



SEVENTH NATIONAL ASSEMBLY

PARLIAMENTARY

DEBATES

(HANSARD)

(UNREVISED)

FIRST SESSION

TUESDAY 27 JUNE 2023

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THE CABINET**(Formed by Hon. Pravind Kumar Jugnauth)**

Hon. Pravind Kumar Jugnauth	Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity
Hon. Louis Steven Obeegadoo	Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism
Hon. Mrs Leela Devi Dookun-Luchoomun, GCSK	Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology
Dr. the Hon. Mohammad Anwar Husnoo	Vice-Prime Minister, Minister of Local Government and Disaster Risk Management
Hon. Alan Ganoo, GCSK	Minister of Land Transport and Light Rail Minister of Foreign Affairs, Regional Integration and International Trade
Dr. the Hon. Renganaden Padayachy	Minister of Finance, Economic Planning and Development
Hon. Mrs Fazila Jeewa-Daareeawoo, GCSK	Minister of Social Integration, Social Security and National Solidarity
Hon. Soomilduth Bholah	Minister of Industrial Development, SMEs and Cooperatives
Hon. Kavydass Ramano	Minister of Environment, Solid Waste Management and Climate Change

Hon. Mahen Kumar Seeruttun	Minister of Financial Services and Good Governance
Hon. Georges Pierre Lesjongard	Minister of Energy and Public Utilities
Hon. Maneesh Gobin	Attorney General, Minister of Agro-Industry and Food Security
Hon. Jean Christophe Stephan Toussaint	Minister of Youth Empowerment, Sports and Recreation
Hon. Mahendranuth Sharma Hurreeram	Minister of National Infrastructure and Community Development
Hon. Darsanand Balgobin	Minister of Information Technology, Communication and Innovation
Hon. Soodesh Satkam Callichurn	Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection
Dr. the Hon. Kailesh Kumar Singh Jagutpal	Minister of Health and Wellness
Hon. Sudheer Maudhoo	Minister of Blue Economy, Marine Resources, Fisheries and Shipping
Hon. Mrs Kalpana Devi Koonjoo-Shah	Minister of Gender Equality and Family Welfare
Hon. Avinash Teeluck	Minister of Arts and Cultural Heritage
Hon. Teeruthraj Hurdoyal	Minister of Public Service, Administrative and Institutional Reforms

PRINCIPAL OFFICERS AND OFFICIALS

Mr Speaker	Hon. Sooroojdev Phokeer, GCSK, GOSK
Deputy Speaker	Hon. Mohammad Zahid Nazurally
Deputy Chairperson of Committees	Hon. Sanjit Kumar Nuckcheddy
Acting Clerk of the National Assembly	Ramchurn, Ms Urmeelah Devi
Adviser	Dowlutta, Mr Ram Ranjit
Clerk Assistant	Gopall, Mr Navin
Clerk Assistant	Seetul, Ms Darshinee
Adviser, Hansard	Allet, Mrs Marie-Hélène Caroline
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MAURITIUS

Seventh National Assembly

FIRST SESSION

Debate No. 19 of 2023

Sitting of Tuesday 27 June 2023

The Assembly met in the Assembly House, Port Louis, at 11.30 a.m.

The National Anthem was played

(Mr Speaker in the Chair)

ANNOUNCEMENT**SITTING OF 07 JUNE 2023 – HON. ARMANCE – WORD ‘JOKER’**

Mr Speaker: Hon. Members, I have an announcement.

I have received a letter dated 16 June 2023 from hon. Nuckcheddy to the effect that whilst he was intervening on the Second Reading of the Appropriation Bill at the Sitting of Wednesday 07 June, hon. Armance uttered the word “joker” to his address.

In fact, following a point of order then raised by hon. Nuckcheddy, I had requested hon. Armance to withdraw the said word. Hon. Armance denied having uttered the word and further requested me to verify from the recording.

Hon. Members, I have checked the Hansard and I can now confirm that hon. Armance did utter the word “joker”.

I am now inviting hon. Armance to withdraw the said word and present apologies to the House.

Thank you.

Mr Armance: Mr Speaker, Sir, can you please let me know which word is it? I can't hear you well.

Mr Speaker: The word “joker”. I already said the word “joker”.

Mr Armance: I did not say the word “joker”; I said “it was a joke”.

Mr Speaker: The word “joker”.

Mr Armance: I did not say the word “joker”. I maintain it. Okay, I apologise.

Mr Speaker: Are you withdrawing or not withdrawing?

Mr Armance: I withdraw.

Mr Speaker: And apologise to the House because you caused me to go and verify! You have to apologise to the House.

Mr Armance: I withdraw and apologise if it pleases you.

PAPERS LAID

The Prime Minister: Mr Speaker, Sir, the Papers have been laid on the Table.

A. Office of the President

The 49th Annual Report of the Office of the Ombudsman for the year 2022.
(In Original)

B. Prime Minister's Office**Ministry of Defence, Home Affairs and External Communications****Ministry for Rodrigues, Outer Islands and Territorial Integrity**

The Financial Statements and Report of the Director of Audit on the Financial Statements of the Prime Minister's Relief Fund for the year ended 30 June 2021.
(In Original)

C. Ministry of Education, Tertiary Education, Science and Technology

The Annual Report and Report of the Director of Audit on the Financial Statements of the Mauritius Institute of Education for the year ended 30 June 2022.

D. Ministry of Finance, Economic Planning and Development

(a) The Annual Report of the Accountant-General and the Accounts of the Government of the Republic of Mauritius for the Financial Year ended 30 June 2022. (In Original)

(b) The Performance Audit Report on Enhancing the Effectiveness of Interventions Related to Drug Demand and Harm Reduction dated April 2023 - Prime Minister's Office (Rodrigues, Outer Islands and Territorial Integrity Division) & the Ministry of Health and Wellness.

(c) The Financial Statements and Report of the Director of Audit on the Financial Statements of the COVID-19 Projects Development Fund for the year ended 30 June 2022.

E. Ministry of Environment, Solid Waste Management and Climate Change

The Environment Protection (Amendment of Schedule) Regulations 2023.
(Government Notice No. 91 of 2023)

F. Ministry of Information Technology, Communication and Innovation

The Annual Reports and Reports of the Director of Audit on the Financial Statements of the Mauritius Research Council for the following year/period:

- (i) 01 July 2019 – 31 August 2019; and
- (ii) 01 September 2019 – 30 June 2020.

G. Ministry of Labour, Human Resource Development and Training

Ministry of Commerce and Consumer Protection

- (a) The Rodrigues Consumer Protection (Control of Price of Taxable and Non-taxable Goods) (Amendment No. 18) Regulations 2023. (Government Notice No. 88 of 2023)
- (b) The Consumer Protection (Control of Imports) (Amendment No. 2) Regulations 2023. (Government Notice No. 89 of 2023)
- (c) The Competition (Amendment of Schedule) Regulations 2023. (Government Notice No. 90 of 2023)

H. Ministry of Arts and Cultural Heritage

(a) The Annual Reports and Reports of the Director of Audit on the Financial Statements of the National Heritage Fund for the following years/period:

- (i) 01 January 2014 – 31 December 2014;
- (ii) 01 January 2015 – 31 December 2015;
- (iii) 01 January 2016 – 30 June 2017; and
- (iv) 01 July 2017 – 30 June 2018.

(b) The Annual Reports and Reports of the Director of Audit on the Financial Statements of the Creole Speaking Union for the following years:

- (i) 01 July 2017 – 30 June 2018; and
- (ii) 01 July 2018 – 30 June 2019.

ORAL ANSWERS TO QUESTIONS**MEDICAL NEGLIGENCE STANDING COMMITTEE REPORT – DIALYSIS
PATIENTS - DEATH**

The Leader of the Opposition (Mr X. L. Duval) (*by Private Notice*) asked the Minister of Health and Wellness whether, in regard to the death of the 11 dialysis patients, out of the 80 quarantined patients at Tamassa Hotel, during the period 29 March to 19 April, he will state –

- (a) the actions taken by his Ministry with regard to cases where the Medical Negligence Standing Committee has found serious failures and omissions, if any, and
- (b) if a copy of the relevant sections of the report of the Medical Negligence Standing Committee has been sent to the late patients' next of kin.

Dr. Jagutpal: Mr Speaker, Sir, I welcome the PNQ from the hon. Leader of the Opposition which allows me the opportunity to inform the House and the population where matters stand in this regard.

Over the past few weeks, comments have been made regarding the issue of dialysis patients who unfortunately passed away during the onset of the second wave of the COVID-19 pandemic as from March 2021.

In fact, Mr Speaker, Sir, to protect the population against the deadly coronavirus at a time when the vaccination programme had just started, there was no other alternative than to quarantine persons who had been in contact with COVID-19 positive cases. Had we not resorted to quarantine at that point in time, we would have witnessed hundreds of deaths among dialysis and cancer patients; hundreds of deaths among frontliners and thousands of deaths among people with comorbidities and the elderly.

Dr. Jagutpal: Mr Speaker, Sir, contrary to what the Opposition has been continuously insinuating, the House will recall that the WHO and World Bank had commended Mauritius for this lifesaving initiative.

At that particular time, Mr Speaker, Sir, when the hon. Prime Minister and Members of this side of the House were encouraging the population to get vaccinated against COVID-19, the Leader of the Opposition along with other Members of the Opposition were levelling criticisms against consent forms and COVID-19 Vaccines.

Allow me, Mr Speaker, Sir, to elaborate on the context under which all necessary measures had to be taken to transfer non-positive dialysis patients to Tamassa Hotel.

In March 2021, 407 COVID-19 positive cases were registered in Mauritius and the epicentre of the infection was in the South of the island.

On 25 March 2021, a nursing officer posted at the Dialysis Unit of the New Souillac Hospital was detected COVID-19 positive. Contact tracing was immediately carried out among all staff and the dialysis patients who were in contact with the nursing staff.

In line with quarantine and contact tracing protocol, my Ministry had to take immediate actions to protect the lives and wellbeing of the dialysis patients since these patients were already vulnerable being immuno-compromised and almost all of them were not vaccinated against COVID-19 in spite of having been repeatedly offered to be vaccinated.

Mr Speaker, Sir, in real time, my Ministry had to mobilise all resources, human and logistics, so as to be able to transfer dialysis patients who were not COVID-19 positive to an appropriate facility which was in the vicinity of the dialysis centre and was readily available at that time. Side by side, arrangements were made at the New Souillac Hospital to isolate the COVID-19 positive dialysis patients.

In March 2021, 86 dialysis patients were transferred to Tamassa Hotel under the care of the health personnel including two medical and health officers, nursing officers and dialysis nursing staff.

It is to be highlighted that all the dialysis patients at Tamassa quarantine facility had to undergo dialysis thrice weekly at the New Souillac Hospital and my Ministry had to deploy all the logistics and facilities to transfer these patients for their treatment.

At that point in time, we, on this side of the House, were constantly encouraging the frontliners while on the other side of the House, they were constantly pointing fingers at the professionalism of our frontliners.

It was very challenging, indeed, at the same time to run the normal health services, to engage in contact tracing, to quarantine hundreds of contact cases on a daily basis, to conduct domiciliary COVID-19 tests, to provide treatment to COVID-19 patients and at the same time to roll out the COVID-19 vaccination campaign and also when there was Red Zone in that region. This is not only challenging but also a daunting task!

Mr Speaker, Sir, in regard to part (b) of the question, prior to June 2020, outstanding cases of alleged medical negligence for enquiry at the Ministry stood at 45 and dated back to 2017.

In order to expedite matters, my Ministry constituted the Medical Negligence Standing Committee in June 2020 as an independent body. Following the constitution of the Medical Negligence Standing Committee, the latter investigates into cases of alleged medical negligence which has been referred to it by the Ministry.

The Medical Negligence Standing Committee chaired by a Barrister, submits its report on preliminary investigation to my Ministry. In case of alleged medical negligence, my Ministry refers the case to the regulatory authority concerned be it the Medical Council, the Dental Council or the Nursing Council.

If there is no suspected case of medical negligence, the Medical Negligence Standing Committee informs the patient's or the late patient's next of kin of the outcome of the investigation.

Mr Speaker, Sir, I wish to inform the House that my Ministry referred the 11 cases of dialysis patients who passed away between the period 29 March to 19 April 2021 to the Medical Negligence Standing Committee on 30 March 2022 to carry out an investigation on the treatment and management of the late 11 dialysis patients. Among these 11 patients, 2 were quarantined at Tamassa Hotel and 9 at the New Souillac Hospital.

In this respect, a meeting chaired by the Chairperson of the Medical Negligence Standing Committee was held on Friday 22 April 2022 with the relatives of the deceased patients.

Mr Speaker, Sir, besides the parents and close relatives, the MNSC interviewed doctors, nursing personnel, paramedical staff, attendants, amongst others posted at Tamassa Quarantine Centre and New Souillac Hospital in order to gather as much information as possible.

Upon the completion of the enquiries, the Medical Negligence Standing Committee submitted 11 individual reports to the Ministry in February 2023 as follows –

Case No 1: Patient had not been provided with appropriate Medical care and attention ensuing while in quarantine at Tamassa Centre and while in the isolation ward at Souillac Hospital.

Case No 2: This Committee is unable to attribute medical negligence on the part of the attending personnel.

Case No 3: It is an undeniable fact that the late patient was made to undergo certain uncomfortable moments, while being conveyed to, and isolated at, Tamassa Centre. Lack of communication was distressful to patient's family.

Case No. 4: In spite of staffing and other constraints, the patient was clinically well managed at New Souillac Hospital and there is no issue of medical negligence.

Case No. 5: It is a fact that the patient did not obtain the required Medical and Nursing care while he was admitted at Souillac Hospital. The complaint of this patient is fully justified.

Case No. 6: Patient was properly managed and treated as per the existing protocol.

Case No. 7: The Committee cannot find *per se* any issue of Medical negligence with regard to the late patient.

Case No. 8: The patient had been in the circumstances clinically well managed at Souillac Hospital and all investigations including imaging were carried out on time.

Case No. 9: It is noted that the patient's complaint regarding his fever and other symptoms were completely ignored at Souillac Hospital and the staff did not comply with the existing COVID-19 Protocol and the patient had to endure several transfers between health facilities.

Case No. 10: The Committee noted lack of adequate staff and logistic support.

Case No. 11: The poor transport facilities and inappropriate setup for health care at quarantine centre. However, there appears to be no other evidence of any shortcomings in the clinical management of the patient at Souillac Hospital.

My Ministry took cognisance of the Report and noted that MNSC did not make any specific reference of negligence to any officer in particular in the 11 cases of alleged medical negligence. It is understood that the MNSC, in light of this unprecedented event could not specifically pinpoint any person being negligent.

In this circumstance, the Ministry has deemed it necessary to refer the case to the Medical Council and Nursing Council for further investigation. Given that the enquiry is still ongoing, my Ministry cannot share any information with any parties in order not to jeopardize the outcome of the enquiry.

In March 2023, the 11 families of the patients were informed by way of letter about the outcome of the enquiry. In 2 cases, the families were informed that the matter

has been referred to the Medical and Nursing Councils. For the other 9 cases, the Medical Council of Mauritius requested that these cases be referred for investigation.

Mr Speaker, Sir, as regards the second part of the question, the cases are still being investigated by the Medical Council of Mauritius so it is not deemed fit to provide the information to the public.

In conclusion, I wish, once again, to reassure the House that my Ministry has always acted in good faith and in the best interest of all patients. My Ministry is committed to bring continual improvement in our health care system.

Thank you, Mr Speaker, Sir.

Mr X. L. Duval: Mr Speaker, Sir, the whole country knows that his failure to pre-order vaccines, which he qualified as stupid, was the cause of many deaths in the early stages. So, I take no lessons from him.

Mr Speaker, Sir, I would like to ask the hon. Minister, on 09 May in this House, he informed this House that there were only two cases of negligence, and I quote what he said

—

“The remaining cases were devoid of any negligence.”

Now, he has selectively quoted supposedly from some of the 11 reports. Does he still maintain, therefore, that in the face of what the actual report says, that he misinformed the House in saying that the remaining cases, apart from the two, were devoid of any negligence, not medical negligence, any negligence, full stop?

Dr. Jagutpal: Mr Speaker, Sir, I will come to the first part of the order of vaccines. I would remind him that order of vaccines has taken place since 2020 and when the same Leader of the Opposition has been opposing. I think I have been answering to your PNQs many times. We won't go into that. Let us specifically come to this part of the question. Yes, Mr Speaker, Sir, I maintain what I have said where the Medical Negligence Standing Committee has stated clearly that there is an act of medical negligence. These cases have been referred to the Medical Council and to other Authorities for further investigation.

In other cases, as I have pointed out in my reply, there have been shortcomings in terms of transport, in terms of other facilities. I have pointed out in my introduction how it was difficult for frontliners to work at that point in time. It was not the normal situation in which we were working. Can you imagine within 24 hours we had to transfer 86 patients to quarantine or hospital and in those circumstances, how difficult it was to manage the transport and everything concerning dialysis patients? I agree there were some kinds of

shortcomings in probably communication or transport facilities. I totally agree. We were not perfect. That situation was not only at Souillac Hospital. That was a worldwide situation. And if you will see the international report of other countries, I should not mention over here, I don't want to defend what has already been said and done, but it was a very tight situation that we had to manage with our resources. What have they been doing during that time? Only blaming the frontliners for not working!

Mr X. L. Duval: Shame on you!

Dr. Jagutpal: Have you ever encouraged...

Mr X. L. Duval: Shame on you!

Hon. Members: Shame on you!

Dr. Jagutpal: Shame on you! Shame on you!

(Interruptions)

Mr Speaker: Order! Order! Order! Hon. Leader of the Opposition, withdraw that word! This is not polite at all.

Mr X. L. Duval: I withdraw it.

Mr Speaker: This is not polite at all.

Mr X. L. Duval: It's not polite. I did not want to be polite.

Dr. Jagutpal: Mr Speaker, Sir, I have not completed.

Mr X. L. Duval: I did not want to be polite.

Mr Speaker: Now, this is sufficient. The Minister is replying, you can't introduce words which are unparliamentary! This is my ruling.

Mr X. L. Duval: I have removed it.

Mr Speaker: Full stop!

Mr X. L. Duval: I removed it.

Dr. Jagutpal: Yes, Mr Speaker, Sir, I will continue. So, I recognised that the situation was very difficult and it was not easy to get staff to work on a daily basis. That was not a normal situation. I agree with the report. Where the report has clearly stated that these cases have medical negligence, they have been referred to the Authorities while the other cases were not referred. But, because of them, because of their attitude, giving I don't know what kind of information to the Press and what the Press has reported, the

Medical Council has requested that all the cases be referred and also there is interconnection between other cases because it is the same health professionals doing the cases and other cases that have not been referred. So, that is the reply the hon. Leader of the Opposition wants to know.

Mr X. L. Duval: Mr Speaker, Sir, in the light of what the report says, there are serious failures and omissions with regard to the care and management - management is you - of several cases, including 4, 5 names that he gives, instances of neglect and poor treatment. A few weeks ago, why did he say in this House that the other two remaining cases were devoid of any negligence, which is clearly against what he said here in terms of neglect of these patients? Why did he say 'devoid of any negligence', except for two cases?

Mr Speaker: Wait!

Dr. Jagutpal: Mr Speaker, Sir, that is why the cases where it has been clear what you say, hon. Leader of the Opposition, you are totally right. Where there are cases of serious omissions and improper management, these cases have been referred but other cases have not been referred because there was not serious omission or poor management. What you said is totally correct but we are very specific about the cases.

Mr X. L. Duval: Mr Speaker, Sir, the report talks about disastrous transport facilities. Whose fault was that? But the Ministry. It talks about inappropriate food; people being given *biryani* and fried rice. It talks about non-existent medical monitoring. Two people were found dead in their rooms in the morning after dialysis. It talks about medical records not being kept or destroyed. These, Mr Speaker, Sir, are either medical shortcomings or administrative failure and I understand why the Minister does not want to publish this report because he is the person who is blamed in this report.

Mr Speaker: Put your question! Put your question!

Mr X. L. Duval: Is he refusing to publish the report because he knows fully well that he is the person blamed in this report?

Dr. Jagutpal: Thank you, Mr Speaker, Sir, to give me the time to reply to all what he said. First, he pointed out 'disastrous transport'. Mr Speaker, Sir, he doesn't know the reality. He has never visited one patient who has been in a Dialysis Centre. He doesn't know how these patients are transported from their house to the hospital.

(Interruptions)

An hon. Member: *Cadavre!*

Mr Speaker: Order!

Dr. Jagutpal: Mr Speaker, Sir, at one point in time, there were some 20 dialysis machines and you had to conduct the 20 dialysis sessions. Patients had to be there and then for another batch after three hours to conduct for other 20 or 15 patients. Do you think it is possible during that period - even now it is not possible - to convey each and every patient separately with a staff, with somebody to carry them to the hospital? It is not possible. The patients have to be carried in one transport. Yes, in normal times, we carry more than 10 patients in a transport but at that time, there were 5 patients. Who would have known that one patient would be tested positive at a later stage? No one knew but we had to accommodate with the existing facilities. The Leader of Opposition is blaming the Minister. I will leave it to him to decide whether all those people who have managed the transport facilities during the COVID-19 have disastrously managed the transport facilities.

Now secondly, he also talked about the different reports, about the food – the *briyani*. Let me tell you when patients were offered food as per their requirement in the quarantine centres, the patient said we prefer to have ‘house food’

Mr X. L. Duval: *Briyani!*

Mr Speaker: Order!

Mr X. L. Duval: *Ki order?*

Dr. Jagutpal: They will...

Mr Speaker: Order!

(Interruptions)

Mr Speaker: Order! If you continue, I will ask you to withdraw from the Chamber. Mind you!

Mr X. L. Duval: Don't shout at me!

Mr Speaker: Please continue!

Mr X. L. Duval: Don't shout at me!

Mr Speaker: Order! I am not shouting I am stating my rule. My rule is if you continue to disrupt then you will be asked to withdraw from the Chamber.

Mr X. L. Duval: I am asking you not to shout at me! I can hear...

An hon. Member: *Ki to été twa ?*

An hon. Member: *Li pu empes twa kozer!*

Dr. Jagutpal: It happens, Mr Speaker, Sir. Whenever you get the right replies - we are used to this from the Opposition, when they get excited or not. Yes, Mr Speaker, Sir, I will continue. I am taking the National Audit Report, a nutritionist was roped in to prepare the diet of the patients. The dialysis patients had special requirements including meals before and after the dialysis. The patients also could not avail from food from their home therefore, special arrangements were made and so on but yet Mr Speaker, Sir, that's where the complaint came from – the patients said that the food was not proper. In fact the food was tailored to their needs, that is what happened in majority of cases. This is what he has been saying concerning the food.

Now, the third is about the Medical Report. Yes, that was a situation that we had to manage with limited staff.

Dr. Jagutpal: At one point in time, I got questions from the Opposition that there was a nursing staff - even the PAC report made reference to one nursing staff - working for many days and many weeks. It is because we were in a situation where whoever was working in a quarantine centre, had to be quarantined two weeks. Is it possible for us to get that number of staff to work in quarantine centres? We were limited in our resources, I agree on that, but we acted faithfully and we devised all means on how we will be able at the same time to look after anyone being admitted in quarantine centres and at the same time, manage to protect the lives of these frontliners because they have to go two weeks again into quarantine.

So, that was the situation! And what the Leader of the Opposition wanted to point out is that it is the Minister's fault. Mr Speaker, Sir, he has been in Government; he knows how to run a public service. In that public service, at every stage, you have a supervisor. You are in a ward, you have the ward manager; with the ward manager, you have the nursing supervisor; with the nursing supervisor, nursing administrator, coming up to the Regional Director. After the Regional Director, you come up to the administrative staff. The Ministry devises the policies and these have to be translated into implementation plans by hospitals or doctors. It is just like if tomorrow we get somebody who has a medical negligence complaint, is the Minister responsible? Was the Minister involved in doing the operation? You've got to ask proper questions, hon. Leader of the Opposition. Please don't make politics on death of people!

An hon. Member: *La honte!*

Mr X. L. Duval: This is clearly a cover-up to hide their incompetence. This is what the report says on the Ministry and it is one year after the start of COVID-19; this is March 2021, Mr Speaker, Sir. Here it says –

“There is absence of planning by those at the management level. The standard of medical care and nursing care was grossly inadequate.”

Absence of planning, I mentioned! Serious failures and omissions! And it gives the names of the people who died due to that.

In fact, Mr Speaker, Sir, out of the 11 cases of death in that period, 10 are either medical failure or administrative failure, and this is what I am going to ask the Minister now. He has in the past said that he will give financial compensation; he will think of giving financial compensation - He said so recently and also in 2022 - if there were failures and omissions found. Now, this is the case. I am going to ask him. Many of these people died in horrendous conditions. Many of them were bread winners, 50 years old and younger, and all of them were loved and cared for by their families. They were forcibly taken from their house.

Mr Speaker: Put your question! Put your question!

Mr X. L. Duval: They were forcibly taken from their house and brought to Tamassa Hotel. Therefore, accept your responsibility.

Mr Speaker: You are making a statement!

Mr X. L. Duval: Will he accept to give ...

Mr Speaker: Hon. Leader of the Opposition, listen!

Mr X. L. Duval: Yes.

Mr Speaker: You are making a long statement, time is running.

Mr X. L. Duval: Yes.

Mr Speaker: You have only a few minutes.

Mr X. L. Duval: Yes.

Mr Speaker: Put your question!

Mr X. L. Duval: Will he accept to give financial compensation and will he release the report to the families concerned given that two weeks ago in this House, he said there were two reasons. One, those cases ...

Mr Speaker: No, No! You asked the question already! You asked the question already!

Mr X. L. Duval: I did, yes!

Mr Speaker: Don't play truant. Please!

Dr. Jagutpal: Hon. Leader of Opposition, you have asked me five questions. Now give me time to reply to all your questions. You first made your ...

Mr X. L. Duval: Don't run away! He is running away.

Mr Speaker: Order!

Mr X. L. Duval: Don't run away!

Mr Speaker: Order!

Mr X. L. Duval: Don't run away!

Mr Speaker: Order!

Mr X. L. Duval: Don't run away!

Dr. Jagutpal: No, not run away. Run away?

Mr X. L. Duval: Don't run away!

Mr Speaker: Order! Order! If not, you are going to withdraw from the Chamber. Please!

Dr. Jagutpal: Mr Speaker, Sir, in the first part, he said management failures. Again I will inform him. The report said –

“If there is failure of management, it should be at the hospital level, at the quarantine centre level.”

And the report should point out who is responsible. That is how a report should be done, but because of those circumstances, the report also pointed out –

“Because of COVID-19 unprecedented circumstances, it is very difficult to point out where at the management level because everyone was working in a very restricted and difficult environment.”

He has to give the complete report, if ever he has it, I don't know.

Now, secondly, he talked about compensation. I have to tell him that if an inquiry is still ongoing, how do you give compensation? He should know that whenever there is an inquiry on alleged medical negligence case, when cases have been referred to proper

authorities, even after that authority submits its report, we still have to go for the medical tribunal.

You will have to complete the whole set of all the investigations and when the report comes up, this would be the definite report, whether we have to meet for the compensation. And obviously, in cases where there is medical negligence or any other forms of negligence, then the Ministry will definitely act according to the compensation. Whatever be the procedures, we will act according to that.

And now, Mr Speaker, Sir, he again stated that dialysis patients were forcibly put in quarantine. He should know that if we wouldn't have put all these patients in quarantine, today you know what would be the death toll among dialysis and cancer patients? It would be many folds more, maybe more than one hundred, Mr Speaker, Sir.

Mr X. L. Duval: They were forcibly put and their parents were not allowed to accompany them except in very few cases; that is the crime. Mr Speaker, Sir, two weeks ago in this House, the Minister said that there were two reasons for not giving the report out to the families. The first one was that it was going to the Medical Council and we now know there are only two cases that he has sent to Medical Council, in his reply here. So, the nine cases are not going to the Medical Council.

The second thing is, Mr Speaker, Sir, I am here tabling letters from seven families giving me permission to request that the Minister gives to them the sections of the report dealing with the death of their loved ones because they need to know how they died and they need to know whether or not to refer and ask for a judicial inquiry, which would be the proper thing to do.

Dr. Jagutpal: Mr Speaker, Sir, first I will come back to the two patients whom we have referred to the Medical Council and the request of the Medical Council to refer all the nine cases.

Mr X. L. Duval: *Hein, ayo!*

Dr. Jagutpal: Mr Speaker, Sir, ...

Mr Speaker: Order! What is this sort of behaviour?

Mr X. L. Duval: *Ayo!*

Dr. Jagutpal: Exactly, that is the behaviour! He has been so for the last three years; he has not changed and he will not, Mr Speaker, Sir. Now, for those nine cases, it means all the cases have been investigated by the Medical Council.

(Interruptions)

Mr Speaker: Order!

Dr. Jagutpal: And the Medical Council is a body corporate which is mandated to invest into the cases.

Mr Speaker: You finished?

Dr. Jagutpal: *Pena kestion!*

Mr Speaker: Time is over!

Dr. Jagutpal: *Pena kestion!*

Mr X. L. Duval: *Li kontan tou! Onz dimounns in mor li kontan.*

Mr Speaker: Order!

(Interruptions)

Mr Speaker: Order! Order! You are going too far, hon. Leader of the Opposition; you are going too far.

An hon. Member: *Li pou ale mem la.*

Mr Speaker: Try to behave, you are in Parliament. Try to behave! You are in front of the population, try to behave!

Mr X. L. Duval: What is wrong?

Mr Speaker: Too many things wrong.

Mr X. L. Duval: What is wrong? He should be happy.

Mr Speaker: Hon. Members, the Table has been advised that PQ ...

(Interruptions)

An hon. Member: *Fer politik lor la mort dimoune !*

Mr Speaker: It's time for you to leave, I know. This is your time to leave. Please leave! Your time has come, please leave. I am waiting for you to leave. Please!

Mr X. L. Duval: I am happy to leave.

Mr Speaker: Exactly, please!

An hon. Member: *Fer politik lor la mort dimoune !*

Mr Hurreeram: *Li travay 30 minit par semenn !*

(Interruptions)

An hon. Member: Shame!

Mr Speaker: The Table has been advised that PQ B/825 will be replied by the hon. Minister of Information Technology, Communication and Innovation, PQ B/861 will be replied by the hon. Prime Minister time permitting. So, it is Prime Minister's Question Time!

Hon. Bodha!

MR A. B. & TWO RELATIVES – ALLEGED DRUG OFFENCE - INQUIRY

(No. B/806) Mr N. Bodha (Second Member for Vacoas & Floréal) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the arrest of Mr A. B. and two of his relatives at his residence on Tuesday 20 June 2023 in relation to an alleged drug offence, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand as to the inquiry initiated thereinto.

The Prime Minister: Mr Speaker, Sir, with your permission, I shall reply to Parliamentary Questions B/806, B/808 and B/816 together.

In regard to the arrest of Mr A.B. in August 2022, I am informed by the Commissioner of Police that, following both an extensive intelligence gathering and sustained surveillance operations conducted by the Police, the Police Headquarters Special Striking Team proceeded, with a search warrant, to the dwelling of Ms D.D.M. at Palma Road, Quatre-Bornes, on Friday 19 August 2022 at around 22.00 hours.

The team confirmed the presence of Ms D.D.M. as well as that of Mr A.B. inside the house. They were both informed of Police presence and the purpose of its presence. Despite repeated requests to open the main door, access was denied to the Police for a lawful search.

However, the Police Officers on site saw, from outside, Mr A.B. grabbing a bag and proceeding towards another part of the dwelling. They then broke open the main door and entered the house. Mr A.B. then returned towards the Police, without the bag, while making a live video of the unfolding events. He was reportedly hostile and uncooperative with the Police.

Mr Speaker, Sir, I am also informed by the Commissioner of Police that during the search carried out in the presence of both Mr A.B. and Ms D.D.M., the Police found the following items which were secured for analysis by the Forensic Science Laboratory –

- (i) one transparent plastic parcel in the bedroom tied with a knot containing a significant amount of leaf matter suspected to be synthetic cannabinoids;
- (ii) a re-sealable transparent plastic in a wooden drawer containing a tissue paper with a certain quantity of leaf matter suspected to be synthetic cannabinoids;
- (iii) a shoulder bag of black and grey colour was found in the bathroom. It was the same bag that the Police has seen from outside the house and which was carried away sneakily by Mr A.B. The bag contained the following items –
 - (a) two transparent plastic parcels both tied with a knot and containing a significant amount of leaf matter suspected to be synthetic cannabinoids;
 - (b) a pair of jeans trousers of blue colour containing particles of leaf matter suspected to be synthetic cannabinoids, and
 - (c) three booklets of roll-your-own cigarette papers make OCB, the first one containing one roll-your-own cigarette paper, the second one containing twenty-five roll-your-own cigarette papers and the third one containing twenty-three roll-your-own cigarette papers.
- (iv) residues of leaf matter were found scattered on the floor near the toilet bowl, on the toilet cover seat and inside the toilet bowl, and
- (v) six pieces of transparent plastic each containing a certain quantity of leaf matter suspected to be synthetic cannabinoids found in the sewage pipes and manhole in the backyard of the dwelling.

Mr Speaker, Sir, Mr A.B. and Ms D.D.M. were both arrested on 19 August 2022 and cautioned for the offence of ‘Drug Dealing: Possession of Synthetic Cannabinoids for the Purpose of Distribution’ in breach of the Dangerous Drugs Act.

On Saturday 20 August 2022, Mr A.B. and Ms D.D.M. were provisionally charged for ‘Drug Dealing’ before the Court. The Police objected to their release on bail.

On Tuesday 06 September 2022, Mr A.B. was granted bail after furnishing two sureties of Rs50,000 each and a recognition of Rs350,000. In accordance with the conditions of the bail, Mr A.B. has to –

- (i) report every Saturday at Sodnac Police Station between 6 o'clock in the morning and 6 o'clock in the evening;
- (ii) provide a telephone number to the Police on which he should remain readily accessible and available, and
- (iii) inform the Police of any change of address.

On Wednesday 07 September 2022, Ms D.D.M. was granted bail after furnishing two sureties of Rs50,000 each and a recognition of Rs300,000 on the condition that she should report every Saturday at Sodnac Police Station between 6 o'clock in the morning to 6 o'clock in the evening.

Mr Speaker, Sir, I am further informed that a motion to strike out the provisional charge against Mr A.B. was made by his panel of counsel on Tuesday 06 December 2022 and the Police objected to the motion. On Tuesday 28 March 2023, upon a ruling delivered by the District Magistrate of Bambous Court, the provisional charge was struck out.

Mr Speaker, Sir, I am also informed by the Commissioner of Police that on completion of the enquiry, the case file of August 2022 was referred, on Monday 10 April 2023, to the Director of Public Prosecutions for advice.

The file was returned to the Police on Wednesday 24 May 2023 with certain queries which are being attended to.

Mr Speaker, Sir, in regard to the arrest of Mr A.B., Mr A.V.B. and Ms D.D.M. on Tuesday 20 June 2023, I am informed by the Commissioner of Police that, on 16 June 2023, a parcel from Frankfurt Dutch Post, Germany, arrived onboard British Airways flight BA 2065 from London, by DHL Packet Courier Services. The address on the parcel was Avenue des Tulipes, Quatre Bornes and also, contained a local mobile number.

On 19 June 2023, based on information gathered, the parcel was intercepted by a team of the Special Striking Team (SST), at Ground 2 Air Warehouse, Sir Seewoosagar Ramgoolam International Airport by virtue of a Search Warrant. The parcel was opened in the presence of Officers from Postal Services, Plaisance Air Transport Services Ltd, Customs Anti-Narcotics Section, Anti-Drug and Smuggling Unit (ADSU Airport) and the Special Striking Team. It was found to contain the following –

- (i) one transparent re-sealable plastic sachet containing 17 small re-sealable plastic sachets each containing 10 pills of colour baby pink with a flower and star logo engraved on them and 110 pills loose with flower and star logo engraved on them;
- (ii) One transparent resealable plastic sachet containing 22 small resealable plastic sachets each containing 10 pills of colour baby pink, and
- (iii) One transparent resealable plastic sachet containing 500 pills of colour pink with Redbull engraved on them and one small resealable transparent plastic sachet containing 22 pills of colour red and also containing some fragments of the pills.

