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# LGBT, HIV/AIDS & BLOOD DONATION

# IN MAURITIUS

A COMPILATION OF DATA AND INFORMATION

~ FOKEERBUX N.A.

*To*

*Imraan, for hope in this long struggle*
*Yash and unnamed behind the scene, for their support*
*Vanessa, for being accepted by her family at last…*

For the named and unnamed, struggling for an inclusive society, free from discrimination, with the hope of being acknowledged for their identity and capacity, in a tedious and long struggle against intolerance, prejudices and conservative and unproductive policies.

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Inclusion is to counterwork the effects of exclusion. Inclusion & integration, of communities, of vulnerable groups, and of social classes, is the way forward to transcend from exclusive growth to nation building, to equal opportunities and for sustainable development. ~ T.E.

Je parle de millions d'hommes à qui on a inculqué savamment la peur, le complexe d'infériorité, le tremblement, l'agenouillement, le désespoir, le larbinisme.
~ Aimé Césaire (Discours sur le colonialisme)

*"Mankind must shun all extremes and all forms of extremism. We must reject all ideologies of exclusion for nature's way has been to be inclusive. Nature had, of course, willed the survival of the fittest, but human societies have come to accept the idea of live and let live. Our conception of an inclusive society is based on this principle."*

*~ Prime Miniser Manmohan Singh, India*

## 1. Introduction

Mauritius is a young independent country and a younger republic nation. With roughly 1.3 million inhabitants, the main religions practised are Hinduism, Christianity and Islam. The society is best described as a plural society, a junction of cultures, traditions and religious beliefs, entwined and knotted with mutual understanding, tolerance, respect and acceptance of each other's differences.

Homosexuality, bisexuality and transgender are recognised in Mauritius. However, LGBT (Lesbian, Gay, Bisexual and Transgender) rights in Mauritius have taken time to evolve and are still evolving.

- On the 17th May 1990, OMS (Organisation Mondiale de la Santé) removed homosexuality from the list of mental diseases.
- 18th December 2008, in the United Nations General Assembly 'Statement on Human Rights, Sexual Orientation and Gender Identity'[1], the Republic of Mauritius signed[2] the statement.
- 17th June 2011, the UNHRC (United Nations Human Rights Council) presented a resolution affirming the rights of LGBT, with Mauritius supporting the resolution[3].
- The promulgation of the Equal Opportunities Act 2008 in 2011 and the instauration of the Equal Opportunities Commission in 2012 is a leap forward for the rights of LGBT and towards and inclusive society.

Given that the EOA (Equal Opportunities Act) is a recent law, correction in practices and existing legislations will take time to be identified and implemented. Indeed, progress is a step by step effort and no drastic jump.

We cannot thus, rely solely on the state and legislators to identify the loopholes and conservative practices to be remedied to. We, citizens, organisations, must take part in this task, together, in an atmosphere of mutual understanding and with open mind and hearts.

With this, I believe that my complaint at the Equal Opportunities Commission (EOC), regarding the obsolete part of the questionnaire provided by the Blood Donors Association (Mauritius) prior to giving blood, with regards to homosexual activities be dealt in a civilised and informed manner, without prejudices.

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[1] Article 3 of the Statement: We reaffirm the principle of non-discrimination which requires that human rights apply equally to every human being regardless of sexual orientation or gender identity.

[2] Sexual orientation and gender identity at the United Nations (accessed on 29th June 2012 at 08:45 a.m.): http://www.amnesty.org/es/library/asset/IOR40/024/2008/en/269de167-d107-11dd-984e-fdc7ffcd27a6/ior400242008en.pdf

[3] UN Human Rights Council Resolution 11 June 2011 (accessed on 29th June 2012 at 08:45 a.m.): http://en.wikipedia.org/wiki/Sexual_orientation_and_gender_identity_at_the_United_Nations#UN_Human_Rights_Council_Resolution

## 2. The Mauritius Blood Service Act 2010

Introduction

The Mauritius Blood Service Bill was to establish a Mauritius Blood Service. The bill was presented on the 24th November 2009, and, after being voted in Parliament, was enacted to the Mauritius Blood Service Act 2010 with Sir Aneerood Jugnauth as President of the Republic of Mauritius; on the 16th April 2010.

The service

The act has established a service, named the Mauritius Blood Service, which is a corporate body. As spelled in the MBSA 2010, the Service has objectives to establish and operate a national sustainable blood service, by promoting blood donation through recruitment and retention of blood donors. The Service must collect, process and test the blood and blood products and ensure a safe and adequate supply of blood and blood products. The Service, is also endorsed with the responsibility to promote research and training in the field of transfusion medicine.

Selected articles of the act

Article 4 - Objects of Service

The objects of the Service shall be to –

(a) establish and operate an effective and sustainable national blood service;
(b) ensure a safe and adequate supply of blood and blood products;
(c) promote blood donation and recruit and retain blood donors from low risk population groups;
(d) ensure the appropriate testing and processing of blood and blood products;
(e) promote and protect the health and confidentiality of blood donors and recipients of blood and blood products;
(f) promote the appropriate clinical use of blood and blood products;
(g) devise, develop and determine adequate policies, strategies and plans;
(h) promote research and training in the field of transfusion medicine.

Article 5 - Functions of Service

The Service shall have such functions as are necessary to attain its objects most effectively and shall, in particular –

(a) adopt appropriate procedures for the selection and screening of safe blood donors prior to the collection of blood;
(b) collect blood and blood products from blood donors;
(c) test each unit of blood or blood product collected with a view to ascertaining its safety for transfusion purposes;
(d) process donated blood and blood products;
(e) ensure that blood and blood products are properly stored, transported and distributed;
(f) supply blood and blood products equitably to public hospitals, health institutions and registered medical practitioners;

(g) comply with internationally accepted norms, standards and quality management systems;
(h) determine a yearly financial and implementation programme;
(i) develop and maintain an efficient organisation and management structure with adequate infrastructure, skilled manpower and sufficient capacity;
(j) provide and implement training and capacity building of its employees;
(k) develop, implement and maintain a suitable information technology system to enable it to maintain a national database;
(l) approve research projects in relation to transfusion medicine and its practice;
(m) counsel blood donors who are deferred temporarily or permanently from donating blood;
(n) collaborate with other bodies and institutions to review cases of transfusion reactions, or adverse effects, or errors, following a transfusion of blood or blood products and to institute corrective or preventive action.

Discussion

Article 4. (c) is justifiable. Indeed, the Service is of concern to National Public Health, and thus, necessary precautions must be taken in dispensing of this service, by minimising risks. Article 5. (a) thus calls for "the selection and screening of safe blood donors prior to the collection of blood". The 'preliminary' screening and selection method used by the BDA (Mauritius) is through a questionnaire paper, to know of the health status of a potential blood donor. The questionnaire also inquires about the sexual activities of the blood donors, with regards to homosexual activities.

*Points to ponder on:*

a) *With the vision to make Mauritius a modern country, is it reliable to base the 'health statuses' of a potential blood donor on a questionnaire linked to the responsiveness and truthfulness of the answers of the blood donors?*

b) *With the vision of making Mauritius a modern country, where equal opportunities and mutual respect and tolerance are promoted, is it justifiable to link the HIV status to the sexual orientation of a potential blood donor?*

c) *Is it professional and human to ask pertinent question about one's private sexual life to assess the quality of blood prior to donation when rapid testing methods for HIV/AIDS are available?*

## 3. The Equal Opportunities Act 2008

Introduction and history

'Equal Opportunities' has been the 'Cheval de Bataille' for many craftsmen of our nation. As back as in the 1930's, with the creation of the MLP (Mauritius Labour Party), with socialist and leftist principles, the struggle for a better society, without discrimination and prejudices and for workers' rights, was impregnated as a principle on which society must be built. Dr. Maurice Curé struggled against exploitation of workers. A struggle continued by Jean Prosper, Mamode Assenjee, Dr. Hassenjee Jeetoo, Barthelemy Ohsan, Samuel Barbe, Emmanuel Anquetil, Godefroy Moutia, and Pandit Sahadeo, to name a few.

1967 marked the creation of the 'Club des Étudiants', to then become the MMM (Mouvement Militant Mauricien) in 1969, just after the independence of Mauritius in 1968. The MMM is said to have undertaken the 'historic struggle' of the first founders of the MLP – the struggle for workers rights. It was a struggle born on a battlefield of racial and ethnic rivalry and outbursts of fights among ethnic groups in a torn country. The founding principle: *"une société libérée de toute forme de domination, d'exploitation, ainsi que de toute discrimination de classe, de race, de couleur, de communauté, de caste, de religion ou de sexe"*.[4]

Indeed, 'Equal Opportunities' is impregnated in shaping our nation. Just to quote the Prime Minister, Hon. N. C. Ramgoolam in his speech[5] on the 16th December 2008 on presentation of the EOB (Equal Opportunities Bill):

> *"UNE ILE MAURICE POUR TOUS" because we want an inclusive society where every single citizen of this country feels deep within herself or himself that a decent life and well-being is within everybody's reach if they are prepared to make the effort to seize the opportunities for their own progress.*

'Inclusion' is the key word. Development must be inclusive. Development and participation and sharing of country's wealth must be "of all, for all and by all". Again, the promulgation of the Equal Opportunities Act 2008 in 2011 and the instauration of the Equal Opportunities Commission in 2012 is a leap forward for the rights of LGBT and towards an inclusive society. The following, I am sure will be engraved in history:

> *"One people, one Nation, - confident that every Mauritian can be a stakeholder in our country."* ~ Hon. N.C. Ramgoolam (Prime Minister)

[4] Déclaration des Principes (accessed on 29th June 2012 at 08:45 a.m.): http://www.mmmparty.org/index.php?option=com_content&view=article&id=67&Itemid=54

[5] Second Reading – The EOB on 16th December 2008 - (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/site/pmsite/menuitem.99af3d94f41983009489525ba0208a0c/?content_id=de59c1a6af84e110VgnVCM1000000a04a8c0RCRD

Hon. J. Valayden, (attorney general 2008), in his explanatory memorandum for the EOB 2008, laid the foundations of the EOA as we know of it today and its mutations in years, decades and centuries to come.

The EOB has the objective to ensure that every person be given equal opportunities to achieve his/her objectives in activities undertaken by the person without being disadvantage or made disadvantageous due to his status in terms of 'age, caste, colour, creed, ethnic origin, impairment, marital status, place of origin, political opinion, race, sex or sexual orientation.'[6]

The EOB, thus, according to the above objective, forbids any kind of direct or indirect discrimination based on the status of an individual. Furthermore, discrimination by victimisation is prohibited. The prohibitions apply to 'employment activities, education, provision of goods, services or facilities, accommodation, disposal of immovable property, companies, partnerships, "société" or registered associations, clubs, access to premises and sports.'[7]

Selected articles of the act

Article 2 – Interpretation (part)

In this Act –

"registered association"—

(a) has the same meaning as in the Registration of Associations Act; but

(b) does not include a club;

"services" includes services relating to—

(a) banking, insurance or the provision of grants, loans, credit or finance;

(b) entertainment, recreation or refreshment;

(c) access to and use of a place to which the public or a section of the public has access;

(d) transport or travel;

(e) accommodation in a hotel, guest house or similar establishment;

(f) any profession, trade or business; and

(g) the activities of the State, a local authority or parastatal body;

"sexual orientation" means homosexuality (including lesbianism), bisexuality or heterosexuality;

"status" means age, caste, colour, creed, ethnic origin, impairment, marital status, place of origin, political opinion, race, sex or sexual orientation;

Article 3 – Application of Act

(1) This Act shall bind the State.

