

# COUNTRY PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS (MDGs) - 2009

## 1. Introduction

This first issue of the Economic and Social Indicators on MDGs presents the achievements of the Republic of Mauritius during the period 1990 to 2009 on the Millennium Development Goals as set by the United Nations (UN).

Users are informed that a more comprehensive MDG database for the Republic of Mauritius is also available on the website of the Central Statistics Office at <http://statsmauritius.gov.mu>

## 2. Background information

In September 2000, 189 Member States of the United Nations, including Mauritius, unanimously adopted the UN Millennium Declaration. The Declaration consists of a roadmap setting out eight Millennium Development Goals (MDGs) to be reached by 2015, using year 1990 as a baseline. The MDGs represent commitments by Member States to

- *Goal 1 - Eradicate extreme poverty and hunger,*
- *Goal 2 - Achieve universal primary education,*
- *Goal 3 - Promote gender equality and empower women,*
- *Goal 4 - Reduce child mortality,*
- *Goal 5 - Improve maternal health,*
- *Goal 6 - Combat HIV/AIDS, malaria and other diseases,*
- *Goal 7 - Ensure environmental sustainability, and*
- *Goal 8 - Develop a global partnership for development.*

The UN has come up with a list of specific targets and indicators to determine progress on each of the MDGs.

## 3. Country progress towards the MDGs

### 3.1 MDGs: Country progress at a glance

	GOAL & TARGET	FACTS & FIGURES	COUNTRY PROGRESS
MDG 1	Halve extreme poverty and hunger by 2015	Extreme poverty is almost negligible; less than 1% lived below \$1 a day. However, based on other poverty measures the proportion of poor is estimated at 6.7% in 2006/07.	Progress is being made to reach the target.
MDG 2	Universal primary schooling	Mauritius has a net primary enrolment ratio almost nearing 100%; 99% of the children of primary school age were able to complete primary schooling in 2009.	Already met the target or very close to meeting the target
MDG 3	Equal girls enrolment in school <i>Women equal share in employment and politics</i>	No gender disparity in education. <i>Low share in employment; in 2009, females represented only 35% of total employed population and only 17% of parliamentarians.</i>	Already met the target in education. <i>Disparities in labour market and representation in national parliament still exist.</i>
MDG 4	Reduce under five mortality by two thirds between 1990 and 2015	<i>Low under 5 mortality rate; 16 out of 1,000 live births in 2009.</i> Over 90% of children aged 1 year old are vaccinated.	Already met the target or very close to meeting the target
MDG 5	Reduce maternal mortality by three quarters between 1990 and 2015	<i>Low maternal mortality rate; 65 out of 100,000 live births in 2009.</i> Over 99% of births deliveries are attended by skilled health personnel.	Already met the target; close monitoring is needed.
MDG 6	Halt and reverse the spread of HIV/AIDS, malaria and other diseases	HIV prevalence among the population aged 15-24 years had an increasing trend from 2000 (0.01%) to 2006 (0.15%); it then leveled off at 0.15% until 2009.	Progress is being made to reach the target.
MDG 7	Halve proportion of population without access of safe drinking water and improved sanitation Protect biodiversity	<i>At Census 2000, almost all of the population have access to safe drinking water (98.9%) and an improved sanitation (99.9%).</i> Carbon dioxide per capita increased from 0.9 in 1990 to 2.6 in 2009.	Targets partly achieved.
MDG 8	Use of Information and Communication Technologies	ICT usage in 2009: 85 cellular subscribers per 100 population and 22 internet subscribers per 100 population.	Progress is being made to reach the target.

### 3.2 MDG 1 – ‘Eradicate extreme poverty and hunger’

Like in many countries, poverty eradication is of high concern in Mauritius. According to UN indicators and targets, extreme poverty is almost negligible in Mauritius. However, using other poverty measures, poverty is prevalent in Mauritius.

At international level, Mauritius is in a better position when compared to Sub-Saharan Africa and developing regions where a high proportion of the population struggles below the \$1 a day poverty line.

#### 3.2.1 Target 1A – ‘Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day’

Extreme poverty, as assessed by the MDGs by ‘the proportion of population living below \$1 Purchasing Power Parity (PPP) a day’, is almost negligible in Mauritius. Based on the 2001/02 and 2006/07, there were less than 1% of the population who lived below the extreme poverty line of \$1 PPP a day.