As the pills were suspected to be dangerous drug ecstasy pills, a preliminary test, by way of a rapid test kit, was carried out by the Customs Anti-Narcotics Section, which revealed to be positive. The drugs were seized as exhibits and will be forwarded to the Forensic Science Laboratory for analysis.

Consequently, on 20 June 2023, pursuant to Section 55 of the Dangerous Drugs Act, a joint control delivery exercise was triggered by the Police.

During the course of the operation, Mr A.B. and Ms D.D.M. were arrested.

Mr Speaker, Sir, I am also informed that, on 20 June 2023, following certain reliable information and by virtue of a Search Warrant, Police searched the premises of Mr A.V.B. and a certain quantity of pills suspected to be dangerous drugs were secured. He was arrested.

On 21 June 2023, provisional charges were lodged before the District Court of Grand Port against the suspects for offences as follows –

- (a) Conspiracy to import Dangerous Drugs against Mr A.B., Mr A.V.B. and Ms D.D.M.;
- (b) Attempt to possess dangerous drugs for the purpose of distribution for an averment of trafficking against and possession of prohibited goods against Mr A.B., and,
- (c) Drug Dealing – Possession of Dangerous Drugs for the purpose of distribution against Mr A.V.B.

Police have objected to their release on bail. They were remanded to Police Cell up to 27 June 2023.

The counsels of all the three suspects have made a motion to the Court for their respective clients to be admitted to bail. On 26 June 2023, the three accused appeared before the District Court of Grand Port and they have been granted bail subject to certain conditions. Their next appearance in Court will be on 07 December 2023.

An in-depth enquiry is ongoing into the case.

Mr Speaker, Sir, I would like to enlighten the House that, controlled delivery is a special investigative technique used when a consignment of illicit drugs is detected and allowed to go forward under the control and surveillance of law enforcement officers in order to secure evidence against the organisers of such illicit drug traffic.

This technique has proved to be effective in identifying and bringing to justice those in the illicit drug traffic.

The controlled delivery technique is in accordance with Section 55 of the Dangerous Drugs Act 2000 and in line with Article 11 of the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

The technique merits wider use, and it does not involve any element of entrapment. It has been used most effectively when illicit drugs are discovered in unaccompanied freight consignments or in the post.

Mr Speaker, Sir, today, it deems important to me to point out that, the officers put their lives at risk in conducting this kind of investigation. The House would sadly recall the tragedy, which occurred in November 2020, when a woman constable lost her life while conducting a controlled delivery exercise at Beau Vallon.

Mr Speaker, Sir, I have time and again expressed my unflinching commitment and resolve to address the drug scourge but we will win the battle only if we are all together in this fight. However, it is sad to note that some persons from certain quarters have preferred to side with the drug barons and are attempting by all means to manipulate public opinion through the Press and social media. But that will, in no way, discourage us in our crusade to rid the country of drug traffickers and their accomplices.

Mr Speaker: Hon. Mrs Mayotte.

Mrs Mayotte: Thank you, Mr Speaker, Sir. Can the hon. Prime Minister enlighten the House as to the process in place for sending suspected drug exhibit to the Forensic Science Laboratory for analysis?

The Prime Minister: Mr Speaker, Sir, the drug exhibits are sent to the Forensic Science Laboratory for analysis as per the provision of Section 58 of the Dangerous Drugs (Amendment) Act of 2022. Section 58 (2) of the Act reads as follows, and I quote –

“(2) The police officer in charge of the investigation shall, as soon as possible, request FSL to analyse the dangerous drugs seized to determine its nature, identity and weight.”

The law also provides for the accused to request a counter analysis of the dangerous drugs following the report of the FSL. Section 58 (c) reads as follows, and I quote –

“An accused may, on being informed in writing of the contents of the report of the FSL, request –

- (i) another sample of the dangerous drugs to be analysed by FSL or an accredited science laboratory to determine the nature, identity and net weight of the drugs; or
- (ii) the net amount of the dangerous drugs to be analysed by an accredited science laboratory to determine the nature, identity and net weight of the drugs.”

Section 58 (3) (b) stipulates that the request for counter analysis of the drugs shall be made in writing to the police officer in charge of the investigation not later than 14 days after the accused is informed of the contents of the report of the FSL.

Under section 58 (3) (c) and (d) of the Act, the accused shall, not later than 30 days after making the request for counter analysis of the drugs, cause, under the supervision of the Police Officer in charge of the investigation, another sample of the dangerous drugs or the net amount of the dangerous drugs, as the case may be, to be analysed, and the cost of the analysis to be carried out, shall be borne by the accused.

Mr Speaker: MP Bodha!

Mr Bodha: Can I be entitled to two questions, Mr Speaker, Sir?

Mr Speaker: One by one, if time permitting.

Mr Bodha: Can the hon. Prime Minister confirm to the House whether the control delivery exercise of the SST under the supervision of ASP Jagai has been carried out

through established protocol or was it an exceptional one using a dummy parcel and a decoy as a postman?

The Prime Minister: Mr Speaker, Sir, if the hon. Member has listened carefully to my answer, I have stated clearly that under the law, the law prescribes for a manner in which a parcel can be delivered under controlled circumstances. Now, the hon. Member is asking me whether this has been done as per the protocol or as per the law. It is not for me to determine whether this has been done according to law. Ultimately, if ever there is a case before a Court of Law, it will be for the Magistrate or for the Judge then to decide on evidence before the Court, whether everything has been done according to the law. I have some information about this controlled delivery but it is not for me to decide, to judge and to say in this House now my personal opinion about the way it has been conducted.

Mr Speaker: Hon. Nuckcheddy!

Mr Nuckcheddy: Thank you, Mr Speaker, Sir. In his reply, the hon. Prime Minister mentioned that a parcel came by British Airways and the address on which the parcel had to be delivered, figured as Avenue Tulipes, Quatre Bornes. So, can the hon. Prime Minister confirm whether the address on the parcel containing the ecstasy pills is the same as that of Mr A. B.?

The Prime Minister: Mr Speaker, Sir, I am informed that the address on the parcel and that of Mr A.B. is the same which is Avenue des Tulipes, Quatre Bornes.

Mr Bodha: Can I ask the hon. Prime Minister whether he can confirm that the controlled delivery exercise failed because Mr A.B. refused to take delivery of the dummy parcel?

The Prime Minister: What I know, Mr Speaker, Sir, is that those persons I have mentioned Mr A.B., Mr A.V. B. and Miss D. D. M. have been arrested. Now, it will be for the Court to decide whether the controlled delivery, the way, the manner in which it has been done, what are the circumstances and what has been said. I am sure the hon. Member knows very well what has been said. So, it is not for us here to be like a Court of law, for me to adduce evidence and for him to be putting questions and then for us to decide whether this delivery has been done according to law and what has happened. That will be for the Court to decide. Eventually, as I said, I cannot prejudge what is going to happen. The case is going to be enquired into, the case file will be sent to the DPP and it will be for the DPP to decide what charges to prefer if ever, against those accused and eventually for the Court.

Mr Speaker: Hon. Mrs Mayotte!

Mrs Mayotte: Thank you, Mr Speaker, Sir. In view of the foreign origin of the parcel, can the hon. Prime Minister apprise the House on the Regional and International Cooperation Agreements to which Mauritius is a party in the fight against drugs trafficking?

The Prime Minister: Yes, this is important, Mr Speaker, Sir because I have, time and again said that it is important in order to be able to be more efficient and effective in combatting drug trafficking that we do not only get organised to the maximum locally but that we have international collaboration especially with countries of the region that is, in the Indian Ocean, in the region and also with international organisations. That is why as I said in our resolve to fight the drug mafia and drug trafficking, international corporations and precisely information sharing is of paramount importance. And to that effect, Mauritius has signed a series of agreements which include a bilateral agreement with India on drug trafficking and related matters, a Memorandum of Understanding with Mozambique on Drug Demand Reduction and Prevention of Illicit Trafficking in narcotic drugs and psychotropic substance and drug asset investigation in associated judicial proceedings and related matters, a Memorandum of Understanding with the UNODC on Crime Prevention and Drug Control and a Memorandum of Understanding with Seychelles on bilateral co-operation in demand and supply reduction of drugs.

Mauritius is also a signatory member of the protocol on combating illicit drug trafficking in the Southern African Development Community region and of the *protocole d'accord* with Madagascar on *la coopération dans le domaine de la lutte contre le trafic illicite des stupéfiants, des substances psychotropes et des précurseurs*.

Mr Speaker: Hon. Mrs Luchmun Roy!

Mrs Luchmun Roy: Thank you, Mr Speaker, Sir. My question would refer to the provisional charge for drug dealing on Saturday 20 August 2022 whereby Mr A. B. and Miss D. D. M. were provisionally charged for drug dealing. Can the hon. Prime Minister state whether, the Police at that time, objected on bail in that particular case? Was there any kind of objection at that particular time in 2022? Thank you.

The Prime Minister: From information that I have, Mr Speaker, Sir, on Saturday 20 August 2022, Mr A. B. and Ms D. D. M. were provisionally charged for drug dealing before the Court. The Police objected to their release on bail. However, as there was no representative from the DPP's Office in Court, the Police objection was not acceded to and

on Tuesday 06 September 2022, Mr A.B. was granted bail after furnishing two sureties of Rs50,000 each and a recognition of Rs350,000.

Mr Speaker: Hon. Ms Tour!

Ms Tour: Thank you, Mr Speaker, Sir. Can the hon. Prime Minister inform the House whether there has been an enhancement in the Intelligence System in the fight against drug trafficking?

The Prime Minister: Mr Speaker, Sir, I can inform the House that the Anti-drugs and Smuggling Unit is carrying out more focus intelligence leading to targeted operations and the newly set up Special Striking Team is contributing to that. The enhanced overall strategy includes the following –

- a drug mapping to locate areas of concern where drug activities are being carried out and drug addicts stand to loiter;
- profiling of persons of interest with discreet surveillance to identify their role and involvement in the drug nexus;
- more aggressive crack down operations are effected in drug-prone areas with specialised units of the Mauritius Police Force such as the Marine Commandos, GIPM and Police dogs;
- acquisition of modern equipment such as drones for surveillance and reconnaissance missions;
- additional resources in terms of vehicles and manpower have been provided to ADSU to increase its operational effectiveness, and
- the ADSU personnel have also been provided with training and sophisticated equipment to enhance their operational capabilities.

The ADSU, Mr Speaker, Sir, is extensively collaborating with other law enforcement agencies involved in the fight against drugs and related offences such as money laundering with the single aim to dismantle drug and other criminal networks. The ADSU is also working in close collaboration with the National Drug Secretariat together with other agencies such as the MRA Customs Anti-Narcotic Section, the Ministry of Health and Wellness and others. And this has created a good platform which has allowed the ADSU to enhance its intelligence and operational capacity.

Mr Speaker: Hon. Nuckcheddy!

Mr Nuckcheddy: Thank you, Mr Speaker, Sir. The hon. Prime Minister mentioned about the objections concerning the case of the year 2022. Now, for the last one that is, of

20 June 2023, can the hon. Prime Minister inform the House whether there had been any objection to the bail motions presented before the District Court of Grand Port yesterday?

The Prime Minister: Mr Speaker, Sir, I am informed that the Police objected ...

Dr. Boolell: *Bias!*

The Prime Minister: May I be allowed to answer in peace, please?

Mr Speaker: Please, continue!

Dr. Boolell: Peace is a circle of justice.

The Prime Minister: *Ki to le, ki to le?*

Mr Speaker: No, forget that! Forget that!

The Prime Minister: *Ki to pe rode?*

Mr Speaker: Hon. Prime Minister, you may continue with your reply.

The Prime Minister: Yes, but I am being interrupted, Mr Speaker, Sir. He has ...

Mr Speaker: Yes, excuse him.

Mr Hurreeram: *So dimounn sa!*

Mr Speaker: Excuse him.

The Prime Minister: Mr Speaker, Sir, I am informed that the Police objected to the motions for the release on bail of the suspects on the following grounds –

- (a) if released, applicants are likely to fail to surrender to custody or to appear before court as and when required;
- (b) if released, applicants are likely to commit an offence other than an offence punishable only by fine, and
- (c) if released, applicants are likely to interfere with witnesses and tamper with evidence.

However, the DPP's representatives on the instructions of the DPP did not object to the release of the suspects on bail. They have been granted bail subject to certain conditions and their next appearance in Court will be on 07 December 2023.

Mr Speaker: Hon. Members, I will just inform the House that the Prime Minister has been answering questions B/806 from hon. Bodha, B/808 from hon. Nuckcheddy and B/816 from hon. Mrs Mayotte. This is why I allowed so many questions.

Now, the Table has been advised that the following PQs have been withdrawn: B/809, B/812, B/815, B/817, B/821, B/824, B/826, B/827, B/829, B/830.

Questions now, hon. Armance!

MR A.B. ARREST – ALLEGED DRUG PARCEL – INQUIRY

(No. B/808) Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the arrest of Mr A. B. on Tuesday 20 June 2023 in connection with a parcel allegedly containing drugs, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand as to the inquiry initiated thereinto.

(Reply Vide PQ B/806)

MR A. B. – ARREST ON 19 AUGUST 2022 – INQUIRY

(No. B/816) Mrs S. Mayottte (Second Member for Savanne & Black River) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the arrest of Mr A. B. on 19 August 2022, he will, for the benefit of House, obtain from the Commissioner of Police, information as to where matters stand as to the inquiry initiated thereinto.

(Reply Vide PQ B/806)

PETROLEUM PRODUCTS SUPPLY – BIDDER & CONTRACT VALUE

(No. B/831) Mr P. Armance (Third Member for GRNW & Port Louis West) asked the Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection whether, in regard to the supply of petroleum products following the recent procurement exercise effected by the State Trading Corporation, he will, for the benefit of the House, obtain from the Corporation information as to the –

- (a) name of the successful bidder;
- (b) contract value thereof, and
- (c) number of bidders therefor.

Mr Callichurn: Mr Speaker, Sir, I am informed that the new contract for the supply of petroleum products has not yet been awarded by the State Trading Corporation.

With regard to part (c) of the question, I am informed that as part of the recent tender exercise carried out in May 2023 by the STC for the procurement of white oils, there are seven bidders who quoted for the supply of petroleum products.

Mr Armance: Thank you, hon. Minister. Can you confirm whether this tender exercise carried out by the STC will be referred to the Competition Regulation 2023 as mentioned in the highlight of the Cabinet Meeting dated 16 June 2023?

Mr Callichurn: May I ask the hon. Member, what is he referring to?

Mr Armance: I am referring to the highlight of Cabinet Meeting, Friday 16 June 2023, paragraph 3 which mentioned that Cabinet has taken note that the Competition Regulation 2023 would be promulgated to provide for the Competition Commission to enquire on competitive matters relating to Mogas and so on.

Mr Callichurn: Mr Speaker, Sir, this is totally irrelevant to this particular question. Come with a proper question, I will give you the answers.

Mr Speaker: Next question!

MONETARY POLICY

(No. B/832) Dr. A. Boolell (First Member for Belle Rose & Quatre Bornes) asked the Minister of Finance, Economic Planning and Development whether, in regard to the monetary policy, he will state if consideration will be given for the revisiting thereof in view of the decreasing trend in the price of petroleum products and the increasing rate of inflation and the depreciating rupee impacting on our imports.

Dr. Padayachy: M. le président, la question posée par l'honorable membre concerne le pré carré de la banque de Maurice en tant que banque centrale indépendante en charge de la conduite de la politique monétaire. À cet égard, il n'est pas approprié de répondre à la question telle que formulée. Toutefois, M. le président, le gouvernement a pris sa part active et a activé tous les leviers à sa disposition pour soutenir le pouvoir d'achat des mauriciens.

Comme je l'ai, à plusieurs reprises, expliqué dans cette auguste Assemblée, l'augmentation du taux d'inflation à Maurice ainsi que dans la plupart des pays du monde est principalement due à des facteurs externes à commencer par la guerre en Ukraine.

J'ai également énuméré la liste des mesures prises par le gouvernement pour protéger et améliorer le pouvoir d'achat de la population.

Dans le discours du budget 2023-2024, en tant que gouvernement bienveillant, nous avons renforcé ces mesures de soutien et en avons introduit de nouvelles pour protéger le pouvoir d'achat de la population.

M. le président, outre ces mesures, nous avons aussi pris des actions concrètes pour réduire le taux d'inflation –

- nous avons réduit le prix du gaz ;
- nous avons supprimé la TVA sur certains produits ;
- nous réduirons également le déficit budgétaire au cours de l'exercice 2023-2024, ce qui atténuera les pressions inflationnistes.

Voilà, M. le président!

Dr. Boolell: Mr Speaker, Sir, I have the impression that the hon. Minister does not go to the shop, does not do any shopping. Does he know that day in day out, the Rupee is constantly being depreciated? We all know that the pandemic and energy crisis is behind us. What is being done in concrete terms to stop fleecing consumers?

Dr. Padayachy: M. le président, à ce moment-là je vais rappeler à l'honorable membre, peut-être qu'il a un peu oublié ce qui s'est passé dans le passé. Vous savez le passé...

Dr. Boolell: Non !

Dr. Padayachy: Si !

M. le président, il a la liberté de poser les questions, j'ai la liberté de répondre à ses questions. Chacun son libre arbitre.

M. le président, de 2006, 2007, 2008, on sait bien il y a eu 30 % d'inflation cumulée. Le taux repo, le taux d'intérêt à l'époque était de 9 %. Est-ce qu'à ce moment précis, on avait entendu quelques membres de l'Opposition dire qu'il fallait baisser ou augmenter le repo rate ? Rien ! Parce qu'ils savaient très bien que c'était l'indépendance de la banque centrale qui décidait où est-ce qu'on allait. La banque centrale a un comité, le *Monitoring Policy Committee (MPC)* qui décide de la décision concernant la politique monétaire.

Maintenant pour revenir sur le taux d'inflation, à la même période il y avait des taux d'inflation de presque 10 %. Rien – je dis bien – rien n'a été fait pour soulager la population à l'époque. Rien ! Il y avait aussi des dépréciations dû à la conjoncture ; des dépréciations de 10 %, de 11 %, de 12 % .

Nous avons affronté la pire crise qui a affecté la balance des paiements. Nous avons eu un manque de devises de presque 100 milliards de roupies. Nous avons dû compenser avec la réserve de la banque de Maurice. Ce qui fait qu'il y a eu un glissement de la valeur de la monnaie. Nous ne pouvons pas dire que c'est quelque chose de voulu, c'est quelque chose de subit. Le taux d'inflation actuelle est le résultat de la pandémie, le résultat de la hausse conséquente du fret mais aussi et on le dit bien, oui, mais aussi de la dépréciation de la roupie mais nous, nous prenons des mesures. Je ne vais pas citer. J'ai une cinquantaine de mesures là sur mon ordinateur. Je ne vais pas citer chaque mesure. Nous, nous avons pris des mesures pour soutenir la population parce que nous savons que l'inflation c'est une taxation sur les pauvres. Nous ne sommes pas restés ici de ce côté les bras croisés à ne rien faire, à dire des choses. Nous avons pris des actions. Est-ce que c'est suffisant ? Bien sûr que non ! Mais nous faisons le maximum en fonction de ce que nous pouvons faire avec la finance publique.

Merci, M. le président.

Dr. Boolell: Notwithstanding the verbal diarrhea of the Minister of Finance...

Mr Speaker: No, no. No comments! No comments!

(Interruptions)

Let me ... Let me ...

(Interruptions)

Order!

(Interruptions)

Order!

Mr Hurreeram: ... *tom dan lasos.*

(Interruptions)

Mr Speaker: Supplementary question is to ask for clarification; no comments, no remarks.

Dr. Boolell: Mr Speaker, Sir, is he aware that people who are poor are becoming absolutely poor and nothing is being done.

Mr Speaker: Put your question!

Dr. Boolell: I would like to know what concrete measures have been taken to address the issue of poverty and to rein in inflation.

Mr Speaker: Good.

Dr. Padayachy: M. le président,...

(Interruptions)

Mr Speaker: Order!

Dr. Padayachy: M. le président, je vais commencer à ce moment-là.

An hon. Member: *Lire les 50 mesures!*

Mr Speaker: Order!

Dr. Padayachy : Je vais lui dire. M. le président...

Dr. Boolell: Go outside, tell that to the people!

Mr Speaker: Order! What is happening in this House? Are you in Parliament?

Please, continue with your reply.

Dr. Padayachy: M. le président, la première des mesures, dont nous sommes tous fiers ici, a été de quadrupler la pension de base qui était à R 3 600.

La deuxième des mesures, M. le président, c'est d'avoir maintenu les subsides sur tous les produits de base pour que ces produits ne subissent pas la hausse qu'ils auraient dû avoir. Le gaz devrait être à plus de R 600 ; aujourd'hui, c'est à R 240.

(Interruptions)

M. le président...

Mr Speaker: Order!

Dr. Padayachy: M. le président, il veut savoir la troisième raison pourquoi nous, ici, nous travaillons pour cette population ? Le salaire minimum, M. le président, était à R 1 500, et il est à R 15 000.

(Interruptions)

An hon. Member: *R 1 500? La honte sa!*

Hon. Members: *La honte ! La honte ! La honte !*

(Interruptions)

Dr. Padayachy : M. le président, toute la classe moyenne, jusqu'à un salaire de R 50 000, est en train d'avoir une allocation de R 1 000.

An hon. Member: Bravo!

(Interruptions)

Dr. Padayachy : Et en plus, nous sommes en train de donner R 1 000 à tous ceux qui ont contracté un prêt jusqu'à une valeur de R 5 millions – R 1 000 par mois.

M. le président, est-ce qu'à l'époque, on avait pensé à ce genre de mesure quand l'inflation était à 10% ? Non. On peut continuer, mais je préférerais donner l'occasion à d'autres ministres de répondre à d'autres questions parlementaires. Merci, M. le président.

(Interruptions)

Mr Speaker: Order! Order!

Dr. Boolell: *Savat dodo !*

Mr Speaker: Order!

An hon. Member: *Ki to pe dir! Ale do ta!*

An hon. Member: *Dan so lipie ena savat dodo!*

(Interruptions)

Mr Speaker: Order! Order! Order!

(Interruptions)

Hon. Members, the table has been advised that PQ B/864 will be replied by the hon. Minister of Youth Empowerment, Sports and Recreation.

An hon. Member: *Own goal!*

Mr Toussaint: *Pe bat dan abriti laba!*

Dr. Boolell: *Dan sirkonskripsion em to pa vini!*

Mr Toussaint: *Lalians pe fer pa pe fer...*

(Interruptions)

Mr Speaker: If you need more time, I can just sit down and relax and you...

(Interruptions)

Whenever you are ready, just tell me!

PQ B/864 will be replied by the hon. Minister of Youth Empowerment, Sports and Recreation. PQ B/891 will be replied by the hon. Minister of National Infrastructure and Community Development. PQ B/895 will be replied by the hon. Minister of environment,

Solid Waste Management and Climate Change. PQ B/901 will be replied by the hon. Attorney General, Minister of Agro-Industry and Food Security.

Next question!

PROFESSOR S. C. – SERVICES – CONTRACT

(No. B/833) Mr Abbas Mamode (Second Member for Port Louis Maritime & Port Louis East) asked the Minister of Health and Wellness whether, in regard to Professor S. C., he will state if his services are still being hired by his Ministry and, if so, give details of the contract thereof and, if not, the reasons therefor.

Dr. Jagutpal: Mr Speaker, Sir, with a view to improve the neonatal service, my Ministry enlisted the services of Professor Simon Clark, Vice-President for Policy at the Royal College of Paediatrics and Child Health (RCPCH) in the United Kingdom (UK) under the Foreign Visiting Team Scheme. Prof. Clark is a Neonatal Consultant at Sheffield Teaching Hospitals NHS Foundation Trust, where he is currently the clinical lead for the department.

Prof. Simon Clark was initially in Mauritius in October 2021, when he visited the neonatal Intensive Care Units of the five Regional Hospitals and provided training to doctors and nurses in neonatal care. He also held a workshop for gynaecologists and paediatricians based on the situational analysis carried out on the antenatal and neonatal care. Subsequently, Prof. Clark was invited to provide his support in establishing an advanced training programme so that the Paediatricians in public health institutions could be certified to work as Neonatologists.

Mr Speaker, Sir, Prof. Clark came back to Mauritius in April 2022 for a period of one month. During his visit, he effected ward rounds with the Specialists and Medical and Health Officers on a weekly basis to provide his input on the care and treatment of critically ill babies and submitted his recommendations. Prof. Clark also provided support in the training of doctors, nurses and midwives to achieve a multi-disciplinary approach in the care of critically ill newborns. He assisted in the implementation of National Health Service (NHS) Neonatal guidelines and protocols which would apply in all the Neonatal Intensive Care Units to standardise the current practice.

In addition, the Professor has kindly agreed to provide a one-year training in Neonatology at the Royal College of Paediatrics and Child Health, United Kingdom, to two Medical and Health Officer/Senior Medical and Health Officers. It is to be noted that one Medical and Health Officer/Senior Medical and Health Officer has already started the

training in the United Kingdom on 20 January 2023 and is expected to complete same on 07 January 2024. Once the expected date of training for the second Medical and Health Officer/Senior Medical and Health Officer will be submitted by the Professor, necessary arrangements will be made accordingly by my Ministry.

Mr Speaker, Sir, Prof. Simon Clark also provides face-to-face online lectures on a frequent basis – once a week or once every two weeks depending on case discussion – for paediatricians and Medical and Health Officers, where he provides his expert input for the difficult neonatal cases that are discussed with him. He also runs lectures about new updates in the management of critically ill neonates so as to support our local paediatricians and Medical and Health Officers to develop an updated approach in neonatal practice in regard to the management of extreme preterm babies. It should be emphasised that all this work is done on a purely voluntary basis, free of charge for my Ministry.

Mr Speaker, Sir, I again wish to inform the House that Dr. Simon Clark was enlisted under the Foreign Visiting Team Scheme of my Ministry and not on a contractual basis. Under this scheme, my Ministry provides facilities such as air tickets, accommodation, transport, VIP access and temporary registration with the Medical Council. As such, there is neither a contract nor any remuneration provided to him.

Mr Speaker Sir, in view that Dr. Simon Clark holds several top managerial positions in UK, his availability is quite limited. To further the clinical training of health professionals in the field of neonatology and pending the completion of the training of the two Medical and Health Officers in the field, my Ministry is envisaging to enlist his services under the Foreign Visiting Team Scheme anew for a few weeks in or around September 2023.

Mr Abbas Mamode: Can the hon. Minister inform the House whether the services of other experts in the field of neonatology will be retained by his Ministry?

Dr. Jagutpal: Yes, Mr Speaker, Sir. There is one Mauritian national, a diaspora, Prof. Arvin Bundhoo, a certified physician in neonatology and paediatrics in Connecticut, USA. He visited Mauritius a few months back and he is also keen to develop a training programme to modify the existing curriculum to meet the training needs of the Neonatal ICU in Mauritius. So, we are enlisting the different experts in this field so that they can come in Mauritius and give the proper training and capacity building to our Mauritian doctors and nurses.

Mr Speaker: Next question!

**VACOAS MULTIPURPOSE MUNICIPAL COMPLEX – TENANTS – FEES &
DEBTS**

(No. B/834) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the Vacoas Multipurpose Municipal Complex opposite the vegetable market, currently housing the Civil Status Office, he will, for the benefit of the House, obtain from the Vacoas and Phoenix Municipal Council, information as the –

- (a) list of tenants who are in arrears of their rental fees with the Council to date, indicating in each case the amount thereof and
- (b) measures being envisaged to recoup these debts.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Speaker, Sir, I am informed by the Municipal Council of Vacoas-Phoenix that out of 13 tenants, seven of them have arrears amounting to a total of Rs2,537,088.60 as follows –

- (i) the Mauritius Post Ltd owes an amount of Rs72,644 representing two months' rent in respect of an office space and no action has been initiated yet as the tenant owes only two months' rent;
- (ii) the Ministry of Labour, Human Resource Development and Training owes a total amount of Rs577,702 representing rent due in respect of 4 office spaces and a letter has been addressed on 22 June 2023 by the Council requesting the Ministry to settle the dues;
- (iii) the Ministry of Gender Equality, Child Development and Family Welfare owes an amount of Rs28,613 representing one month rent and no action has been initiated as only month rent is due;
- (iv) the Central Water Authority owes a total amount of Rs167,201 representing rent due in respect of 3 offices spaces and a letter has been addressed on 22 June 2023 by the Council requesting CWA to settle the dues;
- (v) Restau Tamaris Ltd owes a total amount of Rs918,000 representing rent due in respect of 2 commercial spaces and payment is being made as per arrangement with the Council following legal action;
- (vi) Mrs K. B. owes the amount of Rs591,628 representing rent due in respect of a commercial space and legal actions have been initiated by the Council

against Mrs Bhiwajee. The Council has decided not to renew the lease agreement until full and final settlement of all the arrears is done;

- (vii) Garuda Cover Plus Ltd owes an amount of Rs181,300 representing rental due in respect of a commercial space and legal actions have been initiated by the Council against Garuda Cover Plus Ltd.

Mr Assirvaden: M. le ministre, je n'ai pas encore eu l'occasion de consulter la liste que sûrement vous allez déposer à l'Assemblée nationale.

J'ai deux cas en particulier. Le premier cas c'est concernant Madame D. R. Madame D. R. loue l'emplacement commercial numéro 10 dans ce complexe et elle a une ardoise de R 143 000 à ce jour d'après le dernier *Finance Committee* du 17 mai 2023. Madame D. R. a cette ardoise et son contrat a été renouvelé alors qu'elle siège actuellement sur ce comité, le *Finance Committee*, en tant que conseillère de la municipalité du MSM ; elle est adjointe au maire à la municipalité de Vacoas. Comment est-ce possible M. le ministre qu'une adjointe au maire a une ardoise de R 143 600 et elle siège sur le *Finance Committee* pour décider qui sont ceux ou celles dont on doit poursuivre pour ne pas avoir payé leurs *rental* ?

An hon. Member: *Mari lardwaz sa!*

Dr. Husnoo: Mr Speaker, Sir, according to the list that I have been given, I do not have that name. It is Mrs D. R.?

Mr Assirvaden: D. R.

Dr. Husnoo: And office number?

Mr Assirvaden: Numéro 10. Commercial Unit No. 10 *et* Enclosed Stall No. 11.

Dr. Husnoo: Office number 10 or Commercial Space number 10?

Mr Assirvaden: Commercial. D'après le procès-verbal, *Commercial No. 10, Unit 10 et Enclosed Stall No. 11*. Elle est adjointe au maire à la municipalité de Vacoas-Phoenix et elle siège sur le comité.

Dr. Husnoo: C'est Garuda Cover Plus? Ce n'est pas ça?

Mr Assirvaden: Je ne sais pas.

Dr. Husnoo: *Enfin*, I do not know. I see Commercial Space No. 10, Garuda Cover Plus has an arrear of Rs181,300 and legal action has been initiated against Garuda. If it is the same person, I do not know, because that is what I have in my papers that have been provided to me.

Mr Assirvaden: Permettez-moi d'aborder le deuxième cas que je voudrais soulever, ici, à l'Assemblée nationale. C'est une compagnie, Elephant Security Ltd. Elle a comme directeur, Monsieur N. A., ancien maire Travailleiste à la municipalité de Vacoas-Phoenix ; ancien maire Travailleiste passé au MSM depuis quelque temps. Ce monsieur et cette compagnie, Elephant Security...

Mr Speaker: Put your question!

Mr Assirvaden: J'y arrive.

Mr Speaker: This is a supplementary question!

Mr Assirvaden: ... a une ardoise de R 218 200 à la municipalité et son contrat – Elephant Security Ltd, M. le ministre – a été renouvelé alors que cette compagnie, ce monsieur proche du MSM a une ardoise de cette envergure à la municipalité dont les contrats sont résiliés. Est-ce que je peux savoir cela, M. le ministre ?

(Interruptions)

Dr. Husnoo: Mr Speaker, Sir, I have got it.

(Interruptions)

Mr Speaker: Order!

Dr. Husnoo: Mr Speaker, Sir, *pour* Elephant Security Ltd, Commercial No. 07, the amount due is nil. This is what I got here.

(Interruptions)

No, anyway... This is what I got. That's what I got.

(Interruptions)

Mr Speaker: Wait! No gimmicks!

(Interruptions)

You finished?

Dr. Husnoo: That's it!

Mr Speaker: Hon. Ittoo!

Mr Ittoo: Thank you, Mr Speaker, Sir. On another note, there have been several representations from a few names which the hon. Minister has just mentioned. With respect to closure of these commercial lots during the COVID-19 period, I would like to ask the hon. Minister whether he has been made aware of these requests; whether his

Ministry is considering to waive a waiver for certain of these commercial lots? From what I have been made to understand, these people have been paying their *loyers* for many years and now it is on a humanitarian ground that many of them have requested that there be a waiver since they have been closed for many months during the COVID-19 period we suffered. Thank you.

Dr. Husnoo: I know some representations have been made but I do not know specifically about these particular companies but I can check it.

Mr Speaker: Hon. Members, I suspend the Sitting for one and a half hour.

At 1.02 p.m., the Sitting was suspended.

On resuming at 2.38 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated! Next question!

NATIVE TERRESTRIAL BIODIVERSITY – NATIONAL PARKS ADVISORY COUNCIL – COMPOSITION

(No. B/835) Ms J. Bérenger (First Member for Vacoas & Floréal) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the Native Terrestrial Biodiversity and National Parks Advisory Council, he will state the –

- (a) composition thereof, indicating the –
 - (i) number of meetings held since the establishment thereof to date, and
 - (ii) respective dates thereof, and
- (b) recommendations, if any, made by the Council to the Minister.

Mr Gobin: Mr Speaker, Sir, the Native Terrestrial Biodiversity and National Parks Act provide in Part II for the creation of the Native Terrestrial Biodiversity and National Parks Advisory Council.

The composition of the Council is as follows –

- The Chairperson is Mr Nadeem Nazurally, Senior Lecturer at the University of Mauritius, and
- There are various representatives of Ministries, namely of Agriculture, Education, Environment, Tourism, and
- Also, the Director of the National Parks and Conservation Service (NPCS), Conservator of Forests and other members.

Mr Speaker, Sir, I think it is better that I table the composition.

With regard to part a (1) of the question, the Act provides for the holding of meetings on a quarterly basis. For the year 2022, three meetings were held in the months of February, June, and November. For this year, 2 meetings were held in the months of February and June.

As for the previous years of 2020 and 2021, the meetings were very irregular due to the lockdown periods.

With regard to part (b) of the question, as to the recommendations made by the Council, the recommendations, Mr Speaker, Sir, are on a number of subjects. It will be quite tedious to list all of them. However, I would like to highlight a few recommendations, namely –

- 1) Those concerning the Research Centres at Bel Ombre and Pigeon Wood;
- 2) The recommendations for the proclamation of the buffer zones around the Man and Biosphere Reserve (MAB) in the region of Bel Ombre;
- 3) The placement of University students at the National Parks and Conservation Service;
- 4) Concerning tree planting campaigns;
- 5) Sensitisation campaigns at Visitors Centres under the aegis of the National Parks and Conservation Service.

And a number of other subjects which, as I said, would be tedious to list at this stage. Thank you, Mr Speaker, Sir.

Ms J. Bérenger: Si je comprends bien, le ministre n'a mentionné que certaines recommandations. Peut-il nous dire si parmi les autres recommandations faites par le Council en question, figurent celles de mettre en application le *Protected Area Network Expansion Strategy 2017-2026* dont j'avais fait mention dans une question précédente et qui voudrait que la zone où le gouvernement veut permettre le développement d'une Smart City à Roches Noires, soit préservée et protégée ?

