **Fourth, cooperating to strengthen environmental resilience and better prepare for future pandemics.**

### 3.2.5 Pillar 5: Social Cohesion and Community Resilience

**People and their communities will bear the brunt of the socio-economic impact of COVID19. It is also people who hold the key to containment by flattening the curve, management of the response to the pandemic and ensure longer-term recovery.** They will need investment. **The urgency of responding to the current crisis needs to consolidate important ongoing processes of social dialogue and democratic engagement.**

It is important to base the socio-economic response to COVID-19 on well-tailored social dialogue and political engagement, grounded on fundamental human rights such as peaceful assembly, freedom of association and the right to collective bargaining, freedom of expression, gender equality and the inclusion of women, youth and people with disabilities, amongst others. **Communities must hence be at the center of efforts to strengthen social cohesion.**

**Mainstreaming social cohesion and conflict sensitivity across the socioeconomic response plan is of crucial importance.** Community resilience and community-based protection must be placed at the heart of the response by enabling and empowering people of concern in a sustainable manner that simultaneously strengthens community support networks. **All members of society should be included in prevention and response activities: no-one should face discrimination or lose civil liberties in the name of combatting the virus, irrespective of status.**







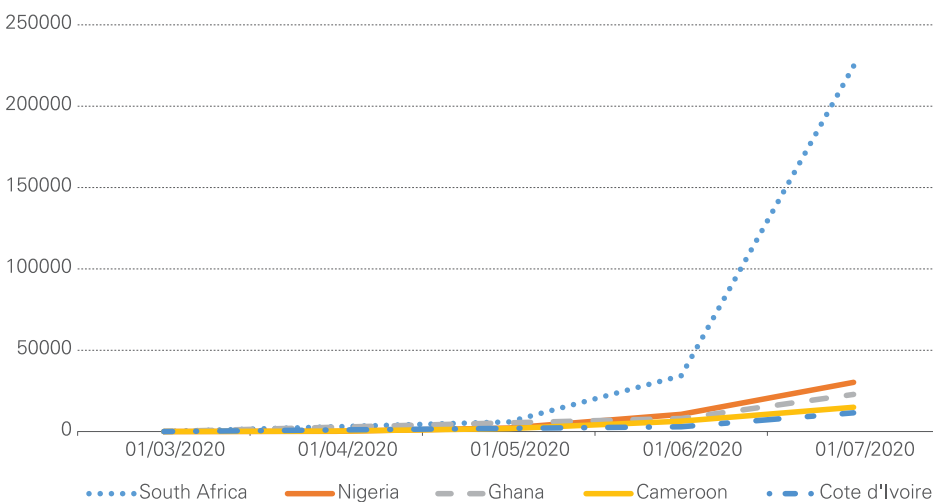




## 4 COVID-19 IN AFRICA

The World Health Organisation (WHO) indicates 13 African Countries are highly vulnerable to COVID-19 including: Angola, Algeria, Cote D'Ivoire, the Democratic Republic of Congo, Ethiopia, Ghana, Kenya, **Mauritius**, Nigeria, South Africa, Tanzania, Zambia and Uganda. According to the WHO daily status report, as at 8 July 2020, Africa had 397,942 confirmed cases and 7415 deaths<sup>8</sup>.

### Top 5 African Countries in terms of total COVID-19 infections



Source: OCHA, Humanitarian Data Exchange. Accessed on July 9, 2020

In terms of fiscal and public health policy responses, data from various sources<sup>9</sup> indicate countries have responded with declarations of states of emergency, immigration restriction, travel bans and rolled out economic and social assistance packages.

A United Nations Economic Commission for Africa (UNECA) report<sup>10</sup> projects disruption of global supply chains leading to a drop-in value creation; demand side shocks in oil, tourism and remittances; slow down in investment hence job losses and for oil exporters, revenue losses of up to USD 65 billion. On the supply side, UNECA projects inflationary pressures due to supply side shortages particularly for food and pharmaceuticals; and unanticipated increases in Health Spending of up to USD 10.6 billion. The report also notes significant revenue losses could lead to unsustainable debt.

The Report on the African Ministers of Finance Meeting: Emergency Request to the international community on COVID-19 Response<sup>11</sup> in a letter to the World Bank, IMF and European Central Bank shared the consensus position of 22 African Ministers of Finance and called for:

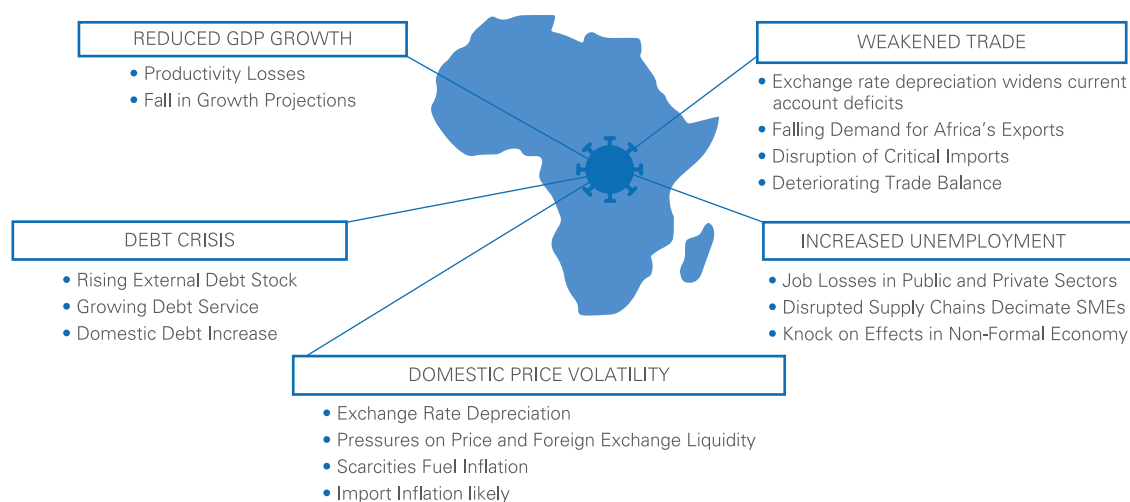
<sup>8</sup> WHO Africa <https://www.afro.who.int/health-topics/coronavirus-covid-19> last accessed 8 July 2020

<sup>9</sup> UNDP Africa Region Briefing Note 27 March 2020, WHO Situation Report 27 March 2020

<sup>10</sup> "Economic Impact of the COVID-19 on Africa", UNECA, 13 March 2020, Addis Ababa, Ethiopia

<sup>11</sup> Report on African Ministers of Finance Meeting: Emergency Request to the international Community on COVID-19 Response Date: 22 March 2020 Ref.: OES/20/03/0047

- (i) immediate waiver of all interest payments on all debt, interest payments on public debt and sovereign bonds, estimated at US\$44 billion for 2020 to provide countries with immediate fiscal space and liquidity;
- (ii) immediate private sector waiver of all interest payments on trade credits, corporate bonds, lease payments and activation of liquidity lines for central banks to ensure countries and businesses can continue the purchase of essential commodities without weakening the banking sector; coupled with
- (iii) policies to keep businesses open in order to maintain jobs. The ministers emphasized the need to waive tax payments in critical sectors and local sourcing by the public sector in its response to the crisis to support the SMEs and other businesses.



The Ministers also emphasized the need for an immediate health response, urging collaboration with WHO and continental institutions like the Africa Union CDC to provide immediate funding for the health response. Recognizing *“the vulnerability of people, especially those living in informal settlements in urban areas of Africa”*<sup>12</sup>, they recommended immediate activation of the Global Fund resources where possible; noting the *“disproportionate burden COVID19 is likely to have on women (many of whom work in sectors where businesses are closing) and children, whose education has been disrupted.”* Urging the need for a coordinated response in Africa, the Ministers recommended an increase in safety net programmes for the most vulnerable backed by strong ICT systems for contact tracing and the immediate supply of equipment, technical capacity and information.

#### 4.1 COVID Impact for Small Island Developing States

The Prime Minister of Barbados, the Honourable Mia Amor Mottley refers to Small Island Developing States (SIDS) as *“a distinct group of developing countries that are “the most sensitive to dysfunction in the international order.”*<sup>13</sup> In an interview with Forbes magazine, His Excellency Chad Blackman, Barbados Ambassador to the United Nations in Geneva further notes that Small Island Developing States *“encounter similar social, developmental, and environmental challenges. We face a peculiar set of challenges due to our small size, and vulnerability to economic and environmental shocks and geographical remoteness, limited productive capacities and lack of economies of scale”*<sup>14</sup>. *With their dependence on a few large markets for trade, and on limited sector for economic growth, the impact of the COVID-19 pandemic is likely to be immediate and significant.*

<sup>12</sup> Ibid

<sup>13</sup> <https://www.forbes.com/sites/daphneewingchow/2020/03/31/exploring-the-unique-impact-of-coronavirus-on-small-island-developing-states/#2a309c872e17>  
last accessed 26 May 2020

<sup>14</sup> Ibid



Similarly, ODI suggests that “the adverse trade effects of Covid-19 are likely to be more severe than those of the global financial crisis of 2008–2009 because they comprise both demand- and supply-side shocks. Small and vulnerable economies will be hit hard because of their dependence on trade as a driver of economic growth, their small domestic markets and low levels of diversification, all of which increase their vulnerability to external shock.”<sup>15</sup> The analysis concludes that “the coronavirus pandemic will have major implications for the achievement of the 2030 Agenda and the SDGs. Trade-related targets now look even more daunting than before, particularly for Least Developed Countries (LDCs) and Small Island Developing States (SIDS).”<sup>16</sup>