The UN also recommends using a national poverty line to monitor poverty trend in the country. However, Mauritius does not have a national poverty line. In this context, the relative poverty line defined as ‘half of the median household income of an adult person’ estimated at Rs 2,004 from the 1996/97 Household Budget Survey (HBS) is used as a cut-off point; this cut off is then adjusted for inflation rates at the next two rounds of the HBS (2001/02 & 2006/07) to assess the poverty situation.

It is observed that the poverty situation improved from 8.2% in 1996/97 to 6.4% in 2001/02; it then deteriorated slightly to 6.7% in 2006/07 (Table1).

**Table 1 – Proportion of poor persons, HBS 1996/97 – 2006/07**

	1996/97	2001/02	2006/07
Poverty lines (Rs)	2,004	2,663	3,573
Proportion of poor persons (%)	8.2	6.4	6.7

#### *Income inequality*

Income inequality is the extent to which income is distributed in an uneven manner in a country. It is worth noting that in Mauritius, income inequality, as measured by the expenditure approach through the 1996/97, 2001/02 & 2006/07 HBS revealed that the 20% poorest population accounted around 8% of the total national consumption while the 20% richest population accounted for 44%, thus indicating the richest 20% spent nearly 6 times more than the poorest 20%.

#### 3.2.2 Target 1B – ‘Achieve full and productive employment and decent work for all, including women and young people’

In 2009, more than half of the working age population was employed. From 1990 to 2009, the percentage of employed population rose from 50% to 60%.

The MDGs consider *own account workers* and *contributing family workers* as being vulnerable. In the Republic of Mauritius, the employed population constitutes mainly salaried employees and employers. They represented 84% of the total employed population; only 16% were *own account workers* and *contributing family workers*.

#### 3.2.3 Target 1C – ‘Halve, between 1990 and 2015, the proportion of people who suffer from hunger’

Hunger which is another important facet of poverty causes the death of 24,000 children each day in the world. In the Republic of Mauritius, the prevalence rate of underweight among children aged under 5 years is low. According to statistics based on Nutritional Surveillance System at the Ministry of Health and Quality of Life, the prevalence rate is estimated to be less than 1% in 2009.

### 3.3 MDG 2 – ‘Achieve universal primary education’

Mauritius has already achieved the Millennium Development Goal 2 since early 1990’s, given that primary education is free and compulsory.

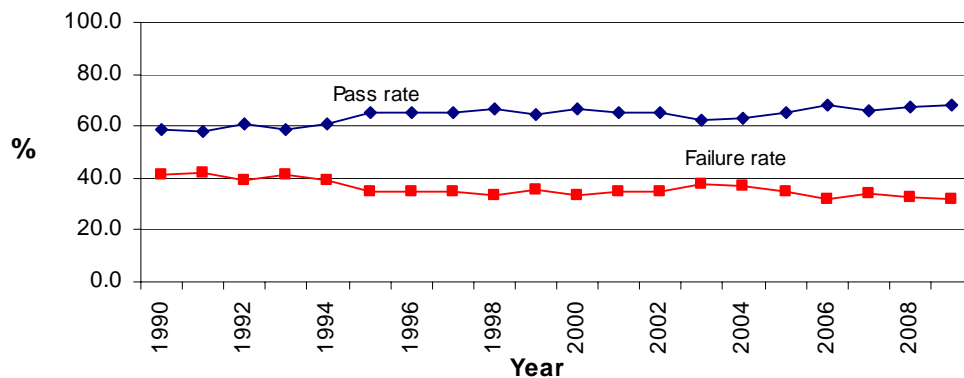
#### 3.3.1 Target 2A – ‘Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling’

Since 1990, Mauritius has a Net Enrolment Ratio (NER) almost nearing 100%, thus indicating that almost all boys and girls of primary schooling age are at schools. In addition, nearly all of them (99%) are able to reach Grade VI.

Moreover, Mauritius has a high proportion of population who can read or write a simple statement in any language. At the 2000 Population Census, 80% of the population aged 12 years and over reported being able to read or write a simple statement in any language.