Mr Gobin: With regard to the Roches Noires Project, Mr Speaker, Sir, I would refer to what has been stated in previous PQs. If my memory serves me right, it concerns a private land and I had stated in previous replies that I will hold consultations with the Director of the National Parks and Conservation Service who is also a member of this Council. So, I am assuming that there will be consultations at his level, I mean at the level of the Director of the NPCCS and the Council and then they will tender some advice to me.

Ms J. Bérenger: Je parlais de la mise en application de la stratégie mais je viens à ma deuxième question qui concerne le *Chairperson*. Peut-on savoir quelles sont les qualifications et l'expérience du *Chairperson* actuelle en ce qui concerne la conservation de la biodiversité étant donné que la section 5(1) (a) du *Native Terrestrial Biodiversity and National Parks Act* veut que le Chairman du Council ait un, je cite –

“wide knowledge and experience in biodiversity conservation”

Merci.

Mr Gobin: I don't have his CV with me right now but Mr Nazurally who is a Senior Lecturer at the University of Mauritius is quite well known in a number of conservation projects, including our oceans. Unfortunately I don't have his qualifications with me right now.

Mr Speaker: Next question!

MRA – CSG BENEFICIARIES

(No. B/836) Mr R. Uteem (Second Member for Port Louis South & Port Louis Central) asked the Minister of Finance, Economic Planning and Development whether, in regard to self-employed individuals, he will, for the benefit of the House, obtain from the Mauritius Revenue Authority, information as to the number thereof who are –

- (a) registered in the taxpayers' register, and
- (b) in receipt of benefits under the Social Contribution and Social Benefits Act.

Dr. Padayachy: M. le président, suite à l'impact de la pandémie de la Covid-19 et de la guerre entre la Russie et l'Ukraine sur le niveau des prix et en particulier sur celui des prix essentiels, la décision a été prise dans le budget 2022- 2023 d'introduire une *CSG Income Allowance* pour soutenir le pouvoir d'achat des ménages vulnérables et de la classe moyenne.

À ce titre, la *Mauritius Revenue Authority* verse une allocation de revenu mensuel de R 1,000 par mois aux employés, aux travailleurs indépendants inscrits à la CSG, âgés de moins de 65 ans et gagnant un revenu brut mensuel de R 50,000 au maximum. Les employés expatriés qui cotisent la CSG ont également droit à l'allocation des revenus CSG.

En sus, dans le discours du budget 2023-2024, nous avons annoncé que l'allocation de revenu CSG sera également versée pour l'année financière 2023-2024, y compris le bonus en décembre 2023. Le montant de l'allocation payable à partir a par ailleurs été

porté à R 2,000 par mois pour les personnes dont les revenus ne dépassent pas R 25,000. Quelque 200,000 personnes verront ainsi leur allocation de revenu CSG doublée. Le montant de R 1,000 est lui maintenu pour les personnes percevant un revenu supérieur à R 25,000 mais ne dépassant pas R 50,000.

En ce qui concerne les travailleurs indépendants, ils sont également éligibles à l'allocation de revenu CSG. M. le président, en ce qui concerne la partie (a) de la question, j'ai été informé par la MRA jusqu'au 26 juin 2023, 60,758 travailleurs indépendants sont enregistrés en tant que contribuable pour l'impôt sur le revenu et 43,232 travailleurs indépendants sont enregistrés pour le paiement de la CSG.

En ce qui concerne la partie (b) de la question, la MRA m'a informé qu'au 26 juin 2023 environ 19,000 travailleurs indépendants bénéficient déjà de l'allocation de revenu CSG et la MRA est en train de travailler sur les différents dossiers des autres personnes qui sont concernées pour régulariser cette situation.

Mr Uteem: According to the latest report of the Director of Audit, 263,000 individuals benefitted from the COVID-19 Self-Employed Assistance Scheme and today the hon. Minister is telling us that there is only 19,000 self-employed who are getting this Rs1,000 allowance. Doesn't the hon. Minister of Finance find that there is a big difference between self-employed and those who are actually getting the benefit?

Dr. Padayachy: M. le président, bien sûr ! Je reviens sur cette question. A l'époque quand il y avait eu la Covid, nous étions venus avec une mesure en amont ne demandant pas d'informations sur les qualités, de pouvoir vérifier réellement si ces personnes étaient réellement des *self-employed*. Là nous étions en train de parler de la situation en 2020-2021. Entre-temps, bien sûr on est sorti du Covid mais il y en a eu beaucoup qui sont sortis aussi de cette situation de *self-employed*. Le but pour nous, quand on avait introduit cette mesure, c'était d'avoir ceux qui contribuaient pour la CSG de bénéficier de la CSG. Donc nous avons demandé qu'ils s'enregistrent auprès de la MRA pour pouvoir bénéficier et nous avons donné du temps et nous sommes en train de redonner du temps. Là actuellement, la MRA est en train de regarder pour voir qui sont ceux qui sont enregistrés, qui sont à jour dans leur cotisation pour pouvoir donner cette allocation. Il y a une différence bien sûr entre les 200 000 dossiers qu'on avait eus à l'époque en 2020 d'inscriptions pour le paiement du *Self-Employed Assistance Scheme* et maintenant on a environ un peu plus de 40 000 qui sont inscrits pour avoir cette allocation de CSG.

Donc, mais nous, nous devons regarder par rapport à ceux qui sont payés ; on ne peut pas redonner à tout le monde parce qu'on a fait un appel à tous ceux qui s'étaient inscrits à l'époque pour demander ce *Self-Employed Assistance Scheme* de venir s'enregistrer sur les listes de la MRA. Jusqu'à présent on a eu, comme je l'ai dit, 60 000 qui sont venus et qui sont enregistrés pour payer les impôts et 43 000 qui sont inscrits pour recevoir les allocations.

Je n'ai pas fait une demande pour savoir... parce qu'il y a aussi une différenciation. C'est que le *CSG Income Allowance*, cela concerne ce qui touche R 50 000 ou plus. Peut-être que dans les 60 000 qui sont venus s'enregistrer, il y en a beaucoup qui touchent plus de 50 000. Peut-être c'est là aussi qu'il y a la différence.

Mr Uteem: Mr Speaker, Sir, there is definitely more than 19,000 self-employed who earn less than Rs25,000 and who would be eligible to this Rs2,000 allowance. Is the hon. Minister aware of the difficulty which self-employed have when they go and register at the MRA and the MRA insists that they provide proof that they are self-employed and these people are casual workers?

Mr Speaker: Now, you put your question. Let the Minister reply.

Dr. Padayachy: Je suis tout à fait d'accord, M. le président, avec cette question de l'honorable membre concernant le fait qu'il y a plus de 19 000. Je l'ai dit, on a eu 43 000 demandes et sur ces 43 000, 19 000 reçoivent déjà et notre intention c'est d'aller le plus loin possible le plus vite possible. Mais c'est sûr il y a aussi le fait que la MRA est une institution indépendante qui fait respecter les lois. Je vais regarder dedans parce que c'est une des mesures phares du gouvernement. On attache beaucoup d'importance à cette mesure et nous allons vérifier pour voir comment améliorer l'efficacité de la MRA dessus.

Mr Speaker: Next question!

NATIONAL WHOLESALE MARKET

(No. B/837) **Mr K. Lobine (First Member for La Caverne & Phoenix)** asked the Attorney-General, Minister of Agro-Industry and Food Security whether, in regard to the coming into operation of the National Wholesale Market, he will state where matters stand.

Mr Gobin: Mr Speaker, Sir, I am very pleased to inform the House of the forthcoming inauguration of the National Wholesale Market on 27 July and I seize this opportunity to invite the hon. Member at the ceremony.

Mr Speaker: You have one question?

Mr Lobine: Yes, thank you, Mr Speaker, Sir. Can the hon. Minister inform this House whether there has been consultation with the planters to inform them as to how this will operate because there was a decision at the Council of Ministers on 07 October, there would be regulations that would be in place? Has same been done?

Mr Gobin: Yes!

Mr Lobine: And has same been communicated to the planters?

Mr Gobin: The answer to all those questions is yes. Several meetings have been held with planters, auctioneers and all stakeholders. Regulations were in preparation until very recently, I can inform the House that the regulations are ready. There is actually a process of registration by the AMB who would be the operator of traders and dealers. The notice is on the website of the Ministry as well as on the website of the Agricultural Marketing Board.

Mr Speaker: Next question!

SAYA DE MALHA BANK - FISH STOCK ASSESSMENT

(No. B/838) Mrs A. Navarre-Marie (Fourth Member for GRNW & Port Louis West) asked the Minister of Blue Economy, Marine Resources, Fisheries and Shipping whether, in regard to the Saya de Malha Bank, he will state if a fish stock assessment has been carried out thereat to identify small pelagic species for local consumption and, if so, indicate the outcome thereof.

Mr Maudhoo: Mr Speaker, Sir, at the very outset, I would like to inform the House that there are two types of fishing, namely demersal and pelagic fishery. Demersal fishery occurs on the distant banks such as Nazareth, Albatross, St Brandon and Saya de Malha banks and the main catch is Dame Berri. As for deep demersal fishery, the main catches are Sacré chien, Gueule Pavée dorée and Vielle la boue.

Pelagic fishes are migratory in nature and include tunas, mackerel and billfish. The main gears which are used for fishing the pelagic fish include purse seine and long line. Small pelagic are composed mainly of horse mackerels generally, fish by midwater trawlers. It is to be noted that the small pelagic as mentioned by the hon. Member are for processing and not for local direct consumption.

In fact, Mr Speaker, Sir, about 80% of the Saya de Malha Bank falls outside the EEZ of Mauritius and only 42,116 km² falls within our EEZ. So, it should be noted as I said that Saya de Malha Bank forms part of the Southern Indian Ocean Fisheries Agreement (SIOFA).

Mr Speaker, Sir, in the month of May and June 2018, the Norwegian Agency for Development Cooperation (NORAD) and FAO carried out a research expedition by the Norwegian Research Vessel, Dr. Fridtjof Nansen, in the EEZ of Mauritius which are also included parts of the Saya de Malha Bank. The result of the pelagic trawls that were used for the research expedition at selected areas in the Saya de Malha Bank showed very low catch rates of small pelagic.

Mr Speaker, Sir, a sum of Rs35 m. was allocated for the survey of Saya de Malha Bank for a small pelagic in Financial Year 2022-2023. However, one Omani trawler vessel namely Alnaema was authorized in September 2022 to carry out exploratory fishing in our EEZ, that is, in the region of Saya de Malha forming part of our EEZ for a small pelagic for a period of six months. The vessel carried out one fishing trip which included several midwater trawling attempts.

However, only 200 kg of horse mackerels were caught during the first ten days, from 19 to 29 September 2022 with no significant catch of pelagic fish. Following the unproductive fishing experience, the vessel did not pursue any further exploratory fishing campaign and returned to Oman after the first try.

Mr Speaker, Sir, based on the poor catch results obtained from those research expeditions, my Minister obviously decided that it will not be cost effective to go ahead with the exploratory survey for small pelagic at Saya de Malha. However, request was made by my Ministry to maintain the Rs35 million in this budget in respect of surveys. My Ministry in fact intends to carry out exploratory survey for untapped fisheries resources in our EEZ for species such as lobster, crabs, shrimps and sea cucumber with a view to developing new fishing zones for potential commercial exploitation.

Mr Speaker: Next question!

DENGUE FEVER – MAURITIUS & RODRIGUES – CASES RECORDED

(No. B/839) Ms J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Minister of Health & Wellness whether, in regard to the dengue fever, he will state the number of cases thereof recorded in Mauritius and Rodrigues since 19 June 2023 to date, indicating the preventive measures being taken in relation thereto.

Dr. Jagutpal: Mr Speaker, Sir, with your kind permission, I shall be replying to Parliamentary Questions B/839 and B/850 altogether as they relate to the same subject matter and as per request made by the hon. Member, I will provide all additional information if the need be.

However, Mr Speaker, Sir, before going into the reply, allow me to give some information to the House on the issue of Dengue.

Dengue fever is transmitted by a mosquito bite infected by the dengue virus. Dengue begins abruptly after a typical incubation period of 5-7 days with symptoms such as fever; severe headache; muscle, joint, bone and eye pain; rash, and minor bleeding manifestations. So, it is different from COVID-19 where the transmission is through direct contact, mainly through droplets whereas for this one, the transmission is through an infected mosquito bite.

In some patients, for unexplained reasons, the clinical presentation of the disease can develop into two serious forms –

- (i) The haemorrhagic, that is, the bleeding signs of dengue fever, and
- (ii) The dengue shock syndrome, which is fatal.

The haemorrhagic form of the disease which occurs in approximately 1% of dengue cases in the world is extremely serious. It results in a persistent high temperature and is often characterised by multiple haemorrhages, in particular in the gastro-intestinal tract, skin and brain.

Mr Speaker, Sir, I am informed that since 19 June 2023 to date, the number of reported cases of dengue stands at thirty-three in Mauritius and forty-eight in Rodrigues, respectively. I wish to reassure the House that since the first reported case of dengue in Rodrigues and Mauritius in early June 2023, my Ministry has promptly acted thereon through a series of preventive measures in order to prevent the Aedes mosquito infestation all over both islands as follows –

In Rodrigues –

Immediately after the notification of the first case of dengue in Rodrigues, a team comprising of the NCD Coordinator, a Community Physician, the Head of Vector Biology and Control Division and Deputy Director Public Health and Food Safety proceeded to the island on 10 June 2023 to ensure that all the measures are put in place and actions taken to contain the spread of the disease. Amongst others, the following were undertaken –

- (a) Increased surveillance at all health care facilities, laboratory levels, port and airport;
- (b) Detection of dengue by rapid tests followed by PCR, as required;

- (c) Fogging and larviciding activities and indoor residual spraying;
- (d) Fever surveys and contact tracing are being carried out wherever a case is detected and the patient is immediately admitted to La Ferme Hospital;
- (e) Intensive cleaning campaigns through the island;
- (f) The Vector Biology and Control Division of my Ministry is currently monitoring the mosquito density throughout the island;
- (g) A circular has been sent to all health facilities requesting for increased vigilance concerning dengue fever and for investigating of suspected cases. Furthermore, the case definition for dengue fever and a table for interpretation of dengue results have been circulated amongst relevant healthcare workers;
- (h) Mass communication and sensitisation are being carried out through media on a daily basis on precautionary measures to prevent mosquito bite and proliferation, and
- (i) Daily monitoring meeting is being carried out by the Rodrigues Health Director with the relevant local authorities on the dengue fever cases and its evolution within the community.

Mr Speaker, Sir, as regards Mauritius, the following public health measures are being implemented to contain the spread of local cases –

- (a) Increased surveillance at the level of all health care facilities, at the Virology Laboratory, port and airport;
- (b) Fogging and larviciding activities, indoor residual spraying;
- (c) Fever surveys and contact tracing are being carried out whenever a case is detected and the patient is immediately admitted to the hospital or clinic, if found positive;
- (d) Inhabitants of concerned regions have been informed of fogging and larviciding activities being carried out and of precautionary measures against dengue;
- (e) Mass communication and sensitisation through the media to inform of precautionary measures against dengue.

- (f) The Vector Biology and Control Division is constantly monitoring the mosquito density throughout the island;
- (g) A circular has been sent to all Regional Health Directors, Private Medical Practitioners Association, President of the Association of Private Clinics, requesting for increased surveillance concerning dengue fever and to investigate all suspected cases;
- (h) Daily monitoring is being carried out by the Director Health Services, Director of Public Health and Food Safety, Regional Public Health Superintendents and Principal Public Health Surveillance Officer, and
- (i) Assistance from various stakeholders namely, the Ministry of Local Government, Disaster and Risk Management, the Ministry of Environment, Solid Waste Management and Climate Change, the Ministry of Tourism, Municipal and District Councils, the National Environment Cleaning Authority, the Tourism Authority and the Special Mobile Force for massive cleaning and sensitisation campaigns around the island.

Mr Speaker, Sir, in reply to part (b) of question B/850, I am informed that the treatment administered is based upon the symptoms of the patients. Therefore, the patient is being provided appropriate care and treatment to relieve his/her symptoms. There is no specific medication for the treatment of dengue fever.

Mr Speaker: Hon. Léopold!

Mr Léopold: Thank you Mr Speaker, Sir. Can I ask the hon. Minister whether there is a higher control facility in Mauritius for the control of this vector? If yes, why this facility has not been extended to the entire territory of the Republic of Mauritius and can the hon. Minister inform the House about the established protocol for screening regarding rapid testing and PCR?

Dr. Jagutpal: Mr Speaker, Sir, I could not get the first part of the question. Can that be made clear, please?

Mr Léopold: Yes. May I ask whether there is a bio control facility for vector mosquitoes in the Republic of Mauritius, and if yes, why is such facility not extended to the whole territory of the Republic of Mauritius?

Dr. Jagutpal: In fact, Mr Speaker, Sir, – thank you for giving me this question because – it is the vector, that is, the mosquito that will transmit the disease from one person to another person. And it is very important to know what the density of the mosquitoes is; this is done by the Vector Biology Control Unit of my Ministry. So, they are mandated to have a good knowledge about the density of mosquitoes and the same team that has been providing these services in Mauritius has been to Rodrigues – firstly, to study the density of the mosquitoes and secondly, to empower the officers in Rodrigues on how to monitor the mosquito density.

Ms Tour: Thank you Mr Speaker, Sir. Can the hon. Minister inform the House whether the dengue fever is currently considered as a global threat?

Dr. Jagutpal: Mr Speaker, Sir, in 2019, in view of the re-emergence and rapid expansion of this virus, the World Health Organisation ranked dengue fever among the top 10 global health threats. So, it is among the 10 global health threats. This fever occurs worldwide and is endemic to some countries.

Reunion Island, for example, with a population of 860,000 has been experiencing seasonal dengue epidemics since 2018. Nearly 70,970 confirmed cases have been reported in Reunion Island; 2672 hospitalisations and 75 deaths have been reported up to May 2022 which means that we have to be very much aware of the situation in the neighbouring island and we have to monitor it. Everybody has to take his/her precautions properly in order not to spread dengue fever.

Mr Speaker: Hon. Wochit!

LOCAL COUNCILS – FUNDS ALLOCATED FY 2022-2023

(No. B/840) Mr R. Wochit (Third Member for Pamplemousses & Triolet) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to each local Council, he will, for the benefit of the House, obtain and table information as to the sum allocated, in each case, to the -

- (a) welfare department;
- (b) public infrastructure department;
- (c) public health department, and
- (d) finance department.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): I am informed that a total sum of Rs4.1 billion was provided as grant to local authorities for the Financial Year 2022-2023.

I am tabling the sum allocated for all the 12 local authorities with respect to the welfare, public infrastructure, public health and finance department for the Financial Year 2022-2023.

Mr Speaker: Next question!

Mr Osman Mahomed: Is it me or him?

Mr Speaker: You.

Mr Osman Mahomed: Me?

Mr Speaker: Yes, next question. He is tabling. Take cognizance of the Table.

You put your question!

NEW SOCIAL LIVING DEVELOPMENT LTD – STAFF & PAY PACKAGES

(No. B/841) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the New Social Living Development Ltd., he will, for the benefit of the House, obtain from the company, information as to the number of staff thereof, indicating their respective –

- (a) designations, and
- (b) pay packages.

The Deputy Prime Minister: Mr Speaker, Sir, I am informed by the New Social Living Development Ltd. that its personnel, as at date, number is 51, in addition to staff seconded from the National Housing Development Company Ltd.

The requested information under (a) and (b) is being compiled and will be placed in the Library of the National Assembly.

Mr Osman Mahomed: Can I ask the hon. Deputy Prime Minister since 06 June 2023, about three weeks ago, and during Committee of Supply, questions have been asked about the salaries being drawn by the people at the NSLD and he has committed to table it in the Library of the National Assembly. Up until today, this has not been done. Can I ask the hon. Deputy Prime Minister is it that he has not been given the information by the NSLD? Is there a problem?

The Deputy Prime Minister: It is just that the hon. gentleman will be aware that I have been attending the G20 meetings in India. I will make a statement later on concerning my recent mission. But if there is any specific information I can provide, maybe the hon. gentleman would wish to ask me now.

Mr Osman Mahomed: Mr Speaker, Sir, we are talking about taxpayers' money and public funds. I have all the information dated 02 June 2023 in my question. I am going to table it because it is taxpayers' money, and the Minister does not want to deny.

Mr Speaker: What is your question?

Mr Osman Mahomed: Can I...

Mr Speaker: Let me remind you. You put the main question already and now you want clarification. Whatever clarification you want, ask the Minister, he will give it!

Mr Osman Mahomed: Why is it...

Mr Speaker: What about all these papers you...

Mr Osman Mahomed: No, I am going to table it!

Mr Speaker: This is not an issue!

Mr Osman Mahomed: Yes.

Mr Speaker: This is not an issue!

Mr Osman Mahomed: An issue for me to table it?

Mr Speaker: The issue is: ask for classification. Please!

Mr Osman Mahomed: What I am asking the hon. Minister is how is it that I, an Opposition MP, have document dated 02 June 2023 that the Minister claims he does not have, when we are talking about public funds and which I wish to table.

Mr Speaker: Good!

Mr Lesjongard: It is not acceptable!

The Deputy Prime Minister: Mr Speaker...

Mr Speaker: No need to table this! No need!

Mr Osman Mahomed: No, I want to table!

Mr Speaker: No, we will not take this document! I am giving instructions! No document to be tabled!

Mr Osman Mahomed: Why not?

(Interruptions)

No, but the Minister does not have! I have the right to table a document!

(Interruptions)

Mr Speaker: Check! Check your right!

Mr Osman Mahomed: It's a question! The Minister is...

Mr Speaker: I am ruling! Only official documents, no other documents!

Mr Osman Mahomed: The Minister is hiding information to the House!

Mr Speaker: You withdraw that!

An hon. Member: Withdraw!

(Interruptions)

Mr Speaker: You withdraw! I don't want to listen to anything!

Mr Osman Mahomed: Why should I withdraw when I have the information he does not want to give?

Mr Speaker: Either you withdraw or you withdraw from the House!

(Interruptions)

Either you withdraw those words or you withdraw from the House!

Ms J. Bérenger: *Dominer!*

Mr Lesjongard: *Ki dominer?*

Mr Speaker: You decide!

Mr Osman Mahomed: Okay. I withdraw. Would you accept that I table the document?

Mr Speaker: No, no, no, no!

Mr Osman Mahomed: It is an official document!

Mr Speaker: No! You withdraw from the House now! You are questioning my authority! Go and read your Standing Orders!

(Interruptions)

Dr. Boolell: *Donn sa lapres do ta !*

Mr Speaker: Yes! Go everywhere!

Dr. Boolell: *Donn sa lapres! Donn sa tou dimounn do !*

Mr Speaker: Go everywhere you want!

Dr. Boolell: *Pe kasiet informasion !*

Mr Osman Mahomed: *Pe kasiet informasion ?*

An hon. Member: Shame!

Mrs Navarre-Marie: He is an elected Member!

(Interruptions)

Mr Speaker: Now, you withdraw from the House! I have already ruled! I have already ruled! You withdraw from the House!

An hon. Member: *Ale! Ale!*

Mr Speaker: And if you insist, I will name you!

Mrs Navarre-Marie: He is an elected Member!

An hon. Member: So what?

Dr. Boolell: Bravo Osman! Bravo!

Ms J. Bérenger: Bravo Osman !

(Interruptions)

Mr Speaker: So, I am naming you now!

Mr Osman Mahomed: I am going. What are you going to do?

An hon. Member: *B li pe withdraw!*

Mr Osman Mahomed: What are you naming me for?

Mr Speaker: I suspend the Sitting.

At 3.09 p.m., the Sitting was suspended.

On resuming at 3.17 p.m. with Mr Speaker in the Chair.

ANNOUNCEMENT

HON. OSMAN MAHOMED – PQs' PURPOSE – REMINDER

Mr Speaker: Please be seated.

Hon. Members, as you are aware the purpose of putting questions in Parliament is to seek information and to press for actions. It was therefore not in order for the hon. Osman

Mahomed to table a document in relation to an information which he had requested the hon. Deputy Prime Minister to provide to the House.

Hon. Members when put questions should not give answers, should not give information; should request for information. Thank you for your attention.

Next question!

BASIC INVALIDITY PENSION – EXTENSION - AMPUTATION

(No. B/842) Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière) asked the Minister of Social Integration, Social Security and National Solidarity whether, in regard to the extension of the Basic Invalidity Pension of Rs 11,000 to individuals suffering from amputation as announced in the Budget Speech 2023-24, she will state the date of the coming into effect thereof, indicating the –

- (a) budget allocated therefor;
- (b) conditions attached thereto, if any, and
- (c) targeted number thereof.

Mrs Jeewa-Daureeawoo: Mr Speaker, Sir, as from 2014, the approach of our Government has been more disability-inclusive. The Disability Community has waited a long time for meaningful change. Since 2014, our Government has unveiled a series of innovative measures and schemes to provide support to them. More is being done every year because the determination of the present Government in this respect is very clear.

Our Government has addressed several injustices suffered by persons with disabilities for years. One of our first action has been to align the Basic Invalidity Pension which stood only at Rs3,267 in November 2014 with the Basic Retirement Pension which was Rs3,623 at that material time to reach Rs11,000 now. We have also addressed a major injustice towards children with disabilities of less than 15 years who were not eligible to the invalid's basic pension on the basis of an age factor. This issue was left unaddressed as you all know for decades. We have removed the age criteria and now all children, irrespective of age, are deriving their basic invalidity pension if they suffer from an incapacity of 60% or more. As the House is aware by virtue of Section 8 of the National Pension Act 1976, a person is entitled to the Invalid Basic Pension if he is below the age of 60 and is found by the Medical Board to be suffering from a disability of at least 60% for a period of at least 12 months.

Last year, we introduced the Disability Allowance of Rs2,500 for persons under the age of 60 and suffering from a disability between 40 and 59%. This measure is a relief to many persons with disabilities who were not getting any financial support. In the present Budget Speech 2023-2024, it has been announced that the percentage of disability resulting from amputation is being reviewed. I wish to inform the House that amendment will be brought to the sixth schedule of the National Pensions Act 1976 through the Finance Miscellaneous Bill so that persons suffering from the following amputations will now be eligible to the Invalid's Basic Pension –

- loss of arm between shoulder and elbow;
- loss of arm at elbow;
- loss of arm between wrist and elbow;
- loss of hand at wrist, loss of four fingers and thumb of one hand;
- loss of leg between knee and hip;
- loss of leg below knee.

This measure will take effect from next month. Funds to the tune of Rs4.6 billion have been earmarked under the item 'Basic Invalidity Pension' for Financial Year 2023-2024.

With regard to part (c) of the question, I am informed that close to 500 cases of amputation are expected to benefit from the Invalid's Basic Pension through this new measure.

Mr Quirin: L'honorable ministre peut-elle nous dire si une personne ayant subi une amputation sera dans l'obligation de passer devant le *Medical Board* de son ministère ou est-ce que le certificat médical émis par un médecin sera suffisant avant de bénéficier de cette pension ?

Mrs Jeewa-Daureeawoo: Well, I am of the opinion that to be certain that the certificate is a genuine one, at least once the person will have to be on the Medical Board and then if the Medical Board finds that the person is suffering from an incapacity of 60% and there is amputation, I don't think we will call the person again and again to be on the Board. So it will once only. We are working towards this system.

Mr Quirin: M. le président, dans sa réponse initiale, l'honorable ministre a fait référence à la CSG *Disability Allowance* de R 2,500 qui était dans le budget 2022-2023 pour les personnes souffrant d'une invalidité de 40 à 59%. Donc peut-on savoir, par rapport à cette mesure, le nombre de personnes qui, durant l'année écoulée, ont bénéficié justement de cette mesure, de cette pension ?

Mrs Jeewa-Daureeawoo: Well, 18 persons are benefitting but we are working on some more cases. I think in all, we have received 50 applications right now.

Mr Speaker: Next question!

OVERSEAS TREATMENT – MEDICAL SPECIALTIES – BENEFICIARIES

(No. B/843) Dr F. Aumeer (Third Member for Port Louis South & Port Louis Central) asked the Minister of Health and Wellness whether, in regard to overseas treatment funded by his Ministry, he will state the –

- (a) medical specialties concerned therewith, and
- (b) number of patients who benefitted therefrom since December 2019 to date, indicating the number thereof who passed away –
 - (i) during treatment overseas, and
 - (ii) within six months of their return to Mauritius.

Dr. Jagutpal: Mr Speaker, Sir, with regard to part (a) of the question, I wish to inform the House that the main medical specialities concerned are as follows –

- Ophthalmology, mainly for Retinoblastoma;
- Neurosurgery, mainly for aneurysm, cerebrovascular disease, pituitary adenoma and tumor;
- Cardiology mainly for complicated cardiac cases for new born, Orthopaedics, mainly for osteosarcoma and complicated cases following accidents;
- ENT mainly for Cochlear implant;
- Oncology mainly for cancer issues such as leukemia and bone marrow transplant, and
- Transplant Surgery mainly for renal transplant, lung transplant, and liver transplant.

Mr Speaker, Sir, in regard to part (b) of the question, I am informed that the number of patients who benefitted from treatment under the Overseas Treatment Scheme from December 2019 to May 2023 is as follows –

- 33 cases in December 2019;
- 176 cases in 2020;
- 173 cases in 2021;
- 277 cases in 2022, and
- 191 cases in 2023, that is, up to 31 May 2023.

This totals to 850 patients who benefitted from treatment under the Overseas Treatment Scheme from December 2019 to May 2023.

Mr Speaker, Sir, in regard to part (b) (i) of the question, I am further informed that the number of patients who passed away during overseas treatment from December 2019 to May 2023 is as follows –

- 8 in December 2019;
- 1 in 2020;
- 6 in 2021;
- 6 in 2022, and
- 5 patients in 2023 as at 31 May 2023.

This totals to 26 patients who passed away during overseas treatment during the period December 2019 to May 2023.

Mr Speaker Sir, there is no data available for those patients who passed away within six months of their return to Mauritius.

Dr. Aumeer: Thank you, can the hon. Minister inform the House whether there has ever been an audit analysis of the referral centres in terms of mortality, morbidity and success rate, since you do not have data after six months of return to Mauritius?

Dr. Jagutpal: No, Mr Speaker, Sir. There is no as such any study survey being conducted, especially when we are referring to death of patients. Personally, I feel that it would not be appropriate, especially when I listed the cases where those patients have been suffering and now we have provided the treatment. Government has given free funded treatment to speciality hospital in India. Now to conduct a post mortem survey on death cases, personally, I don't feel that this is appropriate to do.

Dr. Aumeer: I got another supplement. It was not about death, it was about morbidity just to remind the House. It's a big difference. Can I ask the hon. Minister whether there is any regulatory framework in regard to private medical agents sending patients abroad in terms of regulation, accountability and particularly charges that are being collected?

Dr. Jagutpal: So, the first part of the question was again on the morbidity of these patients. So, again, it is very difficult to do morbidity assessment on these patients when we know that they are very difficult cases. Now, concerning private patients being sent by private practitioners or to foreign centres, there is no regulatory framework for that. I believe that so far if we would have been given information on where patients are being

sent in India for some particular reasons, then we can develop such a framework. But so far, patients and private practitioners do send patients on their own to their own institutions abroad. So, in that case, there is no regulatory framework to know what is happening to these patients.

Mr Speaker: Next question!

GRAND'BAIE - SEWERAGE INFRASTRUCTURE PROJECTS

(No. B/844) Dr. M. Gungapersad (Second Member for Grand' Baie & Poudre d'Or) asked the Minister of Energy and Public Utilities whether, in regard to the sewerage infrastructure projects to be implemented in Grand' Baie, as announced in the 2022-2023 Budget Speech, he will state where matters stand.

Mr Lesjongard: Mr Speaker, Sir, I had informed the House at our Sitting of 18 October 2022 in reply to PQ B/1010 that the Contractor on the Grand Baie Sewerage Project Phase 1B, namely, Joint Venture Henan Water & Power Engineering Consulting Co. Ltd and Anshui Shuián Construction Group Co. Ltd, had issued to the Wastewater Management Authority (WMA), 3 Notices of Termination of Contract pursuant to clauses 16.2 and 19.6 of the contract.

Mr Speaker, Sir, subsequently and with a view to securing the sites of works, the Wastewater Management Authority and the Consultant have identified priority works to be completed by the Contractor before its demobilisation and the key components are as follows –

- Backfilling of incomplete deep trenches for both street sewers and pumping stations sites;
- Fixing of horizontal metal frames and covers at inlet works at two pumping station sites;
- Reinstatement of private premises where house connections works were ongoing, and
- Fixing of peripheral fencing and gate at pumping station sites.

Mr Speaker, Sir, I have been informed by the Wastewater Management Authority that all the priority works have been completed.

Moreover, and with a view to further ensuring safety and security, necessary action has been taken by the Wastewater Management Authority in respect of permanent road restoration works in catchment areas where the previous Contractor had already completed excavation and pipe laying work. Thus, following an open bidding exercise, Transinvest

Construction Ltd was awarded a contract for the reinstatement of some 4.5 kms of road. Works began on 28 April 2023 and is expected to take four months. As at date, the Contractor has finished the permanent reinstatement of Old Mill Road B165 over a length of 1.1 km. Works will pursue on the following roads in the coming weeks –

- Laterals of Racket Road (Chemin Bazaar de Grand Baie);
- Yanelli Drive;
- Laterals of Bali Road in Pereybere;
- Chemin du Vieux Moulin (Old Mill Road - B165), and
- Chemin Vingt Pied B45.

Mr Speaker, Sir, in order to make beneficial use of the works already undertaken under the Grand Baie Sewerage Project, to mitigate the environmental issues and connect more households, the Wastewater Management Authority has worked out a detailed action plan to pursue the sewerage works on a priority basis. Works would be carried out on a lot-wise basis as they involve civil works, mechanical works and electrical works.

Funds have been provided in the Estimates of 2023/2024 for the sewerage project at Grand Baie. I thank you, Mr Speaker, Sir.

Dr. Gungapersad: Thank you, Mr Speaker, Sir, may I ask the hon. Minister to inform the House whether the initial Rs2.4 billion provided through the Japan International Corporation Agency for this Grand Baie Sewerage Project, will be enough for the completion of this project or more money has to be allocated and if yes, what would be the source of that money?

Mr Lesjongard: Mr Speaker, Sir, I do not have this information of how much additional money will be required to complete the project because I do have that information with me right now, but whatever money will be required for the implementation of the project will be provided from Government funds. And it is, like I said, in this year's budget, I refer the hon. Member to paragraph 240 where Rs1.3 billion have already been provided for sewerage projects including the Grand Baie Sewerage Project, Mr Speaker, Sir.

Dr. Gungapersad: Thank you, Mr Speaker, Sir. Will the hon. Minister provide the House – if he does not have it, he may table it later – a detailed breakdown of the fees paid to the different consultants involved in the sewerage project and also the amount paid to the different companies which undertook this sewerage infrastructure project in Grand Baie? Thank you.

Mr Lesjongard: No, I don't have the detailed information with me, but I will be glad to provide the hon. Member with the details he is requesting with regard to payments made to consultants who have worked on the project and also the different contractors who have worked on the project, Mr Speaker, Sir.

Mr Speaker: Hon. Mrs Luchmun Roy!

TIKTOK – ILLEGAL GAMBLING

(No. B/845) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Information Technology, Communication and Innovation whether, in regard to the suspected cases of illegal gambling on TikTok, he will state –

- (a) the number of reported cases thereof, and
- (b) if his Ministry has contacted the operator thereof for a better regulation of the online platform.

Mr Balgobin: Mr Speaker, Sir, with regard to part (a) of the question, I am informed by the Computer Emergency Response Team of Mauritius, the Department responsible for cybersecurity under my Ministry and the contact point for social media platforms including TikTok, no cases of illegal gambling on TikTok has so far been reported on Mauritian Cybercrime Online Reporting System (MAUCORS).