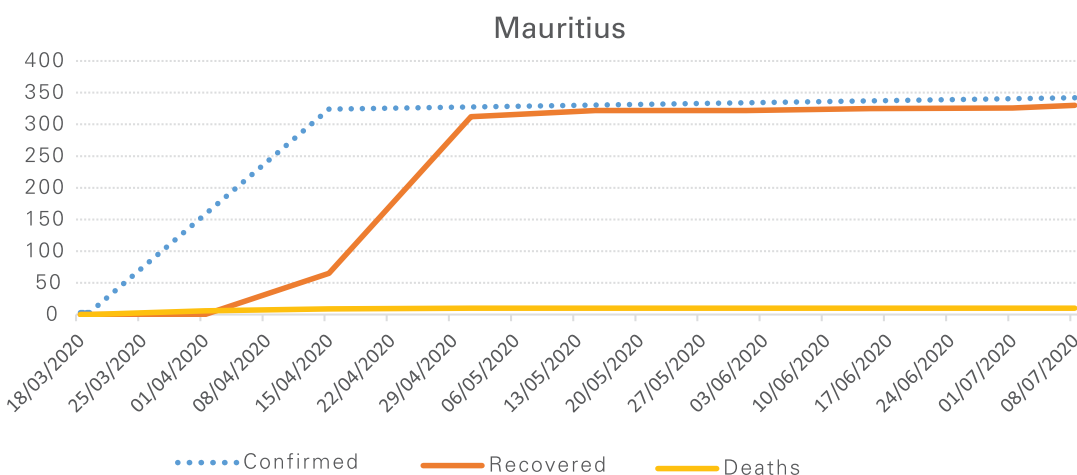
According to the UN/DESA Policy Brief #64, COVID-19 puts Small island developing economies in dire straits.<sup>17</sup> The pandemic is posing significant health and economic risks to them, given their small economic base, high degree of openness and extreme dependence on economic performance of a few developed economies. Amid sharp falls in tourism revenues and remittance flows, small island economies are likely to experience the most pronounced contraction in 2020, further exacerbating their vulnerability to economic and climatic shocks. Disproportionately high debt-servicing burdens of many small island economies will weaken their external balance, potentially increasing the likelihood of debt defaults.

Many small islands’ economies are highly dependent on food imports and thus face the added challenge of ensuring food security during the health and economic crisis. The sanitary response to the pandemic has ensued negative economic effects constraining the fiscal space of small island developing economies. Furthermore, this exacerbates their vulnerabilities to natural disasters brought about by climate change. Scaled-up international development cooperation will remain critical for ensuring that small island economies can strengthen their health response to the pandemic, while safeguarding food security and averting an economic crisis.

## 4.2 The Mauritius Outbreak

### 4.2.1 Context

The first three confirmed cases of COVID-19 in Mauritius were reported on 18 March 2020. The three cases were imported cases, resulting in heightened surveillance and containments measures at the Points of Entry beginning in January 2020. Mauritius reported **342 cases** and **10 deaths** as at 8 July 2020<sup>18</sup>.



Source: OCHA, Humanitarian Data Exchange. Accessed on July 9, 2020

<sup>15</sup> <https://www.odi.org/blogs/16804-covid-19-trade-challenges-ahead-least-developed-countries-small-island-developing-states> last accessed 13 April 2020

<sup>16</sup> Ibid

<sup>17</sup> Key messages from UN/DESA Policy Brief #64 <https://www.un.org/development/desa/dpad/publication/un-des-a-policy-brief-64-the-covid-19-pandemic-puts-small-island-developing-economies-in-dire-straits/>

<sup>18</sup> Source: Ministry of Health and Wellness & Prime Minister’s Office - beSafeMoris App last accessed 12 June 2020

#### 4.2.2 Macroeconomic Outlook

Prior to the COVID-19 pandemic, real GDP growth was moderate yet steady, averaging 3.8% during 2015–19. For a population of 1.3M, annual tourist arrivals of roughly 1M contributed significantly to the Mauritian economy. Growth was mainly driven by financial services, retail and wholesale trade, and information and communications technology. GDP per capita trended upward, reaching an estimated \$10,200. The economy is largely service based (76% of GDP in 2019), followed by industry (21%) and agriculture (3%). Aggregate demand has been underpinned by strong growth in household consumption, while investment stood at 19% of GDP in 2019.<sup>19</sup>

While the country has been classified as high income as of 1 July 2020, the **impact of the COVID-19 pandemic** on the economy is expected to be significant with double digit contraction. UNECA analysis indicates that *“[t]ravel and tourism will be particularly hard hit as countries put travel restrictions in place and encourage social distancing to contain the spread of the pandemic, which is especially damaging for Mauritius...”*<sup>20</sup>, amongst others, with the sector contributing over 20% of GDP in 2017. A study published in July, 2020 by UNCTAD projects a loss of up to 6% of the country’s GDP due to disruptions in tourism.<sup>21</sup> Citing an ILO statistics, the UNECA notes a deepening of unemployment with Mauritius rates standing at 6.6% overall (Male 4.4% and Female 9.5%) and youth at 23.9 per cent. The report states that the loss would be 28.1 per cent of GDP and 26.6 per cent of employment, with a hotel vacancy rate of over 11,000 rooms. According to a business survey conducted by UNECA<sup>22</sup>, the pandemic has affected the production capacity across the continent, with manufacturing operations, travel/hospitality and transportation services performing worst. In Mauritius, firms were found to operate at 50% capacity, anticipating a contraction of revenue by 31-40%.

#### 4.2.3 Government of Mauritius COVID-19 Economic Policy Measures

In response to the pandemic, the Government of Mauritius has outlined substantive policy interventions to support the private sector to mitigate the impact of COVID-19, and at the same time prevent the rapid spread of COVID-19. The **“Plan de Soutien”**<sup>23</sup> is aimed at supporting the private sector using a range of business stimulus packages and relieving tax obligations. Measures include establishment of revolving credit through the Development Bank; reductions in taxes and levies (import and cargo); and deferral of loan payments for businesses and private individuals.

At sectoral level, the Government aims to boost local production of food crops to mitigate the loss and/or reduced capacity of vital supply chains. Measures include seeking available estates for small planters to have additional rotational land for the cultivation of crops like potatoes, onions, pulses and other vegetables; provide seeds for the cultivation of potatoes, garlic, beans and onions through the Seed Purchase Scheme; and purchase products such as potatoes, garlic, beans and other pulses, and onions on a long-term basis at a guaranteed price.

In terms of UN support, UNECA’s analytical work resulted in a rapid assessment of the socio-economic impact of COVID-19 in Mauritius. Furthermore, UNWTO assessed the impact of COVID19 on the tourism sector while OHCHR provided guidelines for respecting human rights during the pandemic crisis.

#### 4.2.4 Public Health and Wellbeing

The WHO notes that people with pre-existing medical conditions, like high blood pressure, diabetes, or heart or lung disease are more at risk of severe disease; while older adults are more at risk of severe COVID-19 disease with the risk of severe disease gradually increasing with age over the age of 40 years.

<sup>19</sup> Government of Mauritius Bureau of Statistics

<sup>20</sup> Socioeconomic Implications of the Coronavirus in Southern Africa as of March 2020, p.3

<sup>21</sup> UNCTAD, 2020. COVID-19 and Tourism: Assessing the Economic Consequences.

<sup>22</sup> UNECA, 2020, COVID-19 and African businesses: Focus on Mauritius. Available at: [https://www.uneca.org/sites/default/files/PublicationFiles/covid-19\\_mauritius\\_english\\_-\\_final.pdf](https://www.uneca.org/sites/default/files/PublicationFiles/covid-19_mauritius_english_-_final.pdf)

<sup>23</sup> Source – Cabinet Decisions 13 March 2020 [http://pmo.govmu.org/English/Documents/Cabinet%20Decisions%202020/%E2%80%8BCabinet\\_Decisions\\_taken\\_on\\_%E2%80%8B13\\_MARCH\\_2020.pdf](http://pmo.govmu.org/English/Documents/Cabinet%20Decisions%202020/%E2%80%8BCabinet_Decisions_taken_on_%E2%80%8B13_MARCH_2020.pdf)

According to World Bank data, Mauritians are now living 16 years longer than they did in 1960, and the country is now classed as having an ageing population with ~ 15% aged above 65 years, placing the country within the threshold required to categorize its population as aged (14-19 percent).

Mauritius is also ranked first in Africa and second globally for non-communicable diseases such as high blood pressure and diabetes<sup>24</sup>. As such, the COVID-19 virus epidemic in Mauritius is likely to result in a high incidence of severe and fatal cases.

#### 4.2.5 Government of Mauritius COVID-19 Public Health Response

The Government of Mauritius has mounted a robust **public health response** with the establishment of treatment and quarantine centres at various locations<sup>25</sup>; and is pursuing a contact tracing and testing response. In addition, with the support of WHO, government has developed a COVID Operational Plan, which includes an itemized list of medical supplies and other equipment for health system strengthening and treatment of COVID-19 cases, to be procured.

From the outset of the crisis, WHO has provided technical and infrastructure support to the Government of Mauritius to develop its public health preparedness and response plan and to start implementing it before the first case of COVID-19 was declared in the country. In addition, UNDP has contributed to health system strengthening through digital technology; and, social protection through the COVID Solidarity Fund.

UNFPA supplied equipment for health workers and provided support to GBV survivors. IAEA contributed funds for purchase of special diagnostic kits. UNODC supported the supply of COVID-19 PCR testing kits and targeted guidelines on care for People Who Use Drugs and People Living in Prisons and closed settings. Together with a local NGO, UNHCR implemented a COVID-19 Emergency and Refugee Assistance Project providing Personal Protective Equipment (PPE) and food to vulnerable Mauritians and refugees. Mauritius has also received a donation from the Jack Ma Foundation and Alibaba Group<sup>26</sup>. Furthermore, the Mauritius Cabinet Decisions of 27 March 2020<sup>27</sup> took a decision to provide a public Hotline Service for first-hand information and medical advice on COVID-19.