The real challenge for Mauritius is to ensure successful completion of primary schooling, i.e. all pupils are able to pass successfully their Certificate of Primary Education (CPE). In 2009, around 32% of the children failed CPE. There was however a significant improvement in the pass rate at primary level, rising from 58% in 1990 to 68% in 2009.

**Chart 1 - Performance at Certificate of Primary Education (CPE), 1990 - 2009**



### 3.4 MDG 3 – ‘Promote gender equality and empower women’

Mauritius has already achieved the Millennium Development Goal 3, particularly in eliminating gender disparity in education. However, female participation in labour force and politics is still lower than that of males.

#### 3.4.1 Target 3A – ‘Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015’

##### 3.4.1.1 Gender disparity in education

The ratio of girls to boys at primary ranged between 97 and 99 from 1990 to 2009, seemingly in favour of boys. However, given that there are fewer girls than boys of primary school age (*sex ratio is around 97*), there is no gender disparity at primary level. Ratio at secondary level is in favour of girls; it worked out above 100 since 1990.

##### 3.4.1.2 Gender disparity in labour market

The MDGs assess gender disparity in wage employment in non-agricultural sector. In Mauritius, females represented only around a third of the total wage employment in non-agricultural sector.

It should also be noted that female population makes up more than half of the total population aged 16 years and over but are less likely to participate in labour force. In 2009, female activity rate was 43% against 76% for males. Among the employed population, females represented only 35% and among the unemployed the proportion was 62%.

This disparity is even more pronounced when analysing employment by wage (Table 2). In 2009, irrespective of all occupation grades, females derived lesser wages than males.

**Table 2 – Average monthly wage (Rs) by occupational group and sex – 2009**

Occupational group	Average monthly income (Rs)		
	Male	Female	Both sexes
Legislators, senior officials and managers; professionals; technicians and associate professionals	34,900	21,600	29,500
Clerks	14,400	11,900	12,900
Service workers and shop and market sales workers	13,100	7,200	11,000
Skilled agricultural and fishery workers; craft and related trade workers; plant and machine operators and assemblers	10,500	5,300	9,600
Elementary occupations	9,500	4,300	7,400
<b>All occupational groups</b>	<b>14,800</b>	<b>9,900</b>	<b>13,100</b>

Source: Continuous Multi-Purpose Household Survey

#### 3.4.1.3 Gender disparity in decision making

The MDGs also assess gender disparity in decision making in terms of the proportion of seats held by women in the national parliament. In Mauritius, females are less likely to participate in politics. However, from 1990 to 2009, there has been an appreciable increase (from 7% to 17%) in the proportion of seats held by women in national parliament.

It is also worth noting that women are proportionally more represented in higher grade occupations. In 2009, 19% of employed women were engaged as '*legislators, senior officials and managers; professionals; technicians and associate professionals*' compared to 15% of employed men.

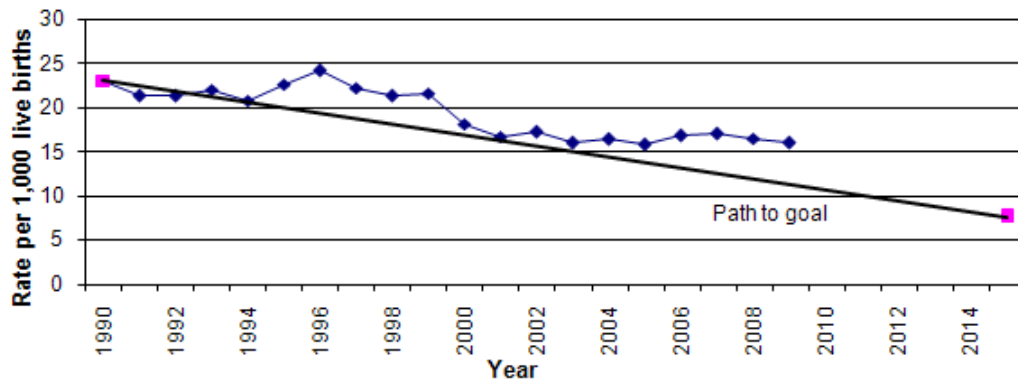
### 3.5 MDG 4 – '*Reduce child mortality*'

Mauritius has made substantial progress towards the Millennium Development Goal 4. Infant and under five mortality rates fell significantly since 1990. In addition, over 90% of children aged under 1 year are immunised against measles.