The MAUCORS is the national online system that allows the public to report cybercrimes occurring on social media securely.

However, I am informed by the Commissioner of the Police that two such cases have been reported to the police and both cases are under investigation.

Mr Speaker, Sir, for part (b) of the question, I wish to inform the House that on 12 January 2022, I met with the Director General for Government Relations and Public Policy and the Director General of Legal Affairs of the Dubai Regional Office and I had the opportunity to take up with the latter, issues faced in Mauritius with regard to misuse of social platforms. It is during that meeting that it was agreed that the CERT-MU would be the official body which will be responsible to report incidents on TikTok happening in Mauritius. The possibilities of TikTok recruiting Mauritian nationals to moderate contents and setting up of a satellite office were also discussed.

As a follow-up of that meeting on 04 March 2022, I addressed a letter to the Chief Executive of ByteDance Ltd. based in Singapore conveying invitation to visit Mauritius for further discussions.

After several exchanges, I chaired an online meeting on 30 May 2023 with the team of TikTok headed by the Director-General for Government Relations and Public Policy for Africa to discuss the current status of the incidents reported on the said platform and on the close engagement with Mauritius to further enhance online safety for the Mauritian public. One of the major concerns raised was the use of Creole language on TikTok platform and the use of an excessive amount of profanity in some of the videos towards specific individuals, public figures, government institutions amongst others. Subsequently, assurance was given by the TikTok team that it would continue to investigate the local language issue and based on the evidence submitted in terms of links and videos, amongst others, action will be taken to improve its moderation system.

Mr Speaker, Sir, further to the meeting on 30 March 2023, TikTok has resolved to offer the following –

- (i) An extensive training session targeted at wider forum of government stakeholders focused on online and minor safety;
- (ii) Online safety workshops in line with the ongoing regional safety programmes targeted at groups of parents, educators and guardians as well as incorporating the Train-The-Trainer's concept;
- (iii) A training session for nominated logistics emergency response team and a computer emergency response team with the law enforcement officers, and
- (iv) Creation of a dedicated escalation channel to report any violations.

My Ministry is coordinating with the TikTok team for the conduct of those training programmes as proposed during the course of this year and discussions will be sustained to ensure the safety of the population when using this platform. Thank you.

Mrs Luchmun Roy: Thank you, Mr Speaker, Sir. Can the hon. Minister provide at least an indication when the trainings will start and, if ever he has any date or specific time, can he share it with the House?

Mr Balgobin: Mr Speaker, Sir, we do not have any specific timeframe but we have been assured that they will be coming to Mauritius – a team from TikTok Africa, because they look after this region – during the course of this year itself so that all these training can be done with students, parents, law enforcement agencies to be able to

sensitise at the same time but also to see how we could reduce all those violations of community standards on this platform.

Mr Speaker: Hon. Members, the following questions have been withdrawn: B/858, B/860, B/866, B/867, B/873, B/878, B/894, B/897 and B/903.

Next question!

HAJJ 2023 – ISLAMIC CULTURAL CENTRE – PILGRIMS’ REGISTRATION & SELECTION

(No. B/846) Mr E. Juman (Fourth Member for Port Louis Maritime & Port Louis East) asked the Minister of Arts and Cultural Heritage whether, in regard to Hajj 2023, he will, for the benefit of the House, obtain from the Islamic Cultural Centre (ICC), information as to the –

- (a) number of pilgrims who travelled to Saudi Arabia this year, and
- (b) list of the registration numbers allocated by the ICC to the pilgrims selected therefor.

Mr Teeluck: Mr Speaker, Sir, with regard to part (a) of the question, I am informed by the Islamic Cultural Centre that Mauritius was previously allocated with 1,500 visas for 1,500 pilgrims for Hajj 2023. Following negotiations by the Ambassador Soodhun with the Saudi authorities and additional 150 visas were obtained.

Hence, for this year’s Hajj, a total of 1,650 visas for 1,650 pilgrims has been located to Mauritius. I am further informed by the ICC that along with the 1,650 pilgrims who have left Mauritius from 12 to 18 June 2023, there were also 13 members constituting the Hajj mission, 12 Hajj group operators as well as 10 assistants/helpers and in total, 1,685 persons have left for Hajj 2023.

Mr Speaker, Sir, with regard to part (b) of the question, I am informed that the Officer-in-Charge of the ICC is currently in Saudi Arabia to oversee the Hajj pilgrimage. Therefore, we will have to wait for his return and further information will be provided upon his return on the registration numbers allocated to all the selected pilgrims which will be provided thereupon.

Mr Juman: Merci, M. le président. L’honorable ministre peut-il informer à la Chambre quelles sont généralement les procédures à suivre depuis l’enregistrement jusqu’à l’octroi du visa en précisant si le principe de *first-come-first-serve* est respecté ou s’il y a des exceptions à cette règle, et s’il y a des exceptions, quelles sont ces exceptions ?

Mr Teeluck: Mr Speaker, Sir, generally the selection of prospective pilgrims is based on a registration list existing at the ICC and the selection is done on a chronological order. Of course, the ICC approaches potential and prospective pilgrims and if they signify their intention to participate for Hajj, therefore, we confirm that. As I said, there is a chronological order but I am also made to understand – but I don't have the information in front of me – that there are exceptions that are made for certain people in terms of hardship, health issues. So, there are some categories of prospective *hadjees* which are considered out of rank, out of that chronological order.

Mr Juman: Merci M. le président. Puisque l'honorable ministre n'a pas déposé la liste demandée pour les personnes ayant obtenu le visa, dans un souci de transparence, est-ce que vous pouvez prendre l'engagement à la Chambre de déposer la liste ? Mais en même temps, j'ai une liste, – je ne vais pas déposer la liste, M. le président, – pouvez-vous nous expliquer comment, par exemple, un couple, Madame et Monsieur H. E.A. avec un *serial number* de 29870 et 29871, respectivement, – il y en a plusieurs personnes comme ça : 32500, 32671 – n'ayant absolument aucun problème, se sont retrouvés sur la liste des *hadjees* alors que concrètement, on est arrivé à 14300 d'après la liste des personnes enregistrées.

Mr Teeluck: Mr Speaker, Sir, the hon. Member will appreciate that I will not be able to comment on these but of course, as I said in my reply, once the officer in charge is back from Saudi Arabia, he will work on the complete list with the registration numbers and I am pretty sure that the concerns that the hon. Member has, will be clarified based on explanations. If ever the figures or the registration numbers that have been advanced by the hon. Member is correct there will be explanations given by the Officer-in-Charge to explain how come these persons have participated in Hajj 2023.

Mr Speaker: Next question!

ARTISANAL FISHERS – HANDHELD VHF RADIOS – UPDATE

(No. B/847) Mr F. David (First Member for GRNW & Port Louis West) asked the Minister of Blue Economy, Marine Resources, Fisheries and Shipping whether, in regard to the acquisition of 2,000 handheld VHF radios to be used by artisanal fishers as announced in the Budget Speech 2022-2023, he will state where matters stand.

Mr Maudhoo: Mr Speaker, Sir, to improve the safety of fishers and surveillance in our EEZ, it was announced in the Budget Speech 2022-2023 that provision was made to acquire 2,000 handheld Very High-Frequency transceivers with the support of the European Union.

Accordingly, an amount of Rs21 m. was provided to my Ministry for Financial Year 2022-2023 for the acquisition of this important communication device, which will enable fishers to communicate with officers of the Fisheries Protection Service and the National Coast Guard in case of distress at sea.

As there were 1,842 registered artisanal fishers around the island at that time and there were only 1,103 registered fishers who were boat owners, my Ministry made provision for bidding exercise for the safety equipment to cater for 1,500 owners, taking into consideration that there would eventually be an increase in this number as with budget measures registration of fishermen is ongoing and it is expected to issue gradually 1,000 additional cards till March-April 2024.

Mr Speaker, Sir, so far, my Ministry has undertaken two bid exercises. The first bid exercise for supply of 1,500 handheld marine VHF transceivers was launched in 2022 through Opened Advertised Bidding.

5 bidders had responded and evaluation of bids was carried out. However, prior to the award of contract, the Ministry noted a shortcoming in the bidding document as a result of which the responsive supplier provided after sales service in Dubai as he did not have a local workshop.

This was seen as a major shortcoming, as the absence of a local workshop would have been a great inconvenience, be it during the warranty period and even more problematic afterwards with cost and time implications in case of reparation. The bidding exercise was therefore cancelled.

Mr Speaker, Sir, bids were re-launched in early 2023 with amended specifications requiring bidders to provide the proof of local workshop for repairs of defective equipment to address the shortcoming noted in the first bidding document.

Bids were invited for both the supply and rental of equipment also. At the closing date in March 2023, 5 bidders responded for supply, testing and commissioning of handheld marine VHF transceiver while 3 bidders had responded for renting of handheld marine VHF transceiver.

A Bid Evaluation Committee was set up to evaluate the bids received. The Ministry decided not to go ahead with the contract for rental as it would have not been cost effective in view of the high prices quoted by bidders.

As regards the supply of equipment, the Bid Evaluation Committee recommended that the contract be awarded to the only bidder who had effected the survey and coverage

test in all fisheries posts and whose bid was technically responsive. Prior to award of the contract, the selected bidder was required to confirm that the survey conducted meet the requirement regarding the coverage range that is up to 12 nautical miles.

However, the bidder confirmed that the equipment proposed does not provide radio coverage of 12 nautical miles. The bidder conducted a coverage test up to a distance of 4 nautical miles offshore between the fisheries post and their boat.

Mr Speaker, Sir, I wish to point out that during the year 2022-2023, the fish aggregating devices which are being put at sea go up to a distance of 12 nautical miles. So accordingly, taking the deployment of FADs into consideration, the specifications were worked out by my Ministry for coverage of the VHF transceivers for up to 12 nautical miles. So, as required coverage was again not met, the bids were cancelled in June 2023 as they were not responsive.

Mr Speaker, Sir, the supply of this necessary equipment for the safety of fishers is a priority of my Ministry and for the Financial Year 2023-2024, an amount of Rs22 m. has been provided under EU funding for this project. My Ministry is currently working on the relaunching of bids with revised specifications and I do hope that this important communication device would be distributed to all our registered artisanal fishing boat owners in order to ensure their safety at sea on a priority basis.

Mr David: M. le président, j'ai écouté avec beaucoup d'attention la réponse du ministre. J'ai donc compris que le premier appel d'offres a été annulé pour des raisons de service après-vente et le deuxième appel d'offres pour des raisons de portée des équipements.

En faisant une recherche très rapide sur ce type de radio portable tel que demandé par le ministère, j'ai rapidement compris que la portée n'est que de 5-6 miles nautiques...

Mr Speaker: *Non, écoutez!* Don't go far in your explanation! Put supplementary question for clarification!

Mr David: Alors, précisément, puis-je demander au ministre de clarifier...

Mr Speaker: Exactly !

Mr David: ... la raison pour laquelle son ministère lance des appels d'offres qui d'entrée de jeu sont techniquement impossible à satisfaire ?

Mr Speaker: Good question!

Mr David: Je vous en prie.

Mr Speaker: Willing at all time.

Mr Maudhoo: Mr Speaker, Sir, in fact, when the procurement launched this bidding exercise, as I rightly said, because the FADs are being put at 12 nautical miles. So, that was the reason why we wanted a very high frequency. But I do understand that as pointed out the hon. Member, it is not available on the market right now. But we are going to relaunch the bid because if our fishers are at 12 nautical miles, we obviously require such transceiver. But, then, there are other equipment which can go above 12 nautical miles and we are trying to procure that one.

Mr David: Puis-je demander au ministre la date à laquelle le troisième appel d'offres sera lancé pour la fourniture de ces équipements de sécurité ?

Mr Speaker: Bravo!

Mr David: Merci.

Mr Maudhoo: Mr Speaker, Sir, once we receive the specifications, we do hope to launch a third time in July, that is, next month.

Mr Speaker: Next question!

RODRIGUES - LIVE CATTLE IMPORTATION - BANNING

(No. B/848) Mr A. Ameer Meea (Third Member for Port Louis Maritime & Port Louis East) asked the Attorney General, Minister of Agro-Industry and Food Security whether, in regard to the importation of live cattle from Rodrigues, he will state when the banning thereof will be waived and, if not, why not.

Mr Gobin: Mr Speaker, Sir, in March 2021, following the detection of foot-and-mouth cases in Rodrigues, Government took the decision to impose a total restriction on the movement of cattle, goat and sheep from Rodrigues to Mauritius. A communiqué was issued on 11 March 2021 to that effect. Subsequently, in May 2021, a vaccination programme was implemented to control the spread of the infection.

I am informed, Mr Speaker, Sir, by the Commission for Agriculture of the Rodrigues Regional Assembly that in the year 2021, foot-and-mouth disease vaccine was administered to 33,086 ruminants, including 8,491 cattle.

I am further informed that with a view to reducing the percentage of foot-and-mouth prevalence in Rodrigues, the Commission for Agriculture is embarking on the third vaccination programme for FMD in this month, June 2023. It is expected that 8,600 cattle, 12,500 goats and 13,500 sheeps will be vaccinated. The Livestock and Veterinary Division

of my Ministry will assist the Commission for Agriculture in Rodrigues in the implementation of the vaccination programme and in this context, the veterinary officers of my Ministry are actually in Rodrigues for this purpose.

Now, on the basis of serosurveillance carried out in Rodrigues by the Livestock and Veterinary Division in 2022 and on the results of the serosurveillance, the prevalence of FMD was estimated to be around 10%. This is much rather on the high side compared to mainland Mauritius. On this basis, the restriction cannot be lifted completely as it would pose a serious risk of introduction of FMD into mainland Mauritius.

Mr Speaker, Sir, in January 2022, however, the restriction on the movement of livestock that is for cattle, goat and sheep was partly lifted. I will explain how. In order to mitigate the risk of introduction of FMD disease through the movement of livestock from Rodrigues to Mauritius, the Mauritius Meat Authority was solely authorised to move cattle, goat and sheep from Rodrigues to Mauritius under strict animal health conditions and for controlled slaughter only under the supervision of the Livestock and Veterinary Division. This has been in place since January 2022.

The Mauritius Meat Authority has to apply for a Movement Permit from the Livestock and Veterinary Division and obtain same prior to the movement of cattle. The movement permit lays down the animal health conditions which have to be complied with and certified by both the Veterinary Services of Mauritius and Rodrigues. From the part lifting of the restriction that is, from January 2022 up to date, the Livestock and Veterinary Division has issued 41 Movement Permits to the Mauritius Meat Authority and 842 cattle, 1,723 sheep and 1,562 goats have been moved from Rodrigues to Mauritius.

I also wish to inform the House that in a bid to relieve the burden on breeders of Rodrigues with excess female cattle, two Veterinary Officers of the Livestock and Veterinary Division are actually in Rodrigues to provide training in pregnancy diagnosis with a view to allowing the movement of female cattle from Rodrigues to Mauritius.

Mr Speaker, Sir, once the vaccination programme and the subsequent serosurveillance is completed, the movement of livestock will be restored to normal depending, I insist, on the result of the serosurveillance campaign. Thank you, Mr Speaker, Sir.

Mr Ameer Meea: Yes, Mr Speaker, Sir, presently the Meat Authority is importing live cattle for slaughter as mentioned by the hon. Minister. Therefore can I ask the hon. Minister until the lifting of the ban on importation of live cattle, can the hon. Minister consider just as in the case of Meat Authority if he can authorise local butchers or any

individual to import live cattle and to direct it to the slaughterhouse of the Meat Authority just as it is being done presently.

Mr Gobin: There are consultations along those lines actually happening, Mr Speaker, Sir, because we are anticipating that once the vaccination programme will be completed, we will have recourse to this new process but it is still premature for me to say when it will happen but there are on-going consultations along those lines.

Mr Ameer Meea: Thank you, Mr Speaker, Sir. I think the hon. Minister mentioned vaccination programme in May 2021 – 33,000, if I am right. Can I ask the hon. Minister since the start of the vaccination programme and until now, what is the number of deaths in relation to foot-and-mouth disease to cattle in Rodrigues? Of course, if he has it and if he doesn't have it, he can table it later in the Library.

Mr Gobin: I do not have the specific figure for deaths. No, I don't have it.

Mr Speaker: Next question!

FRESH FRUITS, FLOWERS & VEGETABLES – QUANTITY IMPORTED

(No. B/849) Mr N. Bodha (Second Member for Vacoas & Floréal) asked the Attorney-General, Minister of Agro-Industry and Food Security whether, in regard to the fresh fruits, flowers and vegetables, he will state the quantity thereof imported since 2021 to date, indicating the value thereof.

Mr Gobin: Yes, Mr Speaker, Sir, I am tabling the information requested.

Mr Speaker: Next question! Even if you don't have any – normally when the Minister gives an answer, a reply, then you questions. You ask clarification upon the answer, the reply.

Mr Bodha: I still have...

Mr Speaker: You have been a Minister yourself, hon. Bodha! Don't complicate my life. You are my brother; you will accept...

So, let's move to the next question!

(Interruptions)

Order!

RODRIGUES - DENGUE FEVER – MEASURES - TREATMENT

(No. B/850) Mr J. Léopold (Second Member for Rodrigues) asked the Minister of Health and Wellness whether, in regard to the recent reported cases of dengue fever in Rodrigues, he will state the –

- (a) measures being undertaken by his Ministry for the monitoring thereof, and
- (b) treatment prescribed therefor.

(Vide Reply to PQ B/839)

**AIR MAURITIUS CABIN CREW (NON-VACCINATED) - DUTY -
RESUMPTION**

(No. B/851) Ms S. Anquetil (Fourth Member for Vacoas & Floréal) asked the Minister of Health and Wellness whether, in regard to the Quarantine (COVID-19 Restrictions) Regulations 2022 (GN155 of 2022), he will state if consideration will be given for the reviewing thereof to allow the staff of the Air Mauritius Cabin Crew who have not been vaccinated to resume duty.

Dr. Jagutpal: Mr Speaker, Sir, in accordance with the Quarantine (COVID-19 Restrictions) Regulations 2022, no employee of a specified institution shall be provided access thereto unless he produces his COVID-19 vaccination card, certifying that he has been fully vaccinated.

In case he has not been vaccinated with a COVID-19 vaccine, a COVID-19 test certificate from a medical practitioner, certifying a negative result dating back to not more than 7 days from the date of the COVID-19 test was undertaken.

Mr Speaker, Sir, the fourth schedule provides for the list of specified institutions which comprise, *inter alia*, educational institutions, health institutions, residential care home, airport and seaports.

Mr Speaker, Sir, in February 2023, the quarantine period has further been extended until 31 August 2023. Therefore, all provisions under the Quarantine (COVID-19 Restrictions) Regulations 2022 will remain in force until such time so as to protect our population from COVID-19 and the emerging variants of SARS-COV2. Consequently, all employees of such institutions should therefore adhere to provisions of the regulations in respect of access to their respective workplaces.

Mr Speaker, Sir, while COVID-19 is no longer a public health emergency, it is still a disease of concern and requires continuous monitoring. Accordingly, the COVID-19 situation is being closely monitored by the relevant authorities, especially in the context of

the onset of the winter season. Should the need arise, consideration will be given to review the regulations in respect of access to workplace.

Ms Anquetil: Je vous remercie, M. le président. Depuis juin 2022, comme l'a si bien dit le ministre, les restrictions liées à la Covid-19 ont été assouplies et la plupart des compagnies aériennes...

Mr Speaker: You have a question to clarify? You want to clarify something? If you want to clarify something, clarify!

Ms Anquetil: Yes, I want to clarify, yes.

Mr Speaker: Put the question!

Ms Anquetil: Le ministre pourrait-il expliquer à la Chambre les raisons de cette discrimination spécifique envers le personnel navigant commercial à l'aéroport qui est la seule catégorie d'employer...

Mr Speaker: Good! Your question is complete now. Let the Minister reply!

Dr. Jagutpal: Yes, Mr Speaker, Sir. If this is a question of discrimination, protecting other passengers as well as other crew members, where there is a provision that in case, he or she has not been vaccinated with COVID-19 vaccine, that person has to provide a COVID-19 test certificate from a medical practitioner certifying that he has a negative result of not more than seven days. So, already there is a provision – if that person is not willing to be vaccinated, he/she has to produce his/her COVID-19 vaccination certificate. If you don't do so, unfortunately, we have to abide because we have to protect passengers as well as other crew members.

Ms Anquetil: Last one, Mr Speaker, Sir, please?

Mr Speaker: But mind your question!

Ms Anquetil: Thank you, Mr Speaker, Sir. Dans un esprit de solidarité humanitaire, est-ce que le ministre envisage d'inviter son collègue l'honorable Soodesh Callichurn, ministre du Travail, le State Law Office et Air Mauritius à se réunir autour d'une même table pour trouver une solution pour ces 15 familles qui sont privées de salaire depuis février 2022? Merci.

Dr. Jagutpal: Mr Speaker, Sir, I am just speaking out of memory. There is a case lodged from the members that the hon. Member has mentioned. So I do not know if it is appropriate have a meeting with the families when there is a Court case. I believe I will

seek the advice of the State Law Office whether we can do a meeting when there is a case lodged. Probably I will forward you the information on this.

Mr Speaker: So, the Table has been advised that PQs B/852, B/855, B/857, B/863, B/869, B/875, B/884, B/886 and B/890 have been withdrawn.

Next question! Would that be the question from hon. Richard Duval?

Mr R. Duval: I've withdrawn it.

Mr Speaker: You have withdrawn your question. So, who comes next? You are not following?

DENGUE FEVER – REPORTED CASES

(No. B/852) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Minister of Health and Wellness whether, in regard to dengue fever, he will state the –

- (a) number of reported cases thereof from January 2022 to date, indicating the –
 - (i) regions with a higher incidence thereof, and
 - (ii) actions taken, if any, by his Ministry in relation thereto, and
- (b) preparedness campaign of his Ministry for year 2023.

(Withdrawn)

Mr Yeung Sik Yuen: *Mikro pann alime matlo! Mikro pann alime!*

FORUM, CUREPIPE – RENOVATION

(No. B/854) Mr M. Yeung Sik Yuen (Second Member for Curepipe & Midlands) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the Forum in Curepipe, he will, for the benefit of the House, obtain from the Municipal Council of Curepipe, information as to if the renovation of the temporary structure thereof is being envisaged or alternatively the construction of a new building is in the pipeline and, if not, why not.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Speaker, Sir, I wish to inform the House that presently, the Ministry of Housing and Land Use Planning is working on a Master Plan for the town of Curepipe, especially in the context of the Metro Express project and the forthcoming Urban Terminal thereat.

Once the Master Plan is finalised, then a decision will be taken with regard to the renovation of the temporary structures thereat, if required.

Mr Yeung Sik Yuen: Mr Speaker, Sir, in fact, my last question on the Forum of Curepipe was on 20 April 2021 where the Vice-Prime Minister replied to us that there was a Master Plan coming. It's already two years back, 24 months...

Mr Speaker: No, no. You put a question and the Minister replies to that question!

Mr Yeung Sik Yuen: Can we know...

Mr Speaker: Exactly!

Mr Yeung Sik Yuen: Can we know...

Mr Speaker: You see...

Mr Yeung Sik Yuen: I am coming!

Mr Speaker: ...how good you are?

Mr Yeung Sik Yuen: Can we know when will the Master Plan be finalised? It is already 26 months, in fact.

Mr Speaker: Good!

Dr. Husnoo: Mr Speaker, Sir, the Master Plan is being worked out at the level of the Ministry of Housing and Land Use Planning. So, it is a bit difficult for me to answer.

(Interruptions)

Mr Speaker: Please, do not comment! What is this? We are not in a supermarket, we are in Parliament!

(Interruptions)

Do you have another? Okay good.

Next question! Members are not following their turn!

(Interruptions)

Members are warned that they should follow their turn! Some questions have been withdrawn but they should know when their turn comes.

BON ACCUEIL, BELVEDERE & LAVENTURE – PIPE LAYING PROJECTS

(No. B/855) Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil) asked the Minister of Energy and Public Utilities whether, in regard to the projects for the

laying of pipes in the regions of Bon Accueil, Belvédère and Laventure, he will, for the benefit of the House, obtain from the Central Water Authority, information as to where matters stand as to the implementation thereof.

(Withdrawn)

GOVERNMENT BORROWING REQUIREMENTS – DOMESTIC & FOREIGN DEBTS

(No. B/856) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Minister of Finance, Economic Planning and Development whether, in regard to Government borrowing requirements, he will state the domestic and foreign debts contracted in terms of securities, loans and line of credits and other borrowings, since 2015 to date, giving a breakdown thereof, indicating the interests and management/service charges being paid therefor.

Dr. Padayachy: M. le président, je remercie l'honorable membre pour cette question. Je lui explique que les informations actuellement sont en cours de compilation et seront très prochainement présentées et déposées à l'Assemblée. Merci.

Mr Ramful: I have one supplementary question. I can see from the Budgetary Estimates that the Government proposes to take a loan of Rs11.3 billion from the World Bank. May I know the purpose for that loan, if we could have some details?

Dr. Padayachy: Je n'ai pas nécessairement les informations. Je ne voudrais pas dire quelque chose qui ne soit pas complètement vrai ici à l'Assemblée. Je préférerais attendre pour vérifier les informations concernant ce prêt avec la banque Mondiale parce qu'il y a des demandes par rapport à certains projets, en particulier le projet de l'aéroport à Rodrigues, mais j'aimerais que ce soit sûr que c'est de ce projet qu'on parle.

Mr Ramful: Can I know from the hon. Minister, whether he is in a position to provide to the House the percentage increase in the interest of the loans, we are talking about the foreign loans, given that the Rupee has depreciated since 2015 vis-à-vis the USD and the Euro. Do we have the percentage increase on the interest?

Dr. Padayachy: Pareil. M. le président, on est en train de compiler toutes ces données. Il y aura tous les éléments. On va faire une comparaison par rapport aux différentes années et voir quelle a été la progression, en particulier si c'est le taux d'intérêts parce que comme ce sont souvent des *floating*. Donc, il y a eu une hausse au niveau du repo et du taux directeur dans de nombreux pays et aussi à Maurice. Donc,

l'impact a été une augmentation de la charge de la dette par la suite. Donc, on est en train de travailler dessus pour pouvoir fournir à l'Assemblée des informations précises.

Mr Speaker: Hon. Members, the Table has been advised that PQ B/859, B/874, B/877, B/880, B/883, B/898 have been withdrawn.

Now, so many questions withdrawn. Whose turn is it? B/864?

Dr. Gungapersad: Thank you, B/864 yes...

Mr Speaker: Wait a minute! Wait a minute! I am instructing the Table to find a way to give advance notice to Members so that they know their exact turn.

Dr. Gungapersad: B/864.

Mr Speaker: B/864!

GERIATRIC HEALTHCARE UNIT – SETTING UP

(No. B/857) **Mr A. Ittoo (Third Member for Vacoas & Floréal)** asked the Minister of Health and Wellness whether, in regard to the setting up of a Geriatric Healthcare Unit as per the recommendation of the Integrated Care for Older People National Action Plan, he will state where matters stand.

(Withdrawn)

MAURITIUS POST LTD – PARCEL POST – CONTROL

(No. B/858) **Mrs S. Mayotte (Second Member for Savanne & Black River)** asked the Minister of Information Technology, Communication and Innovation whether, in regard to parcel post, he will, for the benefit of the House, obtain from the Mauritius Post Ltd., information as the measures taken for a better control of illicit products conveyed by post in Mauritius.

(Withdrawn)

ATHLETES – HIGH LEVEL ASSISTANCE

(No. B/859) **Ms J. Tour (Third Member for Port Louis North & Montagne Longue)** asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to high level assistance to athletes, he will table a list of the names benefitting therefrom and the quantum thereof.

(Withdrawn)

REGIONAL PUBLIC HOSPITALS & PUBLIC HEALTH CARE CENTERS – E-HEALTH

(No. B/860) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Minister of Health and Wellness whether, in regard to the introduction of the E-Heath in regional public hospitals and other public health care centers, he will state where matters stand, indicating the –

- (a) total cost of the project and the sum disbursed as at date;
- (b) the company implementing same, and
- (c) expected date of introduction thereof.

(Withdrawn)

INDIAN OCEAN ISLAND GAMES – ACTIVITIES

(No. B/863) Mr J. B. Léopold (Second Member for Rodrigues) asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to the forthcoming Indian Ocean Island Games, he will state if his Ministry proposes to organise activities with a view to promoting the interest of the youth of the Republic of Mauritius, other than sportsmen, therein and, if so, give details thereof.

(Withdrawn)

ANSE LA RAIE REGIONAL OUTDOOR EDUCATION & RECREATION CENTRE – OUTDOOR EDUCATION PROGRAMMES

(No. B/864) Dr. M. Gungapersad (Second Member for Grand’Baie & Poudre d’Or) asked the Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology whether, in regard to the introduction of the outdoor education programmes in the secondary school curriculum for grades 10 to 12 students as announced in the 2021-2022 Budget Speech, she will state where matters stand as regards the conversion of the Anse la Raie centre into a Regional Outdoor Education and Recreation Centre.

The Minister of Youth Empowerment, Sports and Recreation (Mr S. Toussaint): Mr Speaker, Sir, with your permission I will reply to this PQ.

Mr Speaker, Sir, as the House is aware in the 2021-2022 Budget Speech, it was announced –

“To ensure that our youth develop a positive relationship with their surroundings, we will introduce Outdoor education programs in the secondary school curriculum for all students in Grades 10 to 12.”

The Anse la Raie Regional Outdoor Education and Recreation Centre was handed over to the Mauritius Sports Council in August 2021. The refurbishment of the Centre was carried out by the in-house team of the Mauritius Sports Council. The Centre started to receive users as from January 2022.

The Outdoor Education Programme started with 20 colleges as a first pilot project as from May 2022 up to 23 July 2022. Five colleges attended the first pilot project namely

–

- (i) Goodlands SSS;
- (ii) Pamplemousses SSS;
- (iii) Loreto College of Port Louis;
- (iv) Quartier Militaire SSS;
- (v) Royal College of Port Louis.

The Outdoor Education Programme resumed this year as a second pilot project as from 14 March 2023. Four colleges have attended the Anse la Raie Regional Outdoor Education and Recreation Centre as at 22 June 2023 and are as follows –

- (i) Droopnath Ramphul State College;
- (ii) Islamic Cultural College;
- (iii) Triolet SSS;
- (iv) Terre Rouge SSS.

As at date, a total of Rs1,085 participants have attended the Anse la Raie Regional Outdoor Education and Recreation Centre. Thank you, Mr Speaker, Sir.

Dr. Gungapersad: Thank you, Mr Speaker, Sir. Thank you, hon. Minister. May I know from you whether these students who go there from Grade 10 to 12 stay there overnight, what we normally term as residential workshops, or is it only during daytime workshops that are carried out?

Mr Toussaint: No, these activities are during daytime and they are within the normal school hours.

Dr. Gungapersad: One last question, Mr Speaker, Sir. We have students who participate in the Duke of Edinburgh's Award Scheme as you know. Do these students get this possibility to stay overnight over there during their Duke of Edinburgh's Award Scheme?

Mr Toussaint: Although this question Duke of Edinburgh's is not closely related, I will answer to it because I know the subject matter very well. Those students doing

residential projects for their Duke of Edinburgh's, be it bronze, silver or gold level, they ask for places to stay overnight including Anse La Raie.

NEW LINK ROAD – LA VIGIE-LA MARIE-BEAU SONGES

(No. B/866) Mr N. Bodha (Second Member for Vacoas & Floréal) asked the Minister of National Infrastructure and Community Development whether, in regard to the ongoing construction of the new road linking La Vigie to La Marie and Beau Songes, he will state if consideration will also be given for the upgrading of the road from La Marie to Petrin towards Ganga Talao.

(Withdrawn)

DENGUE CASES (REGISTERED) – MAURITIUS & RODRIGUES – PROTOCOLS

(No. B/867) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Health and Wellness whether, in regard to dengue fever, he will state the number of registered cases thereof in Mauritius and Rodrigues to date, indicating the established protocols put in place therefor.

(Withdrawn)

Mr Speaker: Next question!

The Minister is absent, so, we move on. Next question will be...

So, the Table has no good system. The Table should be careful about that.

Mr Ramful: I have already withdrawn that question.

Mr Speaker: So, which question comes now? PQ B/870. Hon. Quirin is not here. Then we have B/871!

So, before answering, the Table should make it a duty to find a good means of communicating these questions to the Chair!

Question B/871! Is the Minister here?

Mr Callichurn: Yes!

WORK PERMIT – RENEWAL PROCESS

(No. B/871) Mr R. Wochit (Third Member for Pamplemousses & Triolet) asked the Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection whether, in regard to the annual renewal of work permit to the existing expatriates working in Mauritius, he will state if his Ministry has

made any assessment for the time frame thereof and, if so, indicate the measures being envisaged to improve the processing thereof.

Mr Callichurn: Mr Speaker, Sir, I wish to inform the House that a daily monitoring is carried out at my Ministry with a view to ensuring that applications for work permit – be it for new work permit or for renewal of an existing work permit – are processed promptly and diligently.

I must admit, however, Mr Speaker, Sir, that due to the various mandatory processes that an application has to go through before it is determined, including due diligence and a security check by the Passport and Immigration Office, the processing time currently takes a minimum of three weeks. With a view to further reducing this processing time, a series of measures have been announced in the Budget Speech 2023. These include –

- (i) applications for work permit to be made electronically on the national e-licensing platform, thus ensuring a faster processing;
- (ii) the introduction of a list: a silent-is-consent principle of four weeks so as to ensure that applications are determined within a maximum period of four weeks, and
- (iii) the removal of ratio of foreign workers to local workers for certain sectors.

With these measures, Mr Speaker, Sir, I am confident that very soon, work permit will be delivered in a much shorter timeframe.

Mr Wochit: Is the Minister aware that applications for a renewal of work permit are beyond nine-month actually?

Mr Callichurn: No, it is not true.

Mr Wochit: It is true!

Mr Callichurn: You can't say an application for renewal is taking nine months. I have just answered that it is being done within the shortest possible delay – within a reasonable time. You need to understand that there are processes that need to be followed before an application is determined. That's why it takes reasonable time, not as long as you mentioned.

Mr Wochit: Are there any plans to introduce online or digital platform to facilitate the renewal process for expatriates and for fairness and transparency and one that aligns with the needs of both expatriates workers and workers' labour market?

Mr Callichurn: Of course, Mr Speaker, Sir. I have just answered that we have introduced the national e-licensing platform. So, all applications are being channelled through this platform and are being determined accordingly.

Mr Speaker: So, we go back to question B/868.

Hon. Minister, you should be here during Question Time!

ARTIST INCUBATOR SCHEME – ELIGIBILITY CRITERIA – BENEFICIARIES

(No. B/868) Mrs A. Navarre-Marie (Fourth Member for GRNW & Port Louis West) asked the Minister of Arts and Cultural Heritage whether, in regard to the Artist Incubator Scheme, he will state the –

- (a) date of the coming into operation thereof;
- (b) eligibility criteria to benefit therefrom, and
- (c) number of beneficiaries thereof, giving the list thereof.

Mr Teeluck: My apologies, Mr Speaker, Sir.

Mr Speaker, Sir, the Artist Incubator Scheme is a measure announced in the Budget Speech 2022/23 with the main objective of nurturing emerging talents. My Ministry is implementing the new scheme on a pilot basis in the music sector – song category. The purpose of the scheme is to empower emerging talents to learn the basics of the industry in terms of music composition, lyrics, production and marketing.

With regard to part (a) of the question, I am apprised that the call for application for the Artist Incubator Scheme was launched by my Ministry on Friday, 10 February 2023 and the deadline for submission of the applications was on Friday, 03 March 2023. I am informed that to ease the application process, artists were invited to submit, as per section 5 of the guidelines, their personal details by WhatsApp.