#### 4.2.6 Social Protection

Social protection is an integral part of the national development policies and programmes of Mauritius. Mauritius is known for its comprehensive social protection programmes having achieved universal coverage, and is one of the few globally, with large-scale domestically funded non-contributory schemes.<sup>28</sup> It is among the countries with the highest spending on social protection in Africa, with spending amounting to 2.9 percent of Gross Domestic Product (GDP)<sup>29</sup>.

The government spends 28 percent of national budget on social protection.<sup>30</sup> During the same period, about 33 percent of the country's annual revenue, excluding grants, was used to finance social protection programmes.<sup>31</sup> In 2019, a significant increase in pensions was introduced. In addition, adjustments were also made to the Basic Widow's Pension and Basic Invalidity Pension.

<sup>24</sup> [https://www.who.int/nmh/countries/mus\\_en.pdf](https://www.who.int/nmh/countries/mus_en.pdf)

<sup>25</sup> 1. New Souillac Hospital 2. Anse la Raie 3. Pointe Jérôme 4. Quatre Sœurs 5. Belle Mare 6. Pointe aux Piments 7. Pointe aux Sables

<sup>26</sup> The Jack Ma Foundation and Alibaba Group provided: which provided 19,968 PCR tests, 48,000 N95 masks, 52,000 disposable masks, 1110 protective gowns and 1000 face shields.

<sup>27</sup> [http://pmo.govmu.org/English/Documents/Cabinet%20Decisions%202020/Cabinet\\_Decisions\\_taken\\_on\\_27\\_MARCH\\_2020.pdf](http://pmo.govmu.org/English/Documents/Cabinet%20Decisions%202020/Cabinet_Decisions_taken_on_27_MARCH_2020.pdf) accessed 29 March 2020

<sup>28</sup> World Social Protection Report 2017–19.

<sup>29</sup> World Bank and ILO, 2019. Universal Social Protection: country cases. Global Partnership for Universal Social Protection USP2030.

<sup>30</sup> National budget estimates, 2015/16-2020/21.

<sup>31</sup> World Social Protection Report 2017–19.



Mauritius also maintains a Social Register under the Marshall Plan for Poverty Alleviation Social Register of Mauritius (SRM) with some 11 108 households representing 43 957 beneficiaries registered<sup>32</sup> as at November 2018. Beneficiaries receive cash transfers and other assistance. The SRM, a computer-based application to register and identify the poor and their socioeconomic profile, aims at informing policymakers on the effective demand for pro-poor policies. It is a crucial element of Government's anti-poverty policy.

#### 4.2.7 Government of Mauritius Social Protection Response

In addition to continuing to provide for social security, the Ministry of Finance, Economic Planning and Development announced arrangements for the distribution of basic food items to families on the Social Register of Mauritius Beneficiaries, shelters, homes and charitable institutions. Moreover, provision has been made to support the informal sector<sup>33</sup> through a number of measures including providing financial support through cash, transfers to self-employed individuals, a 6-month moratorium on capital and interest (re)payments for SMEs, the provision of loan facilities through the Development Bank of Mauritius (DBM), and a waiver of rent for lessees of the DBM estates during the curfew period.

Fees for market stall have also been waived as have the fees payable by sellers of vegetables, haberdashery and general merchandise in markets around the island during the curfew period. The implication of this business stimulus, social spending and self-employed and SME support is that the economic shock of a COVID epidemic in Mauritius will present considerable strain on an already overstretched national budget. Resources will be needed to continue social protection schemes and maintain a health system under pressure; while foregoing a significant amount of tax and non-tax revenue.

Support provided by the UN included UNESCO providing IT solutions to national counterparts and producing e-learning guidelines for pupils to continue learning while they remain confined at home due to the health crisis, and guidelines to fight disinformation. Meanwhile, whereas IOM produced and shared guidelines for border management and support of migrant workers, ILO acted as advocate for sustainable jobs and labour guidelines.

<sup>32</sup> <http://www.govmu.org/English/News/Pages/The-number-of-households-eligible-under-the-Social-Register-of-Mauritius-keeps-fluctuating,-says-Minister-Wong.aspx> last accessed 12 June 2020

<sup>33</sup> <https://www.mcci.org/en/media-news-events/business-updates/assistance-scheme-to-the-informal-sector/> last accessed 12 June 2020









# 5 UNITED NATIONS IN MAURITIUS COVID-19 SOCIOECONOMIC RESPONSE PLAN



Notwithstanding the current robust macroeconomic and public health response Mauritius continues to face the risk of a new wave of cases.

At the same time, the country is vulnerable to a public health shock due to its demography; and status as a Small Island State.

Informed by the UN in Mauritius Strategic Partnership Framework; and drawing from the global and UN agency specific frameworks<sup>34</sup>, the UN in Mauritius proposes to implement a COVID-19 Socioeconomic Response Plan. “The heart of the response lies at the national and sub-national level, using existing structures. It is undertaken under the leadership of the Resident Coordinators, with support from UNDP as technical lead, and the UN Country Teams working as one across all facets of the response.”<sup>35</sup>

The process was informed by an agency-led technical consultation with line ministries; presented to the High Level Covid Committee chaired by H.E. The Prime Minister and guided by a committee chaired by the Secretary to Cabinet and Head of Civil Service. Sister agencies have also integrated current programming with the following ministries:

1. Ministry of Housing and Land Use Planning
2. Ministry of Tourism
3. Ministry of Education, Tertiary Education, Science and Technology
4. Ministry of Local Government and Disaster Risk Management
5. Ministry of Land Transport and Light Rail
6. Ministry of Finance, Economic Planning and Development
7. Ministry of Foreign Affairs, Regional Integration and International Trade
8. Ministry of Energy and Public Utilities
9. Ministry of Social Integration, Social Security and National Solidarity
10. Ministry of Industrial Development, SMEs and Cooperatives
11. Ministry of Environment, Solid Waste Management and Climate Change
12. Ministry of Financial Services and Good Governance
13. Attorney General’s Office
14. Ministry of Agro-Industry and Food Security
15. Ministry of Commerce and Consumer Protection
16. Ministry of Youth Empowerment, Sports and Recreation
17. Ministry of National Infrastructure and Community Development
18. Ministry of Information Technology, Communication and Innovation
19. Ministry of Labour, Industrial Relations, Employment and Training
20. Ministry of Health and Wellness
21. Ministry of Blue Economy, Marine Resources, Fisheries and Shipping
22. Ministry of Gender Equality and Family Welfare
23. Ministry of Arts and Cultural Heritage
24. Ministry of Public Service, Administrative and Institutional Reforms

<sup>34</sup> (1) The UN Socioeconomic Response Plan, (2) The UN Global Humanitarian Response Plan, (3) The WHO Strategic Preparedness and Response Plan, (4) The UNDP COVID-19 Response Plan, (5) The IOM Global Strategic Preparedness Plan, (6) the UNDP climate promise 7) the Samoa Pathway

<sup>35</sup> A UN framework for the immediate socio-economic response to COVID-19. April 2020, p. 32

The UN COVID-19 Socio-economic Response Plan aims to support the Government of Mauritius to implement a multi-sectoral COVID-19 response plan focused on five pillars:

**1**  **Protecting Health Services and Systems during the crisis** January 2020 to June 2021

**2**  **Social protection and basic service** March 2020 to June 2021

**3**  **Protecting jobs, SMEs, and vulnerable productive actors** April 2020 to June 2021

**4**  **Macro economic monitoring and forecasting activities** June 2020 to June 2021

**5**  **Social cohesion and community resilience** March 2020 to June 2021

## 5.1 Pillar 1: Health System Strengthening, Prevention and Containment

**1**  **Protecting Health Services and Systems during the crisis** January 2020 to June 2021

In the immediate term, the UN aims to support countries to strengthen their health systems in the face of COVID-19, including procuring urgently needed health and medical supplies, strengthening health infrastructure, building and sustaining advocacy and community engagement, managing health waste, and ensuring salary payments to health workers.

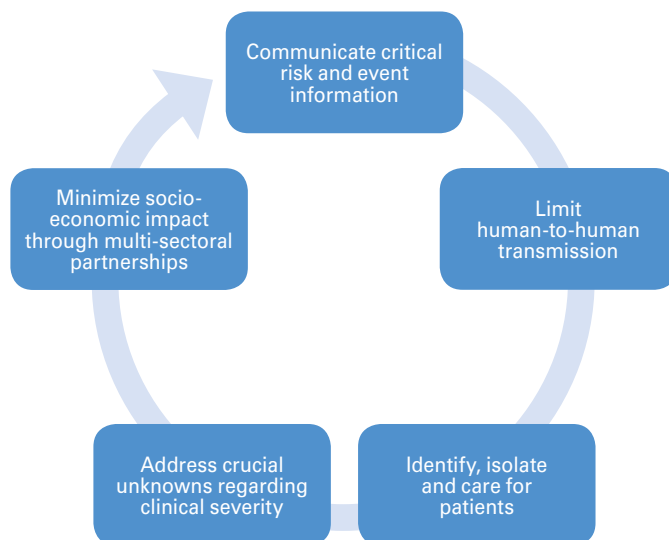
Led by WHO in collaboration with UNDP, IOM, UNFPA and sister agencies, the UN aims to support the government to implement its 9 sub-pillar Operational Action Plan<sup>36</sup> designed in part to undertake a public health response to prevent, contain and treat COVID-19 cases through health system strengthening.<sup>37</sup>

The Communique of the African Union (AU) Bureau of Heads of State and Government Teleconference Meeting held on 3 April 2020 noted *“the urgent need for medical supplies and equipment, the Heads of states called for international cooperation and support while up-scaling local production on the continent”* stating *“[l]ifesaving supplies including PPEs, masks, gowns, and ventilators and other support devices are urgently needed”*.