(2) This Act shall have effect notwithstanding any other enactment relating to employment, education, qualifications for a profession, trade or occupation, the provision of goods, services, facilities or accommodation, the disposal of

[6] Equal Opportunities Bill 2008: Explanatory Memorandum

[7] Equal Opportunities Bill 2008: Explanatory Memorandum

property, companies, partnerships, *sociétés*, registered associations, sports, clubs and access to premises which the public may enter or use.

(3) This Act shall be in addition to, and not in derogation from, the Training and Employment of Disabled Persons Act.

Discussion

Article 2. spells out various important points mentioned above. ANY association abiding to the Registration of Associations Act except a club is bound to the EOA. Furthermore, Services as activities of the State also fall under the EOA.

Article 3. (b) emphasises on the scope of the EOA; for 'services and registered associations,' among others.

*Points to ponder on:*

a) *Is Blood Donation a SERVICE?*

b) *Does the Blood Donors Association (Mauritius) fall under 'services and registered associations'?*

## 4. The Equal Opportunities Commission

Introduction

The EOC (Equal Opportunities Commission) was set up in 2012 under Part VI of the EOA. The commission, a body corporate, consists of one chairperson and three members. The present Chairperson of the EOC is Brian N. J. Glover. The duty of the Commission is to work towards the elimination of discrimination and the promotion of equality of opportunity and good relations between persons of different status.

The Commission is found at:
Equal Opportunities Commission,
1ST Floor, Belmont House,
Port Louis, Mauritius

Functions

The Commission has the following functions:

(a) It shall work to eliminate discrimination and promote equality of opportunity and good relations between persons of different status
(b) It shall, as per complaints obtained, and complaints processed, and under own impetus for promotion of equality of opportunities and elimination of discrimination, keep the EOA under review and submit recommendations to the Attorney General if necessary.
(c) It shall at its own pace, or as per a complaint, carry out an investigation.
(d) It shall try to reconcile the parties concerned in the complaint.
(e) It shall carry out researches, educate and carry out other such programme relevant to the elimination of discrimination and promotion of equality of opportunity and good relations between persons of different status.
(f) It shall prepare proper guidelines and codes to prevent discrimination and take necessary measures to ensure that the guidelines and codes are given attention of employers and the public at large.

Lodging a complaint

A complaint can be made by filling a questionnaire available on the website[8] of the EOC or by directly writing to the secretary of the Commission if one feels that one's rights as per the EOA have been breached. The complaint must be made within 12 months[9] of the alleged date of discrimination – period extended as per EOC's judgement. Those not being able to lodge a complaint personally due to some impairment, another person can lodge the complaint by giving authorisation to that person in a manner acceptable to the Commission.

[8] Website of Commission (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/sites/EOC/index.html
[9] Lodging a complaint (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/sites/EOC/lodge.html

Upon receiving a complaint, if the complaint is well-founded, there will be an investigation by the commission. Is there no reason for the complaint to be made as per the EOA, the EOC will inform the parties involved in the complaint by giving appropriate justifications.

Are there good grounds for making the complaint, the Commission will try to reconcile the concerned parties, whereby, the complaint will be settled amicably between them. The conciliation process will be held at the seat of the Commission. If the complaint then is resolved through conciliation, the settlement is sealed with a written agreement and registered with the tribunal, and then, considered as an order of the Tribunal and becomes binding on the parties. The conciliation is a voluntary process.

However, in case the complaint cannot be settled amicably, the Commission refers the complaint to the Tribunal. The role of the Tribunal comes into effect when the Commission fails to settle a complaint having grounds through amicable resolution between involved parties. A report, prepared by the Commission is sent to concerned parties and with consent of the complainant, the matter is forwarded to the EOT (Equal Opportunities Tribunal).

The EOT is to consist of three persons – a President and two other persons. The tribunal is to hold public sittings unless the tribunal establishes the need for the proceedings to be held in private. The Tribunal is to hear and determine complaints tabled to it by the Commission and proceed accordingly. If the parties are not agreeable to the outcome of the proceedings of the Tribunal, the party wishing to appeal may do so to the Supreme Court within 21 days of the order of the Tribunal, by lodging the appeal at the Registry of the Supreme Court.

On appeal, the Supreme Court has the power to affirm, quash, or alter any order made by the Tribunal. The Court may also, if appropriate, order for a fresh hearing to be held by the Tribunal.[10]

[10] Appeal (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/sites/EOC/appeal.html

## 5. Complaint at the Equal Opportunities Commission

Brief of complaint

To complain against the screening method used by the Blood Donors Association (Mauritius) for selection and screening of blood prior to blood collection, which causes prejudice to persons having homosexual relations.

Complaint's content

**Name:** FOKEERBUX NAJEEB AHMAD
**Address:** Seneck Road
Plaine des Roches
**Telephone (Home):** 412 9777
**Mobile:** 922 2454
**E-mail:** najeeb.af1990@gmail.com
**Fax:** nil
**(Work):** Student
**NIC:** F270790462887E

**Name of person/s/organisation complained against:** Blood Donors Association (Mauritius)
**Address:** S/D Centre de Transfusion Sanguine
Candos - ILE MAURICE
**Telephone:** 230 257 6022 (Mr Seegoolam, Président)
**Relationship:** Service Provider/Registered Organisation

1. The question in the questionnaire prior to giving blood to the Blood Donors Association (Mauritius) is discriminatory. The question reads as follows: "Are you/were you engaged in homosexual activity?"

2. In case I am to give my blood to the Blood Donors Association, am I asked by the personnel present questions to fill in the questionnaire, the personnel often does not inquire the above mentioned question. However, knowing that such a question is in the form, as per The Equal Opportunities Act, I find the Blood Donors Association (Mauritius) providing a discriminatory service based on sexual orientation.

3. As per The Mauritius Blood Service Act 2010, to provide for the establishment of the Mauritius Blood Service. The fact that the screening is based on a question that is discriminatory towards the LGBT (Lesbian, Gay, Bisexual and Transgender) and I believe myself.

4. It is to be noted that I am a regular blood donor; and since I have donated blood, I have never been called by the Blood Donors Association (Mauritius) for any

kind of health issues falling within their responsibilities to inform me; including HIV/AIDS. The last time I donated my blood was on the 29th May 2012 around noon in the Blood Donors Association (Mauritius) caravan near Mauritius Telecom, Port Louis.

5. Available on the site: http://www.gov.mu/portal/site/btssite/menuitem.a5c6cc6f3a0e3e2ab3347524e2b521ca/ (accessed 06th June 2012 at 07:07 a.m. ) is mentioned:

   **Who should not donate blood?**

   Anyone who has been or is an intravenous drug user (IVDU)
   Anyone engaged in homosexual activity
   Anyone who has had unprotected sex with casual partners in the last six months
   Anyone who has tested positive for HIV, hepatitis B or C
   Anyone having cancer.

   Which I again find discriminatory; since the perception based on prejudices is lingering; which in my opinion is similar to: “those engaging in homosexual activities have ‘dirty’ blood”.

6. Blood Donors Association: http://www.bdamauritius.org/new_page_11.htm#conseils%20aux%20donneurs (accessed 06th June 2012 07:40 a.m.). Available on the page a section reads:

   Faire un don de sang c'est d'ailleurs bon pour notre propre santé. Le donneur à un «mini-physical check-up» a chaque fois qu'il fait le don de sang comme:
   - la prise du tension artérielle
   - vérification du taux d'hémoglobine
   - détermination du groupe sanguin ABO et du facteur Rhésus D
   -la recherche d'anticorps érythrocytaires
   -dépistage de l'hépatite B et C
   -dépistage du virus du SIDA
   -dépistage de la syphilis

   Not agreeing to take blood from those engaged in homosexual activities prevents them from having these checks done “through this particular service”.

7. Blood Donors Association: http://www.bdamauritius.org/new_page_10.htm (accessed on 21st June 2012 03:28 p.m.)

   Written on the above site of the BDA (Mauritius) is:
   La vie des patients et la qualité du sang transfusé repose uniquement sur votre conscience et votre franchise.

La politique d'exclusion des hommes ayant eu des rapports sexuels avec des hommes

8. A press article, available at http://www.lexpress.mu/services/archive-86637-the-blood-donor-system-brands-homosexuals.html (accessed 06th June 2012 at 07:12 a.m.; Discrimination; Title: The blood donor system brands homosexuals); gives further insight of the treatment and bigotry and prejudices prevailing against those engaged in homosexual activities. To quote parts of the article:

> *"Danielle is gay. She did not hesitate to tell it to the person present in the blood donors' caravan in Port-Louis when she went for blood donation. But how astonished she was when she was told that she could not give her blood because she was homosexual. "They first asked me if I had already been infected with malaria. As I had spent some time in Africa, I told them I had been infected about two years ago and they did not find it a reason for refusing my blood. But when the person asked me if I had had homosexual relations, and when I was honest enough to tell them I was actually gay, the person just told me she could not accept my blood."*
>
> *"The president of the Blood Donors Association (BDA), Subhanand Seegolam, confirms that systematic tests are done for each blood sample collected. However, he explains, "It is not possible to give 100% guarantee as to tests done. There is a very little margin of error and we can't afford to take any risk." This confirms that people who say they have had homosexual intercourse can't be accepted as blood donors. "The question is part of the questionnaire only to know whether the person has already had homosexual relations. And if the answer is positive, then we try and avoid this type of people," he admits quite naively."*

9. It's as if, the notion behind is that: "I am a safe donor is because I am not a homosexual". Prejudiced again for there has been no test done to confirm this.

10. As a matter of fact, data that can be obtained from further mentioned references for documents, discriminations based on homosexuality/bisexuality and blood donation are unfounded.

11. There was no witness for the event.

12. Before this complaint, I did not submit any other complaint against BDA (Mauritius).

13. There was no one associated with me in lodging the complaint.

14. References of relative documents are: Equal Opportunities Act (Mauritius)

i. The Mauritius Blood Service Act 2010

ii. Combating HIV/AIDS (A training guide for religious leaders in Mauritius; Council of Religions, Mauritius – 2009)

iii. Questionnaire prior to giving blood.

iv. Government portal: http://www.gov.mu/portal/site/btssite/menuitem.a5c6cc6f3a0e3e2ab3347524e2b521ca/ (accessed 06th June 2012 at 07:07 a.m. )

v. Press article, available at http://www.lexpress.mu/services/archive-86637-the-blood-donor-system-brands-homosexuals.html (accessed 06th June 2012 at 07:12 a.m.; Discrimination; Title: The blood donor system brands homosexuals)

vi. Blood Donors Association: http://www.bdamauritius.org/new_page_11.htm#conseils%20aux%20donneurs (accessed 06th June 2012 07:40 a.m.)

vii. UNAIDS: http://www.unaids.org/fr/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries/file,33643,fr..pdf (accessed 07th June 2012 08:31 a.m.)

viii. Blood Donors Association (Questions/Reponses): http://www.bdamauritius.org/new_page_10.htm (accessed on 21st June 2012 03:28 p.m.)