With respect to part (b) of the question, I am informed that an evaluation panel was constituted which considered the following evaluation criteria –

- (i) applicants should be of Mauritian nationality;
- (ii) applicants should be either individual artists or groups who are emerging in the respective field and who have never presented an artistic project to the public;
- (iii) talent of the artist;
- (iv) interest to proceed with empowerment and training, and

- (v) intention to pursue a musical career.

In the course of its evaluation, the Panel noted that although some of the applicants had participated in the production of artistic works as a group member previously, they are now performing as solo artists. As such, they would still require support under the scheme to pursue a career in the music industry as they were not established artists.

Mr Speaker, Sir, with regard to part (c) of the question, I wish to inform the House that 27 applications were received under the Artist Incubator Scheme and an evaluation exercise was conducted by a Panel and following that exercise, the Panel recommended that 11 applications be retained under the scheme. The list of the selected applicants is being tabled accordingly.

Mrs Navarre-Marie: Merci. Le ministre pourrait-il nous donner les détails sur les dépenses encourues à ce stade sous ce *scheme* ?

Mr Teeluck: Expenses as at now under the scheme, if I do have information – there have not been substantial expenses. May I remind the House that for Financial Years 2022/2023 and 2023/2024, an amount of Rs5 million has been allocated under my Ministry's budget. As I said, there have not been much expenses because it was mainly advertising, calling for participation and setting up the evaluation panel. So, expenses will be incurred as from now with the implementation of the Scheme with those 11 applicants.

Mrs Navarre-Marie: Le ministre peut-il nous dire à travers quels medias les critères avaient été publiés?

Mr Teeluck: The local press, daily press, Facebook and on the website of the Ministry.

NON-OLYMPIC FEDERATIONS – ALLOCATED BUDGET

(No. B/869) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to the non-Olympic federations, he will state the number thereof registered with his Ministry, indicating in each case the –

- (a) number of athletes licensed thereto, and
- (b) the budgetary entitlement therefor, further indicating if consideration will be given for the increase thereof.

(Withdrawn)

Mr Speaker: Time over!

MOTION

SUSPENSION OF S.O. 10(2)

The Deputy Prime Minister: Mr Speaker, Sir, I move that all the business on today's Order Paper be exempted from the provisions of paragraph (2) of Standing Order 10.

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun) seconded.

Question put and agreed to.

(4.23 p.m.)

STATEMENTS BY MINISTERS

G20 TOURISM MINISTERIAL MEETING 2023

The Deputy Prime Minister: Mr Speaker, Sir, with your permission, I wish to make a statement to the House furthered my participation in the G20 Tourism Ministerial Meeting which was held on 21 and 22 June 2023 in Goa, India.

The House is aware that India has assumed the presidency of the G20 for the period 01 December 2022 to 30 November 2023. In line with the usual practice, a few countries are invited by the G20 presidency as guest countries in the G20 Meetings and Summit. Mauritius is privileged to be one among the few countries which India has invited as a guest country to participate in the G20 Meetings and Summit this year.

There are different thematic areas which are discussed throughout the G20 process and one of them is tourism. The G20 India presidency set up a Tourism Working Group to elaborate with the assistance of the United Nations World Tourism Organisation, a roadmap for tourism as a vehicle for achieving the sustainable development goals based on five interconnected priority areas namely –

- (i) Green tourism;
- (ii) Digitalisation;
- (iii) Skills;
- (iv) Tourism;
- (v) Micro, small and medium enterprise, and
- (vi) destination management.

My Ministry was invited to form part of the G20 Tourism Working Group which met on four occasions and these meetings culminated in the G20 Tourism Ministerial Meeting which was chaired by Shri G. Kishan Reddy, hon. Minister of Tourism, Culture and Development of North Eastern Region of India.

The Meeting of the Ministers of Tourism of the G20 countries, which I attended, took cognizance of the development by the Tourism Working Group, of the Goa Roadmap for Tourism and agreed to an “Outcome Document and Chair’s Summary”.

Moreover, in the course of the meeting, I had the opportunity to address the Meeting as to the issues and challenges in global tourism today and conducted several bilateral consultations to promote Mauritian tourism.

I shall, with your permission, Mr Speaker Sir, arrange for the “Goa Roadmap” and the “Outcome Document” to be placed in the Library of the National Assembly.

Thank you.

(4.25 p.m.)

SOMMET POUR UN NOUVEAU PACTE FINANCIER MONDIAL

The Minister of Finance, Economic Planning and Development (Dr. R. Padayachy): M. le président, à l’initiative de la Présidence de la République française, Monsieur Emmanuel Macron a réuni la semaine dernière à Paris les représentants d’une centaine de pays ainsi que ceux des organisations et institutions financières internationales mais également les acteurs de la société civile, du monde académique et du secteur privé.

J’ai, dans ce contexte, eu l’honneur d’être délégué par notre honorable Premier ministre, Pravind Kumar Jugnauth, et ainsi de représenter la République de Maurice au Sommet pour un nouveau pacte financier mondial.

Lors du Sommet, la communauté internationale s’est accordée afin de poser les bases d’un système financier international renouvelé, innovant et inclusif.

Le but étant que plus aucun pays n’ait encore à choisir entre la réduction de la pauvreté et la lutte contre le dérèglement climatique.

Alliant tables rondes et présentations stratégiques de haut niveau, les discussions ont principalement porté sur l’impératif de concrétiser les engagements de solidarité internationale déjà pris en faveur des pays les plus vulnérables.

Dans la perspective du Sommet du G20 en Inde et de la COP28 aux Émirats arabes unis au cours desquels des décisions ambitieuses devront être prises, nous avons

notamment échangé sur la nécessité de mobiliser des fonds concessionnels plus importants et des investissements croissants d'investisseurs privés.

J'ai eu à ce titre l'opportunité de participer en tant qu'intervenant au panel portant sur la thématique du financement de la transformation numérique, aux côtés de –

- Monsieur Ambroise Fayolle, Vice-président de la Banque européenne d'investissement ;
- Mme Marie Lam-Frendo, Directrice générale du G20 *Global Infrastructure Hub* ;
- Monsieur Pascal Lamy, Président du Forum de la Paix et ancien Président de l'OMC.

M. le président, l'un des principaux enjeux du Sommet était de construire une feuille de route pour établir ce nouvel ordre financier mondial.

La solidarité internationale, au cœur des discussions, a motivé la décision commune de transformer l'architecture financière internationale actuelle afin de la rendre plus efficace, plus équitable et bien mieux adaptée aux enjeux économiques et sociaux, environnementaux du monde contemporain.

Fort d'un objectif partagé, j'ai eu le privilège de porter la voix de Maurice comme petit Etat insulaire en développement largement exposé aux risques induits par le changement climatique.

Après de longs échanges, nous avons identifié et nous nous sommes accordés sur la mise en place de 4 grands principes directeurs, à savoir –

- « Premièrement, aucun pays ne devrait avoir à choisir entre la lutte contre la pauvreté et la préservation de la planète.
- Deuxièmement, les pays doivent s'approprier les stratégies en matière de transition et ceux qui sont confrontés à des besoins différents peuvent adopter divers scénarios de transition, tout en conjuguant leurs efforts pour atteindre les objectifs de l'Accord de Paris.
- Troisièmement, nous avons besoin d'une impulsion financière et de plus de ressources pour aider les économies vulnérables à sortir leur population de la pauvreté, tout en protégeant la planète ; et
- Quatrièmement, le système financier international doit être plus performant et le rôle des capitaux privés doit être accru. Notre aptitude à relever les défis

mondiaux dépendra fondamentalement de l'augmentation des flux de capitaux privés pour transformer les économies émergentes et en développement, parvenir à un monde à zéro émission nette et respectueux de l'environnement et réduire les inégalités plus efficacement. »

M. le président, il ressort du Sommet pour un nouveau pacte financier mondial que les pays vulnérables au changement climatique ont besoin d'une forte impulsion financière pour soutenir les mesures concrètes adoptées.

A cet égard, l'objectif visant à allouer 100 milliards de dollars de droits de tirage spéciaux aux pays les plus exposés, en particulier en Afrique sera réalisé.

En parallèle, le partenariat public privé a été au centre du débat. Dans ce contexte, chaque dollar prêté par les banques multilatérales de développement devrait s'accompagner d'au moins un dollar de financement privé.

Les banques multilatérales devraient ainsi mobiliser au moins 100 milliards de dollars de financement privé chaque année à destination des économies émergentes et en développement et augmenter leur capacité de prêt pour atteindre au moins 200 milliards de dollars au cours des 10 prochaines années. Cela devrait profiter aux projets d'infrastructure en Afrique.

Enfin, la question des procédures en matière de suspension et de traitement de la dette lorsque cela est nécessaire, notamment pour accroître la marge de manœuvre budgétaire des pays surendettés a été largement traitée.

En vertu des impératifs climatiques adossés à ceux de la consolidation fiscale, ce processus nécessite des instruments spécifiques, notamment des clauses de suspension de la dette en cas de catastrophes naturelles d'origine climatique.

Enfin, et au regard des points sur lequel les parties prenantes se sont accordées, le Sommet a également été l'occasion d'emboîter le pas sur les travaux connexes qui se poursuivront en collaboration avec le G20 et les présidences de la COP climat.

Dans cette perspective, de nouvelles pistes de fiscalité internationale seront explorées afin de respecter nos engagements en matière de climat. Ces discussions sont déjà entamées au niveau de mon ministère.

M. le président, par ailleurs, en amont et en marge du Sommet, j'ai également eu l'occasion de m'entretenir, lors de réunions bilatérales, avec certains de mes homologues ministres des finances ainsi que les représentants d'institutions publiques internationales.

Merci.

PUBLIC BILL

Second Reading

THE CENTRAL MEDICAL PROCUREMENT AUTHORITY BILL

(NO. IV OF 2023)

Order read for resuming adjourned debate on the Central Medical Procurement Authority Bill (No. IV of 2023).

Question again proposed.

Mr Speaker: Hon. Mrs Luchmun Roy!

(4.32 p.m.)

Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue): Thank you, Mr Speaker, Sir, for giving me the floor and the opportunity to bring my humble contribution to this important Bill, which is undeniably one of the most important that this Government and its alliances have presented in this temple of democracy.

Mr Speaker, Sir, in introducing this Bill, the Government is sending a strong signal and this is what the Members on the other side of the House, the Opposition bench, does not seem to understand or pretend not to understand the why of this Bill.

I have been listening carefully to all the debates on both sides of the House. I have been listening carefully to the speech of hon. Dr. Boolell and hon. Juman as well. But I want to pick up on a comment made by the Second Member of Beau Bassin and Petite Rivière, hon. Mrs Foo Kune-Bacha, who definitely read a beautifully prepared speech by the experts of MMM, we know it very well, *et je cite*, she says –

« Faisons le bilan de ces dernières années »

This has triggered my mind and I have been researching about the *bilan* of the Minister of Health. She tried to do the *bilan*. We all know, I think, history is proof that MMM is a party which has always had a price tag to the life of its citizens. I will elaborate on it later on.

But when she mentioned about *le bilan du ministère de la Santé*, let me tell you, Mr Speaker, Sir, *le bilan du ministère de la Santé* is the number of patients who have been

suffering from COVID-19 till date. 42,665 patients suffered from COVID-19. We, Members in the House, have been through this. We have had families; we have had friends who have been through that moment where we had someone who was suffering from COVID-19. But the number of patients, this is the *bilan* of the Ministry of Health, which recovered from the COVID-19, is 40,929. This is the *bilan* of the Minister of *la Santé*.

Referring to the World Bank, let me just mention to the hon. Member there, the World Bank on the 01 of July 2020 mentioned that Mauritius delivered, it's not, I quote, it's not us partisans as we say, it's not as Members of the Government who are saying this but it is an official document of the World Bank which says this –

“Mauritius delivered a highly successful health response to the global COVID-19 pandemic through a hard lockdown and subsequent quarantine measures and as a result has effectively been COVID free.”

This is the bilan of the Minister hon. Dr. Jagutpal, hon. Mrs Foo Kune-Bacha.

It is very important for us to highlight this because people are following the debates and they need to know that the hon. Minister of Health has taken some bold and urgent measures to save the lives of its people. There have been so many questions put forward by hon. Juman, hon. Mrs Foo Kune-Bacha and my answer to those question is yes; yes if we need to buy oxygen, yes if we need to get medication, yes if we need to get masks or any kind of medication whether it is a *boulangier*, whether it is a *quincaillerie* or even your *coiffeur*, hon. Mrs Foo Kune-Bacha, then the answer is yes if it requires to save the lives of my family, your family, of all the Mauritian citizens, then the answer is yes to all the questions that have been put forward in this House and this is what we call an emergency. Nobody was ready or prepared, not even the world was prepared for COVID-19. It was the very first time that this happened and I would say hats off to the hon. Minister Jagutpal who has delivered and has saved so many patients and the figures are statement, Mr Speaker, Sir.

As I said it, in my initial statement, Mr Speaker, Sir, for Members of the MMM who are coming here to give us lessons, as I said it earlier, they have a price tag to people's life.

Mr Speaker, Sir, this brings me to the year 1983-1984 which is a very crucial year for Mauritius and I remember my hon. Colleague, Bobby Hurreeram mentioned this to this House which is very important because I think this is something which needs to be taken forward and this is something which needs to be highlighted. It was in the year 1983-1984 where the country was deprived of rice and this is where late Sir Anerood Jugnauth said, I quote –

“*Moralité pas rempli ventre.*”

And I would here like to quote an article from El Figaro which appeared in L’Express, which I can definitely table – where in the article, it says clearly what happened at that time. I quote –

« L’affaire de «*moralité pas rempli ventre*» remonte à 1983-84, quand Taïwan qui prétendait être la vraie Chine décida de faire un don de riz à Maurice. Suivant la reconnaissance de la République populaire de Chine (RPC) par Sir Seewoosagur Ramgoolam (SSR) en 1972, Maurice avait coupé ses liens avec Taïwan, une île rebelle que la Chine revendique comme son territoire. »

Further down in the same article, Mr Speaker, Sir, it says –

« MMM qui, comme les travaillistes, estima que Maurice ne reconnaissait que la RPC et qu’il était fortement répréhensible et immoral de la part de notre pays d’entretenir des relations avec Taïwan. C’est dans ce contexte que Taïwan ajouta un don de riz aux poupées. Puisque Maurice était lui-même en difficulté au début des années 80, ce don de riz aida le pays. »

This should be highlighted and this is when, of course, the rice, just imagine at that point in time, we were in a difficult situation, there was no rice. What did we do? *C’était bien sure* put the population first. *C’était bien sure* put our people first, this is the DNA of the MSM Party, Mr Speaker, Sir. Ce riz, M. le président a aidé notre population.

Anyways it only comes to confirm that we, on this side of the House, *nous sommes à l’écoute de la population* and the Prime Minister as well as his Minister of Health did what they deem correct and right to save the lives of its people, even if it was going out of their way to saving the life of the former Prime Minister.

Instead of welcoming this Bill and showing gratitude Mr Speaker, Sir, what did we hear in this august Assembly? *Quel est le bilan* of this Minister? I would rather advise the hon. Second Member of Beau Bassin and Petite Rivière to rather do a *bilan* of her party which has a price tag to life of people and also a *bilan* of being in the Opposition. So we have no lessons to take from you, hon. Member.

Coming back to my speech, Mr Speaker, Sir, I would like to congratulate the hon. Minister for presenting such a bold Bill to this House and I would keep the pandemic as the backdrop of my speech. I shall continue my speech relating to the Bill being presented right now. The urgent and unknown health concerns, lockdown measures and closures of our borders during the COVID-19 crisis have contributed in creating a disruption in supply

and distribution chains of goods, works and services in the public sector needs. During the pandemic there was the urgent need around the world to protect its population to ensure food security to save lives amongst others. The focus during the pandemic was mainly accessing the urgent demand for health care that is, we had urgent needs, we had urgent requirement of having ventilators, oxygen, facemasks, the protective gloves, medicines, intensive-care materials, COVID-19 tests among others.

As a consequence of that huge and urgent demand, the public buyer found itself with only one supplier or no supplier at all to be able to cater for the quantity. This has been the case not only in Mauritius but in several countries across the world and we have had to use emergency procurement methods to save many lives among others. We often like to compare ourselves with international countries and here, I would like to refer to the United Kingdom which in March 2020 adopted a policy note to provide guidance on the procurement procedures that can be used to purchase goods, services and works for emergency, I quote –

“The policy says it clearly that the direct awards can be used should the following conditions be met. There are genuine reasons for extreme urgency the events that have led to a need for extreme urgency. It is possible to comply with usual timeless scales, also access whether these conditions are still met and keep a written justification for the need of the direct award as well.”

And today, we are here debating, Mr Speaker, Sir, about a bill which comes to correct all the anomalies. For years now, the audit report has constantly as we say, *tire la sonnette d’alarme* with regards to the Electronic Inventory Management System at the Ministry when it comes to managing the stocks and in its February Report 2023 on page 305, the summary findings, I quote, it says –

“Decisions were made based on inaccurate stock balances.”

And on page 309, recommendations state that –

“The Ministry should ensure that correct procedures are followed regarding discrepancies recorded after a physical inventory exercise and timely actions are taken for the shortcoming noted.”

Mr Speaker, Sir, according to a study, medicines and medical products typically for like 20 to 30% of the global health spending. World Health Organisation 2010 mentions it clearly and possibly more in low and middle income countries as well. Therefore ensuring that drugs and medical products are procured in a cost efficient way could save a lot of

money for ministries and the study also mentions that poorly designed procurement system can increase the cost of delivering health services or reduce the availability of appropriate medical products.

Mr Speaker, Sir, the Medical of Procurement Authority Bill in its Explanatory Memorandum highlights the role of the Authority and it has the duty and the responsibility to ensure the procurement of medical supplies, the warehousing of same, the supply and distribution of same as well and the most important one is ensuring that the stock level of medical supplies in the public health institutions are maintained and are available at all times. This, Mr Speaker, Sir, has been one of the recommendation of the Audit Report which Members of the Opposition will certainly not say. They will only bring forward what has been highlighted, what the Audit Report has highlighted but they will not come forward with the recommendations which are being implemented in through this Bill.

Mr Speaker, Sir, another important element of the Bill which needs the attention of one and all is part 3 that is, the procurement of medical suppliers, sub part (a) procurement policies and planning section 16 procurement planning section (a) –

“The Authority shall abstain from processing unplanned tenders.”

It is written *noir sur blanc* that the authority shall abstain from processing any unplanned tenders. That is we are coming to correct what has been done previously. This section, Mr Speaker, Sir, makes it clear that the authority has the power and has the authority as well to stop anything which they feel is not correct according to this Bill.

Mr Speaker, Sir, the Bill is very explicit, detailing every single detail of the medical procurement. If you go through it, it is like 59 pages with all the details from the procurement authority to the administration and management authority to also the procurement policies and planning, the methods, the stages as well. Some have been canvassed in this House, so I will abstain from going back again to that. I would once again say it, Mr Speaker, Sir, that one should not forget that COVID-19 has taught us lessons and showed us the loopholes in our system and this Bill will now ensure the overall efficiency of our system.

Mr Speaker, Sir, I would like to conclude now. For the sake of transparency, this Bill comes as an opportune time as we, as a Government, we recognize all the challenges and pressures faced during the COVID-19. By introducing this robust Bill, we are sending a strong signal, that of transparency. I would like to congratulate the hon. Prime Minister, the driving force of this Government, and the Minister of Health and Wellness for presenting this Bill but, most importantly, all the frontliners. This is an opportunity for us,

Members, to once again congratulate all the frontliners who during the pandemic, sacrificed their family and lives to save those of others.

I thank you for your attention, Mr Speaker, Sir.

Mr Speaker: Hon. Bodha!

(4.46 p.m.)

Mr N. Bodha (Second Member for Vacoas & Floréal): I thought you would break for tea time.

Mr Speaker: You prefer?

Mr Bodha: Yes. I can start.

Mr Speaker: We have thirteen minutes left, so you have 20 minutes.

Mr Bodha: Let us start, let us start!

Mr Speaker: Yes, please.

Mr Bodha: Because I want to move from 1983 to 2023.

Mrs Luchmun Roy: Ah, you were there!

Mr Bodha: Yes, I know this.

Merci, M. le président. D'emblée je souhaiterais dire que je ne vois pas l'utilité de la création du *Central Medical Procurement Authority Bill*. Je pense que la solution aurait été tout simplement un amendement de l'Act principale, c'est-à-dire, *the Public Procurement Act and with a specific section allocated to the purchase of medical supplies because of their specificity, which the hon. Minister has mentioned in his Second Reading of the Bill*.

Let us see what he said. *Le ministre parle de cumbersome system, il parle de –*

- specific and unique items;
- specialised needs;
- delays;
- supply defaults;
- poor planning;
- massive overtime;
- lowest bidder syndrome;
- supplier default, and
- staggered supply problems.

Et il se réfère bien sûr au rapport de l'audit du 2005-2006.

Mais, M. le président, voyons les vrais problèmes. Les vrais problèmes du système sont premièrement le problème de compétence et de professionnalisme. C'est un système complètement dépassé. Effectivement, nous avons eu des scandales qui ont fait frémir l'épisode de, je prends l'épisode de Molnupiravir et je vais dire quelques mots sur l'épisode des *ventilators* parce qu'il y a quelques détails que je peux apporter. Donc nous avons eu la saga des *ventilators* avec Pack & Blisters. Nous avons eu les acquisitions douteuses avec des pertes de millions pendant le Covid et nous avons eu les abus de *l'emergency procurement* pendant la pandémie.

Différents collègues de ce côté de la Chambre ont énuméré avec insistance les différentes scandales qui ont choqué le pays. On a même dit qu'au nom d'une noble mission, sauver des vies. Nombreux autour du pouvoir ont pensé que c'était cette belle occasion de faire du business et là, j'ai été témoin personnellement d'un cas et je vais le dire. J'avais mis en place une plate-forme 24/7, quand j'étais ministre des Affaires étrangères, pour le rapatriement de 10 000 mauriciens qui étaient un peu partout dans le monde. Et il y a quelqu'un qui était venu me voir pour me dire qu'il y avait un avion qui quittait la Chine, rempli de *PPE*, et qui allait sur le Zimbabwe et qui pouvait s'arrêter à Maurice. Il m'a dit : combien de *PPE* on a besoin à Maurice ; il m'a fait la proposition. Alors moi ce que j'ai fait, je lui ai demandé de m'écrire une demande officielle, ce qu'il a fait et j'ai présenté cette demande officielle à mon comité et là on a dit qu'on ne pouvait pas acheter du *PPE* comme ça. Et j'ai référé ce cas au comité national présidé par le Premier ministre.

Ce que je voulais dire par là, c'est que même dans les situations d'emergency, la notion d'*accountability* reste de mise. Nous sommes en train de dépenser des millions des fonds publics. Nous n'avons pas droit à l'erreur, nous n'avons pas droit au gaspillage, on ne peut pas acheter le Molnupiravir à R 9 aujourd'hui et R 79 demain. Comment justifier ça ? Comment pouvons-nous justifier ça – on parlait des membres de nos familles – aux citoyens, comment peut-on expliquer ça ? Et dans le cas qui a été en cours, il y a eu un commentaire où on a expliqué dans le commentaire du jugement que l'*enquiring officer* a tout fait pour que l'enquête s'arrête au niveau du *purchasing officer* et qu'on n'arrive pas à un stade plus haut c'est-à-dire le chef de cabinet, plus haut c'est-à-dire la *SCE* plus haut, c'est-à-dire le ministre. *But the Minister is accountable for what happens in his Ministry. If we are spending Rs79 million, wasting the money for 1 million tablets, he should be aware. How can he say that he is not aware?*

Maintenant je prends le cas des *ventilators*, mais avant ça, je voudrais dire qu'on a parlé des quincailleries qui ont livré des masques et d'autres fournisseurs qui n'avaient rien à voir avec ce que j'appelle le *core business* de *medical supplies* et fourni des *PPE* ou du matériel soignant. Alors maintenant je vais expliquer la saga des *ventilators* parce que je l'ai vécu parce que moi j'avais le rôle d'acheminement de ces *medical supplies* pendant la pandémie et j'ai fait l'acheminement de 200 tonnes de matériel à vol d'avion, le ministère a organisé ça.

Pour les *ventilators*, on m'a demandé à un moment donné, dans le comité national présidé par le Premier ministre, de les aéroporter de Guangzhou dans un premier temps. Quelque temps plus tard, on m'a dit que c'était à Hong Kong qu'on allait avoir les *ventilators* ; par la suite on m'a dit qu'il devait passer à Beijing et le Premier ministre nous a informés alors au comité national quand on était à Beijing que les *ventilators* étaient défectueux.

Prochaine épisode et par la suite le nom de Pack & Blisters est revenu sur le tapis dans le comité national et on nous a informé que les *ventilators* viendraient de l'Espagne. Finalement, nous savons ce qui s'est passé, il y a eu des intermédiaires et on a été dans l'impossibilité de réclamer des dommages au fournisseur pour des *ventilators* qui étaient en fin de compte fabriqués en Turquie et il me semble aujourd'hui que ça a été fourni par Pack & Blisters et on attend toujours les résultats de l'enquête de l'ICAC. Les *ventilators* ont coûté des centaines de millions.

Alors ma question est très simple. Est-ce que le *board* pourra éviter des problèmes de ce genre ? Le problème n'est pas au niveau du *board*, le problème est au niveau de la gestion dans le ministère. C'est un problème d'administration, de *management* et vous êtes en train de trouver une solution politique. Attaquons-nous aux vrais problèmes du système actuel avec un budget plus de R 3 milliards et un personnel de 100 officiers, c'est le ministre lui-même qu'il a dit. Il y a une mauvaise quantification des besoins, il y a une absence de professionnalisme à plusieurs niveaux. Il y a un système dénoué de transparence et d'*accountability* et il y a un inventaire qui est à peu près, approximatif et se pose deux problèmes – *the effectiveness of the system and the efficiency of the system* avec les conséquences. Parfois il y a des achats de 18 mois pour les besoins d'un an.

Il y a des procédures qui durent pendant sept mois pour le *procurement*, les *bid documents* avec des chiffres inexacts et pas bien préparés. On m'a dit au fond, ce sont les fournisseurs qui ont une meilleure maîtrise des besoins du ministère. Ils savent mieux

quand il y aura la pénurie que le ministère lui-même. Autre défi : le contrôle et l'examen des stocks.

L'honorable Juman a parlé de la température, c'est-à-dire dans quelles conditions on est en train de stocker les médicaments, mais doivent ces problèmes et les autres éléments évoqués par le ministre être résolus par la mise en place de la nouvelle autorité Je suis très sceptique à cet effet, M. le président. Il faut régler les problèmes au sein du ministère avant tout. Il faut digitaliser la chaîne. Deuxièmement, il faut revoir le *desicion-making process*. Pouvons-nous faire un meilleur *profiling* de la demande ? Et nous avons l'absence de ce qu'on appelle le *one person, one-file*. Nous savons très bien que quelqu'un vient au dispensaire le matin et il va à l'hôpital après; il a les médicaments le matin et il y a d'autres médicaments le soir. En l'absence de *one person, one file*, un patient se retrouve souvent avec plusieurs dossiers dans plusieurs établissements, avec plusieurs ordonnances et il n'y a pas de traçabilité avec ces plusieurs dossiers Donc, on ne peut pas quantifier les besoins.

L'OMS a mis en place une - de près de 700 items et de 600 médicaments les plus demandés. C'est 80 % de la demande pour une grande majorité et 20 % de la demande pour les cas spécifiques, spécialisés. Dans une clinique privée, la gestion de ces items existe déjà et fonctionne bel et bien. Il suffit de les centraliser au ministère; on peut le faire au niveau de chaque hôpital.

M. le président, il y a d'autres problèmes: le problème de *testing* en laboratoire. On les envoie en Afrique du Sud sur la qualité, c'est le *Board* de qui va certifier la qualité des médicaments? M. le président, la qualité des médicaments, l'exemple des vaccins pendant la pandémie du Covid en est bel et bien l'exemple. Alors, finalement, M. le président, l'autorité sera un *foreign body to the Minister*, une autorité parallèle et je me demande comment elle va travailler avec le *Public Procurement Board*. Et avec ce régime, on nous a dit que les acquisitions du ministère sont des acquisitions uniques, c'est pour ça qu'il faut le *Board*. À ce moment-là ce sera le seul ministère tombant sous ce régime concernant le *procurement*. C'est une décision pour moi politique, pour un problème avant tout de gestion et de planification.

Aujourd'hui, M. le président, avec la technologie, l'informatique, l'intelligence artificielle, on peut tout digitaliser, contrôler et gérer comme il faut. Une bonne gestion est donc possible. Et comme je l'ai dit, pour moi, il aurait suffi d'amender le *Public Procurement Act* et ajouter quelques clauses spécifiques pour l'acquisition des *medical supplies* spécifiques.

Maintenant, permettez-moi, M. le président, de voir le projet de loi. For me, Mr Speaker, Sir, this statutory body will act as a broker for the Ministry and not solve any of the problems of today – let us forget 1983 – for example *la pénurie, le retard dans la préparation des documents, l’overtime massif.*

Maintenant, laissez-moi voir la question de nomination. The Authority shall be administered by a Chairperson. The Chairperson will have wide experience in procurement, administration, financial, legal, engineering or medical field. *Ben, je me demande si le Premier ministre a un oiseau rare et quand je vois le pattern de nomination du MSM, on sait toute suite ce qui va se passer.* We know that it is not going to be the right person in the right place. There are so many cases where this is not being done.

Deuxième chose, alors là je parle de la section 10(6) : *The Board* –

“(6) The President shall, on the advice of the Prime Minister and following a report from the Minister, at any time terminate the appointment of a member (...)”

On peut le faire tout de suite, à n’importe quel moment. Quand?

“(a) whose performance appraisal is not satisfactory;”

May i ask the hon. Minister who is going to do this performance appraisal of the members so that we know that there is security of tenure? How can somebody who is a member of the Board act independently, diligently, with competence and expertise when he has this *épée de Damoclès* over his head? So, he can be sacked at any time when his performance appraisal is not satisfactory. I would like to know who is the person who is going to make the appraisal as regard to the performance of the member or the President?

Now, let us come to the Director. *On a donné quand même des spécifications concernant le président. C’est-à-dire, he should have a wide experience in procurement, administrative, financial, legal, engineering or financial field but what about the Director?* There is no criteria about who is going to be the Director of a Board which is going to handle more than Rs3 billion to buy medical supplies and we are in 2023.

Mr Speaker, Sir, “the Director should be appointed by the Prime Minister and on such terms and conditions as the Prime Minister may determine”. Mais qu’est-ce que c’est ça ? Pouvons-nous donner une telle responsabilité, un tel budget à quelqu’un sans même qu’il y ait des critères pour savoir quel est le profil ? *Who is this rare bird ? Qui est cet oiseau rare ? À moins que le MSM ait quelqu’un ?*

Alors, je me pose énormément de questions pourquoi on a amené ce Bill ? Le *Board* ne va pas résoudre les problèmes; les problèmes sont internes au ministère et la

façon de faire aujourd'hui. Il faut aujourd'hui, un système moderne et le *Public Procurement Act* aurait pu être amendé à cet effet.

Je continue, M. le président. Je parle de la section 3 : « *Applicability of the Public Procurement Act* ». *Subsection (3)* –

« In the event of any inconsistency between this Act and the Public Procurement Act with regard to the procurement of medical supplies, this Act shall prevail. »

But which one is the model legislation? Which one is the mother law? Is it the Public Procurement Act or is it this one? That is, what is being said is that this legislation will supersede the Public Procurement Act which is the mother law for the Procurement law of the country, of the nation. This legislation is going to supersede the other one. I would like the State Law Office to enlighten us on this. How come? If we consider the Public Procurement Act as the mother law, the main law as regard procurement, so, exceptionally, for the Ministry of Health, we are creating a Board and a law which will supersede the national law of procurement? How can you explain this?

So, Mr Speaker, Sir, I mentioned this. I would like to now say a few things before ending. *Le ministre, pour moi, le long de son discours a voulu justifier la création d'une nouvelle autorité.* He was all the time on the defensive, all the time explaining, all the time justifying that we should need a new authority and a new Board. *Mais moi je me pose la question : est-ce que la nouvelle autorité va régler comme par magie, tous les problèmes évoqués, éviter les scandales qu'on a connus ? Je ne le crois pas, M. le président.*

Je voudrais, en terminant, voir l'*Explanatory Memorandum of the Bill* qui dit à la section 2(d) –

“(...) *the Authority will, in the discharge of its functions and exercise of its powers, be responsible for – (...)*

(d) ensuring that the stock level (...).”

In Section 3 –

“*In addition, the Bill makes provisions with regard to reforms in the medical and e-health system of the Ministry of Health and Wellness.*”

Mais on ne voit jamais un mot là-dessus dans le projet de loi. How come? How are we going to do this? What are the reforms in the medical and e-health system of the Ministry that we are going to have? There is not one single reference to this in the whole Bill, Mr Speaker, Sir.

*So, I think personally, d'emblée j'ai dit, il n'y a pas lieu de créer une autorité. Il faut digitaliser, il faut régler le problème à l'intérieur du ministère pour qu'il n'y ait pas de scandales, pour qu'il n'y ait pas de gaspillages qu'on a et qu'on puisse gérer les stocks comme il le faut. Et on aurait pu tout simplement amender le *Public Procurement Act* pour ajouter une section spécifique pour l'acquisition de *medical supplies* parce que le ministre dit que c'est unique. À ce moment-là, il aurait suffi que dans d'autres ministères aussi, il y ait des acquisitions qui soient uniques et on devrait créer une autorité. Donc, pour moi, d'emblée comme j'ai dit, il fallait faire autrement. C'est une décision politique. On va voir qui sera le président du *board* et on va voir qui sera le directeur de ce fameux *board*.*

Merci, M. le président.

Mr Speaker: So, at this stage I will break for 30 minutes.

At 5.07 p.m., the Sitting was suspended.

On resuming at 5.54 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated!

ANNOUNCEMENT

HON. OSMAN MAHOMED - NAMING

Mr Speaker: Hon. Members, I named the hon. Osman Mahomed earlier for disregarding the authority of the Chair.

MOTIONS – S.O. 17(3) & S.O. 29(1)

The Deputy Prime Minister: Mr Speaker, Sir, in view of your decision to name the hon. Osman Mahomed, I beg under Standing Order 17(3) to take the time of the House for urgent business.

Mr Toussaint seconded.

The motion was, on question put, agreed to.

The Deputy Prime Minister: Mr Speaker, Sir, having obtained your permission, I beg to move under Standing Order 29(1) to present a motion without notice.

Mr Toussaint seconded.

The motion was, on question put, agreed to.

The Deputy Prime Minister: Mr Speaker, Sir, in view of your decision to name the hon. Osman Mahomed, I beg to move that the hon. First Member for Port Louis South and Port Louis Central, Mr Osman Mahomed be suspended from the service of the

Assembly for today's sitting and the next sitting unless apologies are tendered to the House.

Mr Toussaint seconded.

The motion was, on question put, agreed to.

Mr Speaker: The next orator would be hon. Mrs Koonjoo-Shah.

(5.55 p.m.)

The Minister of Gender Equality and Family Welfare (Mrs K. Koonjoo-Shah):

Thank you, Mr Speaker, Sir, for allowing me to intervene on the Central Medical Procurement Authority Bill.

I shall, with your very kind permission, Mr Speaker, Sir, be slightly unconventional but of course, I will be sticking to the parameters of our lovely Standing Orders.

Mr Speaker, Sir, and it goes a little bit like this. When I listened to the Members on the other side, I asked one question: have they been under the trauma of a PCR Test? And my second question is: have they been under the trauma of a family who has one of its loved ones being tested positive, going to the hospital to Cimetière Bigara on a one-way journey?

What would this Opposition have said if we had no PPEs, if we had no ventilators, we did not have enough ICU beds, we did not have enough tablets of hydroxychloroquine? It is very easy to come and say nothing was done.