<sup>36</sup> The National Action Plan refers to “pillars”. In this document, they are presented as “sub-pillars” of Pillar 1 to avoid confusion with the five pillars of the *Socio Economic Response Plan*.

<sup>37</sup> Adapted from the WHO Strategic Preparedness and Response Plan, February 2020





Under Pillar 1 of the UN in Mauritius COVID-19 Socioeconomic Response Plan, Key Actions include:

#### Sub-Pillar 1.1: Support to country-led coordination, planning and monitoring (Incident Management)

**Objective:** Coordination of the outbreak response and strategies for effective and efficient outbreak management.

1. Sustain multi-sectoral, multi-partner coordination mechanisms to support preparedness and response, facilitating information exchange between stakeholders and coordination of next steps ensuring no person is left behind
2. Engage with national authorities and key partners to implement and monitor country-specific operational plan with estimated resource requirements for COVID-19 preparedness and response
3. Engage with local donors and existing programmes to mobilize/allocate resources and capacities to implement operational plan
4. Monitor implementation of the Country Preparedness Response Plan based on key performance indicators in the Strategic Preparedness Response Plan and generate SITREPs
5. Document best practices across all strategic pillars prior to After Action Review (AAR)
6. Conduct after action reviews in accordance with IHR (2005) as when the pandemic is declared over

#### Sub-Pillar 1.2: Risk Communication and Community Engagement (RCCE)

**Objective:** Provide frequent, timely and accurate information to create awareness and educate members of the public on prevention and control measures as well as National effort to prevent the spread of COVID-19.

1. Set up the RCCE Team to sensitise the public and take counter actions to rumours/misinformation
2. Recruit a national consultant to support the RCCE Team
3. Organise events to advocate, sensitise and engage corporate sector, schools, civil society, media

4. Coordinate Partners activities aimed at streamlining COVID-19 Risk Communication and Community Engagement messages
5. Support School Health Clubs activities with focus on COVID-19
6. Evaluate the impact of media campaign through a KAP survey to inform new ongoing health promotion activities
7. Document lessons learned to inform future preparedness and response activities

### Sub-Pillar 1.3: Surveillance, Rapid Response Teams and Case Investigations

**Objective:** Intensified surveillance for early detection and timely reporting of COVID-19.

1. Assist MOHW in conducting Simulation Exercise (SimEX) at healthcare facilities to validate the National Plan and to familiarise staff with the immediate actions to take when applicable
2. Provide technical assistance to Communicable Disease Control Unit (CDCU) at MOHW to fully coordinate and guide the Covid-19 surveillance
3. Assist MOHW in establishing COVID-19 surveillance database with Contacts/Outbreak Tool/Daily Reporting Tool which is stored in the shared folder accessible to Central Health Laboratory (CHL)
4. Train and update healthcare workers at the both public and private sectors detailed case investigation, monitoring and contact tracing
5. Maintain case listing of all confirmed COVI-19 to inform decision makers on the status of COVID-19

### Sub-Pillar 1.4: Management of Points of Entry

**Objective:** Prevent, detect, assess and respond to health events at Points of Entry (POE) to ensure National Health security.

1. Coordination and capacity building to strengthen health surveillance at entry/exit points (airports and seaports) focusing on support of relevant ministries to enhance preparedness and response at POEs and along major mobility corridors to respond to COVID-19 and to support effective border management.
2. Update all POE personnel on relevant WHO technical guidelines
3. Assist MOHW in conducting Simulation Exercise (SimEX) at SSRN Airport and Port to familiarise staff with the immediate actions to take when applicable as per SOPs
4. Carry out Resource mobilization activities to strengthen MOHW's capacity to conduct body temperature control at all POEs with additional thermal scanners

### Sub-Pillar 1.5: Strengthening National Laboratories

**Objective:** Provide training and technical support on specimen collection, packaging and transportation to the reference laboratory and timely confirmation and reporting of result to the health facilities and the designated public health decision makers at any tiers of the health sectors.

1. Facilitate specimen shipping (both tested positive and negative samples) from CHL to the Regional Reference Lab (NICD in South Africa)
2. Advocate MOHW to impose strict IPC measures on laboratories to protect the staff from COVID-19

3. Advocate MOHW to set up a control check at CHL to impose inclusion criteria on all the submitted requests before processing to the confirmation test
4. Procure PCR reagents for COVID-19 Testing
5. Develop a quality assurance mechanism for point-of-care testing, including quality indicators

#### Sub-Pillar 1.6: Infection Prevention and Control

**Objective:** Prevent and limit community transmission of COVID-19 and prevent Amplification around Healthcare facilities generally across the country.

1. Assist MOHW in urgently separating quarantine facilities from isolation facilities; All quarantined patients must be accommodated in premises separated from isolation facilities
2. Assist MOHW in using New Souillac Hospital only for isolated patients
3. Assist MOHW in implementing triage system to ensure spatial separation of all symptomatic patients for the rest of patients
4. Jointly organise a Training of Trainers with MOHW guided by AFRO specialists for healthcare workers at both public and private sectors and MOHW staff on IPC (including appropriate use of PPEs and specimen collection; online and in-person)
5. Provide support to Regional Hospitals and Mediclinic's to incentivise HCW to complete Infection Prevention and Control (IPC) online course for COVID-19
6. Recruitment of a consultant to support training of staff at treatment centres on IPC for management of COVID-19 Patients; staff of Regional / District Hospitals to be able to set up Screening/triaging areas, and isolation rooms for COVID-19 Suspected cases
7. Set up foot/elbow operated taps at hand washing stations and triage stations across 50 PHC centers and 50 schools
8. Conduct Sensitization workshops with peer leader schools students on Hand hygiene for the school health clubs
9. Hand-on sessions on IPC at health care facilities

#### Sub-Pillar 1.7: Supporting Case Management

**Objectives:** Increase index of suspicion through prompt use of clinical case definitions; Prompt isolation and provision of quality care for confirmed cases.

1. Jointly organize a Training of Trainers with MOHW guided by AFRO specialist/s to train and update healthcare workers at both public and private sectors on CM (online and in-person)
2. Provide support to Regional Hospitals and Mediclinics to incentivise HCW to complete Critical Care Severe Acute Respiratory Infection online course
3. Set up and manage two Flu Clinic / Severe Acute Respiratory Infection (SARI) clinic and SARI/ COVID-19 screening facility at regional hospitals
4. Promote the development of a Community of Practices (CoP) among health personnel and share knowledge through medical update sessions



### Sub-Pillar 1.8: Providing for operational support and logistics

**Objective:** Support the Incident and operations management across all the pillars.

1. Provide necessary logistic supports to implement the proposed activities above

### Sub-Pillar 1.9: Maintaining essential health services and systems

**Objective:** Support optimisation of service delivery settings and platforms

1. Disseminate information to prepare the public and guide safe care-seeking behaviour
2. Support the setting up of outreach mechanisms as needed to ensure delivery of essential services, including vaccination, harm reduction activities related to HIV( methadone substitution therapy and needle syringe programme
3. Sustain and reinforce screening of all patients on arrival and mechanisms for isolation at all sites using the most up to date COVID-19 guidance and case definitions
4. Support creation of a platform for reporting inventory and stockouts, and for the coordination of re-distribution of supplies.

## 5.2 Pillar 2: Promote Social Protection for Vulnerable Groups



**2 Social protection and basic service** March 2020 to June 2021



**5 Social cohesion and community resilience** March 2020 to June 2021

The COVID-19 crisis is multidimensional and affects a broad spectrum of areas including health, economy, social protection. The crisis also risks intensifying existing economic inequalities and vulnerabilities with the cost of response, including self-isolation and social distancing not equally distributed.



**"I see three critical areas for action: first, tackling the health emergency. Second, we must focus on the social impact and the economic response and recovery. Third, and finally, we have a responsibility to recover better."**

**António Guterres**  
Secretary-General of the United Nations

From a gender perspective, household dynamics are likely to change resulting in unequal gendered roles, increased intimate partner violence and women's vulnerability due to falling income coupled with a rising demand for unpaid household work. The decline in the informal economy that employs more than 50 percent of the labour force is likely to increase vulnerabilities and recovery for women in this sector may be slower. The crisis can also have a significant impact on migrant workers due to the loss of income, restricted movement, reduced access to markets, and a spike in prices. Migrants may also face illness and may have less protection to healthcare than

the general population. Income inequalities have been rising with during the past decade<sup>38</sup>, eroding the gains for growth. These inequalities may be further reinforced by the slow-down in economic activity and its effect on other facets of life, largely on the vulnerable. This could diminish the prospects of social cohesiveness.

The current context is also characterized by a weakening or even saturation of both social and economic protection systems. It requires specific measures to respond to the coronavirus: ensuring that women, girls youth and people with disabilities who are generally the most vulnerable and migrated populations can access support services against GBV, sexual exploitation and sexual abuse (EAS) and all forms of violence is an essential and vital activity.

As such, increased social protection measures are also needed within the national COVID-19 response, such as income support measures for vulnerable households experiencing a drop in resources; measures to protect small-scale enterprises as well as informal sector and migrant workers, asylum seekers, refugees and stateless persons to prevent long-term impacts on livelihoods; and possibly working with the private housing sector to provide shelter for women who need to leave their homes due to intimate partner violence. Private-sector support and business stimulus measures should target sectors where women are employed such as SMEs and the service sector.

Regarding measuring impact and policy response, qualitative and quantitative assessments, to the extent possible, disaggregated by gender will be helpful in informing overall Government of Mauritius response plan in the short term; and medium-term recovery. Partnership with CSOs and National institutions for gender will be important to support the assessment and policy formulation.

The absence of an institutionalized multisectoral framework for GBV prevention and response against sexual abuse and exploitation, the fragmentation of interventions, and weak coordination of all actors affect the capacity of services to intervene effectively in this context, including in emergency situations.