#### 3.5.1 Target 4A – '*Reduce by two thirds, between 1990 and 2015, the under-five mortality rate*'

Since 1990, the under-five mortality rate (per 1,000 live births) decreased from 23.1 to reach 16.0 in 2009; the infant mortality rate (per 1,000 live births) also decreased from 20.4 to 13.4 during the same period.

Chart 2 - Under 5 mortality rate per 1,000 live births, 1990 - 2009



Most child deaths in the world (*around 30,000 children die a day*) are caused by infectious diseases like diarrhea, polio, measles etc which can be prevented and cured by immunization. In Mauritius, vaccination and baby health care services are free and have contributed in decreasing the number of child deaths. In 2009, over 90% of children aged under 1 year were immunized against measles in public hospitals.

### 3.6 MDG 5 – ‘Improve maternal health’

The number of maternal deaths is low in the Republic of Mauritius. Since 1990, progress has been made to improve maternal health; however, there has been a rise in the number of maternal deaths from 2007 to 2009.

#### 3.6.1 Target 5A – ‘Reduce by three quarter, between 1990 and 2015, the maternal mortality’

The maternal mortality ratio (*per 100,000 live births*) dropped significantly from 66 in 1990 to 17 in 2006, but thereafter, it peaked at 65 in 2009. It should be pointed out that the number of maternal deaths registered in the Republic of Mauritius is relatively small; 15 cases were registered in 1990, compared to 3 in 2006 and 10 in 2009.

Throughout the world, everyday, more than 1,000 women die in pregnancy; the majority of these deaths are due to lack of skilled health personnel at the time of birth. In Mauritius, almost all of the births are attended by skilled health personnel; the proportion of births attended by skilled health personnel was 99% in 2009 against 91% in 1990.

#### 3.6.2 Target 5B – ‘Achieve, by 2015, universal access to reproductive health’

The Government provides universal access to reproductive health services through a network of accessible health care delivery institutions (community health centres, area health care centres and regional hospitals).

The use and knowledge of contraception is crucial for maternal health. Use of contraception does not only reduce the number of unplanned pregnancies but also the number of induced abortions. Some contraceptive methods prevent both pregnancy and sexually transmitted infections, including HIV. Based on data collected at the latest Contraceptive Prevalence Survey, around 80% of the currently married women aged 15-44 years resorted to a method of contraception in 2002.

The MDGs also emphasise on antenatal treatment and teenage pregnancies. Based on the 2003 World Health Survey conducted by the World Health Organisation, it is estimated that 93% of the women aged 15-49 years received treatment at least once from skilled health

personnel during their pregnancy; 83% received treatment at least four times from skilled health personnel.

Teenage mothers are more vulnerable to reproductive health problems. Fertility statistics indicate that adolescent birth rate (number of births per 1,000 adolescents) dropped significantly from 45.2 in 1990 to 33.9 in 2009.

### 3.7 MDG 6 – ‘Combat HIV/AIDS, malaria and other diseases’

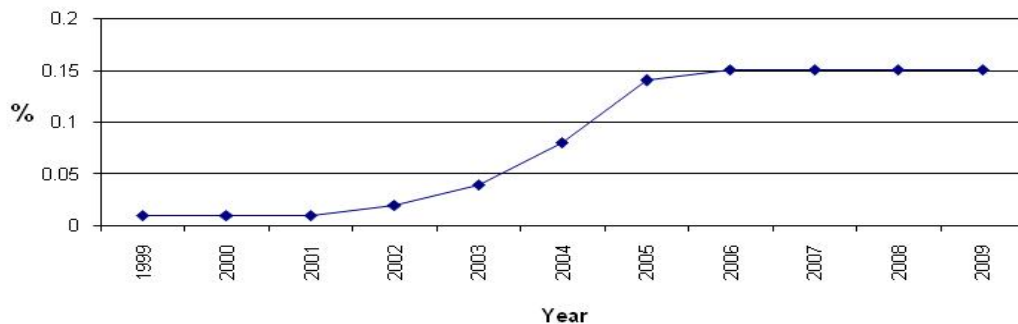
Mauritius has partly achieved the targets under MDG 6. The prevalence rates for malaria and tuberculosis are very low in Mauritius. However, HIV and diabetes are of high concern.