Can we know what is going to happen to France, one of the best healthcare systems in the world? It collapsed. The NHS is on the criticism every day for the last 60 days. What would have happened if our system had collapsed? We would have had people in the corridors of the hospitals. We would have to choose whom to put on a ventilator. We would have to choose whether to leave our elderlies in the homes.

And the uncertainty of what can happen to Mauritius with regard to health, with regard to the economy, the uncertainty of what can happen to the world, the uncertainty of what will happen to all our markets, all our economic partners, how things are going to evolve. When you have uncertainty, you need leadership and you should be able to take the right decisions.

You make a total abstraction of the situation we are in. Let me tell you, Mr Speaker, Sir, we airlifted one thousand tons of medical supplies from Beijing, Guangzhou, Hong Kong, South Korea. We have today millions of tablets of chloroquine. We have today

hundreds of thousands of tests. This is preparedness in the uncertainty because we are in a cloud, but we have one priority, the safety and health of our citizens.

To end, Mr Speaker, Sir, I am not ending yet. Mr Speaker, Sir, this is a very testing time. We can, as usual, do the usual politics about being in the Opposition but Mr Speaker, Sir, *la poêle est ici, la poêle est chaude. Vous avez besoin de quelqu'un qui a la poigne, qui a la vision, le courage et une équipe, ensemble avec le peuple pour traverser cette phase. C'est ce que nous demandons avec ce projet de loi. Il n'y a rien de cynique. C'est seulement un cadre juridique qui devrait nous permettre de traverser une période extrêmement difficile.*

This rings a bell.

Mr Speaker, Sir, I have been quoting Hansard – Extract of Thursday 14 May 2020 and it comes from none other than the previous intervener hon. Nandcoomar Bodha.

I would have in good faith congratulated the hon. Member if he had truthfully shared the difficulties, those uncertainties, the multiplicity of suppliers, he had, we had together lived the situation of urgency, of criticality but it is a pity to see that the selective theory is being applicable very aptly here to the hon. Member who happened to be a Member of the High Level Committee to tackle COVID-19 but having said that, because in good faith, I do congratulate him because through his intervention, he has admitted when he mentioned having airlifted that many tons of supplies of medical paraphernalia because he was at that time very much engaged in the procurement process of medical supplies.

So I congratulate him because through his intervention, he has just admitted to the House, to the population that as Minister of Foreign Affairs at that material time, he was being very effective and he was effective because he had a leader, hon. Prime Minister; the same Prime Minister, hon. Pravind Kumar Jugnauth. So congratulations for at least coming up and admitting that our Prime Minister made you very effective although you chose selective bits and pieces to come and include in your intervention.

Mr Speaker, Sir, I think the extract I have just quoted from Hansard, it speaks volume. So enough said about that because again, it will ring a bell to him; the devil is in the *démagogie*. Today, you are the one doing *démagogie* and I don't know perhaps, Mr Speaker, Sir, it appeared to me when I was listening to hon. Bodha, maybe when one is convinced that we are now or he is now '*premier-ministrable*' or he has become the leader of *extra-parlementaire*, may be it appeared to me that conveniently, you go and recalibrate your philosophy, is this a pity? It's a pity although I understand the Bill maybe appeared at

an opportunity for some of the Members, the Member who spoke before me, in particular, is an opportunity for them to give a semblance of men very hard at work.

Mr Speaker, Sir, what is this Bill doing? It is doing precisely this; we have lived through an unprecedented pandemic where our shortcomings came at the forefront and this is what this Bill is coming here to do. It is so easy to come in this Assembly and criticise blindly what happened in the past, what was not done by previous governments. Hon. Shakeel Mohamed has a very good way, very vociferous way of putting this point. It's very easy to come and criticise what was not done by previous governments and it's not very particularly intelligent to be doing that but the challenge remains how to procure these medical supplies in an efficient, in a timely manner while we have the adequate facilities to stock, to distribute, to supply these medical paraphernalia into our public health institutions.

We are, Mr Speaker, Sir, we remain a welfare state, public health care goods and services including cutting edge treatments, are accessible to everybody without charge. We agree that the procurement of the necessary medical resources is essential for the proper functioning. It is a very core of our health care system. This is why this Bill's principle aim to establish the Central Medical Procurement Authority which is going to be responsible for the procurement of these medical supplies on behalf of the responsible Ministry, Ministry of Health and Wellness and we are not the first country to be coming up with the Central Medical Procurement Authority. Mr Speaker, Sir, Sweden, United Kingdom, France, South Africa, India, the United States, they all have a centralised authority for medical supplies and the suggestion to amend the Public Procurement Act, to me, it comes as a very hare-brained argument because one has to first take cognisance of how the PPO Office functions, their limitations, their constraints, the human resources, everything associated with the functioning of that office before coming and suggesting that it would have been better to amend the Public Procurement Act.

Mr Speaker, Sir, currently the procurement supply management system of the medical and pharmaceutical supplies in Mauritius is structured in a very scattered way under different several departments, sub-departments as well as different Ministries I should say. So, the various system components that fall under the purview of distinct public sector departments, it is true that it is not a very one visible office that is accountable for the entire cycle and this is what this Bill is coming to redress. We have seen, we have been confronted with the existing gaps and this Bill brings in the required checks and balances and eliminating those gaps.

Mr Speaker, Sir, hon. Juman mentioned in his intervention on last Tuesday that we, on this side of the House, are des *anti-patriotes*.

Allow me to quote from Hansard what he said exactly so that I make no mistake about what he actually said, and I quote –

"Ce n'est pas d'une nouvelle loi dont on a besoin. Il faut se débarrasser des magouilleurs. Il faut se débarrasser des antipatriotes."

Mr Speaker, Sir, hon. Juman should really ponder upon what he means when he says *antipatriotique* because to me and to the population, there is no better example of deterring the population, of discouraging our citizens from getting vaccinated. This is to me the very example of an act of *antipatriotisme*.

Taking care of our citizens' health is *antipatriotique*? Fighting tooth and nail to get our medical supplies into the country, to get the vaccines into the country is *antipatriotique*? I think the definition itself of '*antipatriotisme*' is escaping hon. Juman's attention. When he talks about Pack & Blister, ventilator, here and there, he forgets that the world went through a sanitary emergency.

There is a definition of the word 'emergency' and I will invite the hon. Member, hon. Juman to take cognizance of the definition of what an emergency is and if he is struggling I am sure your bed-fellow from sometime back, hon. Bodha will be very glad to enlighten hon. Juman on the meaning of *antipatriote*.

Mr Speaker, Sir, this Government has received praises countless times from countless international institutions for the management of our COVID-19 pandemic despite our limitations, despite our own geopolitical situation. So, it is natural, it is only fair to congratulate the hon. Minister of Health and Wellness, Dr. Jagutpal, and his entire team for having protected our citizens through their outstanding efforts and through this Bill, they are displaying, they are demonstrating their willingness and their commitment to enhance the healthcare system. So, coming here and to shout about falls, we know about the falls. We know about the shortcomings, we know about the existing gaps and this is what the Bill is coming here to do. I think hon. Bodha mentioned something about use of digital technology; the entire Central Medical Procurement Authority will be a digitalised system. I can reassure him of that. Mr Speaker, Sir, possibly he did not listen to the introduction of the hon. mover of the Bill.

Mr Speaker, Sir, there has been another fear or point proffered by hon. Bodha in his intervention. He was discussing as usual the composition of the Central Medical

Procurement Board, it is going to have a president, two vice presidents, four additional members, how good are they going to be. They are going to be good because I can reassure hon. Bodha that none of these presidents, vice presidents or members are going to be of the likes of Mr Trilochun or Mr Lallchand and God knows what other *chand*. So, they are going to be good I can reassure him of that part at least, Mr Speaker, Sir.

Like I said, I shall not be very long because I see that it is extremely easy to criticise. Everybody can come in here and do it for different reasons, whether it is to, just like I said, have a semblance of people being hard at work in the Opposition but the Opposition demonstrates every time that they lack the farsightedness; they don't have the political vision; they don't have the unity; they don't have a political determination. We have leaders who have agreed to go together for a municipal election but they cannot together or separately combine their people to come and assist and celebrate the Labour Day. So, let alone go together for another general election, how can these people, Mr Speaker, Sir, come into this House and aspire to do any good for the country? How credible are their actions and their words? Having listened very attentively to the hon. Member who spoke before me, the display of selective things that he wanted to put in his intervention, to justify what was being done right during his time in Government while he was with us, it is a pity, it is a pity to see to what level one has stooped today.

Mr Speaker, Sir, the whole transformation process the country is undergoing, we don't have to *tap lestoma* or shout from the roof's top about our *bilan*, about what we are doing, our actions or defend them because the population is living through this transformation together with us. So, when we talk about human lives, it is very complex. We need to always give time. We need to always strengthen our capacities, our structures because there is no cost to a human life, Mr Speaker, Sir.

The MSM-led Government is going to continue to build on the advancement in health that we have already started, we have already achieved with only one objective. We seek to protect our citizens; we seek to enhance our health care system; we seek to always consolidate the wellbeing of our population because, Mr Speaker, Sir, our population is our asset, our biggest asset, it is our joy, it is our pride. So, I think this Bill comes at a very opportune time to address all the shortcomings that we, both sides of the House, already are aware of.

So, I welcome this Bill wholeheartedly, Mr Speaker, Sir, I congratulate my friend, Dr. Jagutpal for coming up with this laudable Bill together with his entire team and I have

no doubt that this piece of legislation is going to contribute enormously in enhancing our health care system. I thank you very much for your attention.

Long live the Republic of Mauritius, Mr Speaker, Sir!

Mr Speaker: MP Dr. Aumeer!

(6.11 p.m.)

Dr. F. Aumeer (Third Member for Port Louis South & Port Louis Central):

Thank you, Mr Speaker, Sir. I just want at the outset to make a general comment of what has been said on the other side of the House where there has been a selective avoidance to mention scandals that occurred during COVID-19 –

- Fact Finding Committees;
- Report on the Medical Standing Committee;
- Resignation of Chairman of the STT following fraud allegations.

But chose, all of them, and I have to respect them for they are supporting their Government to remind us of what all governments and nations have done across the world –

- Getting PPEs;
- Vaccination;
- Closing borders, and
- ICU beds.

It is clearly an attempt to deflect attention as to why the Bill is being presented today.

Mr Speaker, Sir, I have listened to the hon. Minister Dr. Jagutpal's speech at the beginning when he introduced the Bill. In a nutshell, it will address, apparently, the shortage of medications and timely availability of drugs but I am utterly disappointed to the fact that there is nothing to note in this Bill to address forcefully shortcomings that have been laid bare on the public arena with regard to emergency procurement.

Mr Speaker, Sir, I have gone through this Bill in detail and it holds at its nucleus the amputation of the Public Procurement, its effective responsibility for the medical procurement in regard to buy medications, pharmaceutical products at the Ministry of Health.

The question that comes to mind is why such a Bill is being presented when the Public Procurement Act has stood the test of time. Is there any justification for the creation of such an authority at the expense of taxpayers' money?

Mr Speaker, Sir, going through the Bill, clearly the Minister who is presenting and going to defend this Bill has no major role whatsoever in that authority. Can we therefore infer that this Bill is in a way a vote of no confidence in the manner procurement was administered at the Ministry during COVID-19?

Mr Speaker, Sir, the Pack & Blister, the Molnupiravir, the Ronapreve scandal is still very vivid in everybody's mind and I strongly believe until proven otherwise that this authority is going to be the legitimate body to facilitate Pack & Blister style of procurement and to make, my point, a quick look at Section 25 and Section 8 (3) in a sense using funds for public-private partnership and we all know who are going to be the private partners when it comes to health care during these days.

Mr Speaker, Sir, surely there is some form of agreement that the Public Procurement Act, in its entirety, does need some adjustments so as to answer the challenges of today, particularly, the number of white-collar crimes and frauds that have become very common but also keeping in mind the devious attitude of certain people bent on corruptive practices that hold post of very high responsibility. What is sad is that it is always a public officer who bears all the brunt of responsibility in any alleged case of fraud and corruption and the truth of the matter is the backstop at the feet of who holds the Ministry.

Mr Speaker, Sir, for a quick minute, let's understand the current organigram of procuring medical supplies. Simplified, there is –

- (a) The technical aspect of procurement: those responsible are public officials working in the Procurement Division of their ministries and health medical consultants, pharmacist, nurses and high professionals;
- (b) The Administrative Cadre: these are the Senior Chief Executive, PS, APS and the Director of Public Medicine and the Chief Pharmacist – these are very experienced accountable public officials appointed through the PSC.

And now, the Ministry is planning to replace this structure by another authority.

Mr Speaker, Sir, in the eye of the lay men: what is procurement? Procurement is the business of using public money at the expense of buying goods, services or medication. And to them, that should be done in the most transparent way, in the most honest way with good governance and accountability. We are here talking about Rs2 billions of goods.

The hon. Minister during his budget speech, showed that he was terribly annoyed that the mention of Pack & Blister and Molnupiravir and the scandal during the emergency procurement kept coming up, going further to make a candid analysis of the emotions of those people sitting on this side of the House, – various words were used – from ‘anger’ to ‘denial’ to ‘hostile’ to ‘*la rage*’ and even came up afterwards to say: ‘I’ve been hearing this *refrain*’ and to add to it, he then comes up and gloat about his abilities to sing. We have all seen his video of *kouroukougou*; we know he’s a very good singer and we have no question about that but this is not the level of the debate. The level of the debate is what has happened? Why is he so annoyed?

Molnupiravir, Pack & Blister, Ronapreve, Fact Finding Committee are no feathers in the cap of the Ministry of Health. They are something that the Minister will have to accept for a lifetime as they were scandals that have marked public opinions. The MOH will unfortunately be remembered for these.

I can see and I am sure that all those sitting on the other side of the House are embarrassed when it comes to Pack & Blister and Molnupiravir; there is no question about it. They know it and that is why they avoid talking about it. The whole world has been taking steps to ensure that during COVID-19, Mauritius was no exception but Mauritius stood out from the Ministry of Health because of the number of scandals that came up during COVID-19.

We look at Pack & Blister, it has been canvassed heavily in this House but what was sad about Pack & Blister was the specifications for ventilators. We needed ventilators; we had to have it but what happened? Specifications were tailor-made so that they could favour a particular supplier while there was a middlemen involved in the process. The end result has been what? No ventilators! Not even the plastic pipeline but, Rs475 m. of public money, of tax money has been squandered. And the worse about it is that the two professionals who had over one Saturday afternoon to get it sorted out have taken the exit, they have left. They are on early retirement. So, who lost? The public did. There has been total rejection of these machines when they came to this country and, I have here to salute and say that the health professionals in this country were prepared to refuse to use these bogus machines that were bought at the expense of public money. That has to be remembered and you cannot avoid it.

For Molnupiravir, again that has been canvassed a lot, Mr Speaker, Sir. This is where in procurement, it went all wrong. If you look at the Audit Report at the Special Review, it is mentioned – I am not going to talk about the price ranging from Rs9 to Rs79

and making a bumper crop over 24 hours. I'm talking about where it went wrong. It went wrong because the system – as mentioned by hon. Bodha – within the Ministry of Health was completely pathetic. Why? Because there was Mr Super X and Mr Super X, as reported in a Special Review, had all the authority to bypass Senior Chief Executive, Directors of Medical Services, anybody because he had been either a black sheep on his own or been given such authority by an invisible hand to act likewise. Consequently, the public was squandered of millions and millions of rupees and we have seen that the total effect of it all has been an enquiry at the ICAC and it blew in thin air. We have seen the magistrate's ruling and the Chief Pharmacist was not held responsible. But who is responsible?

We are going to have a new procurement system; somebody must be responsible somewhere, be it for Pack & Blister, be it Molnupiravir. And worse of it, those who were supposed to have accepted these orders got a backhander and got a red carpet and walked out.

Mr Speaker, Sir, same happened with the Ronapreve injections – Rs55 m. of taxpayers' money. It was supposed to cause wonders, it was supposed to treat COVID-19; it was probably supposed to make people not catch COVID-19 and at the end of the day, what happened? These were bought without even having the approval of the Clinico-Biological Group which three months later or two and a half months later, said that it should not have been bought for treating COVID-19. Is this efficiency? Is this the standard we expect from procurement?

It is not the process of procurement that is wrong; it is the people who are supposed to take massive decisions by using our money who made the wrong decisions – be it they were protected, be it they were instructed or be it there were collusions between some people at the Ministry of Health.

Lessons have to be learnt and when lessons are learnt, no such wastage or squandering of public funds will take place. Now, as we are speaking today, the former Minister of Health in England, Matt Hancock, has been saying in a COVID-19 inquiry five minutes ago, he has to learn the lessons because he did it wrong. He had the guts, the courage and the honesty to say it. We have had no checks and balances.

I will now, Mr Speaker, Sir, come to something that takes me directly to the heart of the Budget Speech at paragraph 279 –

“In order to significantly reduce the risk of heart disease especially amongst diabetic patients, senior citizens and immuno-depressed persons, the Artificial

Intelligence-enhanced Electrocardiography test will be introduced in public hospitals”

“Will be introduced in public hospitals!”

Mr Speaker: Excuse me, hon. Dr. Aumeer.

Dr. Aumeer: The procurement process... It is about procurement!

Mr Speaker: Don't you hear me? I said: excuse me! You have to stop.

You are talking about the budget now?

Dr. Aumeer: No, I am talking about an aspect of procurement.

Mr Speaker: This is...

Dr. Aumeer: If you give me some time, you can then stop me and I will accept it.

Mr Speaker: This is the Bill on Procurement. So, you speak on the Bill. I have listened to you; you have gone a long way outside the Bill. So, now I want you to come on the Bill because you have got only a few minutes left.

Dr. Aumeer: I have 10 minutes left.

Mr Speaker: Order!

Mr Juman: *Ene in vine koz 1983.*

(Interruptions)

Mrs Navarre-Marie: *Pa ti koz lor diri laba!*

Mr Speaker: Order!

Dr. Aumeer: The Central Medical Procurement Bill will be asked to vote or to pay or to accept or to fund or to disburse money for projects that are earmarked in this current budget. And one of the projects is artificial intelligence with electrocardiogram.

Now, I have to say something about this. That's why I have said that we need to learn the lessons of the past. This new device has not, even as we speak today, been subject to any rigorous testing by any international reputed cardiac organisation; not even the Federal Drug Agency, not even the WHO. It has not even been approved by studies of evidence-based practice. It has not been statically significant; it has not even had a better sensitivity or specificity as to measures that we already have in this country.

This Procurement Bill will have to fund because there is no cheap dinner; there is no free dinner. These machines will have to be bought and patent rights will have to be

bought. Who are going to be the middleman beneficiaries of these? So, I am just whistleblowing it. We are going to have a Central Medical Procurement Bill; they are going to be faced with this issue. We have to make sure that this sort of device be subject to rigorous testing. We cannot buy 3,000 ECGs a day and you know what sort of money that means. And yet, this machine is not even being used in the country where it has been manufactured. You will remember me, Mr Speaker, Sir, in the future about that. You will remember me!

Mr Speaker: But the time will come, when they are buying it then you will oppose.

Dr. Aumeer: When these machines are not going through rigorous testing, we also have to remember, it just occurred only a week ago, when the Titan had never been rigorously tested and unfortunately, the tragic and dramatic consequences. This project, this device is still in infancy. And I am one of those, like was the hon. Minister, my good friend, we will go for artificial intelligence when it has passed all the test of credibility and rigorous testing. I repeat it; it is not a question, Mr Speaker, Sir, of one cardiologist against another. It is a serious question of the eligibility of the device that will demand public money from the Medical Procurement Bill to be enhanced so that it can be bought.

Mr Speaker, Sir, coming back to the main purpose of the Bill - I still have I think six minutes - the board members of this Authority will now be appointed by the President acting on advice of the Prime Minister. The Director, Chairperson or Vice-Chairperson, their profile requirements are deliberately not defined in the Bill, except that they must not have political affinities. They will not be public officials and yet they will have tremendous powers but absolutely no accountability despite being entrusted Rs2 billion of taxpayers' money.

Mr Speaker, Sir, such an authority will be responsible for the procurement of such a high sum of money and it is therefore extremely important that the procurement process is carried out within a very stringent regulatory framework by the right people and not by disguised political nominees.

Mr Speaker, Sir, I would have thought that a bill which would hold accountable those who by their decision have squandered the coffers of the State to face the full force of the law and that would be more appropriate in this time. And if one pays attention to section 54 of this Bill, Protection from liability, and I quote –

“No action shall lie against the Authority, the Board, a member or an officer, (...) except in so far as the act or omission complained of was done in bad faith.”

We all know bad faith is very subjective.

Mr Speaker, Sir, in the minds of the laypeople and others this is another body under the absolute control of Prime Minister's Office. Clearly close contacts, *bailleurs de fonds*, born-again relatives are queuing up for those juicy posts and contracts, and I can easily foresee the funds required for medical supplies in the future to skyrocket from Rs2 billion to nearly Rs5-10 billion at the expense of taxpayers' money.

Mr Speaker: Can you just withdraw that word '*bailleurs de fonds*'? Withdraw that from your language!

Dr. Aumeer: Okay, I withdraw.

Mr Speaker, Sir, I will now come to the new aspect of this Bill when it comes to the stock level and medication. One will not be surprised, only recently, the young neonates of this country were deprived of having vaccination, the BCG vaccination for tuberculosis. How? In a country where the number of birth has not changed over the last 10 years, where the crude birth rate remains the same, the forecast for vaccination cannot be changed and yet we were in shortage of the vaccination? Something is going wrong somewhere, Mr Speaker, Sir. And today, we are being told about a project that has been put in place since 2018 and we are in March 2023, the Audit Report is damning about its implementation.

Mr Speaker: Try to conclude!

Dr. Aumeer: Therefore, what I am trying to say is that when there has been this shortage of vaccination, this is when there is a wake-up call, this is when the Committee of Needs will meet in the hospital. This is when there is a magic surprise supply on the local market. There was never a shortage on the international market, it is just that we did not do it right.

To conclude, Mr Speaker, Sir, I have gone through the Bill in detail and I find it very hard as an MP, and above all as a professional in medicine, with 30 years of experience at clinical level or at any other demands of the profession, to support this Bill which is a copycat of the Procurement Division of the Ministry of Health, say the Minister himself. *On dirait un vote de censure contre le locataire du ministère de la Santé. Comme je l'ai dit auparavant, l'abreuvoir des petits copains continue de plus belle. Avek zot tou posib !*

Merci.

Mr Speaker: Hon. Dr. Mrs Chukowry.

(6.31 p.m.)

Dr. Mrs D. Chukowry (Second Member for GRNW & Port Louis West):

Thank you, Mr Speaker, Sir.

Mr Speaker, Sir, I rise today to lend my support to the Central Medical Procurement Authority Bill of the Republic of Mauritius. At the very outset, I wish to congratulate the Minister of Health and Wellness, hon. Dr. Jagutpal, for bringing to the House such an important piece of legislation. Hon. Minister, I wish to thank you and all the frontliners who have gone the extra mile to save lives, even if it takes to buy medication ten times its normal price. Mr Speaker, Sir, the lives of our people are priceless.

Mr Speaker, Sir, the Prime Minister and the Minister of Health have gone above and beyond the call of duty to save the life of the ex-Prime Minister, Dr. Navinchandra Ramgoolam...

Hon. Members: Shame!

Mr Speaker: Order!

(Interruptions)

Order!

Mrs Navarre-Marie: *Ki order? Shame sa!*

Dr. Mrs Chukowry: What shame?

Mrs Navarre-Marie: *Incroyable!*

An hon. Member: C'est la vérité!

Dr. Mrs Chukowry: You should not forget...

An hon. Member: *Ek li pa ankor rann larzan la!*

Mr Juman: *Koz lor Bill la!*

Dr. Mrs Chukowry: ...by booking...

Ms Anquetil: Out of subject!

Mr Speaker: Order!

Dr. Boolell: *Enn faver sa?*

Mr Speaker: Order!

Dr. Boolell: *Enn faver sa?*

Mr Speaker: Order!

An hon. Member: *Pann paye so bill.*

An hon. Member: *Pann paye!*

Mr Ameer Meea: *Pas dan debat la sa.*

An hon. Member: *Bill la sa.*

Dr. Mrs Chukowry: Yes, Mr Speaker, Sir, the Prime Minister and the Minister of Health have gone above and beyond the call of duty to save the life of the ex-Prime Minister, Dr. Navin Chandra Ramgoolam, by booking two private jets...

(Interruptions)

An hon. Member: *La honte!*

An hon. Member: *Ale, ale, ale, ale!*

Dr. Mrs Chukowry: ...to transfer the ex-Prime Minister to India. This is what we call a caring and daring government.

The purpose of this Bill is to establish the Central Medical Procurement Authority, which will be responsible for procuring medical supplies on behalf of the Ministry of Health and Wellness. The aim thereof is to institute a robust and efficient system for procuring medical supplies on behalf of the Ministry of Health and Wellness.

Mr Speaker, Sir, the proposed Authority will undertake the crucial task of procuring medical supplies for public health institutions, storing these supplies safely and distributing them effectively to various public health institutions. Moreover, the Authority will ensure that medical supplies are well stocked and readily available to meet the ever increasing demand in the healthcare industry.

As we are all aware, the procurement of medical supplies is a complex and multifaceted process that requires a high level of expertise, coordination and resources.

This Bill addresses this challenge by creating a centralised mechanism that will handle the procurement of medical supplies for Public Health Institutions.

Mr Speaker, Sir, the proposed Authority will operate with transparency, accountability and adherence to best practices to ensure that the procurement process is efficient, cost effective and timely. The establishment of the Central Medical Procurement Authority will significantly enhance the quality of healthcare services and the wellbeing of the general public by ensuring that medical supplies are procured, stored and distributed in

a timely and effective manner. The proposed Authority will play a vital role in the healthcare ecosystem. Moreover, it is imperative to underscore that the proposed Bill entails a comprehensive array of provisions that are aimed at effecting transformational changes in the medical and e-Health system of the Ministry of Health and Wellness.

Mr Speaker, Sir, in this regard, it is worth highlighting that the creation of the Central Medical Procurement Authority as enshrined in the Bill, constitutes a fundamental aspect of the envisaged reforms. The establishment of this Authority is expected to be a game-changer in the procurement of medical supplies and by extension will serve as a catalyst for a wider overhaul of the medical and e-Health systems. As such, the Bill is a critical step towards ensuring that the citizens of our Nation have access to world class medical services that are underpinned by a robust and efficient procurement and distribution system.

Mr Speaker, Sir, the health sector is undoubtedly the corner stone of the wellbeing of any country. It plays a vital role in ensuring that the citizens receive quality health services which are essential for the growth and development of any society. As we all know, the procurement of medical supplies is a process that requires a great deal of expertise, resources and coordination. Thus, it is essential to have an established body that is responsible for the centralised procurement of medical supplies. The Central Medical Procurement Authority will serve as a necessary step towards ensuring that our public health institutions have a constant supply of medical supplies.

Mr Speaker, Sir, it is important to note that the establishment of the Central Medical Procurement Authority will have a significant impact on the medical and e-Health system of the Ministry of Health and Wellness. The Authority will provide much needed reforms that will improve the efficiency and effectiveness of the medical and e-Health system. By centralising the procurement of supplies, the Authority will ensure that the process is streamlined and less complex. It will also provide a more efficient way of warehousing supply and distribution of medical supplies to Public Health Institutions. Moreover, the Authority will be responsible for monitoring the stock level of medical supplies in Public Health Institutions to ensure that they are readily available at all times.

Mr Speaker, Sir, the procurement of medical supplies is a complex process that requires expertise and resources. As such, the establishment of the Central Medical Procurement Authority will bring significant benefits to the country. The Authority will provide a centralised approach to the procurement of medical supplies which will reduce the complexity of the process. This will lead to cost savings for the Government and

ensure that our Public Health Institutions have a constant supply of medical supplies. The Authority will also ensure that there is a standardisation of medical supplies which will improve the quality of health services provided to citizens.

Mr Speaker, Sir, one of the benefits of the Central Medical Procurement Authority is that it will provide a more efficient way of warehousing supply and distribution of medical supplies to Public Health Institutions. This will ensure that the medical supplies are readily available when needed and it will eliminate the possibility of stock outs. The Authority will also be responsible for ensuring that the quality of medical supplies procured is to up to standard. This will improve the quality of health services provided to citizens and will have a positive impact on the country's health sector.

Moreover, the Central Medical Procurement Authority will ensure that the procurement of medical supplies is done transparently and fairly. This will help to eliminate corruption and other malpractices that may arise during the procurement process. The Authority will provide a level playing field for suppliers and this will promote healthy competition in the procurement of medical supplies. The transparency and fairness in the procurement process will surely increase public trust and confidence in the Government and the health sector.

Mr Speaker, Sir, the establishment of the Central Medical Procurement Authority will also provide an opportunity for the Government to leverage technology in the procurement process. The Authority will be responsible for the procurement of e-Health solutions which will improve the delivery of health services to citizens. The procurement of e-Health solutions will also improve the efficiency of the medical and e-Health system, reduce the cost of healthcare and enhance the quality of health services provided to citizens. Furthermore, the Central Medical Procurement Authority will be responsible for monitoring the stock level of medical supplies in Public Health Institutions. This will ensure that the stock level is maintained and available at all times. The Authority will also be responsible for ensuring that the expiry dates of medical supplies are monitored and that expired supplies are removed from Public Health Institutions.

Mr Speaker, Sir, the establishment of the Authority will be an entity that shall be vested with the important responsibility of devising innovative procurement methods, ensuring efficiency and value for money, conducting market research to ensure the availability of up-to-date medical supplies and maintaining real time records of all medical supplies. The Authority shall further be tasked with conducting supplier ratings and initiating actions for the suspension, debarment or disqualification of defaulting suppliers.

Mr Speaker, Sir, it is imperative that we understand the gravity of the responsibility entrusted to the Authority. The procurement of medical supplies is a critical aspect of the health care system and any inadequacies in this regard can have severe consequences for the health and wellbeing of our citizens. As such, the establishment of the Authority is a necessary step towards ensuring that our healthcare system is equipped with the necessary tools to tackle any challenges that may arise.

Mr Speaker, Sir, the first key responsibility of the Authority is the devising of innovative procurement methods. This is an essential task that requires a deep understanding of the healthcare industry as well as an awareness of the latest trends and best practices in the field of procurement.

The Authority must engage in rigorous research and analysis to identify the most effective procurement method and must also be open to exploring new and innovative approaches that can enhance the efficiency and effectiveness of the procurement process.

Mr Speaker, Sir, efficiency and value for money are two critical considerations that must be at the forefront of the Authority's procurement efforts. The Authority must ensure that every procurement decision is made with a view to achieving the best possible outcome in terms of cost-effectiveness and quality. This requires a thorough understanding of the market dynamics and the ability to negotiate favourable terms with suppliers. In addition to devising innovative procurement methods, the Authority must also conduct market research to ensure the availability of up-to-date medical supplies.

Mr Speaker, Sir, real-time record keeping is another crucial responsibility of the Authority. The Authority must maintain accurate and up-to-date records of all medical supplies including their source, quality and expiration date. This information is critical for effective inventory management and ensures that medical supplies are available when and where they are needed. The Authority will be empowered to take action against defaulting suppliers. This includes the ability to suspend, debar or disqualify suppliers who fail to meet the required standards of performance. This is a critical responsibility that ensures accountability and helps to maintain the integrity of the procurement process.

It is our duty as Members of this esteemed Parliament to ensure that the Authority is established in a manner that is consistent with the highest standards of governance and accountability. Let us work together to ensure that our healthcare system is equipped to meet the needs of our citizens and to tackle any challenges that may arise.

The Bill also gives the Authority the necessary powers to carry out its functions, for instance –

- (i) the Authority may issue directives to public health institutions and ensure compliance, thereto.
- (ii) The Authority may also enter into lease or rental agreements for the warehousing of medical supplies and the supply and distribution of medical supplies to public health institution.
- (iii) Additionally, the Authority may commission any study for the favorance of its objectives and request any professional technical assistance from any appropriate person in Mauritius or elsewhere.

Mr Speaker, Sir, to conclude, the establishment of the Central Medical Procurement Authority will play a crucial role in providing much needed reforms to the medical and e-health system of the Ministry of Health and Wellness. The Authority will ensure that our public health institutions have a constant supply of medical supplies and it will centralise the procurement of medical supplies thereby reducing the complexity of the process.

On an ending note, I wish to thank the hon. Minister of Health and Wellness for tabling this important piece of legislation. By doing so, our Government is sending a powerful signal of transparency and accountability.

I thank you for your attention.

Mr Speaker: Hon. R. Duval!

(6.49 p.m.)

Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien): Thank you, Mr Speaker, Sir.

Ayant écouté l'honorable membre, Dr. Madame Dorine Chukowry, qui est une amie, si ce n'était que moi, M. le président, jamais je ne me permettrai de parler de la santé de qui que ce soit dans cette auguste Assemblée parce que nulle n'est à l'abri d'aucune maladie.

Ayant dit cela, M. le président, je reviens au projet de loi. Merci de m'accorder ces quelques minutes pour donner mon point de vue sur cette nouvelle entité que souhaite mettre en place l'honorable ministre de la Santé, à savoir la *Central Medical Procurement Authority*. Une autorité, M. le président, qui selon la note explicative qui accompagne le texte de loi a pour mission d'assurer un approvisionnement efficace et intègre des fournitures médicales.

Le ministre de la Santé va donc de l'avant pour nous demander de voter une loi afin de créer une nouvelle autorité ou encore ses responsabilités sont, entre autres, de stocker et assurer la distribution des médicaments et des fournitures médicales mais surtout elle aura à veiller ce qu'il n'y ait pas de rupture de stock. A plus forte raison, M. le président, cette loi a toute son importance puisque le ministère de la Santé achète chaque année plus de 1,332,000,000 de médicaments et de consommables ; des chiffres relevés par le ministre lui-même dans son intervention de mardi dernier.

Une intervention forte intéressante de l'honorable Dr. Jagutpal puisque nous apprenons notamment –

- (1) le désordre qui existe au sein de son ministère sur l'achat des médicaments ;
- (2) le dysfonctionnement au sein des *Bid Committees* ;
- (3) l'incapacité du ministère de la Santé d'avoir *a real picture of the stock available* des médicaments.

Et ce n'est pas moi qui le dit, M. le président, c'est lui-même dans son intervention de mardi dernier.

Personnellement, je ne suis pas du tout étonné de cette situation puisque nous avons qu'à parcourir le dernier rapport de l'Audit publié le 28 mars dernier pour se rendre compte qu'avec cette loi, *the Minister is taking us for a ride* année après année. Le rapport de l'Audit a démontré à quel point le ministère de la Santé est un très mauvais élève et aujourd'hui le ministre nous demande de voter une loi qui selon lui va changer comme par magie cette longue liste de manquements que lui-même a évoqué lors de son intervention, lui-même est venu dire à l'Assemblée.

M. le président, les Mauriciens en ont assez de cette politique d'autruche. Au lieu de venir avec des mesures adéquates et démontrer clairement comment il compte endiguer le gaspillage et les passe-droits dénoncés dans le rapport de l'Audit et celui du *Public Accounts Committee*, le ministre vient avec des mesures Panadol et c'est vrai, M. le président, qu'on en achète pour R 28 millions de chaque année.

Oui, il faut bien dire que les mesures ne vont pas dans le sens pour assurer une gestion plus efficace plus saines des affaires de ce ministère dont le budget vient d'être voté pour l'année financière 2023-2024 et de l'ordre de R 14.8 milliards. Avec un tel budget, le peuple Mauricien s'attend à une gestion optimale, et un ministre responsable et les mauriciens en ont assez des scandales à répétition surtout en ce qui concerne le ministère de la Santé et mes collègues ont eu et ont évoqué du nombre incalculable des

scandales qui ont caractérisé ce ministère depuis 2020. Je ne vais pas revenir là-dessus, la liste est longue.