Led by IOM in collaboration with UNDP, UNFPA, UNHCR, OHCHR and UNESCO the UN aims to assist the Government and people of Mauritius to work across key sectors to slow the spread of the virus and to provide social protection for vulnerable populations, promoting a whole-of-government and whole-of -society response to complement efforts in the health sector.

The UN in Mauritius Key actions under Pillar 2 include:

### **January 2020 – June 2021**

#### **Sub-Pillar 2.1: Support to sectoral COVID-19 Response and Social Protection**

1. Support to non-health ministries and Government Agencies in their role in responding to COVID-19 (e.g. education, transport, interior, labour, social welfare, public services, women empowerment)
2. Rolling out women's socio-economic empowerment strategies, including protection responses to gender-based violence
3. Build capacity to guide on procedures that asylum seekers should undertake to express their interest to seek asylum; and support the border control authorities' entry procedures by introducing an asylum process plan at points of entry (including implementation of the Standard Operating Procedures for referring asylum seekers to the South Africa Multi-Country Office based in Pretoria, South Africa)

<sup>38</sup> World Development Indicators database, accessed, 10 July 2020

### Sub-Pillar 2.2: Community Engagement and Protection

1. Risk communication and community engagement activities, by leveraging community networks to ensure public health information is communicated in accessible and culturally appropriate ways to the most vulnerable, including migrants, asylum seekers, refugees and stateless persons
2. Mapping of assistance and support services available in the different sectors concerned
3. Support community engagement in localized and inclusive response management and promote social cohesion through improved communication (appropriate messaging, advert buys etc.)
4. Strengthen existing protection mechanisms and social services to identify and support persons in need of care or protection and refer them to appropriate services (e.g. alternative care, emergency support or assistance, social services incl. social housing/protection from eviction and relocation)
5. Deployment of psychosocial mobile teams linguistically and culturally able to serve those vulnerable populations
6. Support continued monitoring of, and reporting on, human rights obligations and international human rights treaties incl. the Covenant on Civil and Political Rights (incl. review of related legislation, if applicable) to ensure compliance with the international human rights standards
7. Counter disinformation about the COVID-19 pandemic through structured information and knowledge management interventions (including webinars for journalists and other frontline workers, community leaders, civil society representatives and decision makers)

### Sub-Pillar 2.3: Addressing Barriers to Health and Public Services for Vulnerable Groups

1. Assessment of the barriers to accessing health services in an updated socio-economic impact assessment for vulnerable groups
2. Analysis of the gendered implications of COVID-19 and design of tailored actions to avoid gender-based discrimination/violence in its impact and response
3. Ensure access of affected people to basic services and commodities, including health care, protection and social services
4. Rapid analysis in partnership with specialized financial organizations and multilateral development banks to assess the impact of disruption of the on-going crisis on informal economies, migrant labour, asylum seekers, refugees, stateless persons and host communities in terms of their financial and socioeconomic well-being and development.



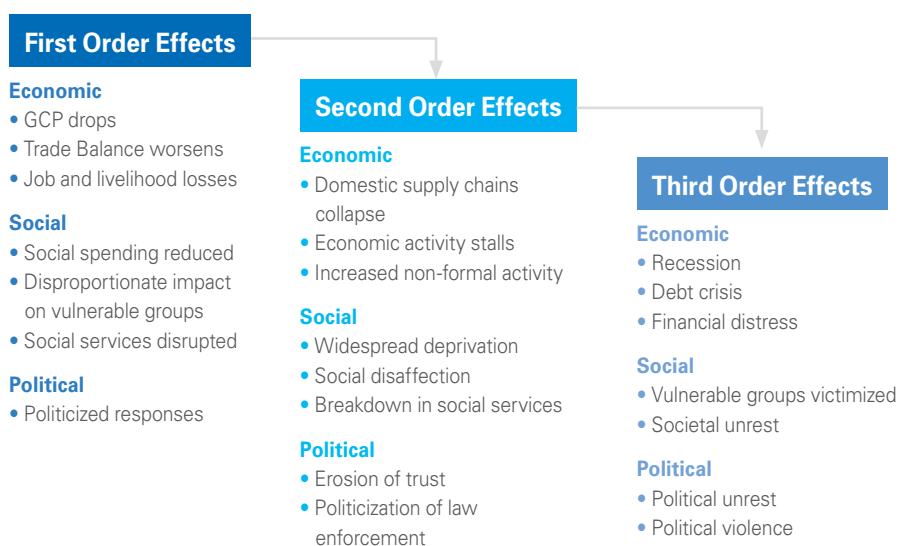
### 5.3 Pillar 3: Socioeconomic Impact Assessment and Early Recovery Planning

3  **Protecting jobs, SMEs, and vulnerable productive actors** April 2020 to June 2021

4  **Macro economic monitoring and forecasting activities** June 2020 to June 2021

The International Monetary Fund forecasts that “the global economy is projected to contract sharply by –3 percent in 2020, much worse than during the 2008–09 financial crisis”<sup>39</sup>, with two-thirds of the economic dislocation from losses of business and consumer confidence and tightened financial markets rather than the pandemic itself<sup>40</sup>.

#### Potential Socio-economic Impact



UNDP Africa, March 2020

Through technical advisory assistance the UN aims to assist Mauritius to formulate policies and implement programmes to “build back better” in line with the SDG 2030 agenda and a climate resilient future. Led by UNDP in collaboration with UNECA sub regional Office for Southern Africa, IOM and additional sister agencies, the UN aims to assist with assessment of the longer-term social and economic impact of the COVID-19 pandemic and support planning and implementation for recovery across key sectors.

Understanding the social, economic and political impacts of the crisis, and finding ways to mitigate them with sustainable, resilient and rights-based solutions in partnership with the public and private sectors will be key.

<sup>39</sup> World Economic Outlook: The Great Lockdown, April 2020, International Monetary Fund p. vii

<sup>40</sup> <https://www.imf.org/external/mmedia/view.aspx?vid=6144138845001> IMF Managing Director Kristalina Georgieva predicts a global downturn at least as bad as the 2008 financial crisis

UN in Mauritius Key actions under Pillar 3 include:

### **June to September 2020**

#### **Sub-Pillar 3.1: Socio-economic Impact Assessment of COVID-19 Crisis**

1. Technical assistance for analytical meso and macro-level socio-economic assessments and impact analysis and sectoral (tourism, blue economy) early post-COVID-19 recovery planning
2. Conduct micro-level socio-economic impact assessments, focused on the socio-economic impact of the crisis (on livelihoods, employment, access to social services) among the vulnerable and marginalized among communities, including people living with disabilities, as well as migrants and other mobile populations such as asylum seekers, refugees and stateless persons; to gauge the impact of the crisis on migrants, displaced populations, and host communities in terms of their financial and socio-economic well-being and post-crisis recovery and development
3. Facilitate the development of policies and mechanisms that improve remittance services to migrants and members of their families

#### **Sub-Pillar 3.2: Policy Monitoring and Impact assessment of economic stimulus**

1. Support establishment a macroeconomic monitoring framework for COVID-19 fiscal policy responses
2. Support macro-level forecasting to prepare for shocks on growth, jobs and poverty

### **March 2020 to June 2021**

#### **Sub-Pillar 3.3: Digital Transformation for Enhanced Public Service Delivery and Business Continuity**

1. Enhancing the use of digital governance in the public sector for crisis management, for various Ministries including the National Assembly, Ministry of Social Security, Ministry of Civil Service, Ministry of Environment, Ministry of Finance, Economic Planning and Development
2. Support digitisation of data and analytics for Ministries of Health and Wellness, Finance, Civil Service and ICT
3. Improve access to online learning materials (digitisation of the education curriculum including animations for basic science concepts, development of online resources for teachers and students, support development and strengthening of distance learning programmes at the higher education level etc.)
4. Support recovery of cultural sector through specific sub-sector assessments (museum sub-sector, intangible culture, World Heritage, arts events etc.) and related digital products (digitisation of material, cultural online live events etc.)

### **June 2020 to June 2021**

#### **Sub-Pillar 3.4: Sectoral Recovery Planning**

1. Promote sustainable livelihoods through innovation for job creation and re-skilling of workers
2. Improve access to online tools for TVET and re-skilling (incl. digital content/classes, virtual meetings with partners to share experiences and available tools/resources etc.)
3. Promote food security through agricultural development and natural resources based on regional value chains and value addition through agribusiness, agro-processing and maximising production landscapes
4. Promote sectoral diversification in manufacturing, Ocean/Blue Economy and value chains

5. Support development of broader gender responsive resilience and prevention strategies around job creation and livelihoods
6. Support Private Sector in policy planning and engagement for economic recovery
7. Develop and roll out a Tourism Recovery Technical Assistance Package to: mitigate COVID-19 impact on tourism; help ensure safety and security in the provision of services to clients and employees; design and provide training on health and hygiene for staff and clients; re-design service delivery models and physical set-up; develop public-private partnerships for hospitality/hotels, transport etc.; and support the development of evidence-based guidance to the private sector and Ministry on how to re-orient marketing strategies.
8. Support the introduction of alternative waste management solutions in view of health protection and job creation (circular economy)
9. Incorporate climate resilience into the socio-economic recovery interventions to build a more resilient future, based on the foundations laid by the Partnership for Action on Green Economy, including tools it developed to guide analysis, promote green jobs and foster sustainable investments and business models by **analyzing the cross-sectoral impacts of a green economic recovery options through the integrated green economy modelling framework ; projecting the social and employment outcomes of recovery packages**, with the **Green Jobs Modelling tool**; and **promoting low-carbon, competitiveness and creating jobs in the industrial sector**.