## 6. The Blood Donors Association (Mauritius)

Introduction

Human blood and blood products are used tremendously for hospital care worldwide. With progress in the medical technology, the use of blood and blood products increased for various medical purposes. Karl Landstenier, with his discovery of blood groups, provided an impetus to the massive use and transfusion of blood in a much safer way.

Nonetheless, with the discovery of HIV/AIDS and its transmission through blood and blood products, blood transfusion has been threatened, and the safety of public health at large has been of great preoccupation to NGO's, Ministries and Governments. Despite development in laboratory techniques for detection of transfusion transmitted infections, the risk of having HIV/AIDS through blood transfusion and use of blood and blood products is present, though minimal. Thus, to increase the precautions around public health security when referring to blood and blood products related services, the provision of safe and quality blood is a continuous process starting from screening till transfusion and afterwards.

Before HIV/AIDS was discovered, the safety of the blood was based on laboratory testing. However, after HIV/AIDS being declared a pandemic, the judgement of the safety of blood is based "on selection of safe donors, through recruitment program, pre-donation counselling, questionnaires, and interviews along with a battery of laboratory tests."[11]

The Blood Donors Association (Mauritius) was created in 1998 and registered with the Registrar of Associations on the 22nd March 1999. The official launching was on the 10th November 1999. It comprises of around 70 members, and the seat of the association is at the Blood Transfusion Service, Candos. The patron of the association is the Hon. Minister of Health and Quality of Life. The President of the Association is Mr. S. Seegoolam.

Blood is a liquid living tissue which flows in the heart, arteries, capillaries and veins carrying nourishment, oxygen, and many other substances to the various tissues of the body. In the body 55% of blood consists of liquid called plasma. The remaining 45% comprises of cellular elements. These cells are of three types- red blood cells which carry oxygen, white blood cells which fight against infections and platelets which prevent bleeding specially from small vessels.

Red blood cells are transfused mostly to patients of anaemia which may be due to various causes. However if cause of anaemia is treatable e.g. iron deficiency, then it is best to treat this rather than transfusing blood. Platelets are usually given to patients who have decreased number of platelets or impaired platelet function. Plasma is used for treating clotting factor deficiencies when such factors are not available.

[11] Blood Donors Association (Mauritius), Government site (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/site/btssite/menuitem.789777578a06841ab3347524e2b521ca/

Services

The BDA (Mauritius) educates, informs, motivates and recruits people into the act of donating blood regularly and voluntarily. The BDA (Mauritius) acts like a bridge between the community at large and the hospital and transfusion service.

The BDA (Mauritius) engages itself in preparing educational material for the citizens and it develops communication and marketing skills for donor recruitment and retention. The ultimate aim of the BDA (Mauritius) is to attain 100% voluntary blood, to remove burden on the patient and his relatives for provision of blood.

The activities of the BTS (Blood Transfusion Service) comprises of:

- Blood Donor Recruitment
- Blood Donation
- Donor Testing
- Component Preparation
- Pre-transfusion Testing and Blood Use
- Antenatal
- HLA Typing

At the time of blood donation, blood samples from the donor are collected in pilot tubes for testing. The following tests are performed on all blood units collected:

- Blood Grouping
- ABO red cell and serum grouping
- Rh(D) grouping
- Rhesus phenotype
- Screening tests for irregular blood group antibodies
- HIV 1,0 & 2 antibodies and P24 antigen for HIV
- HbsAg for Hepatitis B Virus
- Anti HCV antibodies for Hepatitis C Virus
- VDRL and TPHA for Syphilis

Blood donation facts (BDA and the MoH & QL)

Blood donation is a sensitive social indicator which relates about the quality of human relationship prevailing in the society. It is observed that during time of crisis in blood stock in the country, whenever an appeal has been made for blood donation, people from all backgrounds have responded positively to the call.

Locally, only 2-3% of the population give their blood. There would not be shortcomings in blood stock if 5% of the population gave blood regularly.[12]

[12] Blood Donation Association (Mauritius), Le service du sang en bref (accessed on 29th June 2012 at 08:45 a.m.): http://bdamauritius.org/

As per the official site of the BDA (Mauritius), more than 44,000 pints of blood were transferred last year.[13]

One cannot get AIDS or other infections by donating blood.

### Table 1: Prevalence of Infectious Markers in Mauritian Donors[14]

| Disease Prevalence | |
|---|---|
| HIV | 0.01% |
| HBV | 0.4% |
| HCV | 1% |
| Syphilis | 1% |

As per the Government Portal[15], the following facts are available:

*I AM A SAFE DONOR BECAUSE:*

- *I do not have HIV/AIDS.*
- *I am not and have never been an intravenous drug user.*
- *I have not had sex with a person who is HIV positive in the past 12 months.*
- *I do not have casual or multiple sex partners.*
- *I am not a homosexual.*

*Therefore, I believe that my blood is safe for transfusion and can save a life.*

The BDA (Mauritius) site offers the following information[16]:

*La politique d'exclusion des hommes ayant eu des rapports sexuels avec des homes.*

*La Banque de Sang comme dans presque tous les pays au monde exclut indéfiniment du don de sang tout homme ayant eu un rapport sexuel avec un autre homme. Ce critère d'exclusion est l'un de ceux que le Centre de Transfusion Sanguine applique à l'égard de diverses activités et situations dont on sait qu'elles compromettent la sécurité de l'approvisionnement en sang.*

[13] Blood Donation Association (Mauritius), Le service du sang en bref (accessed on 29th June 2012 at 08:45 a.m.): http://bdamauritius.org/

[14] Prevalence of Infectious Markers in Mauritian Donors (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/site/btssite/menuitem.fc7763766418723ab3347524e2b521ca/

[15] Facts on safe blood (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/site/btssite/menuitem.36719c9457fa981ab3347524e2b521ca/

[16] Questions et reponses (accessed on 29th June 2012 at 08:45 a.m.): http://www.bdamauritius.org/new_page_10.htm

The questionnaire

The BDA (Mauritius) recognises the irritation for blood donors to fill-in the questionnaire, especially for regular blood donors. However, they believe that the security of the blood donor and the blood receiver is based on answering the questionnaire. With the questionnaire and the questions asked verbally by the qualified personnel, it is possible to judge if the actual health status of the donor allows him/her to give blood. It is both in the interest of the blood donor and the blood receiver. This is the reason for the questionnaire to include questions on possibilities of recent illnesses, operations/surgery, on possibilities of at risk behaviours and the likes.

The life of patients and the quality of the transfused blood are solely based on the conscience of the blood donor and the truthfulness of the answers given.[17]

The BDA (Mauritius) promotes a policy of exclusion of men having/having had sexual relations with men. [18] The argument placed forward is that the Blood Bank, similar to almost all countries in the world, excludes MSM (men having sex with men) as potential blood donors. This exclusion criteria, as per the BDA (Mauritius) is one applied by the "Centre de Transfusion Sanguine" with regard to diverse activities and situations which it knows will compromise the security of blood collection.[19]

For example, people travelling to countries having the risk of malaria, or persons staying abroad for a long time, or have tattooed their skin, had a piercing done or are drug users are also excluded from list of potential blood donors (but they are excluded temporarily).[20]

Consequently, the "Centre de Transfusion Sanguine" is bestowed with a responsibility to safeguard the security of the blood collection system and to ensure that collected blood are always in the interest of Mauritian patients.

[17] Pourquoi faut-il chaque fois remplir le questionnaire médical (accessed on 29th June 2012 at 08:45 a.m.) : http://www.bdamauritius.org/new_page_10.htm
[18] Pourquoi faut-il chaque fois remplir le questionnaire médical (accessed on 29th June 2012 at 08:45 a.m.) : http://www.bdamauritius.org/new_page_10.htm
[19] Pourquoi faut-il chaque fois remplir le questionnaire médical (accessed on 29th June 2012 at 08:45 a.m.) : http://www.bdamauritius.org/new_page_10.htm
[20] Pourquoi faut-il chaque fois remplir le questionnaire médical (accessed on 29th June 2012 at 08:45 a.m.) : http://www.bdamauritius.org/new_page_10.htm

## 7. HIV/AIDS

Introduction and history

HIV (Human immunodeficiency virus) and AIDS (Acquired Immune Deficiency Syndrome); (HIV/AIDS) is a disease that affects the human immune system caused by the HIV. The interference of the virus with the immune system makes people having AIDS more likely to get other infections and illnesses due to a decrease in their immune system functionality.

The first AIDS case reported in Mauritius was in 1987. Initially, the rate of detection of new cases was slow. However, since 2003, the number of recorded cases increased drastically as per the statistics of the Ministry of Health – an almost exponential trend[21].

Misunderstandings about the virus, its modes of transmission and the way which could prevent the disease from spreading were not properly known then. For example, people thought that AIDS only affects prostitutes, homosexuals and immoral people.[22]

HIV is found in bodily fluids such as blood (including menstrual blood), breast milk, vaginal fluid, and semen. HIV is most concentrated in the blood, semen, and vaginal fluid. A person can be infected only if one of these HIV-infected fluids enters the body and bloodstream. The virus cannot be transmitted through intact skin.[23]

Thus, the transmission of the virus is well-categorised into the following:

- Unprotected sexual contact.
- Blood contact with an infected person.
- Mother to child transmission through breast-feeding, pregnancy and delivery in case the mother is HIV-positive..

We are to be aware that discrimination leads to rejection, suffering, misery and low quality of life, which religious leaders as well as opinion leaders and each and every citizen must work to discourage and eliminate. Advocacy and stigma reduction are of must to one and all.

Advocacy efforts help ensure that policy makers and policy makers and key opinion leaders stay informed about the epidemic and follow through on the promises they have made. [24]

[21] NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 5

[22] Combating HIV/AIDS, a training guide for religious leaders in Mauritius, Council of Religions, Mauritius, 2009, Myths and Misconceptions Exercise, p.29

[23] Combating HIV/AIDS, a training guide for religious leaders in Mauritius, Council of Religions, Mauritius, 2009, Modes of transmission of HIV, p. 21

[24] Combating HIV/AIDS, a training guide for religious leaders in Mauritius, Council of Religions, Mauritius, 2009,Advocacy, p. 23

Stigma reduction is the most sensitive and critical issue to address. Stigmatisation is to mark someone or group through shame and discrediting that person or group. Concerning AIDS, stigmatisation affects the people living with HIV and AIDS and "other sections of the community"[25] touched by the epidemic. As a fact, it is often assumed that those having HIV/AIDS live with a negative behaviour and these people often have their needs ignored and intensified by physical and psychological harm. These result in those living with HIV/AIDS not to disclose their status and are not tested, which increases their risk of transmitting the virus to their partners.