Je pourrais, M. le président, m'étendre sur les scandales car dans le rapport de l'Audit, plus d'une dizaine de pages sont consacrées à ces faits troublants dans la gestion de ce ministère y compris dans la gestion des médicaments et d'autres.

And for the records, je vais citer un petit extrait de ce rapport –

« *The Ministry did not comply with the relevant provisions relating to the emergency procedure and awarded contract to the tune of Rs101.3 m. to the Wholesale Pharmacy which has no prior procurement dealing* ».

Voilà ce qui est stipulé dans ce rapport, M. le président. Et aujourd'hui, M. le président, vous pensez sincèrement que ce ministère pourra gérer le département du *Procurement* avec la mise en place de la *Central Medical Procurement Authority*? Il y a eu tellement de scandales et de maldonnes autour de ce système de *procurement* que désormais dès que les contribuables entendent ce mot, les mauriciens, ils deviennent subitement méfiants, M. le président. Même le directeur de l'Audit s'est insurgé dans l'avant-propos de son rapport que le ministère de la Santé n'a même pas respecté ses propres procédures. Cela veut tout dire, M. le président.

Et autres volets par ailleurs que je voudrais dénoncer, c'est l'absence totale d'éthiques à l'égard du leader de l'opposition dans la section 10(4)(a) du texte de loi alors qu'il occupe une fonction constitutionnelle. Une fois le Premier ministre ayant décidé de la nomination, il est en effet indiqué que le Président de la République consulte le leader de l'opposition pour la nomination des membres du *board Central Medical Procurement Authority* et nous savons tous qu'il n'y a rien de plus faux et que le leader de l'opposition ne sera jamais consulté. Et comme une simple formalité quand il s'agit de la nomination des membres du *board*, il sera juste informé par courrier, M. le président, comme à l'accoutumée. Et son commentaire ne comptera pas du tout dans le tout.

Par ailleurs, à travers ce texte de loi, le gouvernement n'est ni plus ni moins en train de noyer le poisson et rend ce qui était jusqu'ici illégal, légal. En effet, la manière dont les choses se sont présentées sous ce texte de loi nous démontrent que les risques de corruption sont encore plus importants et sur cette question, l'expérience nous a démontré, M. le président de quoi est capable ce gouvernement en la matière. D'autant plus, la section 17 de texte de loi donne la possibilité à cette autorité de jongler à sa guise avec les méthodes du *Procurement* qu'elle souhaite mener.

Autres volets, M. le président, c'est surtout à la section 4: *Functions and Powers of the Policy Office* du *Central Medical Procurement Authority*. *Nothing is mentioned about the power of the Office* alors que la section 5 donne le pouvoir au ministre de doubler cette nouvelle autorité. De ce fait, les craintes existent bel et bien et le rapport de l'audit est là pour nous rappeler à quel point le ministre – le ministère a abusé des *unsolicited biddings* avec des coûts prémédités. La liste, encore une fois, est longue et les réponses données par le ministre dans ce rapport donnent à réfléchir.

Et reste aussi cette question de comment cette nouvelle autorité va régler le problème de gaspillage ou de l'achat des produits médicaux pour nos services de santé. Il y a malheureusement très peu, M. le président, sinon aucune réponse à cette question dans ce texte de loi, pourtant il serait de la plus haute que cette nouvelle loi assure une coordination efficace entre les différents établissements de santé pour maximiser l'efficacité et réduire les coûts. Par ailleurs, ce texte de loi fait état de méthodes d'achat innovantes et de l'intégrité de l'approvisionnement des fournitures médicales par cette autorité. Elle aura aussi pour tâche de sélectionner la méthode d'approvisionnement et de la préparation concernant les contrats. D'emblée, M. le président, cela fait peur. Oui, M. le président.

Et encore, le directeur de l'audit a évoqué des *inherent weakness in the system* année après année. Est-ce qu'une nouvelle entité qui viendra subitement changer le système, éviter les maldonnes dans l'achat des équipements médicaux et de médicaments? Moi, personnellement, M. le président, j'émet des réserves et les contribuables aussi, j'en suis certain.

La question se pose aussi concernant la qualité des médicaments qui sont achetés par le ministère de la santé. Il serait par conséquent impératif que cette nouvelle autorité accorde plus d'importance sur la qualité des médicaments qui sont achetés afin d'éviter les gaspillages mais aussi pour une meilleure prise en charge des différents patients. Le ministère de la santé a-t-il cherché à savoir combien de Panadol et d'antibiotique sont jetés dans la poubelle par les mauriciens chaque année? Nombreux mauriciens qui vont à l'hôpital et qui retournent avec des Panadols et des antibiotiques.

M. le président, lors de son intervention de mardi, le ministre a aussi indiqué et je cite –

« *The importance of integrity is a fundamental principle when it concerns the management of public funds* ».

Et pour conclure et en réponse de cette phrase que je citerai, le directeur de l'Audit concernant le ministère de la Santé, il a aussi été dit –

« The importance of integrity cannot be over-emphasised when it concerns management of public funds ».

Encore une fois, M. le président la question qui surgit aujourd'hui: est-ce que cette nouvelle entité sera une solution à tous les problèmes évoqués au niveau du département du *procurement* ? Pour moi, c'est non encore, M. le président.

Donc, pour terminer, je demande aussi aux membres de l'exécutif, surtout le ministre concerné, de bien y réfléchir car ce projet est trop onéreux ; voire un fardeau de plus pour les contribuables et j'estime qu'il faut absolument ne pas aller de l'avant avec un tel projet.

J'en ai terminé. Merci, M. le président.

Mr Speaker: Hon. Ittoo!

(7.03 p.m.)

Mr A. Ittoo (Third Member for Vacoas & Floréal): Merci, M. le président.

M. le président, les années passent et se ressemblent. Les discours des membres de l'opposition restent le même – le matin, le gouvernement ne fait rien; l'après-midi, ce n'est pas assez et le soir, on a trop fait. Exactement le même discours pendant les débats budgétaires, M. le président. Cela devient chronique et j'ai peur qu'ils ont vraiment besoin d'une bonne prescription à force de toujours regarder dans la mauvaise direction.

Quant à la démarche du ministre, c'est une ébauche qui a été travaillée, fidèle au ministre, bien élaborée durant sa deuxième lecture du projet de loi. M. le président, je ne vais pas répéter ce qui a déjà été *canvassed* par mes collègues de ce côté de la Chambre.

M. le président, s'il y a une chose qui fait l'unanimité dans les différents rapports, dans le public et même dans cette Chambre, c'est qu'il y a beaucoup de critiques vis-à-vis de l'actuel mécanisme d'approvisionnement de notre système de santé et de sa gestion. Cela ne date pas d'hier mais quelques membres de l'autre côté de la Chambre qui ont été dans le gouvernement le savent déjà. Je m'attendais à ce que l'honorable Richard Duval qui a fait partie d'un précédent gouvernement aurait lu les rapports du directeur de l'Audit de cette époque.

Il nous a parlé seulement du dernier rapport de l'audit. Peut-être que son passage au gouvernement est un passé trop lointain pour lui.

Donc, M. le président, fidèle à notre conviction, dans un gouvernement responsable avec un ministre responsable, on agit. Et, M. le président, pour nos amis de l'opposition, ne rien faire est quelque chose de normale. Ils sont habitués et cela ne les dérange pas, jusqu'à même parler et annoncer une alliance mais pas la concrétiser. Je dois préciser ici, M. le président, il y a exception maintenant, l'honorable Assirvaden s'irrite quand on ne fait rien. Et ça c'est une bonne nouvelle et je suis sûr qu'il nous comprend maintenant.

L'essentiel de mon discours, M. le président, sera dirigé vers une seule conclusion que la *Central Medical Procurement Authority* est une étape importante dans notre mission de mieux s'occuper de notre population. M. le président, quand les rapports successifs du Directeur de l'audit depuis beaucoup d'années mettent en exergue les manquements, les dépenses additionnelles par millions, les médicaments périmés par millions entre autres. Et bien, il était temps d'élaborer un plan, de venir de l'avant avec une solution, d'agir, M. le président, et on a agi dans l'intérêt de notre population.

M. le président, je ne peux m'empêcher ici de saluer le travail formidable abattu par notre ministre de la Santé et son équipe, son ministère. Lui et son équipe ont su gérer la crise Covid et notre système de santé n'a pas *collapsed* comme le prédisaient beaucoup. Nos patients ont continué à recevoir leurs soins, les interventions chirurgicales ont continué normalement. Notre système de santé a su se montrer résilient face à l'adversité et cela, M. le président, il faut le dire.

M. le président, j'ai entendu beaucoup de commentaires sur la constitution du *board* du *Central Medical Procurement Authority*, les honoraires et les *fees*. Les *fees*, M. le président, item du *Committee of Supply* que les honorables membres de l'opposition en raffolent. Par contre, M. le président, ce que l'opposition ne réalise pas et évite de nous dire, c'est qu'en ayant sa propre *procurement authority*, nous rendons le ministère encore plus efficient, plus proactif. Et je le redis, M. le président, l'objectif n'est pas d'ordre financière seulement. Est-ce que la *Central Medical Procurement Authority* va nous coûter moins cher que ces centaines de millions perdus dans le système actuel qui définitivement sera beaucoup moins d'ailleurs ? Mais, M. le président, l'intention primaire de ce projet de loi définit dans ses objectifs à la *Part II, section 7 (d)* qui nous dit en deux lignes –

“ensuring that the stock level of medical supplies in public health institutions are maintained and are available at all times.”

À mon avis, M. le président, c'est cela le vrai *KPI* de cette nouvelle autorité, qui en mots simples veut dire : ce sera de son devoir de faire sûr que tous patients à n'importe

quel moment reçoivent les médicaments prescrits par son docteur dans n'importe quel centre de santé publique, dans n'importe quel coin du pays, tout cela après avoir passé par un *procurement process* transparent.

M. le président, ce gouvernement a toujours répondu présent lorsqu'il s'agit de la protection de la santé et de la vie de sa population, même de ses adversaires politiques si nécessaires. Et notre gestion de la crise Covid qui a été saluée par l'Organisation mondiale de la Santé en est la preuve. Vous vous souviendrez, M. le président, à chaque fois que l'honorable ministre Dr. Padayachy est intervenu dans son discours du budget, il nous a annoncé la construction de nouveaux *Medi-Clinics*, de nouveaux *Area Health Centres*, de nouveaux hôpitaux, des hôpitaux spécialisés. Tout cela dans un souci de moderniser notre système de santé et d'améliorer le service à nos patients. Un service de proximité me direz-vous, M. le président, quand on sait qu'il y a un *state-of-the-art health facility* dans votre quartier à quelques pas de chez vous. Et dans cette logique d'améliorer ce même service, un des aspects les plus importants demeure un approvisionnement fiable et continu en médicaments et équipements médicaux à tous ces centres de santé.

Avec un nombre grandissant d'infrastructures sous sa responsabilité, le ministère de la Santé se retrouve avec un gros challenge, je dirais même un casse-tête pour l'approvisionnement en milliers de médicaments à ces centaines de centres de santé. À l'ère numérique que nous vivons les outils sont là pour nous permettre de mieux gérer ce parc médical. Il était grand temps de venir de l'avant avec un *proper Online Inventory Management System*, d'informatiser le *supply chain management* et très bientôt tout cela intégré avec le prochain *e-health system* que l'honorable ministre Dr. Jagutpal va nous introduire dans un proche avenir.

M. le président, on entend souvent dire *the only constant is change*, donc on doit être prêt à n'importe quel choc dans le futur parce que maintenant on n'a plus le droit de dire qu'on n'a pas connu de crise sanitaire mondiale. Avec ces leçons, ces expériences bonnes et mauvaises, des mauvaises expériences on n'en a connu, on ne les nie pas et c'est la raison pourquoi la *Central Medical Procurement Authority* aura la responsabilité d'être prêt pour tout, à toute future crise sanitaire.

M. le président, j'ai entendu certains membres de l'opposition vous demander pourquoi ne pas tout simplement amender le *Public Procurement Act* au lieu de venir de l'avant avec un *Central Medical Procurement Authority*. Je suis sûr que le ministre de la Santé va élaborer dessus dans son *summing-up* en long et en large. À mon avis, meilleure explication que j'ai pu trouver, M. le président, une justification que j'ai pu penser : c'est à

travers la *Public Procurement Act* que se passe l'achat de n'importe quel produit dont le gouvernement a besoin. C'est un *wide scope* avec une multitude de catégories de produits, avec différentes sensibilités, caractéristiques et spécificités.

Mais, M. le président, le plus dangereux dans tout cela demeure le fait qu'un retard dans l'achat d'ampoules par exemple, même si ce sont des ampoules qui ne vont jamais s'allumer, mais cela ne va pas tuer personne ; un retard dans l'achat de tablettes mêmes si on ne va jamais les recevoir, cela ne va pas tuer personne. Par contre, M. le président, un retard dans la fourniture de médicaments, une pénurie de médicaments dans n'importe quel centre de santé peut être fatale ; une fatalité que l'on doit empêcher car pas tout le monde a la possibilité d'acheter et de stocker des médicaments en nombre.

M. le président, avec ce nouveau *Central Medical Procurement Authority* on va régler beaucoup de problèmes. Et j'en profite pour féliciter l'honorable ministre et je souhaite bonne chance à cette *Authority*.

Merci, M. le président.

Mr Speaker: Hon. François.

(7.12 p.m.)

Mr F. François (First Member for Rodrigues): Thank you. Mr Speaker, Sir, I welcome this Central Medical Procurement Authority Bill (No. IV of 2023), which has as main objective to establish the Central Medical Procurement Authority for the procurement, warehousing, supply and distribution of medical supplies on behalf of the Ministry of Health and Wellness.

My intervention will focus on the remarkable endeavour for the revision and adaptation of this CMPA Bill, coupled with the existing procurement laws.

Mr Speaker, Sir, the value of public procurement may never have been more apparent than it is now, after the COVID-19 pandemic, requiring Government to respond rapidly to the immediate social and public health challenges, as we all have witnessed.

Mr Speaker, Sir, public procurement is a critical element of good governance and accountability, as rightly canvassed by many. The perception worldwide is that COVID-19 appears to have led to a governance crisis, public procurement corruption risks and created more opportunities for corruption to flourish, particularly under the state of emergencies.

It was observed that there has been a relaxation of oversight measures to allow for more rapid response to the urgent needs of the population.

Mr Speaker, Sir, people out there, is expecting to see Government institutions to improve integrity in the public health sector, where the healthcare systems and public officials must be seen to act with efficiency and integrity.

I am happy to note that the hon. Minister, Dr. Jagutpal reassured the House that the CMPA will be audited by the Director of Audit and the National Audit Office to ensure compliance with Public Procurement integrity and methodology. Hence, its audited account will be examined by the Public Account Committee as well.

Mr Speaker, Sir, the Director of Audit, has deemed it necessary to carry out a review on the Emergency Procurement of the COVID-19-Related drugs made by Ministry of Health and Wellness.

The NAO does recommend that the Ministry should ensure compliance with the Public Procurement Act, Public Procurement Regulations and Directives issued by the Procurement Policy Office (PPO) for Emergency Procurement. The Ministry of Health and Wellness should seek guidance from the PPO in case of doubts in order to ensure proper compliance with laws and regulations.

We all have witnessed the various comments and critics from the National Audit Office, the public and the media at large. Whether they were fair and just or not, it's a question of interpretation, but one thing for sure, was that saving people's lives mattered most and above all.

Today, it's clear that our procurement system needs to adapt from COVID-19 crisis to a new normal for more effectiveness and confidence. Mr Speaker, Sir, this is where I commend this present CMPA Bill which is addressing an important aspect of public procurement enactment towards sustainability.

The hon. Dr. Jagutpal is absolutely right for such a review to determine this new procurement system to meet its objectives and functions as per clauses 7 and 8 of the Bill. The hon. Minister is embarking in the transformation of medical procurement system into a strategic function of his Ministry, while addressing the much-required public confidence and supporting the organisational functionalities of the Ministry of Health and Wellness.

Mr Speaker, Sir, clearly, the Ministry of Health and Wellness manages a big chunk of our public procurement expenditures, Rs2 billion every year as stated by the hon. Minister. The public at large certainly does expect government to carry out its procurement exercise efficiently and with high standards of conduct.

During the pandemic period, government faced the market-distortion effect of price overcharging and purchasing of goods, with excess payments of at times 10, 12, 17 times the actual price, while securing essential medicines and equipment.

Mr Speaker, Sir, if resources allocated to medical procurement are wasted due to operational deficiencies, all our health system as a whole loses out on effectiveness and equity. With this Bill, the hon. Jagutpal is indisputably right as no one wants the public to lose trust in our health system, while delivering on its commitments to ensuring access of a population to essential medicines and health services.

Mr Speaker, Sir, Clause 13 (1) of the Bill provides for the setting up of Technical Committees. It is observed that delays and fraud in medical procurement are of particular risks because of technical expertise requirements for medical procurement. This is characterised by delays in preparing technical specifications, scope of work or terms of reference and failure to timely start the process.

Mr Speaker, Sir, I do agree that efforts by our procurement system to rapidly procure urgent goods may require flexibility and an acceptable level of discretion, but should not widen the risks of corruption.

One of my concerns also, is about the wastage of medical supplies in our hospitals. This justifies, clause 4, sub-clause (1) of the Bill that –

“There shall be an Electronic Inventory Management System for the management of the procurement and supply chain...”

Mr Speaker, Sir, I commend the hon. Minister and the Ministry of Health to generate a new thinking approach and analysis in response thereof for proper solution in the efficient and effective procurement of medicine. That is innovation in action, hon. Minister while looking for solutions and adaptation of public procurement. Paragraph 8(b) provides to devise innovative procurement methods to ensure efficiency and the value for money.

This would surely encourage the use of digital technologies to support appropriate e-Procurement innovation throughout the procurement cycle. This was rightly mentioned as part of government vision, by the hon. Dr. Padayachy, Minister of Finance, in his budget speech, at paragraph 275, that –

“Digital technology has to become the catalyst in the delivery of health services.”

Further, hon. Balgobin will agree with me that, worldwide, Artificial Intelligence has stimulated the interest of procurement officers with its ability to facilitate or even

stimulate human decision-making by analysing quantities of data and generating assumptions with a better cost-effectiveness ratio.

Thus, our procurement system is bound to embark into not only digital technology but digital transformation through use of Artificial Intelligence with Analytics and hopefully Robotic Process Automation (RPA) also in the near future. And this is the vision for us to become a leader in that direction. And here, I also commend my friend hon. Hurdoyal, for his efforts in that direction as he enlightened during the recent workshop by his Ministry on Thursday last, and the theme of the workshop was ‘The Impact of Disruptive Technologies on Public Service Delivery to meet the Sustainable Development Goals’.

Mr Speaker, Sir, during my research in a very interesting procurement system, I came across a very good system, that of Korea. The Central Procurement Agency of Korea introduced a fully integrated, end-to-end e-Procurement system called KONEPS. KONEPS links about 140 external systems to share and retrieve any necessary information, and provide a one-stop service, including automatic collection of bidders, qualification data, delivery report, e-Invoicing and e-Payment, on a real-time basis.

Mr Speaker, Sir, what is being proposed in this CMPA Bill, might not be perfect but it is a huge positive step in the right direction to make medical procurement more efficient, cost-effective while making wise purchasing decisions and more accessible despite all the challenges.

Paragraph 7(d) and 8(1) of the Bill ensures the maintenance and availability at all times of a safety stock level of medical supplies in public health institutions by carrying out regular physical inspection of the stock of the medical supplies. Aside from delivery, the stock of supplies can also cause problems. Sometimes, it’s been reported that there is no stock of the medicine or there is an incompatibility with the specifications like the shelf-life and, another common problem is also the mismatch between central stock and health institutions. I won’t go into the details.

Mr Speaker, Sir, now allow me to raise concerns on the prevailing shortage of medicines in the health sector in Rodrigues. In Rodrigues, at present, the Pharmacy Service is provided by the only hospital at Queen Elizabeth Hospital at Crève Coeur and two Area Health Centres at Mont Lubin and La Ferme and 11 Community Health Centres. The Pharmacies at the hospital and the two Area Health Centres offer a 24-hour service whereas those of the Community Health Centres offer on a day series. Mr Speaker, Sir, I visited regularly the Queen Elizabeth Hospital and lately I was informed that there is

shortage or out of stock of medicines, for example, not enough chemo medication, folic acid, oral drugs such as maxilase and normal saline infusion, just to name a few.

I understand that delivery of prescribed medications to patients has to be postponed for one or two weeks or patients get rationed medication for one week instead of one month or more due to shortage. As I said during my budget response, patients admitted in our hospital happen to buy their own medicines from private pharmacies and I mean those who can afford to do so. The medicines are then handed over to nursing officers for dosage control, I am informed.

Mr Speaker, Sir, it's worth to be noted, that Rodrigues has an E-Health System, comprising of a Stock Monitoring System, which is not fully operational on the system. It has to be further harmonised with the dispensing sections. Thus, it is almost impossible to have a correct check, balance and monitoring of medical stock at QEH, Mont Lubin and La Ferme Area Health Centres. The pharmacies have no access to the E-Health system.

Mr Speaker, Sir, as per the explanatory memorandum, article 3 – it is stipulated that the Bill makes provisions with regard to reforms in the medical and E-Health system of the Ministry of Health and Wellness. I hope, this implies that the existing Regional Assembly E-Health should be merged and integrate the coming into effect of the National E-Health System together with the 5 regional hospitals in July 2023, as announced. This will allow real-time purpose, as per paragraph 8 (j) and paragraph 8 (m), for necessary arrangement for real-time inventory management and maintenance for real-time records of all the medical supplies.

Mr Speaker, Sir, an important requirement for Rodrigues is the setting up of a Central Supply Department for the Regional Assembly, Commission for Health. There is also the urgency for the Construction of a Modern Medical Warehouse for Rodrigues and not to rent just any building, for a better storage including pharmacy, store, surgical store, injection, tablets and other ingredients and its monitoring. At present, I am made to understand that Rodrigues order drugs from national level, on a quarterly basis every 3 months from the Central Supply Department. However, to remedy the shortage, around 5 air-freights or 4 groupage per month are being carried out. I think this poor method is outdated and has to be revisited for a larger stock and a more accurate monitoring system thereat.

Mr Speaker, Sir, new avenues for more effective medical procurement supply for Rodrigues must be considered. It would be interesting, if separate dedicated tender exercises could at times be launched in terms of quantity required for Rodrigues. There is

also the problem of referral to Rodrigues of patients put on critical drugs after treatment in Mauritius, while sometimes the drugs are not available in Rodrigues.

Mr Speaker, Sir, on a long-term strategy, the hospital pharmacy of the Regional Assembly, should have the possibility to procure certain medicines from Rodrigues through direct procurement and/or during emergency procurement. Why I say so? Rodrigues population is only around 43,000 people as compared to mainland, 1.3 million people. For example, recently, there was a shortage of cholesterol medicine Astorvastatin. Rodrigues could have procured a more reasonable stock on direct purchase to satisfy the demand at local level, instead of waiting for long delivery period from the CSD. This would have prevented the situation where medicines were being rationed in Rodrigues.

Further, I propose that the threshold of around Rs100,000 for local purchase by Regional Assembly, be increased to around Rs300,000. This would allow Regional Assembly to purchase more via informal quotation pending receipt via normal tender procedures. The remoteness of Rodrigues within the Republic must be taken into consideration.

Mr Speaker, Sir, the existing Electronic Inventory Management System (EIMS) is a very efficient system. Rodrigues is connected online to it. However the weaknesses arise from no efficient logistics at local level. Thus, the merging of the EIMS and the E-Health is compulsory. In that regard, the Rodrigues Unit at the Central Supply Unit here must be reinforced to improve the constant and continuous supply chain when clearing and forwarding drugs or medicines from Mauritius to Rodrigues.

On a last note, Mr Speaker, Sir, allow me also to refer back to the COVID-19 pandemic period, where the Dornier Aircraft of the National Coastguard Maritime Squadron, carried out emergency missions to transfer medicines, equipment and pharmaceutical products from Mauritius to Rodrigues to save the population of Rodrigues upon the request of the High-Powered Committee under the Chairmanship of hon. Serge Clair and here, I have to thank the Commissioner of Police and all teams for the excellent work to save life for almost 2 years, in Rodrigues during the pandemic period.

Mr Speaker, Sir, to conclude, I do concur with this CMPA Bill, to provide for accountability mechanisms to make Government more responsive to the people they serve through the establishment of this Central Medical Procurement Authority.

Mr Speaker, Sir, I encourage and congratulate the hon. Minister and the Ministry of Health and Wellness for this quick response to come up with this Medical Procurement

Authority bill which also meet part of the recommendations of the Public Accounts Committee, the European Union Technical Assistance and the Director of Audit.

Mr Speaker, Sir, I'm done and I thank you for your kind attention.

Mr Speaker: MP Dr. Gungapersad!

(7.31 p.m.)

Dr. M. Gungapersad (Second Member for Grand'Baie & Poudre d'Or): Thank you, Mr Speaker, Sir. One quick reflection: as someone from the educational sector, if a debate among students was going on and if any student had malevolently referred to somebody's health, I would have felt bad and I take offence on the unwarranted comment made again and again against the health of former Prime Minister, Dr. Navin Ramgoolam.

The culture I come from has taught me and I hope I will stand by it, has taught me *nishkama karma* (selfless action) - do good, do good and do good. Sometimes you shouldn't come and talk about it. I am also tempted to come and say what the former Prime Minister, Dr. Navin Ramgoolam, has done for others but I will not go along that line. Here I am reminded of one sentence from the Bible where Jesus says when he is being crucified –

“Father, forgive them, for they do not know what they are doing.”

And I will say if there is a Supreme one above: O God, forgive them, for they do not know what they are saying.

Mr Speaker: Amen!

Dr. Gungapersad: Amen! Thank you, Mr Speaker, Sir. Thank you for your spirit.

An hon. Member: *Pa zwe ar lapriyer.*

Dr. Gungapersad: That's like a gentleman, I appreciate it.

An hon. Member: *Pa zwe ar lapriyer.*

Mr Speaker: *B li, li pe zwe ar lapriyer.*

Dr. Gungapersad: And let me continue. Here we are talking about the Central Medical Procurement Authority, the public following this debate tonight would like to have very simple and straightforward answers to a few basic questions –

- (1) How will this Central Medical Procurement Authority prevent corruption and prevent profiteers to abuse procurement procedures?

- (2) How will this Authority ensure that there is no wastage of medical supplies like we have had expired medical supplies worth Rs210 m. from 2013 to 2023 – hon. Juman, hon. Mrs Foo Kune-Bacha talked about it. And every patient gets the medicine that he has been prescribed in the Medi-clinic, in the dispensary, in the hospital he/she visits?
- (3) How will this Authority ensure that medical equipment is fully operational when a patient has to undergo an important examination?
- (4) How will this authority help to reduce the long waiting list of patients who have to undergo important surgeries?

But instead of that, what do we listen over here? Hon. Balgobin was asking what the former government did. They even went with comments like “where was hon. Dr. Boolell at that time?” And here, I come across a document of 2014. In 2014 the Astron Hospital and Healthcare Consultants Private Ltd., Mega Design Ltd. carried out a feasibility study on the construction of a modern warehouse of international standards for essential drugs, medical consumables, non-medical products and medical equipment – in 2014 and we are in 2023. What have we done so far to address the recommendations made in this report? This is what we should be debating over here.

And, as usual, members on the other side, in their quest to glorify everything this Government does, hon. Nuckcheddy comes and says that MSM means Medicine Supply Map – oh my goodness! Medicine Supply Map and hon. Mrs Luchmun Roy says she does not mind if medicines were to be bought from hon. Mrs Foo Kune-Bacha’s barber’s shop. She does not mind if it has to be bought from a *quincaillerie*. She doesn’t mind if it has to be bought from these unauthorised places. Where are we heading in this country?

Those who are following us tonight, *on ne peut pas abaisser le débat à ce niveau-là quand meme!* Let me read the message of Rajen Bablee, Executive Director, Transparency Mauritius and what he says about procurement –

“Public procurement is seen by many as an endless hole whereby corruption is its main engine. People doubt governments and institutions’ credibility when it comes to public procurement as if there is a tacit or unspelt understanding that people in power would obtain a secret gratification upon each and every bid.”

How is this authority going to address this type of problem? This is what we want. Furthermore, other members of the public, of different organisations, they have talked

about how procurement can lead to corruption. Director of Procurement Policy Office, Mr Hirendranath Rambhojun, OSK, says –

“There is growing awareness that accelerated public procurement procedures raise the risk of waste, fraud and corruption.”

We have another person, the CEO of Business Mauritius, Kevin Ramkaloan –

“Transparency in the procurement process is a critical success factor for business confidence and the investment climate”.

Mr Speaker, Sir, let me come to the rationale of the Bill and in the Introductory Memorandum, we read the following –

“The main object of this Bill is to provide for the establishment of the Central Medical Procurement Authority which will be responsible for the procurement of medical supplies on behalf of Ministry of Health and Wellness.”

In fact, as soon as we start debating this Bill, many harrowing and scandalous narratives of corruption, malpractices, non-compliance with legal provisions, relating to emergency procurement rush brutally to our collective consciousness. How can we give a blank check to this new authority manned by political nominees who will be hand-picked by the Prime Minister to procure medical supplies worth nearly Rs2 billion annually on behalf of the Ministry of Health and Wellness?

Mr Speaker, Sir, let me refer to what the Director of Audit recommended in his 2019-2022 report. Let me refer to page 8, he says –

“The whole public procurement process including current legal provisions and procedures must be reviewed with the view to strengthening accountability and transparency and ensuring that emergency procurement does not become a fertile ground for the commission of financial abuses and malpractices at the expense of tax payers.”

He further adds in the same report, same page –

“Medical disposables to the tune of Rs850 m. were purchased from private companies which had no previous dealings with the Ministry of Health and such goods”.

This is what the Director of Audit says and hon. Mrs Luchmun Roy tells us she does not mind if medical supplies were to be procured from the barber’s shop, from the *quincaillerie* and so on.

For some Rs16 million was awarded. No evidence was produced to the NAO to the effect that an assessment was made. Here we are talking about the Safe City Project worth Rs16 m.

Mrs Luchmun Roy: Mr Speaker, Sir, on a point of order.

Mr Juman: *Fini! Goal fini renter!*

Mr Speaker: Order!

Mr Juman: *Fini!*

Mrs Luchmun Roy: On a point of order, Mr Speaker, Sir.

Mr Speaker: Order, please!

Mrs Luchmun Roy: I would like to seek your advice. The hon. Member on the other...

(Interruptions)

Hon. Members: Advice?

Mr Speaker: Order!

Mrs Luchmun Roy: The hon. Member has been referring to my speech.

(Interruptions)

Mr Speaker: Order!

Mrs Luchmun Roy: I would like to seek your guidance. The hon. Member has been referring to my speech. I would request the hon. Member to state it as I said and not to take only part of the sentence because he is actually extrapolating what I am saying.

(Interruptions)

Mr Speaker: Order!

Mrs Luchmun Roy: So, I am seeking your guidance. If he is referring to my speech...

Mr Speaker: *Laisse li coze, laisse li coze!*

An Hon. Member: *Be pa point of order sa!*

Mr Speaker: Stop! No! Wait!

Mr Armance: Ask her which point of order, please.

Mr Speaker: Order! Order yourself! Order yourself.

Mr Armance: Ask her ...

Mr Speaker: I am ordering you, order yourself! Quiet!

Mrs Luchmun Roy: This is imputing motives.

Mr Speaker: Let me listen to the...

Mrs Luchmun Roy: I want the hon. Member to table my speech if he wants to refer to it.

(Interruptions)

Mr Speaker: You want to go out?

Mr Armance: Go and check the recording again.

Mr Speaker: What was your point?

Mrs Luchmun Roy: He is misquoting my speech and he has been referring to my speech at least twice in his speech. So, he is misquoting it. If he could say it as I said, verbatim, as I mentioned it my in speech.

Mr Speaker: So, let me give my ruling. So, hon. Member, it would be preferable for you to concentrate on this Bill. Don't go outside the Bill. That would create confusion. This is the point.

Mrs Luchmun Roy: *Pardon?*

Mr Juman: This is a fact.

Mr Speaker: This is the point. When this Standing Order has been written that you should concentrate on the Bill itself, that was the whole point. Don't come and invent the wheel here. Now, you may continue.

Dr. Gungapersad: Thank you, Mr Speaker, Sir. Let me continue. Those who have heard whatever I have said have heard and they will draw their judgement.

Mr Speaker: No. Go directly to your speech.

Dr. Gungapersad: Yes. Mr Speaker, Sir, hon. Dr. Boolell, Hon. Juman and hon. Dr. Aumeer, rightly said that this Government has literally issued a certificate of incompetence to thousands of worthy, dedicated, competent and honest civil servants from the medical sector by trying to bypass all of them and creating this Central Medical Procurement Authority. We have these people who have been working for the country during tough times. We didn't need this Central Medical Procurement Authority to

procure medical supplies for this country and in the famous sentence by hon. Dr. Boolell who rightly says –

“After all, this is the best government that money can buy.”

This is what I see coming in the years to come and we have the right to come over here and to say what we don’t agree with. Unfortunately, when we talk, we take our position.

In his conclusive sentence, hon. Nuckcheddy said, fortunately, I had time to note it as it is so that nobody takes offence now –

“We have never and we will never ever be by the side of anti-patriots who walk on the streets of Port Louis for political gains.”

I do not fully understand his innuendos. I do not know where he has met anti-patriots in Port Louis; what he is referring to. But in the same Port Louis, I have seen a lot of patriots coming, flocking here, coming and expressing their *ras-le-bol* against many malpractices of this Government. I do not know who he means when he talks about anti-patriots. And very often, this is the problem, when some people wear the garb of supposedly patriots and they go on fleecing the population and the poor population.

Mr Speaker, Sir, a few questions again –

- How will this Central Medical Procurement Authority maximise economy and efficiency in public procurement and obtain best value for public expenditures?
- How will this Central Medical Procurement Authority contribute to the economic development of Mauritius through an efficient public procurement system and capacity building?
- How will this Central Medical Procurement Authority promote competition and foster participation in public procurement proceedings?
- How will this Central Medical Procurement Authority provide equal opportunity and fair and equitable treatment to all suppliers and bidders?
- How will this Central Medical Procurement Authority promote integrity, fairness, accountability and public confidence in the public procurement process?
- How will this Central Medical Procurement Authority ensure transparency in the procedures, process and decisions relating to public procurement?

Mr Speaker, Sir, very often, Members on the other side are coming with reports which are dated decades. Let me refer to the audit report which has been presented this year, February 2023. Let me quote what the Director of Audit has said –

“This year I have carried out a special review on the Emergency Procurement of COVID-19-related drugs by the Ministry of Health and Wellness. My audit has revealed that the Ministry has not only departed from procurement rules and regulations but has also disregarded its own established procedures.”

I repeat it...

Mr Speaker: No, this has already been said. You said it for a third time, you see?

Dr. Gungapersad: Okay, thank you.

Mr Speaker: This is the third time that this has been repeated in the House.

Dr. Gungapersad: Thank you. The shortcoming...

Mr Speaker: Continue with your speech!

Dr. Gungapersad: The shortcomings...

Mr Speaker: Don't repeat it!

Dr. Gungapersad: I am continuing. The shortcomings... Thank you, thank you. You make my speech very interesting.

The shortcomings highlighted in this report are similar in nature to those reported in previous years but the weaknesses have unfortunately not been addressed. And we are coming with this Authority again which we fear, on this side of the House, which will operate in maximum opacity because we are afraid that political nominees are going to man it. And they would be handpicked by the Prime Minister and we do not trust the choice he will make. We do not trust! I hope those who will be manned will give their certificates first before they are appointed to the job. If it is not, they will have to be removed from the post like it has happened recently.

Mr Speaker, Sir, without strong watchdog, institutions will start functioning in all impunity. And it is important in this august Assembly, when I am trying to conclude now, let us meditate on what Shri Narendra Modi Ji said last year during the Independence Day speech. Let me quote him –

“The two big challenges we face today are corruption and nepotism. Until and unless people have the mentality of penalising the corrupt, the nation cannot progress at its optimum pace. Another evil we need to come together against is nepotism. (...) Corruption is making the country hollow like a termite. We have to fight it.”