#### 3.7.1 Target 6A – ‘Halve halted by 2015 and begun to reverse the spread of HIV/AIDS’

Statistics from the Ministry of Health & Quality of Life (MOH&QL) indicate that HIV prevalence is relatively low in Mauritius. Based on reported cases on HIV/AIDS, the HIV prevalence among population 15-24 years is estimated at 0.15% in 2009.

According to UN target, countries have to halt and reverse the spread of HIV/AIDS by 2015. However, Mauritius has an increasing trend in the HIV prevalence rate among the population aged 15-24 years between 2000 and 2006; the prevalence increased from 0.01% to 0.15%. It then leveled off at 0.15% until 2009.

Chart 3 - HIV prevalence rate (%) among population aged 15-24 years, 1999 - 2009



Based on data collected on KABP (Knowledge, Attitude, Behavior and Practice) survey on HIV in 2003, around 15.4% of young people aged 15-24 years reported the use of a condom during sexual intercourse with a non-regular sexual partner. Only 21.5% had a comprehensive correct knowledge of HIV/AIDS.

#### 3.7.2 Target 6B – ‘Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it’

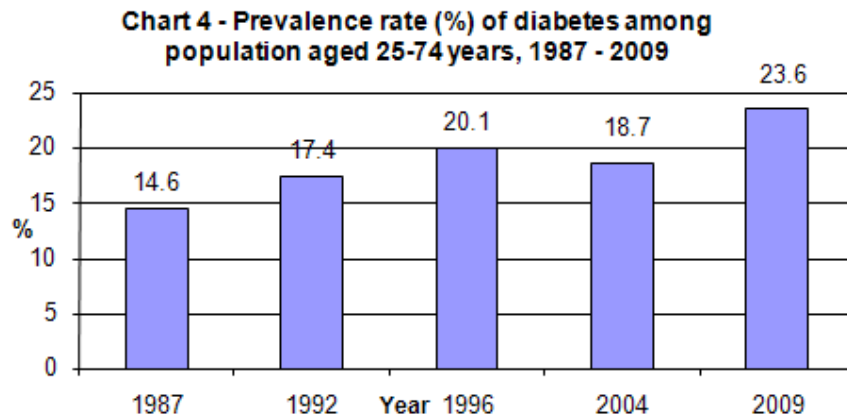
Government provides universal access to treatment for HIV/AIDS. However, according to statistics on AIDS from MOH&QL, only 50% of the population with advanced HIV infection had recourse to antiretroviral drugs in 2009.

#### 3.7.3 Target 6C – ‘Halve, halted by 2015 and begun to reverse the incidence of malaria and other major diseases’

Mauritius is declared a free malaria risk area. The incidence of malaria (*per 100,000 population*) has gone down to 1.8 in 2009 from 5.1 in 1990. It should be pointed out that cases of malaria are imported cases only.

Incidence rate of tuberculosis (*per 100,000 population*) decreased from 10.8 in 1990 to 8.9 in 2009; the death rate (*per 100,000 population*) due to tuberculosis, too, decreased from 2.4 to 1.3 during the same period.

Mauritius has an increasing prevalence of diabetes since 1987. Around 23.6% of the population aged 25 to 74 years had diabetes in 2009 (24.5% among males and 22.8% among females).



### 3.8 MDG 7 – ‘Ensure environmental sustainability’

Mauritius has made considerable progress towards the Millennium Development Goal 7. Almost all population have access to safe drinking water and improved sanitation. The consumption of Chlorofluocarbons (CFCs) which is one of the ozone depleting substances is almost negligible.

Despite these improvements, challenges exist regarding environmental issues such as rise in emission of Carbon Dioxide (CO<sub>2</sub>) and decrease in the proportion of land area covered by forest.

#### 3.8.1 Target 7A – ‘Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources’

Given the limited land area available in Mauritius, there is considerable pressure on the use of land for development purposes. Consequently, the proportion of land area covered by forests decreased from 31 % in 1995 to 25% in 2009.

With the implementation of appropriate control mechanisms to protect the environment, consumption of CFCs declined from 65 metric tons in 1993 to a negligible amount in 2004.