It is just recently that Mauritians are becoming aware of the HIV/AIDS and are coming to realise that AIDS is present in the society and that we are all at risk to this epidemic. "More importantly, it is becoming clear to many that AIDS is not only a health problem but it is also a social and a development concern."[26]

Compilation of data and information

The rate of prevalence of HIV/AIDS is measured as a percentage of the total population which is HIV-positive. National HIV prevalence is 0.97% based on 2010 estimates using the Estimation and Projection Package (EPP) developed by UNAIDS (around 12,000 people in the 15-49 population) in 2008[27] as compared to many Africa countries; where the percentage is around 40%. In 2006, the NESC (National Economic and Social Council) in its 3rd report, found it alarming that the rate of progression of the disease was exceeding rapid over the last three years.

The NESC underlined that stigmatisation and discrimination entailed a colossal financial implication to those suffering from the disease, which could be reduced and contained through new legislations protecting those living with AIDS. The NESC affirmed: "What has given effective results has rather been strong institutional support to those harbouring the virus and the implementation of properly tailored policies and projects targeting vulnerable groups"[28].

In 2005, through a recognised model of the UNAIDS, by 2010, the number of HIV-positive cases in Mauritius is predicted to be around 10,000 from 1900 cases. Nonetheless, due to unawareness and concealment of one's HIV-positive status, UNAIDS and the AIDS Unit of the Ministry of Health supports the idea that the real number of infected persons far exceeds the number of officially registered figure, and that by 2010, the figure would be around 25,000 persons.

[25] Other sections of the community: These can be prostitutes, drug users, LGBT...

[26] Combating HIV/AIDS, a training guide for religious leaders in Mauritius, Council of Religions, Mauritius, 2009,Introduction, p. 5

[27] UNAIDS. (accessed on 29th June 2012 at 08:45 a.m.): http://data.unaids.org/pub/Report/2008/mauritius_2008_country_progress_report_en.pdf

[28] NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 2

Between 2004 and 2009, an average of 540 cases has been registered every year among Mauritians except in 2005 when 921 cases were reported mainly among prison inmates. 401 cases have been registered in 2011 compared to 568 in 2010.[29] (see table 2 below)

**Table 2: Cumulative HIV/AIDS 1987 - 2011**

| PERIOD | NEW CASES OF HIV / AIDS NOTIFIED | | | | | | | | | DEATHS REGISTERED AMONG HIV / AIDS CASES (MAURITIAN)## | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MAURITIAN | | | NON-MAURITIAN | | | TOTAL | | | | | |
| | MAN | WOMAN | BOTH SEXES | MAN | WOMAN | BOTH SEXES | MAN | WOMAN | BOTH SEXES | MAN | WOMAN | BOTH SEXES |
| 1987 - 1994 | 43 | 17 | 60 | 24 | 6 | 30 | 67 | 23 | 90 | 19 | 3 | 22 |
| 1995 | 13 | 7 | 20 | 7 | - | 7 | 20 | 7 | 27 | 5 | 2 | 7 |
| 1996 | 9 | 7 | 16 | 5 | 2 | 7 | 14 | 9 | 23 | 4 | 2 | 6 |
| 1997 | 19 | 5 | 24 | 3 | 1 | 4 | 22 | 6 | 28 | 3 | 2 | 5 |
| 1998 | 13 | 10 | 23 | 5 | 1 | 6 | 18 | 11 | 29 | 2 | 3 | 5 |
| 1999 | 16 | 12 | 28 | 5 | - | 5 | 21 | 12 | 33 | 5 | 1 | 6 |
| 2000 | 32 | 18 | 50 | 3 | 4 | 7 | 35 | 22 | 57 | 10 | 3 | 13 |
| 2001 | 34 | 21 | 55 | 12 | 2 | 14 | 46 | 23 | 69 | 5 | 3 | 8 |
| 2002 | 59 | 39 | 98 | 3 | 1 | 4 | 62 | 40 | 102 | 9 | 4 | 13 |
| 2003 | 167 | 58 | 225 | 12 | 3 | 15 | 179 | 61 | 240 | 11 | 8 | 19 |
| 2004 | 464 | 61 | 525 | 8 | 2 | 10 | 472 | 63 | 535 | 16 | 6 | 22 |
| 2005 | 815 | 106 | 921 | 5 | 2 | 7 | 820 | 108 | 928 | 38 | 6 | 44 |
| 2006 | 455 | 87 | 542 | 9 | 4 | 13 | 464 | 91 | 555 | 35 | 9 | 44 |
| 2007 | 452 | 94 | 546 | 16 | 6 | 22 | 468 | 100 | 568 | 56 | 13 | 69 |
| 2008 | 402 | 136 | 538 | 12 | 7 | 19 | 414 | 143 | 557 | 55 | 7 | 62 |
| 2009 | 436 | 112 | 548 | 6 | 1 | 7 | 442 | 113 | 555 | 35 | 4 | 39 |
| 2010 | 433 | 135 | 568 | 8 | 4 | 12 | 441 | 139 | 580 | 78 | 15 | 93 |
| 2011 | 298 | 103 | 401 | 10 | 6 | 16 | 308 | 109 | 417 | 79 | 13 | 92 |
| TOTAL | 4160 | 1028 | 5188 | 153 | 52 | 205 | 4313 | 1080 | 5393 | 465 | 104 | 569 |

[29] Ministry of Health and Quality of Life Website (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/goc/moh/file/HIVaprint1.pdf

By end of April 2012, the total number of reported case is 5296; with 1070 (20.2%) being females.[30]

The Ministry of Health and Quality of Life document on HIV/AIDS statistics also underline the following: "Since 1987, of all Mauritian HIV/AIDS cases, 73.7% of transmission was due to injecting drug. In the year 2000, only 2% of the new infected cases were among Injecting Drug Users (IDU). This mode of transmission increased to 7% in 2001, 14% in 2002, 66% in 2003, 87% in 2004 and 92% in 2005. Since then, it decreased to 86% in 2006, 80% in 2007 and 72% in 2008. It slightly increased to 73% in 2009 and 2010 equally, then decreased to 68.1% in 2011. From January to April 2012, it was 46.3%."[31]

The modes of transmission of HIV/AIDS are as shown. (see figure 1)

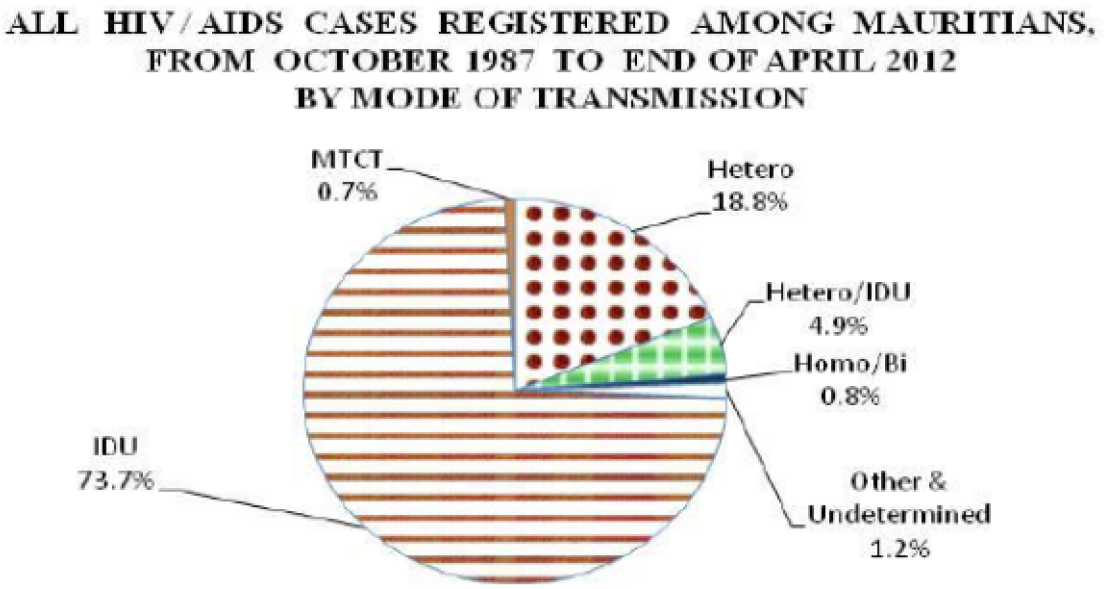


**Figure 1: Modes of transmission of HIV/AIDS 1987 – end of April 2012**

Comparing the estimates of 2005 with the actual figures end April 2012 we observe a decline in the trend. The estimates made in 2005 for the year 2010 were based on the equation:

$Y = 6.04X^3 - 222.4X^2 + 2704.2X - 10703.7$ R-bar square = 0.99;

Where, Y = Cumulative HIV/AIDS cases
X = Year

[30] Ministry of Health and Quality of Life Website (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/goc/moh/file/HIVaprint1.pdf
[31] Ministry of Health and Quality of Life Website (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/goc/moh/file/HIVaprint1.pdf

The graphs below from the NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 13 & 14 respectively, gave an indication of the trend which now is not relevant.

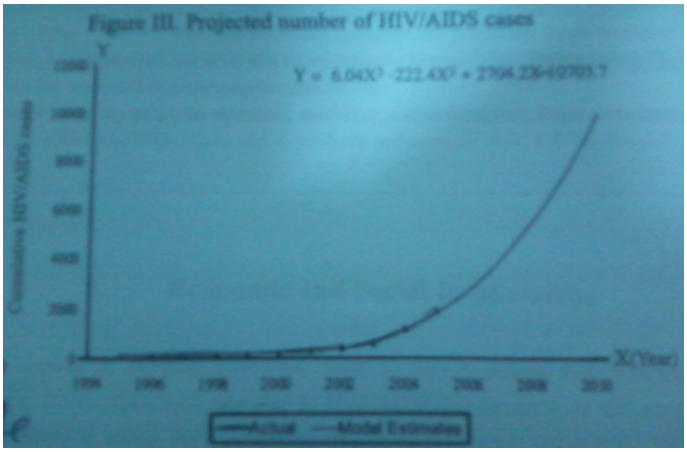


**Figure 2: Projected estimates of recorded cases of HIV/AIDS cases till end of 2010**

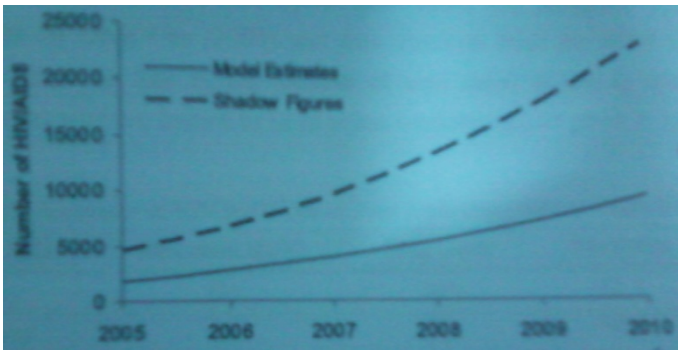


**Figure 3: Projected estimates of actual cases of HIV/AIDS cases till end of 2010**

The projections were based on the following assumptions[32]:

(i). The technology and mode of curing HIV patients do not undergo drastic change;
(ii). There is no major change in our current AIDS prevention programmes; and
(iii). Our existing policies for reaching out to and curing AIDS patients remain as they are.