This is what real patriots have to do. This is what we are doing. We are ensuring that we, on this side of the House, the watchdogs, which are needed to safeguard transparency, accountability, are flagged enough because we have had so many bad experiences in recent times. The whole nation knows it, no need to repeat it. They know. And the population knows on which side of history they stand.

Mr Speaker, Sir, the battle between good and evil will continue and people will make their judgment when the time comes. Mr Speaker, Sir, sometimes speaking the truth is not appreciated by many fortunately or unfortunately, but we will continue speaking the truth and we will continue fight for transparency, accountability.

Thank you very much. Mr Speaker, Sir.

Mr Speaker: This is an issue that I, myself, face when I speak the truth.

Hon. Teeluck!

(7.51 p.m.)

The Minister of Arts and Cultural Heritage (Mr A. Teeluck): Thank you, Mr Speaker, Sir, for allowing me to bring my contribution in these debates. I believe that this Bill has been sufficiently canvassed on this side of the House. So, I will spare my colleagues of the technicalities they have discussed but I think it is only fair for me to shed some light on comments brought by Members of the Opposition on this Bill.

Mr Speaker, Sir, I have been hearing a lot about COVID-19, Molunupiravir, Pack & Blister as if we are not actually debating the Central Medical Procurement Authority Bill *mais on fait tout un procès de l'honorable Dr. Jagutpal; on fait un procès du ministère de la Santé; on fait un procès des milliers des officiers du ministère de la Santé.* I think it is a shame that we are not being able to understand the very nature of these debates which have run over two weeks now, last Tuesday and this Tuesday.

Also, we need to understand that this particular Bill, Mr Speaker, Sir, does not or is not the consequence of whatever happened during COVID-19. This Bill is the consequence of a report and if hon. Members make the effort of listening to the introductory remarks to the Second Reading, the speech of Dr. Jagutpal, you will rightly understand that. I will quote him –

“In 2016, the European Union Technical Assistance (EUTA) evaluation team launched a survey on the procurement of pharmaceuticals and medical supplies in the Ministry of Health.”

And this is one of the recommendations, to have a centralised medical procurement authority just for the health sector. It dates back to 2016. And if there was a survey in 2016, that survey would have been based on previous audit reports, on previous malpractices, on previous mismanagement of medical supplies, on stock, or whatever you call it. This Authority, this Bill being brought forward to the House today is not as a consequence of what we have seen over the last few years, it is as a result of a survey dated 2016 based on what has happened during previous years. Yes, hon. Dr. Boolell! I am very right in what I am saying. And it is very wrong today *pour faire un procès sur Molnupiravir* and all.

Mr Speaker, Sir, we all know very well, *il y a une enquête au niveau de l'ICAC* on Molnupiravir and it's very wrong to come here *et porter jugement, condamner déjà les officiers*. We have heard lengthily from some Members from the Opposition. *Vous avez déjà condamné certaines personnes. Vous avez déjà condamné certains officiers du ministère*. You are actually not only blaming, *vous rendez des jugements dans cette Chambre*.

Hon. Members, Mr Speaker, Sir, we have to be responsible in what we say under the garb of immunity, let's not *déraper* in our statements. Let's not take as excuse this bill which talks about something very important in terms of procurement of medical supplies to come and unleash your political – I would have used the word used by Dr. hon. Boolell this morning but I won't but he know what I am referring to.

Let us limit ourselves to the debate today and I have also heard hon. Members highlighting all the issues with the Central Medical Procurement Authority Bill that it won't serve any purpose, there is no accountability, no reporting. Dr. hon. Gungapersad just said it that the law does not provide for any accountability nor reporting, lack of transparency but again, hon. Members, if we read the Bill before we come and make any statement, we will understand that some part of the Public Procurement Act is still applicable to this Bill. This Bill is not exempted from the application of some parts of the Public Procurement Act, namely –

- Part VI – Challenge and Appeal;
- Part VII – Procurement Contract;
- Part VIII – Procurement Integrity.

This Central Medical Procurement Authority Bill is still subject to some of the very important, core, essential provisions of the Public Procurement Act; again it is very wrong to come and make lengthy statements on that there is no reporting, no transparency or no

accountability when it comes to this Authority, very wrong and actually we have been highlighting issues. What are we proposing? There hasn't been a single proposal that came from the other side of the House say for critics, say for shortcomings being identified by them but not a single proposal in terms of what we should be doing and what should be done.

At least this Government is doing something, is bringing some change, it is introducing a new Authority that will ensure a more efficient procurement system that will ensure that there is no lack of supply in our hospitals. We are talking about thousands and thousands of patients – cancer patients, diabetic patients. We are talking about a very sensitive sector – the health sector. Emergency procurement during COVID, there was a choice to be made, either we sit back and we let people be taken by the wave of COVID and we count by the toll the number deaths as was predicted by World Health Organisation. That could have been an approach but we chose to do otherwise. We chose to stand by the population and ensure that even in dire times when you would have ordered medical supplies, it would have been on a tarmac in an airport and by the minute there would be another country that could come and cancel your order and airlift that particular product and bring to their country and you will keep waiting for those supplies in your country. There were choices to be made. There were decisions to be taken. So, don't come here and give us lessons on how we should have managed COVID or what should have been done. We did what should have been done and Dr. hon. Gungapersad, I won't preach or I won't *citer la bible* that I will say something. Sai Baba did say something –

“Hands that serve are holier than lips that pray.”

And we serve the population. We have done it and we still are doing it.

So, Mr Speaker, Sir, I congratulate my very good friend, Dr. hon. Jagutpal, for coming forward with this Bill, of course, under the leadership of our Prime Minister who has himself been personally involved in the management of COVID along with Dr. Jagutpal and so many other colleagues Ministers, PPS and our MPs with all those Officers of the Ministry of Health, a big congratulations to all of you for what you have done in those very challenging and difficult times and again congratulations and thank you for coming up with this Bill.

Mr Speaker, Sir, I fully support the introduction of the Central Medical Procurement Authority Bill and I am done for tonight, Mr Speaker, Sir.

Mr Speaker: MP Uteem!

(8.01 p.m.)

Mr R. Uteem (Second Member for Port Louis South & Port Louis Central): Mr Speaker, Sir, every year the Director of Audit in his Report criticises procurement of medical items. I agree the problem is a long standing one but the magnitude of the waste of public funds in recent years is unprecedented. The deliberate flouting of the provisions of the Public Procurement Act, of the Public Procurement Regulations, of directives issued by the Procurement Policy Office under this regime is simply unprecedented and I am afraid that this Bill and the setting up of the Central Medical Procurement Authority will only make matters worse.

I know what I am saying, Mr Speaker, Sir, because as the Chairperson of the Public Accounts Committee, I spent a lot of time reviewing the procurement of medical equipment, medical item and medicine. Together with other Members of the Committee from both sides of the House, we held extensive meetings with stakeholders, accounting officers, procurement officers, doctors, pharmacists, representatives of the Public Procurement Office. We spent several months trying to ascertain what was the root of the problem and we made several recommendations both during the hearing and in our report. The hon. Minister of Health has in his intervention mentioned some of the problems –

- the lack of proper planning;
- the delays in awarding contracts;
- challenges;
- default by suppliers;
- inventory problems despite the Electronic Inventory Management System.

But the hon. Minister was careful not to mention, not once to mention any shortcomings relating to the Emergency Procurement resorted to during the COVID-19 pandemic where billions of rupees worth of contract had been awarded in blatant breach of the law and directive issued by the Procurement Policy Office. Contracts awarded following unsolicited bids to suppliers were not registered with the Ministry, to suppliers who were not even in the business of supplying medical items. Contracts awarded without negotiation in breach of Regulation 8 of the Public Procurement Regulations 2008. Contracts awarded without any attempt to get value for money resulting in the purchase of medical items at inflated prices, sometimes more than 3,300% higher than the price which Ministry paid in the past for the same medical item.

Several hon. Members referred to the case of Pack & Blister which is a reminder to all of us of the risk of not following proper procurement procedures. Pack & Blister was

awarded a contract for the supply of 50 ventilators within hours of sending an unsolicited bid by email to an adviser of the Prime Minister...

Mr Speaker: So, you don't want to talk on the Bill?

Mr Uteem: Yes, this is the procurement. I am going to explain on this.

Mr Speaker: You have only a few minutes left.

Mr Ameer Meea: *Ti ena 1983 talerla.*

Mr Uteem: So, Pack & Blister after getting the unsolicited bid, supplied ventilators which did not work. Why? Because proper procedures had not been followed by the Ministry. And just imagine if there was an outbreak of COVID and we needed these ventilators. How would we have saved lives then? This is why we need to follow proper procedures. And when confronted with these irregularities - because we have tried to find out at the level of the Public Accounts Committee how could so many things go wrong during the emergency procedures? How can the law be flouted? The regulations be flouted? The directives be flouted? And you know what we were told? The representatives of the Ministry of Commerce told us, and I quote –

“An instruction to effect (...)”

He told us, and I quote –

“He was acting in accordance with verbal instruction which he received from his Minister.”

He told the Committee, and I quote -

Mr Speaker: No, hon. Uteem, we have heard that in the Budget Speech. We have heard that here in this Bill. You are always coming; everybody is coming with that. Bear with me.

Mr Uteem: Mr Speaker, Sir,...

Mr Speaker: Bear with me. We have the Standing Orders clear on that.

Mr Quirin: *Standing Order la pa kpav servi zis pou sa.*

Mr Speaker: There is a limit for everything. You are a seasoned lawyer and Parliamentarian.

Mr Uteem: Exactly.

Mr Speaker: Try to give some good speech to this House. I am here to listen to you. Give a good speech to this House.

Mr Uteem: Yes, Mr Speaker, Sir, the good speech I am saying is that if COVID-19 pandemic is of any lesson, it is that Ministers should not intervene in procurement procedures, and this is exactly what will be done with this Central Medical Procurement Authority Bill. Worse! When the procurement was done by officers of the Ministry, be it the Ministry of Commerce, be it the Ministry of Health, the Public Accounts Committee was able to unravel these. It was not cited in the Director of Audit's Report. Why? Because we have a mandate to scrutinise every money that is spent from the budget. But our mandate at the level of the Public Accounts Committee is limited by the Standing Orders. We cannot, we don't have the right to scrutinise the audited accounts of public bodies. We can't scrutinise the State Trading Corporation and we will not be able to scrutinise procurement made by the Central Medical Procurement Authority. This is the problem.

By transferring from the Ministry to this Authority, you are depriving the Public Accounts Committee of its duty and role to supervise the spending of public funds and to scrutinise how it is done, and offer recommendation. And it is not good enough to say that the accounts of this Central Medical Procurement Authority will be audited by the Director of Audit. Do you know, Mr Speaker, Sir, in his last report, the Director of Audit specified that out of 113 statutory bodies that he has to audit, 33, meaning 40% of the statutory bodies, had not yet submitted a total of ...

Mr Speaker: Again, again, we are debating this Bill. You know! Now you are making an assessment. You are the Chairman of the Public Accounts Committee.

Mr Uteem: Yes!

Mr Speaker: You have written a report yourself.

Mr Uteem: Yes, so!

Mr Speaker: The whole Committee made a Press Conference; everything is out. Now the population is listening to the Central Medical Procurement Authority Bill.

Mr Uteem: Yes!

Mr Speaker: And nothing from you?

Mr Uteem: But the procurement, what I am saying, Mr Speaker, Sir, is in the Bill!

Mr Speaker: No, it is outside the debate.

Mr Uteem: The Section of the Bill says that...

Mr Speaker: It is outside the debate!

Mr Uteem: The Bill says that...

Mr Speaker: You can quote anything you want, but it is outside the debate!

Hon. Members: No!

Mr Uteem: Section 40 of the Bill says that the auditor of the Authority shall mention in his annual ...

An hon. Member: *Hein!*

Mr Uteem: This is not the Bill? Can't I say who is going to audit the Bill?

Mr Speaker: You continue!

Mr Uteem: You are going to prevent me to talk about the Bill? Because it takes me 15 years in this Parliament! 15 years! And you are going to tell me how to make a speech?

Mr Speaker: Listen. Now you listen.

Mr Uteem: I am listening.

Mr Speaker: If you have anything to say concerning the Bill, say it now!

Mr Uteem: Of course! It is the Bill! I am saying that this is going to be audited by the Director of Audit. This is what the Bill says.

Mr Ameer Meea: ...*taler la ti korek lerla!*

Mr Uteem: And I am saying that 40% of public bodies which required...

Mr Speaker: I am telling you, you were saying that so many public bodies did not make returns or whatever. Now we are talking of the Bill; this Bill. Continue with that!

Mr Uteem: But this is precisely, Mr Speaker, Sir. If 40% of statutory bodies don't give their accounts, what guarantee do you have that this Central Medical Procurement Authority will give its accounts?

Mr Speaker: Continue!

Mr Uteem: So, I can't explain anything? Don't interrupt me! It is ...

Mr Speaker: I am not interrupting you. You are going outside the Standing Orders!

Mr Uteem: Is that what you are telling the House?

Mr Speaker: I will! I will do it!

Mr Uteem: Of course, you will do it because this is the most scandalous Bill that I have had to debate in this Bill; the most scandalous one. You're taking public funds away

from civil servants who are appointed by PSC. You are giving it to an Authority whose members will be hand-picked by the hon. Prime Minister, whose Director General will be hand-picked by the hon. Prime Minister, whose salaries will be determined by the hon. Prime Minister just like the Director of ICAC. And this is okay?

Rs2 billion without the oversight of Public Accounts Committee, that's okay? Rs2 billion without the oversight of professional public servants, accounting officers, trained accounting officers, this is okay? Will the staff of this Authority be public officers? Will they be appointed by the Public Service Commission? No! They will be appointed by the Board. Who are the members of the Board? Political appointees, appointed by the President on the advice of the hon. Prime Minister.

Mr Quirin: Yes!

Mr Uteem: So, this is transparency? This is efficiency? This is how you're going to tell us that this Bill is for the betterment of procurement when you're taking it away from all the civil servants and you're giving it to a bunch of political nominees? Political nominees! You know, when you have the Central Procurement Board, the law of the Procurement Act gives you limited instances when you can remove a member of the Board, because they need to be independent. Now, you are introducing a new criterion in this Bill to remove Board members. In Section 10(6) –

“The President shall, on the advice of the Prime Minister and following a report from the Minister, at any time terminate the appointment of a member –

(a) whose performance appraisal is not satisfactory;”

Now, if the public officer, if his performance is not satisfactory, the Constitution provides that it is the Public Service Commission, a statutory, a constitutional independent body which will take disciplinary sanctions, which will consider whether their duty is correctly done or not. Now you're going to remove that and give it to the Central Medical Procurement Authority, which will decide whether the Board is up to standard or not? What will the Minister do? And that is why I mentioned the COVID pandemic. Because what will happen if he comes back and tell the Board member: ‘I want you to give the contract to this supplier’ and the Board member says ‘no’. What will happen?

What result? Poor performance! Removed on the spot! You don't have the safety net of the Public Service Commission; you don't have the right to appeal to Public Bodies Appeal Tribunal. You are at the beck and call, at the mercy of the executive, and you're telling us to vote this? You are telling us to talk about this Bill? And no one, no one, all

these hon. Members on the Government side who intervened, all those who flattered, and they rightly so, all our frontliners, not a word about all these procurement officers now who will be without a job! What will happen to all these procurement officers in the Ministry of Health?

An hon. Member: Redundant.

Mr Uteem: What will happen to them? Is it how you're going to reward them? By taking away their job and giving it to boys and girls nominated by a Board which is consisted of political nominees? This is how you're going to reward all these civil servants who acted during the procurement, by taking away their job and giving it to the Central Medical Procurement Authority? This is how you will reward them?

Mr Speaker, Sir, the point that I am making here is that there is no way an authority which is manned by political appointees, whose appointment is dependent on the whims and fancies of the executive, there is no way that this Central Medical Procurement Authority will have what it takes to be independent, will have what it takes to say no, will have what it takes to apply the Law, to apply the procurement procedures, to apply the directives.

Mr Speaker, Sir, I started by saying that we spent a lot of time at the level of the Public Accounts Committee and I am very glad, I am very proud to say that it was a totally non-partisan committee. We genuinely tried to ascertain what the problem was and tried to find the solutions and one of the major problems that we identified was a lack of sanction. People get away with it. They flout the law, they do not follow the directives of the Public Procurement Office, they do not follow the Public Procurement Act, they do not follow the regulations. Nothing happens to them. No sanction. They are not even referred to the PSC for the PSC to determine whether any disciplinary sanction should be taken against them. Yet, we end up using billions of rupees worth of public funds and this is why in our report last year of the Public Accounts Committee, we recommended that appropriate legislative changes be brought to sanction public officers who misuse or facilitate the misuse of public funds.

So, if there was a real political will, Mr Speaker, Sir, to improve the procurement process, one would have expected in this Bill a provision, an appropriate sanction against the person involved in wastage of public funds, be it at the level of the Board, the Director or any staff but instead, what do we see? Section 54 of the Bill provides that –

“No action shall lie against the Authority, the Board, a member or an officer, for any act or omission, except in so far as the act or omission complained of was done in bad faith.”

Now, if you are a member of the Board, if you are a Director, if you are a staff and you follow instructions by an executive, you follow instruction by your superior ‘*lord inn vinn lao*’ are you acting in bad faith? If you are negligent, if you are reckless, if you turn a blind eye, are you acting in bad faith? No, you can be negligent. You can be reckless; you can be acting under duress and yet not be at all acting in bad faith. You will be having no sanction but at the same time, public will be using a lot of money. So, if this Authority and the Director were to procure the purchase of a drug ten times the price that they had paid for the very same drug just like what was done last year when the Ministry purchased 1 m. Molnupiravir capsules at Rs79.2 per unit after having purchased the same medicine for Rs9.31 per unit on the eve, nothing, absolutely nothing will happen to them.

So, how is this Bill an improvement? If the Authority and the Director were again to purchase ventilators from Pack & Blister which do not work following unsolicited bid from an Advisor of the Prime Minister, again nothing will happen to them. So, how is this Bill an improvement on the case? What we proposed at the level of the PAC is revamp, control; you have mentioned yourself that you have an Electronic Management System for inventory. Make sure that they use it! At the moment, they are not using it. That is why you are left with a lot of inventory, stock, over purchase, expired dates because the system is not being used. Use the system and sanction people who do not use the system. That is how you are going to improve matters, by sanctioning people: *ou fote, ou tase*.

Mr Speaker, Sir, this Bill will make procurement of medical supplies even worse than it is now. Political nominees handpicked by the Prime Minister will handle billions of rupees of procurement in total opacity. What happened during the emergency procurement of medical items during COVID-19 pandemic which was an exception will now become the norm with this Bill and we will not condone it.

Thank you.

Mr Speaker: Hon. Callichurn!

Mr Callichurn: Mr Speaker, Sir, I move for the adjournment of the debates.

The Deputy Prime Minister seconded.

Question put and agreed to.

Debate adjourned accordingly.

ADJOURNMENT

The Deputy Prime Minister: Mr Speaker, Sir, I beg to move that this Assembly do now adjourn to Tuesday 4 July 2023 at 11.30 a.m.

Mr Toussaint seconded.

Question put and agreed to.

Mr Speaker: The House stands adjourned! Specific matter, adjournment!

MATTERS RAISED

(8.20 p.m.)

UNUTILISED ACQUIRED LAND – AVENUE SIVANANDA – REPURPOSE

Mr A. Ittoo (Third Member for Vacoas & Floréal): Merci, M. le président.

M. le président, ma requête de ce soir s'adresse au *Deputy Prime Minister*, ministre du Logement et *Land Use Planning* concernant les terrains acquis par le gouvernement à travers son ministère afin de réaliser le projet de Métro entre Curepipe et Port Louis en passant par Vacoas.

M. le président, afin de réaliser le projet de Metro, sans nul doute l'acquisition des terrains était nécessaire et aujourd'hui au grand contentement de centaines de milliers d'usagers, le métro est une réalité et le métro contribue à la modernisation du pays, il améliore la qualité des vies des mauriciens, facilite grandement la mobilité des passagers, contribue à augmenter la productivité des passagers qui évitent l'embouteillage et tout le stress y relatif et j'en passe sur les autres nombreux bénéfices du métro à Maurice car ma requête tourne beaucoup plus autour des terrains acquis et quoi faire pour optimiser des parties de ces terrains sous-utilisés et qui aujourd'hui seront laissés à l'abandon, attirant voyous et *illegal dumping* ?

M. le président, pour mieux m'expliquer au près du ministre concerné, je classifierai ces terrains sous-utilisés en trois groupes –

- (i) les petites portions de terrain entre des maisons sur lesquelles aucun projet ne peut être implémenté ;
- (ii) des grandes; et
- (iii) des moyennes portions de terrain.

M. le président, je n'apprends absolument rien au ministre de tutelle. Déjà la terre est une ressource très précieuse pour une petite île comme la nôtre. Le gouvernement dont

nous faisons partie fièrement s'est embarqué avec succès à la modernisation du pays, réussit merveilleusement bien à rehausser la qualité de vie des mauriciens et donc, je suggère avec une meilleure gestion, voir utilisation de ces terrains, on pourrait d'avantage améliorer la qualité de vie des habitants des environs. Ainsi, je demanderai au ministre à travers le *Land Use Planning* de son ministère de considérer les options, de considérer la vente des petits lots inutilisables à des voisins adjacents, de *vest* les lots de taille moyennes aux municipalités pour des travaux d'espace verts et d'embellissement, de *vest* les plus grands lots au ministère des Sports par exemple ou au *Local Government* dépendant de ce qui sera le plus approprié comme projet sur ces lots.

M. le président, j'espère que mes propositions seront prises en considération et qu'un *Land Use Plan* soit produit pour ce tronçon de l'avenue Sivananda pour le bonheur de tous les habitants.

Merci, M. le président.

The Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism (Mr S. Obeegadoo): Mr Speaker, Sir, I thank the hon. gentleman for raising this issue.

Land along Sivananda Avenue between Vacoas and Curepipe was first acquired for the Metro Express Project, providing for realignment of the road, further to the Metro track being developed and the hon. gentleman, the hon. Member may also be aware that additional land was purchased because traffic along Sivananda after the Metro, is restricted to one lane in either direction.

So, Government decided to acquire additional land, available land wherever and whenever possible to provide for either emergency lanes or laybys so that in case of a road accident or any other obstruction, there were ways to ensure that the road traffic was not totally blocked.

My information is that eighty portions of land were identified for acquisition by the State so that the Metro Project could be implemented along Sivananda Avenue between Vacoas and Curepipe and for ancillary works. On some of the plots of land acquired, there were pre-existing buildings or boundary walls which were pulled down and the debris was carted away by the service provider contracted by my Ministry. And, these works were completed to the satisfaction of Metro Express Ltd.

Now, what is important to understand is that, as soon as acquisition procedures were completed, the land was vested in the Ministry of Land Transport and Light Rail, and

so is no longer vested in the Ministry of Housing. Save for the fact that of the 80 portions of land, there are 23 portions where acquisition procedures are yet to be completed due to either title deeds having to be finalised or compensation for the land acquired, being effected.

So, listening carefully to the hon. Gentleman, it would appear that he is referring to land which at this point of time is not being put to any productive use. I would therefore invite him to perhaps indicate to me, to my Ministry the specific plots he has in mind so that we can then provide him with relevant information as to whether this is land already vested in the Ministry of Land Transport or it is land still being acquired. But, in any event, land is acquired only when there is a Ministry that requests acquisition of land and it has to be for a specific purpose for which funds are available.

So, I would presume that any land including the land referred to by the hon. Gentleman is land which has been acquired at the request of the Ministry of Land Transport, possibly thereafter transferred to Metro Express Ltd and to be put to a precise use as indicated to my Ministry. But again, I can understand the concerns of the hon. Gentleman and once he would have specifically pinpointed the portions of land he is concerned with, my Ministry will certainly be happy to assist in providing him with all the relevant information.

I hope this satisfies the hon. Gentleman, if not, we remain at his disposal to provide him with any information he wishes to have.

Thank you, Mr Speaker, Sir.

Mr Speaker: Hon. Dr. Boolell, the House has been adjourned!

At 8.30 p.m., the Assembly was, on its rising, adjourned to Tuesday 04 July 2023 at 11.30 a.m.

WRITTEN ANSWERS TO QUESTIONS

SPECIAL CHAMBER OF THE INTERNATIONAL TRIBUNAL OF THE LAW OF THE SEA – JUDGMENT

(No. B/809) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the Judgment delivered by the Special Chamber of the International

Tribunal of the Law of the Sea on 28 April 2023, establishing a binding international maritime boundary between Mauritius and Maldives, he will state the actions Government proposes to initiate as a result thereof.

(Withdrawn)

POLICE FORCE - PROMOTION

(No. B/812) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the Police Force, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to –

- (a) when the list of the last promotion exercise which took effect on 01 June 2022 will be published in the routine orders and, if not, why not;
- (b) the number of the promoted officers attached to the VIPSU, and
- (c) the number of Police Officers awaiting promotion this year, if any.

(Withdrawn)

SIR GAËTAN TUG - ALLEGED CASE OF INVOLUNTARY HOMICIDE BY NEGLIGENCE

(No. B/815) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the alleged case of Involuntary Homicide by Negligence against the Deputy Port Master following the casualty at sea of the Sir Gaëtan tug, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand as to the enquiry initiated thereinto.

(Withdrawn)

COVID-19 PANDEMIC – ICAC - MOLNUPIRAVIR - INQUIRY

(No. B/817) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether following the striking out of the provisional charge of public official using his office for gratification against Mr B. N. in the case of the purchase of Molnupiravir for the COVID19 pandemic, he will, for the benefit of the House, obtain from the Commissioner

of Police and the Independent Commission against Corruption, information as to if the inquiry initiated thereinto is still ongoing and, if so, where matters stand.

(Withdrawn)

**HONOURABLE M. E. J. - PORT AREA - RESTRICTED ZONE -
INQUIRY**

(No. B/821) Ms J. Tour (Third Member for Port Louis North & Montagne Longue) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry initiated into the presence of Honourable M. E. J. in a restricted zone in the port area on or about 05 January 2021, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

CHAMP DE MARS - ALLEGED SABOTAGE - RACING TRACK

(No. B/824) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry initiated into the alleged sabotage of the racing track of the Champ de Mars on the eve of the Maiden Cup Day last year, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand.

(Withdrawn)

**AIR MAURITIUS LTD – OLD & NEW AIRCRAFTS – SALE &
ACQUISITION**

(No. B/826) Mr N. Bodha (Second Member for Vacoas & Floréal) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to Air Mauritius Ltd., he will, for the benefit of the House, obtain information as to –

- (a) the amount of money received from the recent sale of its old aircrafts, indicating the cost incurred for the refurbishment prior to the sale thereof, and
- (b) the source of funds for the acquisition of new aircrafts.

(Withdrawn)

(No. B/827) Mr D. Ramful (First Member for Mahebourg & Plaine Magnien) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the findings of the 2023 Trafficking in Persons Report on Mauritius published by the U.S Department of State, he will state the measures being envisaged, if any, in relation thereto and, if so, give details thereof.

(Withdrawn)

**AIRPORTS OF MAURITIUS LTD. & AIRPORT TERMINAL
OPERATIONS LTD. – CEO – APPOINTMENT & CONTRACT**

(No. B/829) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, following the merger of Airports of Mauritius Ltd., and Airport Terminal Operations Ltd., he will, for the benefit of the House, obtain information as to if a Chief Executive Officer of the new entity has been appointed and, if so, indicate the –

- (a) name thereof, and
- (b) terms and conditions of contract of employment thereof.

(Withdrawn)

**MRS S. K. & MR Y.S. – ALLEGED FICTITIOUS EMPLOYMENT –
INQUIRY**

(No. B/830) Mr R. Bhagwan (First Member for Beau Bassin & Petite Rivière) asked the Prime Minister, Minister of Defence, Home Affairs and External Communications, Minister for Rodrigues, Outer Islands and Territorial Integrity whether, in regard to the inquiry initiated into the statement made by Mrs S. K. against Mr Y.S., for the alleged fictitious employment of the former as Constituency Clerk of the latter, he will, for the benefit of the House, obtain from the Commissioner of Police, information as to where matters stand, indicating when Mr Y.S. was last interviewed by the Police.

(Withdrawn)

**METRO EXPRESS EXTENSION – CUREPIPE TO LA VIGIE –
FEASIBILITY STUDY**

(No. B/872) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Minister of Land Transport and Light Rail, Minister of Foreign

Affairs, Regional Integration and International Trade whether, in regard to the proposed extension of the Metro Express project from Curepipe to La Vigie, he will state –

- (a) if a feasibility study has been undertaken thereinto, and
- (b) the estimated cost involved therefor, indicating the source of financing thereof.

(Withdrawn)

CÔTE D'OR INTEGRATED SMART CITY PROJECT – FINANCING

(No. B/873) Mr R. Uteem (Second Member for Port Louis South & Port Louis Central) asked the Minister of Finance, Economic Planning and Development whether, in regard to the Côte d'Or Integrated Smart City Project, he will, for the benefit of the House, obtain from Landscape (Mauritius) Ltd., information as to the –

- (a) total estimated costs thereof, indicating the mode of financing therefor, and
- (b) scheduled completion date thereof.

(Withdrawn)

HIGHLANDS GOVERNMENT SCHOOL – THREAT INCIDENT

(No. B/874) Mr K. Lobine (First Member for La Caverne & Phoenix) asked the Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology whether she will state if she has been made aware of an incident whereby an individual armed with an offensive object accessed the premises of the Highlands Government School and threatened the staff thereof on or about Tuesday 13 June 2023 and, if so, give details thereof, indicating the measures taken to avert such recurrence.

(Withdrawn)

ADVISERS – NUMBER & NAMES

(No. B/875) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Minister of Energy and Public Utilities whether, in regard to the Advisers attached to his Ministry, he will state the number thereof, indicating in each case –

- (a) their names, and
- (b) salaries and other fringe benefits drawn.

(Withdrawn)

MAURITIUS POST LTD - SUSPICIOUS LETTERS OR PACKAGES FROM ABROAD

(No. B/877) Mr F. David (First Member for GRNW & Port Louis West) asked the Minister of Information Technology, Communication and Innovation whether, in regard to suspicious posted letters or packages, he will, for the benefit of the House, obtain from Mauritius Post Ltd., information as to the –

- (a) number thereof received from abroad since January 2023 to date;
- (b) established protocol in cases thereof, and
- (c) number of cases thereof reported to the Police

(Withdrawn)

CONSTITUENCY NO. 17 - FOOTBALL GROUNDS - FAULTY LIGHTINGS

(No. B/878) Mr M. Yeung Sik Yuen (Second Member for Curepipe & Midlands) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the football grounds with faulty lightings in Constituency No. 17, Curepipe and Midlands, he will, for the benefit of the House, obtain from the Municipal Council of Curepipe, information as to the number and respective location thereof, indicating the time frame for the repair thereof.

(Withdrawn)

CAP MALHEUREUX RELAY SHELTER - ALLEGATION OF ABUSE

(No. B/880) Ms S. Anquetil (Fourth Member for Vacoas & Floreal) asked the Minister of Gender Equality and Family Welfare whether, in regard to Cap Malheureux Relay Shelter, also known as L'Oiseau du Paradis, she will state if she has been made aware of an allegation of abuse on a six-year-old boy on Saturday 06 May 2023 and, if so, indicate the date the –

- (a) child was taken to the hospital, and
- (b) matter was reported to the Police.

(Withdrawn)

SADALLY COMMUNITY CENTER - REOPENING

(No. B/883) Ms S. Anquetil (Fourth Member for Vacoas & Floreal) asked the Minister of Gender Equality and Family Welfare whether, in regard to the Community Center at Sadally in Vacoas, she will state if consideration will be given for the reopening thereof and, if so, give details thereof and, if not, why not.

(Withdrawn)

PUBLIC HOSPITALS - PAIN RELIEF IN LABOUR - OPTIONS

(No. B/884) Dr. F. Aumeer (Third Member for Port Louis South & Port Louis Central) asked the Minister of Health & Wellness whether, in regard pain relief in labour, he will state the medical options available for patients in the public Hospitals.

(Withdrawn)

ALBION FOOTBRIDGE – RENOVATION WORKS

(No. B/886) Mr F. Quirin (Third Member for Beau Bassin & Petite Rivière) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the renovation works to be carried out at the Albion footbridge, he will, for the benefit of the House, obtain from the District Council of Black River, information as to where matters stand.

(Withdrawn)

CAMP FOUQUEREAUX, HIGHLANDS & PHOENIX – WATER PIPES – REPLACEMENT

(No. B/890) Mr P. Assirvaden (Second Member for La Caverne & Phoenix) asked the Minister of Energy and Public Utilities whether, in regard to the project for the replacement of water pipes in the regions of Camp Fouquereaux, Highlands and Phoenix, he will, for the benefit of the House, obtain from the Central Water Authority, information as to where matters stand.

(Withdrawn)

ANSE LA RAIE YOUTH CENTRE

(No. B/893) Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central) asked the Minister of Youth Empowerment, Sports and Recreation whether, in regard to the Anse La Raie Youth Centre, he will, for the benefit of the House, obtain from the Mauritius Sports Council, information as to –

- (a) if the pulling down thereof is being envisaged and, if so, why, and
- (b) the location for the construction of the new Centre, if any, indicating the time frame for the implementation thereof.

(Withdrawn)

AGALÉGA – 50 SOCIAL HOUSING UNITS – CONSTRUCTION

(No. B/894) Mr R. Duval (Fourth Member for Mahebourg & Plaine Magnien) asked the Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism whether, in regard to the proposed construction of 50 social housing units in Agaléga, as announced in the Budget Speech 2023-24, he will state if the site thereof has already been identified, indicating the –

- (a) cost of each unit;
- (b) conditions attached, if any, on delivery and, if so, give details thereof, and
- (c) expected start day thereof.

(Withdrawn)

**MAURITIUS TURF CLUB SPORTS AND LEISURE COMPANY LTD. –
PRIVATE PENSION FUND**

(No. B/897) Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue) asked the Minister of Financial Services and Good Governance whether, in regard to the Mauritius Turf Club Sports and Leisure Company Ltd., he will, for the benefit of the House, obtain from the Financial Services Commission, information as to if the employees thereof were contributing to a private pension fund duly approved by the Commission, indicating the account in which same was credited by their employer and, if not, if the Commission proposes to carry out an investigation into any breach thereof?

(Withdrawn)

**BAZA AND PIRTHEE LANES & AL MADINA ROAD AT CAMP
FOUQUEREAUX – DRAINS – REHABILITATION & CONSTRUCTION**

(No. B/898) Mr K. Lobine (First Member for La Caverne & Phoenix) asked the Vice-Prime Minister, Minister of Local Government and Disaster Risk Management whether, in regard to the rehabilitation and construction of drains at the Baza and Pirthee lanes and Al Madina Road at Camp Fouquereaux, respectively, he will, for the benefit of the House, obtain from the Municipal Council of Vacoas Phoenix, information as to the list of the contractors selected therefor, indicating in each case the total costs disbursed for the works undertaken thereat as at date.

(Withdrawn)

**SHELTER L'OISEAU DU PARADIS – MISTREATMENT AND SEXUAL
ASSAULT ALLEGATION – 05 MAY 2023**

(No. B/903) Ms J. Bérenger (First Member for Vacoas & Floréal) asked the Minister of Gender Equality and Family Welfare whether, in regard to allegation of mistreatment and sexual assault on a six-year-old boy at the Shelter L’oiseau du Paradis on or about 05 May 2023, she will state –

- (a) if an inquiry has been initiated thereinto and, if so, the outcome thereof, and
- (b) the actions taken to ensure that the carers are adequately trained to take care of the children living thereat.

(Withdrawn)