However, the emission of CO<sub>2</sub> in the atmosphere is still on the rise. From 1990 to 2008, an increasing trend is observed in the CO<sub>2</sub> emission per capita (from 0.9 tons in 1990 to 2.7 tons in 2008), but it decreased slightly to 2.6 tons in 2009.

#### 3.8.2 Target 7B – ‘Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss’

With respect to this target, Mauritius is making concerted effort to reduce the loss of biodiversity. The proportion of protected areas (terrestrial and marine) increased marginally from 10.4 % in 2002 to 10.8% in 2009.

3.8.3 *Target 7C – ‘Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation’*

Safe drinking water and basic sanitation is accessible to almost all the population. Based on 2000 Population Census data, 98.9% of the population had access to safe drinking water; 99.9% had access to basic sanitation.

3.8.4 *Target 7D – ‘By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers’*

In Mauritius, almost 100% of the urban population has access to safe drinking water and basic sanitation; less than 3% of the population live in buildings made up of non-durable materials.

**3.9 MDG 8 – ‘Develop a Global Partnership for Development’**

Mauritius has been successful in achieving rapid economic growth. With a Gross Domestic Product (GDP) per capita above US\$ 4,000, Mauritius is categorized among upper middle income countries.

From 1990 to 2009, there has been significant increase in the GDP per capita rising from Rs 51,000 to Rs 214,800. The average annual GDP growth registered during the same period was around 5%.

On the other hand, unemployment rate rose significantly from 3% in 1990 to 7% in 2009 peaking at 10% in 2005. However, the inflation rate dropped significantly from 13.5% in 1990 to 2.5% in 2009.

3.9.1 *Target 8C – ‘Address the special needs of landlocked developing countries and Small Island Developing States’*

Mauritius still benefits official development assistance from donor countries. In 2008/09, Mauritius received a total grant of Rs 2,781 Mn, representing around 1.0% of the total GDP. It should be noted that from 1989/90 to 2007/08 the percentage of grant received over total GDP was less than 0.5%.

3.9.2 *Target 8D – ‘Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term’*

As at December 2009, Mauritius had an external debt of Rs 16,959 Mn, representing a share of 6.2% of total GDP and an increase of around Rs 4,000 Mn compared to December 2008.

The MDGs which assess debt sustainability in a country in terms of ‘Debt service as a percentage of exports of goods and services’ indicates that there has been significant improvement since 1990; the debt service ratio dropped from 9.9% in 1990 to 4.3% in 2009.

3.9.3 *Target 8E – ‘In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries’*

100% population have access to essential drugs, given that the government provides free health care and services with essential drugs in all public health centres located in various parts of the country.

3.9.4 *Target 8F – ‘In cooperation with the private sector, make available the benefits of new technologies, especially information and communication’*

Mauritius has attained substantial progress in the field of Information and Communication Technology. Fixed line telephone subscribers (per 100 population) increased significantly from 7.2 in 1990 to 29.9 in 2009. Cellular subscribers (per 100 population) which stood at 0.2% in 1990 peaked at 85.0% in 2009. Internet subscribers (per 100 population) grew from 2.3% in 1999 to 22.4% in 2009.