The irrelevance of the then projections can be due to NGOs and the state efforts in implementing and enforcing legislations, coming up with policies, and field actions with more gusto to combat HIV/AIDS.

Furthermore, the NESC report 03, underlines a very important issue: "The Potential Threat". This section (2.6) of the above mentioned-report emphasises that the most at risk population are drug addicts sharing needles. The report quotes at section 2.6.2. as follows:

[32] NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 12 &13

> Drug addicts sharing needles are seemingly the group which is most exposed to the risk of infection by the AIDS virus. Although, firm statistics are not available, the population of drug addicts is known to be far more numerous than what has been currently registered. The Rapid Situation Assessment and Responses on Drug Use in Mauritius conducted by the NATRESA reveals that the potential number of drug users is more than 17,000 out of which, only about 1,000 are known to the authorities. The real threat confronting the authorities as identified by the AIDS Unit, is the speed at which the epidemic ca propagate within this large population of still unaccessed drug users. The priority of the authorities is to reach out to these vulnerable groups by means which are extremely difficult and not described in this paper.

PILS in the report, mentioned: "The best strategy according to PILS, would be to create a strong institutional structure to reach-out, treat, and advise those potentially at high risk, especially IDUs and sex workers."[33]

It is to be stressed upon that HIV/AIDS entails a heavy cost with it. With the AIDS Unit quoting a cost of Rs 3,000 per month per HIV-positive patient, assuming that the projection of 10,000 HIV-positive patients in 2010 to be true, the cost would have exceeded half a billion rupees.[34]

In 2011, around 5 years after the publication of Report 03 by the NESC, the Council presented a new report; the NESC Report 18 – The Social Integration of Stigmatised Vulnerable Groups, There is always a way out, November 2011. The study of the NESC targeted ex-prison detainees, drug users, sex workers and persons who are HIV-positive. The NEST report 18 supports the fact that stigmatisation and vulnerability are the main obstacles that prevent these groups; including HIV-positive persons, from benefiting from the usual opportunities like any other citizen – "They represent strong symbols of those most at risk, most deprived and the weakest population in contemporary Mauritius."[35]

The Council thus proposed to integrate these vulnerable groups to and with the society by tackling the issue at grass-root level as follows[36]:

- Removing legal inconsistencies;
- Review of sentencing policies;
- Sensitisation, education and self-development of citizens;
- Creation of night shelters;

[33] NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 20
[34] NESC Report 03, The Economic and Social Implications of HIV/AIDS in Mauritius, Suggestions for a new strategy, March 2006, p. 18
[35] NESC Report 18, The Social Integration of Stigmatised Vulnerable Groups, There is always a way out, November 2011, p. 7
[36] NESC Report 18, The Social Integration of Stigmatised Vulnerable Groups, There is always a way out, November 2011, p. 19 – 31

- Networking of NGOs and online database system;
- Creation of a "One-stop Support Centre";
- Skill development and leadership within prisons;
- Work and compensation for prisoners;
- Pre-release support unit;
- Medical treatment for prisoners;
- Methadone substitution therapy for prisoners;
- Employability of ex-prisoners; and
- Other miscellaneous recommendations (protection from discrimination, support to NGOs, properly investigation of complaints at the National Human Rights Commissions or other authorities and take proper actions, co-ordination between governmental agencies working to prevent stigmatisation, etc.)

Matter of fact, the HIV and AIDS act 2006[37], presented on 22nd December 2006, was a leap forward for combating HIV/AIDS.

Following are selected articles of the act:

Article 3 – HIV or AIDS not a disability

(1). Any person who is HIV-positive or has AIDS shall not be considered as having a disability or incapacity by virtue of any enactment and his status or presumed status shall not be used as a ground to discriminate against that person.

(2). Subsection (1) shall not affect the operation of a pension law if that law provides for a benefit accruing to a person according to the degree of disability which entitles him to such benefit.

Article 4 – HIV testing facilities

(1). No institution or non-governmental organisation shall carry out HIV testing unless it is registered with the Permanent Secretary.

(2). Any institution or non-governmental organisation which wishes to be registered may apply in the prescribed form to the Permanent Secretary and submit -
(a) its certificate of incorporation, where applicable;
(b) evidence of its capability to carry out the tests, including evidence of the qualifications possessed by the persons who would be carrying out the tests;
(c) evidence to ensure confidentiality and providing counselling; and
(d) such other particulars or document as the Permanent Secretary may require.

(3). Where the Permanent Secretary is satisfied that the institution or nongovernmental organisation is a fit institution or organisation to be registered, it shall register it and issue to it a certificate of registration.

(4). Where an applicant is refused registration, the Permanent Secretary shall give the reasons for his refusal.

[37] HIV and AIDS act 2006 (accessed on 29th June 2012 at 08:45 a.m.): http://www.chr.up.ac.za/undp/domestic/docs/legislation_36.pdf

(5). (a)The Permanent Secretary may suspend or cancel a registration made under this section where the institution or non-governmental organisation has contravened this Act or such guidelines as may be made by the Permanent Secretary:

(b) Before proceeding to a suspension or cancellation under this subsection, the Permanent Secretary shall call upon the medical institution or non-governmental organisation to show cause why its registration should not be suspended or cancelled.

(6). The Permanent Secretary shall keep a register in which he shall enter

(a) the name and address of every institution or organisation that is registered;

(b) any other particulars as may be prescribed.

Article 6 – Prohibited testing

(1). No person shall induce or cause another person to undergo an HIV test -

(a) as a condition for employment, continued employment benefits and promotion or continued employment of the other person;

(b) as a condition for procurement or offer of goods and services from the other person.

(2). Nothing under subsection (1) shall prevent the requirement of an HIV test in connection with any application relating to immigration, citizenship, defence or public safety.

Article 8 – Testing of donated blood

The Permanent Secretary shall issue directions to the blood transfusion service for the purpose of having an HIV test carried out on -

(a) any donated blood;

(b) any imported blood product.

Article 9 – Testing of human tissue donors and human tissues

(1). A person who offers to donate his tissue or whose tissue is offered to be donated shall undergo an HIV test immediately before such donation is carried out.

(2). Subject to subsection (3), no donated human tissue shall be used unless an HIV test has been carried out prior to the proposed use and the result of that test is not positive.

(3). A person who offers to donate his tissue, and who has undergone an HIV test under subsection (1), shall not be liable to any civil or criminal action in relation to any subsequent use of that tissue.

Article 20 – Regulations

(1). The Minister may make such regulations as he thinks fit for the purposes of this Act.

(2). Any regulations made under subsection (1) may provide -

(a) for a code of conduct for institutions, including reform institutions, medical practitioners, paramedical staff, any other person involved in the protection and

care of HIV-positive persons and any person involved in other activities that may give rise to a risk of infection by HIV;
(b) that a person who contravenes them shall commit an offence and shall, on conviction, be liable , to a fine not exceeding 25,000 rupees and to imprisonment for a term not exceeding 6 months.

HIV/AIDS prevalence also varies per geography. Understanding the parameters of variation of the virus spread over the country helps to set up programmes and policies to address the epidemic of HIV/AIDS efficiently and effectively. Mapping by district, by village, by region allow monitoring of the progression/regression of the virus and taking necessary precautions for the affected individual and the neighbourhood at large.

For instance, Port Louis and Plaine Wilhems are more at risk compared to Moka and Savanne districts.[38] The figures (of 2008) give an illustration on the next page:

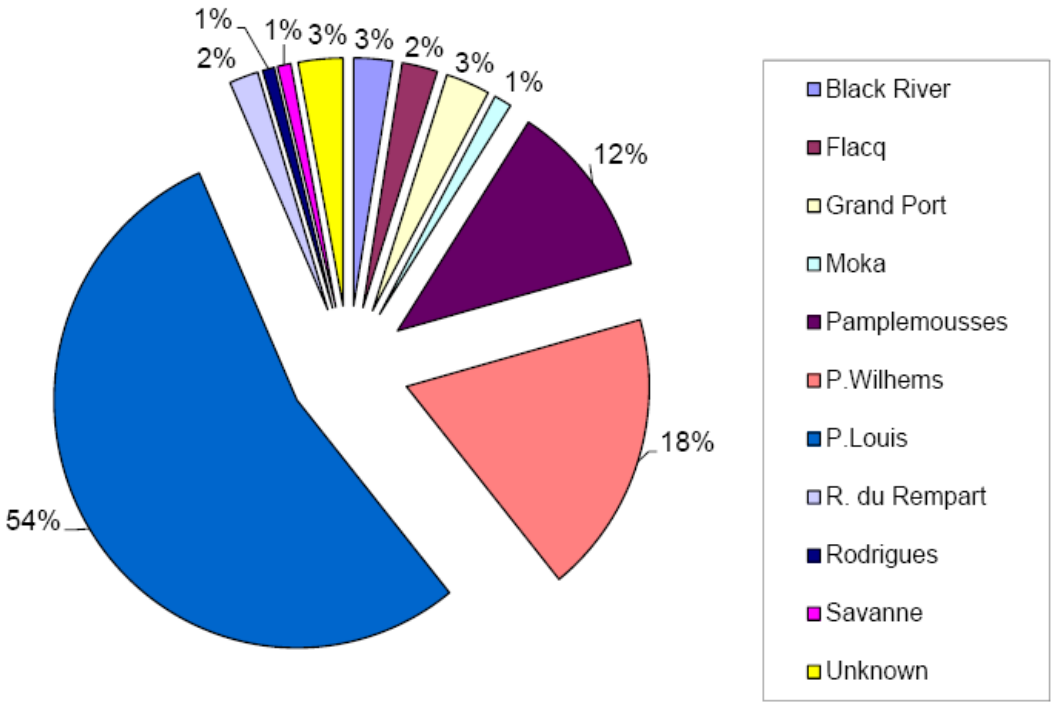


**Figure 4: HIV/AIDS per district 2008**

[38] Presentation of HIV/AIDS by Dr. A. R. Saumtally, Grants manager, Global Fund, National AIDS Secretariat (accessed on 29th June 2012 at 08:45 a.m.): http://www.uom.ac.mu/medicalupdate/files/2011/PresentationUPDATE_Saumtally.pdf