## 6 APPENDIXES

### 6.1 Summary Overview of the Socioeconomic Response Plan

<b>Strategic Partnership Framework 2019-2023 OUTCOMES</b>	<b>Objective</b> To assist the Government and people of Mauritius to prepare for and protect people from the pandemic and its impacts; to respond during the outbreak; and, to recover from the economic and social impacts
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**National Vision: Strong economy (Manufacturing and SMEs, Agriculture, Financial Services, Gender equality)**

SPF Outcome 1. Transformed businesses

**National Vision: Strong economy; A fully open country (Labour and employment, Health, Gender equality)**

SPF Outcome 2. Ageing society, health, and labour market reforms

**Pillar 1:** Support to the Government of Mauritius to implement a public health response to prevent, contain and treat COVID-19 cases through health system strengthening

#### PLANNED KEY RESULTS

- Intragovernmental coordination ensured and improved
- Risk Communication and Community Engagement promoted
- Strengthened health system and frontline health capacity
- Improved health screening, disease surveillance and risk assessment including at Points of Entry
- Procurement, storage and distribution of critical supplies in response to COVID-19, as well as other essential health commodities
- Adequate critical care treatment and medicines available for patients with COVID-19 and for essential health care services
- National laboratory testing capacity increased
- Health systems develop plans to sustain essential and routine health-care services including reproductive health

#### January 2020 to June 2021

#### INPUTS

##### Sub-Pillar 1.1: Support to country-led Coordination, planning and monitoring

1. Sustain multi-sectoral, multi-partner coordination mechanisms to support preparedness and response, facilitating information exchange between stakeholders and coordination of next steps ensuring no person is left behind
2. Engage with national authorities and key partners to implement and monitor country-specific operational plan with estimated resource requirements for COVID-19 preparedness and response
3. Engage with local donors and existing programmes to mobilize/allocate resources and capacities to implement operational plan
4. Monitor implementation of the Country Preparedness Response Plan based on key performance indicators in the Strategic Preparedness Response Plan and generate SITREPs
5. Document best practices across all strategic pillars prior to After Action Review (AAR)
6. Conduct after action reviews in accordance with IHR (2005) as when the pandemic is declared over



### Sub-Pillar 1.2: Promoting Risk Communication and Community Engagement (RCCE)

1. Set up the RCCE Team to sensitise the public and take counter actions to rumours/misinformation
2. Recruit a national consultant to support the RCCE Team
3. Organise events to advocate, sensitise and engage corporate sector, schools, civil society, media
4. Coordinate Partners activities aimed at streamlining COVID-19 Risk Communication and Community Engagement messages
5. Support School Health Clubs activities with focus on COVID-19
6. Evaluate the impact of media campaign through a KAP survey to inform new ongoing health promotion activities
7. Document lessons learned to inform future preparedness and response activities

### Sub-Pillar 1.3: Operationalising surveillance, rapid response and case investigation

1. Assist MOHW in conducting Simulation Exercise (SimEX) at healthcare facilities to validate the National Plan and to familiarise staff with the immediate actions to take when applicable
2. Provide technical assistance to Communicable Disease Control Unit (CDCU) at MOHW to fully coordinate and guide the Covid-19 surveillance
3. Assist MOHW in establishing COVID-19 surveillance database with Contacts/Outbreak Tool/Daily Reporting Tool which is stored in the shared folder accessible to Central Health Laboratory (CHL)
4. Train and update healthcare workers at the both public and private sectors detailed case investigation, monitoring and contact tracing
5. Maintain case listing of all confirmed COVID-19 to inform decision makers on the status of COVID-19

### Sub-Pillar 1.4: Management of Points of Entry

1. Coordination and capacity building to strengthen health surveillance at entry/exit points (airports and seaports) focusing on support of relevant ministries to enhance preparedness and response at POEs and along major mobility corridors to respond to COVID-19 and to support effective border management.
2. Update all POE personnel on relevant WHO technical guidelines
3. Assist MOHW in conducting Simulation Exercise (SimEX) at SSRN Airport and Port to familiarise staff with the immediate actions to take when applicable as per SOPs
4. Carry out Resource mobilization activities to strengthen MOHW's capacity to conduct body temperature control at all POEs with additional thermal scanners

### Sub-Pillar 1.5: Strengthening National Laboratories

1. Facilitate specimen shipping (both tested positive and negative samples) from CHL to the Regional Reference Lab (NICD in South Africa)
2. Advocate MOHW to impose strict IPC measures on laboratories to protect the staff from COVID-19
3. Advocate MOHW to set up a control check at CHL to impose inclusion criteria on all the submitted requests before processing to the confirmation test
4. Procure PCR reagents for COVID-19 Testing
5. Develop a quality assurance mechanism for point-of-care testing, including quality indicators

### Sub-Pillar 1.6: Training and equipment for Infection Prevention and Control

1. Assist MOHW in urgently separating quarantine facilities from isolation facilities; All quarantined patients must be accommodated in premises separated from isolation facilities
2. Assist MOHW in using New Souillac Hospital only for isolated patients
3. Assist MOHW in implementing triage system to ensure spatial separation of all symptomatic patients for the rest of patients
4. Jointly organise a Training of Trainers with MOHW guided by AFRO specialists for healthcare workers at both public and private sectors and MOHW staff on IPC (including appropriate use of PPEs and specimen collection; online and in-person)
5. Provide support to Regional Hospitals and Mediclinic's to incentivise HCW to complete Infection Prevention and Control (IPC) online course for COVID-19
6. Recruitment of a consultant to support training of staff at treatment centres on IPC for management of COVID-19 Patients; staff of Regional / District Hospitals to be able to set up Screening/triaging areas, and isolation rooms for COVID-19 Suspected cases
7. Set up foot/elbow operated taps at hand washing stations and triage stations across 50 PHC centers and 50 schools
8. Conduct Sensitization workshops with peer leader schools students on Hand hygiene for the school health clubs
9. Hand-on sessions on IPC at health care facilities

### Sub-Pillar 1.7: Supporting Case Management

1. Jointly organize a Training of Trainers with MOHW guided by AFRO specialist/s to train and update healthcare workers at both public and private sectors on CM (online and in-person)
2. Provide support to Regional Hospitals and Mediclinics to incentivise HCW to complete Critical Care Severe Acute Respiratory Infection online course
3. Set up and manage two Flu Clinic / Severe Acute Respiratory Infection (SARI) clinic and SARI/ COVID-19 screening facility at regional hospitals
4. Promote the development of a Community of Practices (CoP) among health personnel and share knowledge through medical update sessions

### Sub-Pillar 1.8: Providing for operational support and logistics

1. Provide necessary logistic supports to implement the proposed activities above

### Sub-Pillar 1.9 Maintaining essential health services and systems

1. Disseminate information to prepare the public and guide safe care-seeking behaviour
  2. Support the setting up of outreach mechanisms as needed to ensure delivery of essential services
  3. Sustain and reinforce screening of all patients on arrival and mechanisms for isolation at all sites using the most up to date COVID-19 guidance and case definitions
  4. Support creation of a platform for reporting inventory and stockouts, and for the coordination of re-distribution of supplies
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**National Vision: Coherent social development & Inclusive society; Strong economy (*Education, Gender equality*)**

SPF Outcome 4. Quality, inclusive education and skilling



**National Vision: Coherent social development & Inclusive society (*Social Protection & Gender Equality*)**

SPF Outcome 5. Social protection and gender equality

**Pillar 2:** Support the implementation of social protection initiatives for vulnerable groups

**PLANNED KEY RESULTS**

- Resource mobilisation for the COVID Solidarity Fund supported
- Provision of basic support to beneficiaries on the Social Register of Mauritius beneficiaries, domestic violence centres, and other vulnerable groups
- Referral pathways and existing social protection mechanisms for access to alternative care, emergency support and social services established
- Ensure safe and meaningful access to health services and relevant related information

**INPUTS**

**March 2020 to June 2021**

**Sub-Pillar 2.1: Support to sectoral COVID-19 Response and Social Protection**

1. Support to non-health ministries and Government Agencies in their role in responding to COVID-19 (education access, transport, interior, labour, social welfare, public services, women empowerment)
2. Rolling out women's economic empowerment strategies, including protection responses to gender-based violence
3. Build capacity to guide on procedures that asylum seekers should undertake to express their interest to seek asylum; and support the border control authorities' entry procedures by introducing an asylum process plan at points of entry (including implementation of the Standard Operating Procedures for referring asylum seekers to the South Africa Multi-Country Office based in Pretoria, South Africa)

**Sub-Pillar 2.2: Community Engagement and Protection**



1. Risk communication and community engagement activities, by leveraging community networks to ensure public health information is communicated in accessible and culturally appropriate ways to the most vulnerable, including migrants, asylum seekers, refugees and stateless persons
2. Mapping of assistance and support services available in the different sectors concerned
3. Support community engagement in localized and inclusive response management and promote social cohesion through improved communication (appropriate messaging, advert buys etc.)
4. Strengthen existing protection mechanisms and social services to identify and support persons in need of care or protection and refer them to appropriate services (e.g. alternative care, emergency support or assistance, social services incl. social housing/protection from eviction and relocation)
5. Deployment of psychosocial mobile teams linguistically and culturally able to serve those vulnerable populations
6. Support continued monitoring of, and reporting on, human rights obligations and international human rights treaties incl. the Covenant on Civil and Political Rights (incl. review of related legislation, if applicable) to ensure compliance with the international human rights standards
7. Counter disinformation about the COVID-19 pandemic through structured information and knowledge management interventions (including webinars for journalists and other frontline workers, community leaders, civil society representatives and decision makers)



## June 2020 to September 2020

### Sub-Pillar 2.3: Addressing Barriers to Health and Public Services for Vulnerable Groups

1. Assessment of the barriers to accessing health services in an updated socio-economic impact assessment for vulnerable groups
2. Analysis of the gendered implications of COVID-19 and design of tailored actions to avoid gender-based discrimination/violence in its impact and response
3. Ensure access of affected people to basic services and commodities, including health care, protection and social services
4. Rapid analysis in partnership with specialized financial organizations and multilateral development banks to assess the impact of disruption of the on-going crisis on informal economies, migrant labour, asylum seekers, refugees, stateless persons and host communities in terms of their financial and socioeconomic well-being and development.