#### 4. Country progress at the international context

**Table 3 – Selected MDG indicators by for selected countries ranked according to their HDI values**

Country	HDI <sup>1</sup> value (2007)	Extreme poverty (%) (2000 - 2007)	NER at primary (2008)	Seats held by women in national assembly (%) (2009)	Under 5 mortality rate (2008)	Maternal mortality ratio (2005)	HIV prevalence among population aged 15-49 years (%) (2007)	Access to safe drinking water (%) (2008)	Internet subs. (2008)
Norway	0.971	...	98.7	36.1	4.0	7.0	0.1	100.0	82.6
Australia	0.970	...	97.1	26.7	6.0	4.0	0.2	100.0	72.0
France	0.961	...	99.1	18.2	4.0	8.0	0.4	100.0	68.2
United States	0.956	...	93.1	17.0	8.0	11.0	...	99.0	74.0
United Kingdom	0.947	...	99.8	19.5	6.0	8.0	0.2	100.0	76.2
Mexico	0.854	2.0	99.5	23.2	17.0	60.0	0.3	94.0	21.7
Romania	0.837	2.0	96.5	11.4	14.0	24.0	0.1	...	29.0
Malaysia	0.829	2.0	...	10.8	6.0	62.0	0.5	100.0	55.8
Brazil	0.813	5.2	95.1	9.0	22.0	110.0	0.6	97.0	37.5
Turkey	0.806	2.6	94.7	9.1	22.0	44.0	...	99.0	34.4
<b>Mauritius</b>	<b>0.804</b>	<b>&lt; 1</b>	<b>97.0</b>	<b>17.1</b>	<b>16.6</b>	<b>21.0</b>	<b>0.97<sup>2</sup></b>	<b>&gt; 99.0</b>	<b>15.7</b>
Thailand	0.783	2.0	89.1	11.7	14.0	110.0	1.4	98.0	23.9
China	0.772	15.9	...	21.3	21.0	45.0	0.1	89.0	22.3
Botswana	0.694	...	...	11.1	31.0	380.0	23.9	95.0	6.3
South Africa	0.683	26.2	...	33.0	67.0	400.0	18.1	91.0	8.4
Madagascar	0.543	67.8	...	7.9	106.0	510.0	0.1	41.0	1.7
Burundi	0.394	81.3	99.4	30.5	168.0	1100.0	2.0	72.0	0.8

1 - HDI refers to Human Development Index

2 – Figure refers to the year 2009

... Data not available

Source: UN MDG database

Human Development Report 2009

The following analysis compares the MDG indicators of Mauritius with other countries.

#### **4.1 *Extreme poverty***

Extreme poverty is almost negligible in Mauritius. In 2006/07, less than 1% of the population lived below the \$1 a day.

According to 2005 UN estimates, 21.7% of the population in developing regions and 50.9% of the population in Sub Saharan Africa lived in extreme poverty. Burundi which forms part of Sub Saharan Africa had more than 80% of the population in extreme poverty.

Extreme poverty is also prevalent among high human development countries like Brazil (5.2%) and Turkey (2.6%).

#### **4.2 *Primary enrolment***

In 2008, the NER for Mauritius worked out to 97%; the corresponding figures for the world and Sub-Saharan Africa were 90% and 76% respectively.

With respect to NER, Mauritius compares favourably with many countries in high and very high human development regions.

#### **4.3 *Female representation in national parliament***

The achievement of Mauritius (17% in 2005) so far regarding female representation in national parliament is more or less to the level of the world estimate (19.0% in 2005), Sub-Saharan Africa (14.2%) and developing regions (13.2%). However, it is lower than the level for developed regions (20.9%).

#### **4.4 *Under five mortality rate***

Compared to latest 2008 UN figures, the under mortality rate for Mauritius (16 per 1,000 live births) is significantly lower than that of the World estimate (65); it is much lower than developing regions (72) and Sub-Saharan Africa (144).

#### **4.5 *Maternal mortality ratio***

The latest 2005 UN figures revealed that maternal mortality ratio is significantly lower in Mauritius (21.0 per 100,000 live births) when compared to World estimate (400), developing regions (450) and Sub-Saharan Africa (900).

#### **4.6 *HIV prevalence at international level***

In Mauritius, HIV prevalence rate among population aged 15-49 years is estimated at 0.97% in 2009. Based on UN figures (2008), Sub-Saharan Africa had the highest HIV prevalence rate (4.7%) compared to 0.8% for developing and 0.4% for developed regions.

#### **4.7 *Access to safe drinking water***

Based on latest 2008 UN figures, around 87% of the world population had access to safe drinking water compared to 84% in developing regions and 60% in Sub-Saharan Africa. In Mauritius, it is over 99%.

#### **4.8 Internet users**

In 2008, the global estimate of internet subscribers (per 100 population) worked out to 23.4 compared to 15.1 for developing regions, 6.0 for Sub-Saharan Africa and 67.7 for developed regions. The corresponding figure for Mauritius was 15.7.

**Central Statistics Office  
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Port Louis  
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## **Note to users**

CSO has constructed a comprehensive database for the Republic of Mauritius which is available at <http://statsmauritius.gov.mu> . The database contains data on the 58 UN MDG indicators as from 1990, together with other useful information such as data sources, definition of indicator, etc.