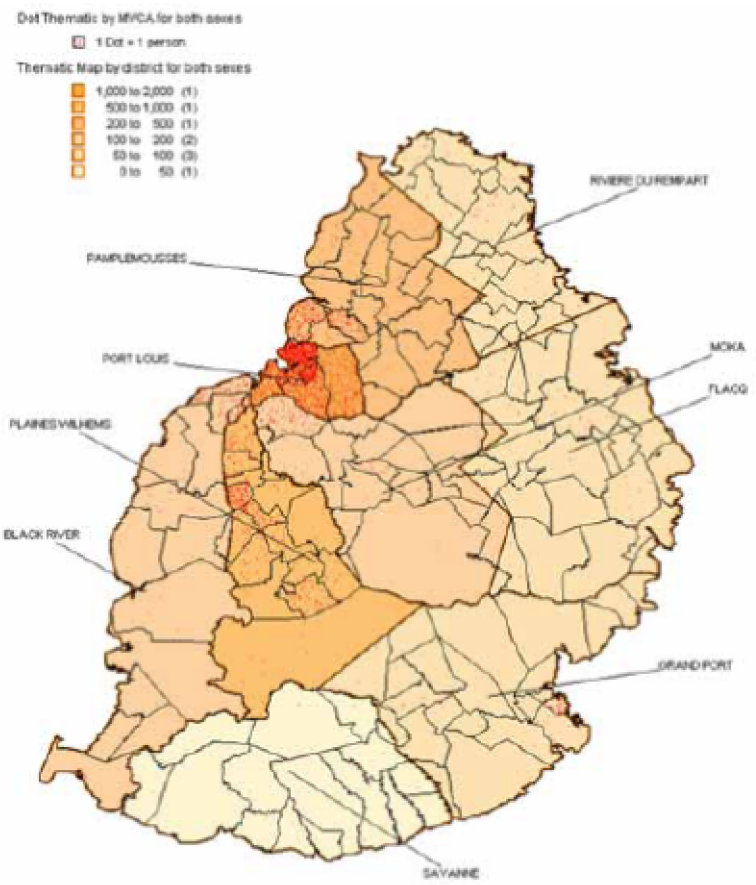


**Figure 5: Mapping of HIV cases in Mauritius, 2008, Sources: AIDS Unit, MOH & QL**

Findings and conclusion

- HIV/AIDS affected persons are not disabled persons.
- Stigmatisation and discrimination lead to:
  - Lack of efficiency in finding unreported cases.
  - Lack of efficiency in combating HIV/AIDS.
  - Cost on the state and the society at large.
- Mauritius actual percentage of HIV/AIDS positive cases is just below 1% till end April 2012; far below our African counterparts reaching 40%.
- HIV/AIDS mainly affect IDUs (73.7%) and the main mode of transmission of HIV is by drug users sharing needles till end April 2012.
- The ratio of homosexuals/bisexuals to heterosexuals (excluding IDUs) affected with HIV/AIDS till end April 2012 is 1 is to 23.5.
- HIV/AIDS prevalence is dependent on the geographical location of a person.

HIV/AIDS is still a threat to the society and the country. The impetus to fight HIV/AIDS and not people living with AIDS is through comprehension, tolerance, acceptance and legislation.

## 8. LGBT (Lesbian, Gay, Bisexual and Transgender)

Introduction

LGBT is an abbreviation which refers to the "lesbian, gay, bisexual, and transgender" community. The term was in use since the 1990s, which is itself an adaptation of the former term “LGB”, which itself started replacing the phrase "gay community" beginning in the mid-to-late 1980s, which many within the community in question felt did not accurately represent all those to whom it referred. The term has become conventional as a self-designation and has been adopted by the majority "sexuality and gender identity-based" community centers and media worldwide.

The term LGBT is deliberately used to stress upon a plethora of "sexuality and gender identity-based cultures" and at times, it is used to refer to anyone who is non-heterosexual instead of exclusively to people who are homosexual, bisexual, or transgender.

LGBT rights are chiming and increasing gradually in Mauritius as mentioned before in this document even if the Republic of Mauritius is a plural state. It is a fact that “that there is a legal void touching the LGBT community in the country”[39]. The state does oppose to laws on homosexual acts where mutual consent is present. However, the state has not yet agreed to decriminalise homosexual acts. A fact remains that the Chapter 2 of the Constitution of Mauritius[40] protects citizens of the country from discrimination ‘by reason of race, place of origin, political opinions, colour, creed or sex,’[41] it does not recognise the sexual orientation of a person as a fundamental right and freedom of an individual.

LGBT recognition is well-present but not voiced-out amidst the population. Stigmatisation and discrimination remain a fact; due to which, LGBT often prefer remain in the closet rather than doing their coming-out to their friends, their relatives and to the society. Stigmatisation and discrimination, leading to mockery, bullying, unequal access to facilities and services and direct association of one supporting LGBT rights of being a LGBT causes supporters of LGBT rights not to come forward.

CARC (Collectif Arc-en-Ciel)

CARC is the leading movement in Mauritius with a networking of individuals and other NGOs and enterprises to fight homophobia and to ensure recognition of LGBT rights in Mauritius[42]. It was launched on the 17th march 2006 despite opposition from various segments of the population.

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[39] CARC online document (accessed on 29th June 2012 at 08:45 a.m.): http://lib.ohchr.org/HRBodies/UPR/Documents/Session4/MU/CAC_MUS_UPR_S4_2009_CollectifArcenCiel.pdf

[40] Chapter 2 – Protection of fundamental rights and freedoms of the individual

[41] Chapter 2 – Protection of fundamental rights and freedoms of the individual; Article 3 - Fundamental rights and freedoms of the individual

[42] Mission statement of CARC (accessed on 29th June 2012 at 08:45 a.m.): http://www.collectifarcenciel.org/lecollectif04.html

The charter[43] of the association is based on the notion that all human beings are born free and equal in dignity and rights. The group inspires respect, solidarity, equality, and confidentiality towards all individuals; inside or outside the organisation.

The statement[44] of the organisation is: "Vivre ensemble, libres, égaux et solidaires."

The action[45-46] of CARC is anchored as follows:

- Fight homophobia and all discriminations based on sexual orientation.
- Fight for recognition of homosexual couples.
- Struggle for equal rights for adoption of same-sex couples.
- Work towards laws pertaining to inheritance rights and procedures for LGBT.
- Struggle for medical and social advantages for LGBT.
- Equal taxation policies for LGBT.
- Work towards creation of laws to penalise homophobic acts.
- Setting up of facilities to accommodate victims of homophobic acts.
- Inform and educate the mass, in schools and the community.
- Promotion of special unit in the police force to deal with homophobic cases as the case is for wife-beating.
- Facilitate change of gender at civil status.
- Allow for necessary surgical operations for change of gender in Mauritius.
- Struggle for decriminalisation of sodomy.
- Carry out researches on the society to be more effective and efficient in attending to queries and aspirations of LGBT.
- Others.

IBBS MSM 2010 survey

Integrated Behavioral and Biological Surveillance Survey among Men who have Sex with Men, 2010 – IBBS MSM 2010 survey. Its primary objective was to provide information on the prevalence of HIV infection and associated risk factors among MSM (men who have sex with men) to have informed associated programmes and responses based on a strong baseline to keep an eye on the epidemic evolution.

The survey was through the respondent-driven sampling (RDS) to obtain a sample of 362 males, aged 15 years and older, residing in Mauritius, who reported having anal or oral sex with another male in the previous three months. RDS method is a chain-referral one designed to obtain probability-based samples of 'hidden' and hard-to-reach

[43] Charter of CARC (accessed on 29th June 2012 at 08:45 a.m.): http://www.collectifarcenciel.org/lecollectif02.html
[44] Statement of CARC (accessed on 29th June 2012 at 08:45 a.m.): http://www.collectifarcenciel.org/lecollectif03.html
[45] Action of CARC (accessed on 29th June 2012 at 08:45 a.m.): http://www.collectifarcenciel.org/lecollectif05.html
[46] CARC online document (accessed on 29th June 2012 at 08:45 a.m.): http://lib.ohchr.org/HRBodies/UPR/Documents/Session4/MU/CAC_MUS_UPR_S4_2009_CollectifArcenCiel.pdf

populations. The respondents completed and interview after providing an informed consent and they provided blood specimens to be tested for HIV, Hepatitis B (HBV), Hepatitis C (HCV) and syphilis.

The research showed that:

- 8% of MSM were HIV sero-positive of which,
    - 64% HCV positive.
    - 6.4% positive for syphilis.
- 14.2% positive for HCV.
- 5% positive for syphilis.
- 0% positive for HBV.
- Highest prevalence of HIV among MSM was in Port-Louis (50.7%) and Plaine Wilhems (34.5%) districts.
- 51.3% identified themselves as homosexual and 18% as bi-sexual.
- Almost all men reported having anal sex in the previous three months.
- Roughly 30% reported practising receptive anal sex, which carries a higher risk of HIV infection (if sex is unprotected)
- Less than 25% also have female partners out of which more than 75% have multiple female partners.
- 3.3% reported using injection needles in the past three months.
- 41% of MSM do not know where to be tested for HIV
- 42% of MSM have been tested for HIV.

The report underlines[47]:

> Respondent driven sampling is recommended for future IBBS survey of MSM. Given the success of RDS to recruit a diverse sample of MSM in Mauritius, it is recommended that ongoing IBBS survey be conducted among this population using the same methodology. This will also ensure that findings can be compared over time across studies.

The risk associated with stigma and discrimination from components of the society and homophobes, coupled with lack of legal recognition and laws to promote and protect LGBT, often, MSM marry and have sexual relationships with females so as to maintain a heterosexual persona; and hence, MSM preferring men instead of women, increase their own vulnerability to HIV infection and also to their female sexual partners.