 <p><b>11</b> SUSTAINABLE CITIES AND COMMUNITIES</p>	 <p><b>8</b> DECENT WORK AND ECONOMIC GROWTH</p>	<p><b>National Vision: Strong economy; Sustainable development (<i>Ocean Economy &amp; Tourism</i>)</b>          SPF Outcome 3. Ocean economy and tourism  <b>Pillar 3:</b> Support socio-economic Impact Assessment and Early Recovery Planning</p>
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#### PLANNED KEY RESULTS

- Policy oriented sectoral impact assessments implemented and resulting in evidence-based policy recommendations
- Recovery planning supported for primary economic sectors
- Government of Mauritius Recovery Plan development supported
- Digital transformation of public service delivery promoted
- Digitisation of educational and training content (education system including higher education and TVET)
- Impact on culture sector assessed and digitisation transformation promoted
- Strengthened national capacities in data for development including population and housing census

## June to September 2020

### Sub-Pillar 3.1: Socio-economic Impact Assessment of COVID-19 Crisis

1. Technical assistance for analysis of macro-level socio-economic impact assessments and sectoral (tourism, blue economy) early post-COVID-19 recovery planning
2. Conduct micro-level socio-economic impact assessments, focused on the socio-economic impact of the crisis (on livelihoods, employment, access to social services) among the vulnerable and marginalized among communities, including people living with disabilities, as well as migrants and other mobile populations such as asylum seekers, refugees and stateless persons; to gauge the impact of the crisis on migrants, displaced populations, and host communities in terms of their financial and socio-economic well-being and post-crisis recovery and development
3. Facilitate the development of policies and mechanisms that improve remittance services to migrants and members of their families

### Sub-Pillar 3.2: Policy Monitoring and Impact assessment of economic stimulus

1. Support establishment of a macroeconomic monitoring framework for COVID-19 fiscal policy responses
2. Support macro-level forecasting to prepare for shocks on growth, jobs and poverty

### March 2020 to June 2021

#### Sub-Pillar 3.3: Digital Transformation for Enhanced Public Service Delivery and Business Continuity

1. Enhancing the use of digital governance in the public sector for crisis management, for various Ministries including the National Assembly, Ministry of Social Security, Ministry of Civil Service, Ministry of Environment, Ministry of Finance, Economic Planning and Development
2. Support digitisation of data and analytics for Ministries of Health and Wellness, Finance, Civil Service and ICT including Statistics Mauritius
3. Improve access to online learning materials (digitisation of the education curriculum including animations for basic science concepts, development of online resources for teachers and students, support development and strengthening of distance learning programmes at the higher education level etc.)
4. Support recovery of cultural sector through specific sub-sector assessments (museum sub-sector, intangible culture, World Heritage, arts events etc.) and related digital products (digitisation of material, cultural online live events etc.)



#### National Vision: Sustainable development; Safer living environment (*Environment, Energy & Water, Agriculture*)

Outcome 6. Resilience to climate change

**Pillar 3:** Support socio-economic Impact Assessment and Early Recovery Planning

#### PLANNED KEY RESULTS

- Livelihood programme rolled out and re-skilling of workers for green economy (incl. circular economy in waste management)
- Policy options for domestic resource mobilisation developed
- Regional markets business intelligence dashboard developed
- Tracking surveys of COVID-19 impact on SMEs conducted
- Community-level food security schemes launched
- Policy developed for maximisation of production landscapes
- Completion of policy action plan for manufacturing and trade diversification
- COVID-19 Tourism Recovery Technical Assistance Package delivered

### April 2020 to June 2021

#### Sub-Pillar 3.4: Sectoral Recovery Planning

1. Promote sustainable livelihoods through innovation for job creation and re-skilling of workers
2. Improve access to online tools for TVET and re-skilling (incl. digital content/classes, virtual meetings with partners to share experiences and available tools/resources etc.)
3. Promote food security through agricultural development and natural resources based on regional value chains and value addition through agribusiness, agro-processing and maximising production landscapes
4. Promote sectoral diversification in manufacturing, Ocean/Blue Economy and value chains
5. Support development of broader gender responsive resilience and prevention strategies around job creation and livelihoods
6. Support Private Sector in policy planning and engagement for economic recovery
7. Develop and roll out a Tourism Recovery Technical Assistance Package to: mitigate COVID-19 impact on tourism; help ensure safety and security in the provision of services to clients and employees; design and provide training on health and hygiene for staff and clients; re-design service delivery models and physical set-up; develop public-private partnerships for hospitality/hotels, transport etc.; and support the development of evidence-based guidance to the private sector and Ministry on how to re-orient marketing strategies.

8. Support the introduction of alternative waste management solutions in view of health protection and job creation (circular economy)
9. Incorporate climate resilience into the socio-economic recovery interventions to build a more resilient future, based on the foundations laid by the Partnership for Action on Green Economy, including tools it developed to guide analysis, promote green jobs and foster sustainable investments and business models by analyzing the cross-sectoral impacts of a green economic recovery options through the integrated green economy modelling framework?; projecting the social and employment outcomes of recovery packages, with the Green Jobs Modelling tool; and promoting low-carbon, competitiveness and creating jobs in the industrial sector.

## 6.2 Budget

### UN Mauritius COVID-19 Socioeconomic Response Plan (SERP) Pillars in relation to National Vision and SPF high-level results

#### SERP Objective

To assist the Government and people of Mauritius to prepare for and protect people from the pandemic and its impacts; to respond during the outbreak; and, to recover from the economic and social impacts.

#### National Vision: Strong economy (*Manufacturing and SMEs, Agriculture, Financial Services, Gender equality*)

SPF Outcome 1. Transformed businesses

#### National Vision: Strong economy, A fully open country (*Labour and employment, Health, Gender equality*)

SPF Outcome 2. Ageing society, health, and labour market reforms

**SERP Pillar 1:** *Support to Government of Mauritius to implement a public health response to prevent, contain and treat COVID-19 cases through health system strengthening*

	UN Entity	Budget (USD)	Resources (USD)	Funding gap (USD)
<b>KEY RESULTS</b>	IAEA	100,000	100,000	---
• Intragovernmental coordination improved	IOM	170,000	15,000	155,000
• Strengthened health system and frontline health capacity	UNDP	700,000	550,212	149,788
• Improved health screening, disease surveillance and risk assessment	UNESCO	30,000	15,000	15,000
• Procurement, storage and distribution of critical supplies in response to COVID-19, as well as other essential health commodities	UNFPA	650,000	550,000	100,000
• Adequate critical care treatment and medicines available for patients with COVID-19 and for essential health care services	WHO	907,000	619,000	288,000
• National laboratory testing capacity increased	UNAIDS	20,000	---	20,000
• Health systems develop plans to sustain essential and routine health-care services including reproductive health	UNHCR	30,000	20,000	10,000
• Referral pathways and existing social protection mechanisms for access to alternative care, emergency support and social services established	UNODC	88,000	88,000	---
• Guaranteed access to health services and relevant information promoted				
<b>Total Budget Pillar 1</b>		<b>2,695,000</b>	<b>1,957,212</b>	<b>737,788</b>



**National Vision: Coherent social development & Inclusive society, Strong economy (Education, Gender equality)**

SPF Outcome 4. Quality, inclusive education and skilling

**National Vision: Coherent social development & Inclusive society (Social Protection & Gender Equality)**

SPF Outcome 5. Social protection and gender equality

**SERP Pillar 2: Support implementation of social protection initiatives for vulnerable groups**

	UN Entity	Budget	Resources	Funding gap
<b>KEY RESULTS</b>	IOM	140,000	15,000	125,000
• Resource mobilisation for the COVID Solidarity Fund supported	OHCHR	25,000	---	25,000
• Provision of basic support to beneficiaries on the Social Register of Mauritius beneficiaries, domestic violence centres, and other vulnerable groups	UNDP	700,000	325,000	375,000
• Provision of basic services to adolescents and youth enhanced	UNFPA	350,000	300,000	50,000
• Support continued monitoring of, and reporting on, human rights obligations and international human rights treaties	UNHCR	30,000	---	30,000
	UN Women	35,000	10,000	25,000
<b>Total Budget Pillar 2</b>		<b>1,280,000</b>	<b>650,000</b>	<b>630,000</b>

**National Vision: Strong economy, Sustainable development (Ocean Economy & Tourism)**

SPF Outcome 3. Ocean economy and tourism

**SERP Pillar 3: Support socio-economic Impact**

*Assessment and Early Recovery Planning, sub-pillars 3.1, 3.2, 3.3*

	UN Entity	Budget (USD)	Resources (USD)	Funding GAP (USD)
<b>KEY RESULTS</b>	FAO	45,000	20,000	25,000
• Policy-oriented sectoral impact assessments completed	ILO	40,000	10,000	30,000
• Recovery planning supported for primary economic sectors	IOM	100,000	40,000	60,000
• Government of Mauritius Recovery Plan development supported	UNDP	350,000	200,000	150,000
• Tracking sector pulse surveys	UNEP	200,000	50,000	150,000
• Digitisation of educational and training content (education system including higher education and TVET)	UNESCO	90,000	40,000	50,000
• Technical assistance available for processing of population and housing census data	UNECA	In-kind	In-kind	---
	UNFPA	100,000	20,000	80,000
	UNHCR	30,000	15,000	15,000
<b>Total Budget sub-pillars 3.1, 3.2, 3.3</b>		<b>955,000</b>	<b>395,000</b>	<b>560,000</b>