Given the MDGs cut across various sectors namely poverty, gender, health, employment, Information and Communication Technology, etc. inputs are collected from different organisations. The indicators are compiled on the basis of administrative, household survey and census data.

Almost all MDG indicators are compiled according to UN definitions. Proxy indicators are also used in cases where relevant data are not available.

Some important links to access additional information on UN MDG statistics and annual reports are as follows:-

Official MDG list: <http://unstats.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>

UN MDG database : <http://mdgs.un.org/unsd/mdg/Default.aspx>

UN metadata : <http://unstats.un.org/unsd/mdg/Metadata.aspx>

UN MDG report 2010 : [http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG\\_Report\\_2010\\_En.pdf](http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG_Report_2010_En.pdf)

## **Technical note**

### **Employment**

Employed population consists of Mauritians aged 16 years and over who have worked for pay, profit or family gain for at least one hour during the reference week of a month.

### **Unemployment**

Unemployed population comprises all Mauritians aged 16 years and over who are not working but who are looking for work and are available for work during the reference period.

### **Labour force**

Labour force or economically active population is made up of employed and unemployed population.

### **Employment rate**

Employment rate is the ratio (%) of employment to that of labour force.

### **Unemployment rate**

Unemployment rate is the ratio (%) of unemployment to that of labour force.

### **Net Enrolment Ratio (NER)**

Net enrolment ratio in primary education refers to the number of students aged 6-11 years per 100 population aged 6-11 years.

### **Literacy rate**

A person was considered as literate, if he or she was able, with understanding, to both read and write a simple statement (in any language) in his/her everyday life.

**Purchasing Power Parity (PPP)**

The Purchasing Power Parity is the amount of money in a country's currency needed to buy goods and services equivalent to what can be bought with \$1 in the United States. (*An international dollar buys roughly the same amount of goods and services in each country*). The PPP estimate is different from the exchange rate.

Based on the latest PPP estimates compiled by the International Comparison Program in 2005, US \$ 1 is equivalent to Rs 14.68.

**\$1 (PPP) a day**

The \$1 (PPP) a day poverty line also called extreme poverty line or international poverty line has been developed by the World Bank to assess poverty situation in the world and also in least developed countries.

The \$1 (PPP) a day poverty line, originally measured in 1985 prices, was re-evaluated to \$1.08 (PPP) in 1993 and \$1.25 (PPP) in 2005. The equivalent monthly poverty line based on \$1.25 (PPP) a day for 1996/97, 2001/02 and 2006/07 are estimated at around Rs 355, Rs 475 and Rs 635 respectively.

**Human Development Index**

The HDI is a comparative measure of human development for countries worldwide. It is a composite index computed by the UN on three basic dimensions of human development that is, health, literacy and enrolment and income.

The index ranges between 0 (low level of human development) and 1 (high level of human development). The UN categorises countries as low (below than 0.5), medium (0.5 to less than 0.8), high (0.8 to less than 0.9) and very high (0.9 and above) human development on the basis of the HDI.

**Gross Domestic Product (GDP)**

GDP is the aggregate money value of all goods and services produced within a country out of economic activity during a specified period, usually a year, before provision for the consumption of fixed capital.

**Infant mortality rate**

Number of deaths of infant aged under one year per 1,000 live-births during the year.

**Under five mortality rate**

Number of deaths of children aged under 5 per 1,000 live-births during the year.

**Maternal mortality rate**

Number of maternal deaths (ascribed to complications of pregnancy, childbirth and the puerperium) per 100,000 live births during the year.

**Contraceptive prevalence rate**

Percentage of currently married women (married civilly/religiously or in a union) aged 15-44 years who resort to any method of contraception.

**Adolescent birth rate**

Adolescent refers to the age group 15 - 19 years. The indicator measures the annual number of births to women 15-19 years of age per 1,000 women in that age group.

**Incidence rate**

The number of new cases of a disease registered (or notified) during a given year, divided by the estimated mid-year population and multiplied by a convenient factor (100; 1,000, etc.) which depends on the frequency of the particular disease.

**Prevalence rate**

The number of persons suffering from a particular disease at a given point in time, usually 30 June or 31 December of a given year, divided by the estimated population at the same point in time and multiplied by a convenient factor (100; 1,000, etc.) which depends on the frequency of the particular disease.