Currently, HIV aids prevalence among MSM (homosexual and bi-sexual) till end April 2012 is around 0.8% based on detected cases only.[48]

The Ministry of Health and Quality of Life calculated the sample size to be around 392 persons. The MoH&QL recognised the estimated percentage of MSM in the population

[47] Integrated Behavioral and Biological Surveillance Survey among Men who have Sex with Men, 2010, p. 4

[48] Ministry of Health and Quality of Life Website (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/goc/moh/file/HIVaprint1.pdf

to be approximately 15% based on the findings of HIV prevalence among MSM in Zanzibar.[49]

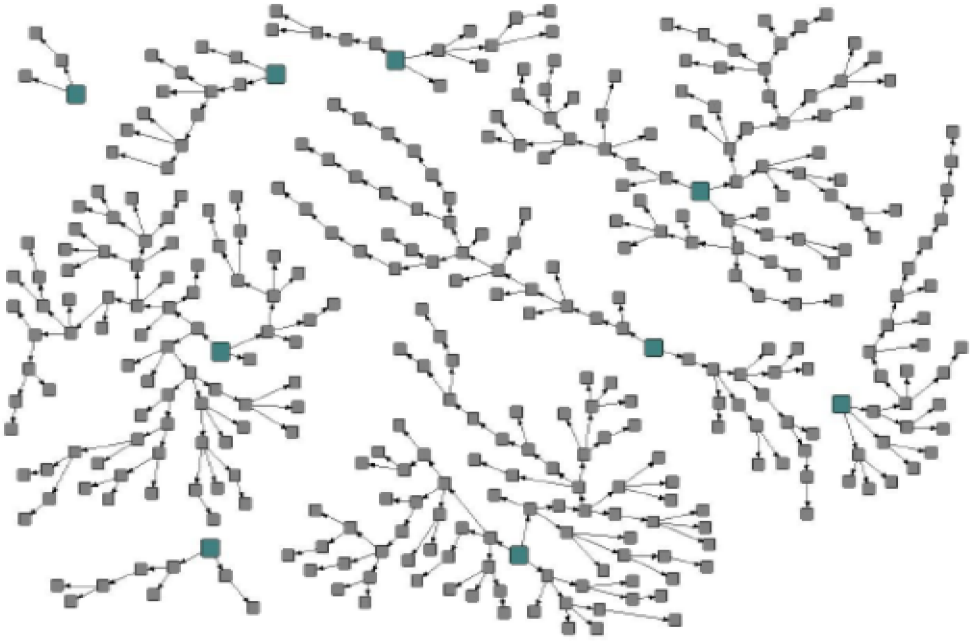
The survey was subject to several limitations.[50]

1. Self-reported behavioural data that could have nurtured social desirability bias which could have resulted in underreporting of risky sexual practices and drug use behaviours.
2. Respondents had to recall periods of up to twelve months in some cases and recall bias could have been present.
3. The survey instrument had some limitations errors which may have let to measurement errors. Matter of fact, it was suggested that a thorough review of the current survey instrument be conducted with persons who had expertise in survey design and data analysis and that a more extensive piloting be conducted before this instrument will be used in any future IBBS survey.
4. Compensation of participants could have lead to risks of double-enrolment, fake eligibility requirements, or even unsuccessful recruitment.
5. The report reads: "Although the estimates presented here may be considered representative of the populations from which respondents were recruited, the small number of values for certain variables may limit our ability to detect statistically significant differences between groups. In some cases, confidence intervals are too wide for meaningful interpretation. Further, as analysis in RDSAT depends on the integrity of recruitment chains to determine and adjust estimates for probability of recruitment, missing values may distort adjusted proportion estimates. We have attempted to correct for this in the analysis by taking special care to include missing values in the denominator for prevalence estimates when appropriate."

From July to August 2010, over size weeks, 362 (including nine seeds) MSM enroled in the IBBS MSM 2010 survey. The recruitment of the sample was by nine seeds; three in Curepipe and six in Belle Rose. The youngest seed was aged 22 years of age and the oldest seed was 49 years. All seeds were HIV negative except one seed being HIV positive.

Figure 6 below shows the recruitment graph of each recruitment chain; the larger square being the seed. Seed 4 recruited the most participants (84) whereas seed 7 produced the longest chain recruitment (13 waves).

[49] Integrated Behavioral and Biological Surveillance Survey among Men who have Sex with Men, 2010, p. 10
[50] Integrated Behavioral and Biological Surveillance Survey among Men who have Sex with Men, 2010, p. 14



*The single large square in each recruitment chain indicates a seed.

**Figure 6: Recruitment graph of the MSM sample (n=362), with nine recruitment chains*, Mauritius, 2010.**

Figure 7 below shows the distribution of MSM across the districts of Mauritius. Recruits were from all districts except from Black River from which recruits were not obtained. The majority of MSM reported were residing in the Plaines-Wilhems (57.8%), followed by Port-Louis (12.8%) and Moka (10.6%).

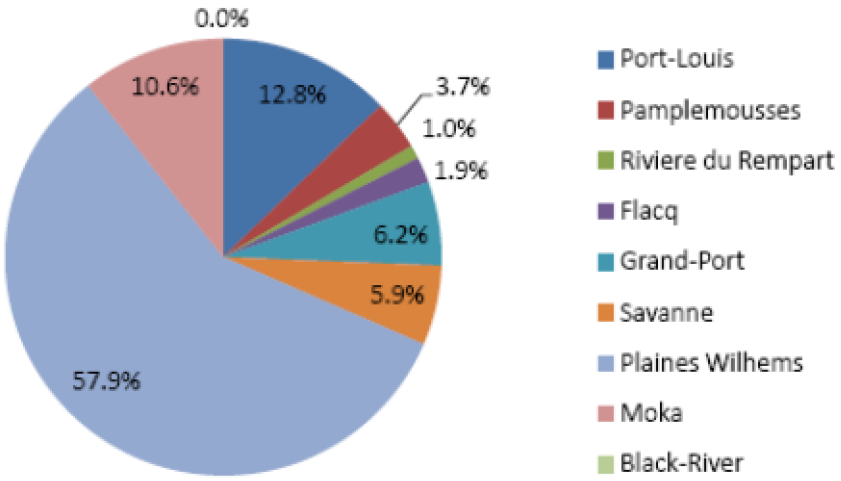



**Figure 7: Districts in Mauritius where MSM Reported Residing**

Figure 8 gives and indication from the respondents about their types of partners and their frequecy. They were questioned about their sexual practices with the five following categories of sexual partners: regular male partner, occasional male partner, paying male partner, paid male partner and female partner. Majority of MSM had regular male partners (80.9%) and occasional male partners (57.7%). Few MSM reported having paying male partners (18.2%). There were 15.2% MSM who also had female partners. Very few MSM reported having paid male partners (2.2%).

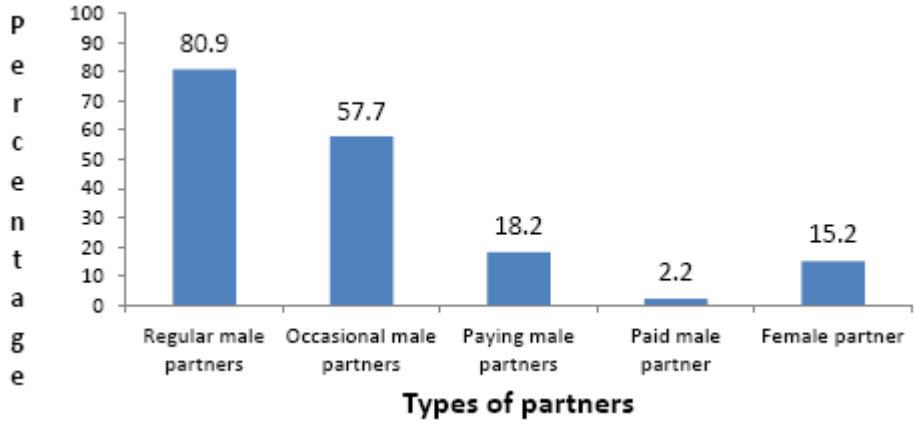



**Figure 8: Type of partners during the last three months**

Condom accessibility is not an issue for MSM. Matter-of-factly, most MSM accessed condoms from the pharmacy (84.0%), followed by friend (69.6%), NGO (62.0%), Shop (60.4%), Peer Educator (52.0%), Caravan (42.6%), Health Facility (36.1%), Bar/Guest House/Hotel (24.6%) and VCT Centres (23.9%).

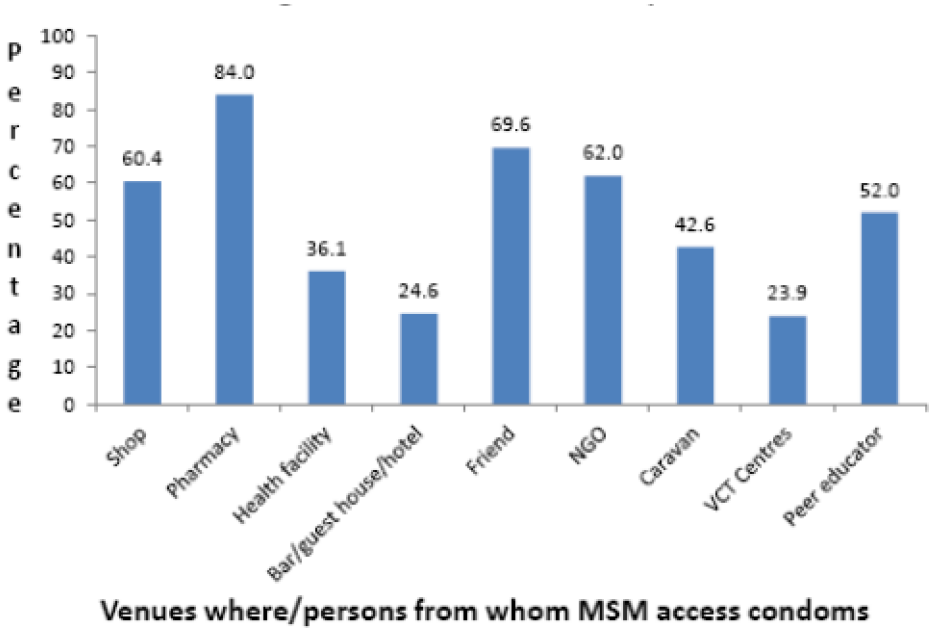



**Figure 9: Condom accessibility**

Figure 10 below supports that from the sample, 41.8% of MSM have been tested for HIV. However, the majority of MSM reported not having had ever done an HIV test

(58.2%). When they were questioned why they did not receive and HIV test, 42.3% said they did not feel at risk for HIV, 24.6% did not know where to go to receive an HIV test, 15.1% doubt the confidentiality of the test, 12.9% have the fear to know their HIV status, and only 5.1% replied that it was due to inconvenience in the testing location and/or the bad attitude of the staff.

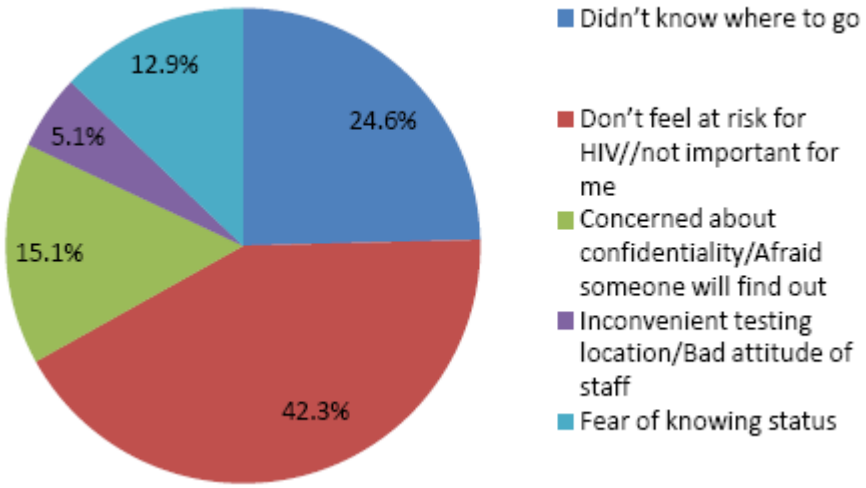



**Figure 10: Main reason for not ever having a HIV test among MSM who were never tested (n=181)**

48.8% of MSM had correct sources of information on HIV. The sources vary, with 94.7% obtaining the information through pamphlets, and between 50.8 – 92.9% receiving the information from Hotline, Family Doctor, Website, Peer Educator, LGBT NGO, HIV/AIDS Unit (MoH&QL), NGOs for HIV/AIDS, Gay Friend, Radio, Poster and TV.