**National Vision: Sustainable development, Safer living environment (*Environment, Energy & Water, Agriculture*)**

SPF Outcome 6. Resilience to climate change

**Pillar 3: Support socio-economic Impact Assessment and Early Recovery Planning, sub-pillar 3.4**

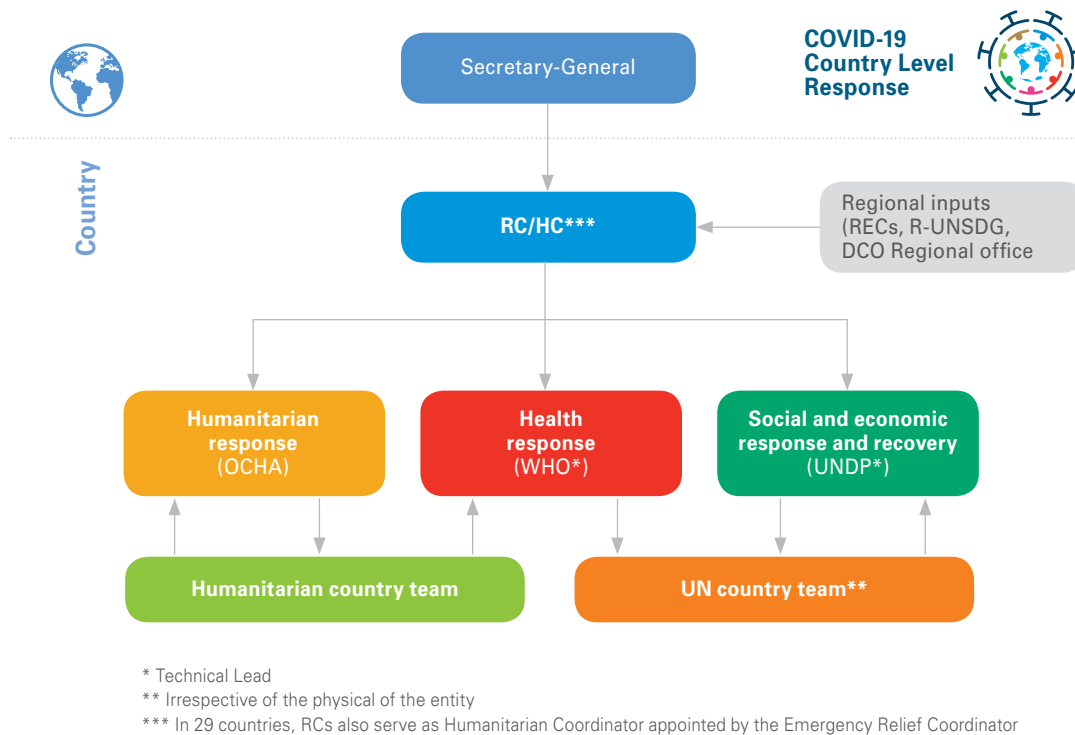
	UN Entity	Budget (USD)	Resources (USD)	Funding GAP (USD)
<b>KEY OUTPUTS</b>	FAO	70,000	30,000	40,000
• Livelihood programme rolled out and re-skilling of workers for green economy (incl. circular economy in waste management)	IFAD	25,000	---	25,000
• Policy options for domestic resource mobilisation developed	ILO	30,000	---	30,000
• Regional markets business intelligence dashboard developed	UNDP	1,800,000	200,000	1,600,000
• Tracking surveys of COVID-19 impact on SMEs conducted	UNESCO	30,000	10,000	20,000
• Community-level food security schemes launched	UN Habitat	60,000	10,000	50,000
• Policy developed for maximisation of production landscapes	UNIDO	50,000	---	50,000
• Completion of policy action plan for manufacturing and trade diversification	UNWTO	160,000	---	160,000
• COVID-19 Tourism Recovery Technical Assistance Package delivered				
<b>Total Budget sub-pillar 3.4</b>		<b>2,225,000</b>	<b>250,000</b>	<b>1,975,000</b>
<b>Grand Total SERP</b>		<b>7,155,000</b>	<b>3,252,212</b> <b>[45%]</b>	<b>3,902,788</b> <b>[56%]</b>

### 6.3 Consolidated Budget

UN entity	Budget USD)	Resources available (USD)	Funding gap (USD)
FAO	115,000	50,000	65,000
IAEA	100,000	100,000	---
IFAD	25,000	----	25,000
ILO	70,000	10,000	60,000
IOM	410,000	70,000	340,000
OHCHR	25,000	---	25,000
UNAIDS	20,000	---	20,000
UNDP	3,550,000	1,275,212	2,274,788
UNECA	In-kind	In-kind	---
UNEP	200,000	50,000	150,000
UNESCO	150,000	65,000	85,000
UNFPA	1,100,000	870,000	230,000
UN-HABITAT	60,000	10,000	50,000
UNHCR	90,000	35,000	55,000
UNIDO	50,000	---	50,000
UNODC	88,000	88,000	---
UN WOMEN	35,000	10,000	25,000
UNWTO	160,000	---	160,000
WHO	907,000	619,000	288,000
<b>GRAND TOTAL</b>	<b>7,155,000</b>	<b>3,252,212</b>	<b>3,902,788</b>



## 6.4 Management Arrangements



The SERP partners are mindful of the need for cost-effective and coherent mechanisms to plan, deliver, monitor and report on SERP results, ensuring a substantive contribution to Mauritius’ coordinated response to the coronavirus pandemic as well as not losing sight of the goals enshrined in the National Vision and Three-year Strategic Plan priorities.

In line with the Secretary General’s guidance on the global UN framework for the immediate socio-economic response to COVID-19, The heart of the response lies at the national and sub-national level, using existing structures. The UN Development System will harness its existing tools and platforms to work issues to support the immediate COVID-19 response. *To this end, the SERP is anchored in the Strategic Partnership Framework, and “will inform the review and revisions of the Common Country Analysis and Cooperation Framework in the aftermath of the crisis when its long-term implications become fully visible.”*<sup>41</sup>

Under the leadership of the Resident Coordinator, with support from UNDP as technical lead, and the UN Country Team working as one across all facets of the response; the UNCT in Mauritius aims to implement the SERP. The Resident Coordinator will also drive coherence between this response and humanitarian interventions, and the health response, under the technical lead of WHO.

<sup>41</sup> A UN framework for the immediate socio-economic response to COVID-19, p.34

## 6.5 Country Level Oversight, Monitoring and Implementation

A **Steering Committee** will serve as the oversight body for SERP, to provide strategic direction and engage in policy dialogue. The committee receives and reviews the report of the Coordination Committee on Implementation of prioritised projects and programmes of the SERP to ensure alignment between the Government priorities, the SERP, SPF and SDGs.

**The Secretary to Cabinet and Head of the Civil Service from the Prime Minister's Office and the UN Resident Coordinator** will lead and convene the Steering Committee, which shall meet on a quarterly basis in the first phase. After an agreed period by the members, the committee will begin to meet on half yearly basis. The membership of the steering committee will be government designates and UN designates.

A **Coordination Committee on Implementation** will be responsible to review and coordinate the reports on the implementation of the prioritised projects/programmes of its' sub-committees and report on progress.

The **Ministry of Finance, Economic Planning and Development and the United Nations Development Programme** will lead and convene the Coordination Committee on Implementation. The Coordination Committee on Implementation will meet on a quarterly basis to review and coordinate on reports submitted by the three sub-committees regarding implementation of prioritized projects/programmes from the SERP which should be in line with national priorities. Its members will be from government designates, UN designates and partners.

**Three sub committees, namely health services, social protection cohesion/ resilience and macro economic response**, will be established to undertake regular follow up on prioritized projects/programmes.

The specific mandate of the sub-committees will be as follows:

- to prioritise projects and programmes for implementation in line with the objectives and budgets as set in the SERP aligned to the SPF, national priorities and SDGs.
- to prepare work plans with timelines and cost details in line with budget already approved for specific ministries as well as identify resource requirements, mobilization, allocation and their financial delivery.
- to provide breakdown of contributions from government, UN organizations and partners including purpose and objectives and link same with provisions in the national budget.
- to provide detailed reports to the Coordination Committee on Implementation on the implementation of the prioritized projects/programmes.
- to contribute to drafting of inputs to the results report related to the specific priority areas and support evaluation plans.
- to conduct reviews of collective progress on achieving results within and across priority areas within the mandate of the sub-committee.

Each subcommittee will be co-chaired by a **Senior Official** from Government and a **UN lead designate**. The Sub-Committees will meet every two months and the members will be drawn from government designates, UN designates and partners.

### Sub-Committee on Health Services

**Co-chairs:** Ministry of Health and Wellness and World Health Organisation (WHO).

### Sub-Committee on Promoting Social Protection, Cohesion and Resilience for Vulnerable Groups

**Co-chairs:** Ministry of Social Integration, Social Security and National Solidarity and Head of Office of the International Organization for Migration (IOM).

### Sub-committee on Macroeconomic Response and Multilateral Collaboration

**Co-chairs:** Economic Research and Planning Bureau under the Ministry of Finance, Economic Planning and Development and the United Nations Development Programme (UNDP).

Each government entity, UN participating agency and partners will assume full programmatic and financial accountability for the funds they receive under the response plan. They will use their respective rules and regulations in the implementing process with partners and counterparts. Government, UN and partners will work together to ensure successful implementation of the SERP. Where relevant, they will organize joint training and capacity building activities plus joint monitoring and reporting.

All committees will service their meetings, including setting agendas and organising venues.

## 6.6 Advocacy and Communication of Results

The Government Information System and UN Communication Group will ensure awareness and visibility of SERP results through publications, reports at local, regional and global levels. Government of Mauritius Designates, Private Sector, NGOs, Donor Partners and the UN will work together to ensure that existing reporting and information platforms are regularly updated using various tools.





#### CREDITS

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