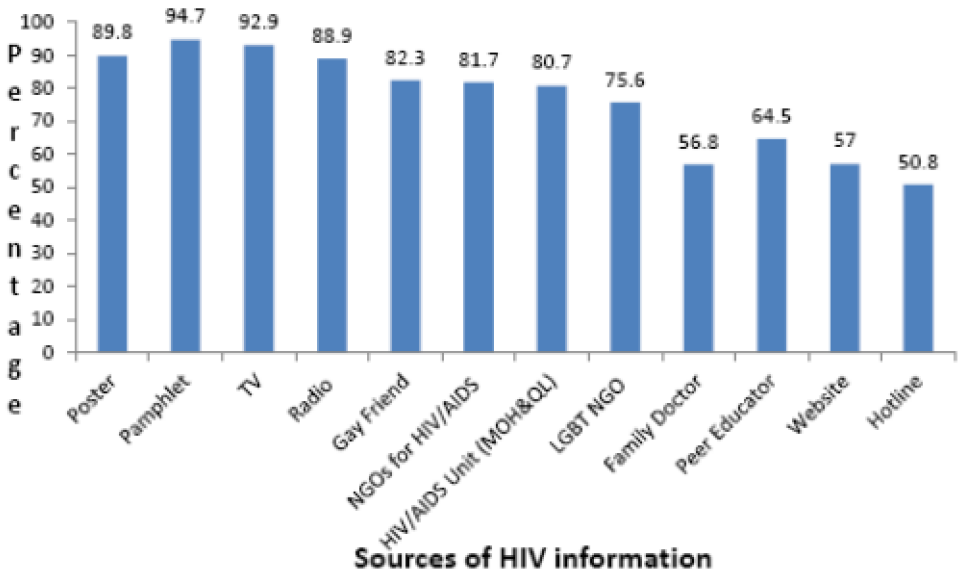



**Figure 11: Sources of HIV information among MSM**

The population size estimation of MSM using the RDS method did not work. From 590 unique objects key rings distributed to MSM throughout Mauritius by peer outreach groups, only115 MSM (28.5%) reported that they received the unique object. From

calculation, 590/0.285, the size estimation of MSM in Mauritius was estimated to be 2,070, which is far below 1% of males between the ages 15 and 59 (the total number of males being 611,594 end 2009), and was therefore a gross underestimation.

Other methods to estimate the population of MSM have been unsuccessful with multiplier methods due to lack of reliable service data available. However, it is commonly accepted that between 3 – 10% of adult male population greater or equal to 15 years old comprise of men who have had sex with men[51] and the RDS method gave a far lower concentration than 3%.

Summing up

The MoH&QL states that the actual prevalence of recorded cases of HIV/AIDS among LGBT is 0.8%[52] whereas the IBBS MSM 2010 survey states that the prevalence of HIV/AIDS cases among MSM to be 8%.[53]

From the estimation of the sample to carry out the IBBS MSM 2010 survey, the MSM population was assumed to be 15%; since RDS sampling gave gross results which were far below the initial assumption.

HIV prevalence is dependent on the geographical location (district/region).

Assuming the accuracy of the population of MSM to be 15% of the total population of 611,594, this provides roughly a MSM population of 91,740 persons; of which the estimated prevalence is 8%; giving the number of HIV positive cases to be 7340 as per 2009 estimates. However, end 2010, the total number of reported HIV-positive cases was 4976. With then, a prevalence rate for homosexuals and bisexuals to be around 0.8% of the 4976 cases, that is, around 40 cases, the estimate for HIV prevalence among MSM in the IBBS MSM 2010 report is a far too high misleading value.

Furthermore, basing ourselves on the recorded tangible facts of HIV-cases and the attributes of HIV-positive persons, with a projection of 2.5 × 4976 (2.5 being the standard multiplying factor for UNAIDS), that is 12 440 cases, with a prevalence of 0.8% for MSM in reported cases, the expected number of cases was around 100 in 2010. Extrapolating the number of cases in the MSM population of 15% in 611,594 persons, the prevalence of HIV-positive cases in MSM is in fact 0.109%.

The prevalence of HIV-positive cases for heterosexuals (excluding IDUs) is at 18.8% in a population of 1,148,050, for the number of HIV-positive projections to be 2,339, the prevalence of HIV-positive cases for heterosexuals (excluding IDUs) is in fact 0.204%.

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[51] Bazemore, P.H., Wilson, W.H., Bigelow, D.A. (2008) Homosexuality. eMedicine. (accessed on June 20, 2010): http://emedicine.medscape.com/article/293530-overview

[52] Ministry of Health and Quality of Life Website (accessed on 29th June 2012 at 08:45 a.m.): http://www.gov.mu/portal/goc/moh/file/HIVaprint1.pdf

[53] Integrated Behavioral and Biological Surveillance Survey among Men who have Sex with Men, 2010

It is to be noted that:

- MSM excludes lesbians. Hence, the sampling population was underestimated for LGBT.
- HIV prevalence in MSM is 0.109% compared to 0.204% for heterosexuals. If the assessment was homosexual relationship against heterosexual relationship, the percentage difference would have been more.
- HIV prevalence is dependent on geographical/regional criteria; which is directly related to population density. Since HIV is transmitted through humans, human contact frequency is of significance in analysing HIV prevalence. Thus, HIV prevalence is 54% in Port-Louis and 1% in Moka districts.

## 9. Screening Methods for HIV/AIDS

Blood Donors Association (Mauritius)

Questionnaire

The BDA (Mauritius) recognises the irritation for blood donors to fill-in the questionnaire, especially for regular blood donors. However, they believe that the security of the blood donor and the blood receiver is based on answering the questionnaire. With the questionnaire and the questions asked verbally by the qualified personnel, it is possible to judge if the actual health status of the donor allows him/her to give blood. It is both in the interest of the blood donor and the blood receiver. This is the reason for the questionnaire to include questions on possibilities of recent illnesses, operations/surgery, on possibilities of at risk behaviours and the likes.

The life of patients and the quality of the transfused blood are solely based on the conscience of the blood donor and the truthfulness of the answers given.

A questionnaire is in no way a scientific means to know of the health status of the person unless truthful answers are provided. Personal data of the person (ages, gender...) will be provided without ado, no doubt. However, reaching more sensitive issues like sexual practises, sexual orientation, drug use, and the likes, answers can be most probably untruthful. These sensitive questions, I believe, deter people from donating blood. Imagine a person who is a drug user or who is engaged in 'at risk' sexual relationship, but wishes to donate blood to help and knows that his/her health status is good (since the sexual relationship was always protected, and the use of the syringe for drug injection was at unique usage, and also, the person did a recent HIV-test and was HIV-negative). What deters the person from lying to donate blood and save life; especially when the donated blood is going through a series of test at the Donor Testing Department?

Blood test

At the Donor Testing Department, the blood samples collected in pilot tubes from the blood donor at the time of blood donation are tested. The following tests[54] are performed on all blood units collected:

- Blood grouping
- ABO red cell and serum grouping
- Rh (D) grouping
- Rhesus phenotype
- Screening tests for irregular blood group antibodies
- HIV 1, 0 & 2 antibodies and P24 antigen for HIV
- HbsAg for Hepatitis B virus
- Anti HCV antibodies for Hepatitis C virus
- VDRL and TPHA for Syphilis

[54] Donor testing: http://www.gov.mu/portal/site/btssite/menuitem.fc7763766418723ab3347524e2b521ca/ (accessed on 30th June 2012, at 08:15 a.m.)

All tests related to transfusion transmitted diseases are carried out in the virology department of Central Health Laboratory and all units found reactive for transfusion transmitted diseases are destroyed by incineration. Blood units tested as being safe, that is, negative for transfusion transmitted diseases are properly labelled and stored for future use.

HIV/AIDS testing[55]

Conventional HIV testing

The conventional HIV testing algorithm consists of two tests: an HIV enzyme immunoassay (EIA) capable of identifying HIV-1 and HIV-2 antibodies and an HIV-1 Western blot or immunofluorescence assay (IFA) used for confirmation. This is the "gold standard" HIV testing algorithm and is the most widely used in the U.S. If the initial EIA is positive, the Western blot or IFA is performed by the laboratory in order to confirm the EIA result. The test results are reported as positive, negative, or indeterminate. A "window period" exists during early HIV infection when the EIA may be non-reactive but true HIV infection is present, which may result in a false-negative test result. This window period is typically during the first 8–12 weeks following infection with HIV. However, the "window period" during which false negative HIV antibody tests occur has decreased with newer generation EIAs. Conventional HIV tests can be performed with plasma or serum specimens.

Advantages for the correctional setting: This "gold standard" for HIV antibody testing very accurately detects established HIV infection. Confirmation is built into the testing algorithm without need for further specimen collection. This conventional HIV testing is relatively inexpensive and commonly available.

Disadvantages for the correctional setting: The turnaround time for obtaining conventional test results ranges from several days to weeks. This may limit the opportunity to deliver HIV test results to tested person within two weeks.

Additional HIV tests

Oral fluid HIV test

The oral fluid HIV test identifies HIV-1 antibodies from an oral fluid specimen (oral mucosal transudate collected using an OraSure® collection device), thus eliminating the need for venipuncture. After specimen collection, the oral fluid collection device is placed into a vial containing a preservative and is sent to a central laboratory where an EIA is performed. If reactive, confirmatory testing is performed. The results, reported as positive, negative, or indeterminate, are then sent from the central laboratory to the clinical site where the testing was performed. As with conventional HIV testing, the "window period" applies to OraSure testing too. Test results are typically available in 3–5 business days.

[55]Centres for Disease Control and Prevention, Department of Health and Human Services, HIV Testing Implementation Guidance for Correctional Settings HIV Testing, 30th January 2009: http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/section4.htm

Advantages for the correctional setting: This is an accurate HIV testing algorithm for established HIV infection (similar to conventional HIV testing) with a built-in confirmatory test. The test is less hazardous because blood collection is not required and no laboratory infrastructure is required. These factors may be significant advantages to small correctional facilities that have limited medical services.

Disadvantages for the correctional setting: OraSure is more expensive than the conventional blood sample HIV testing, and it is slightly less sensitive during early seroconversion.

Rapid HIV testing

Currently six FDA-approved rapid HIV tests are available in the U.S., including OraQuick Advance Rapid HIV-1/2 Antibody Test, Reveal G3 Rapid HIV-1 Antibody Test, Uni-Gold Recombigen HIV Test, Multispot HIV-1/HIV-2 Rapid Test, Clearview HIV 1/2 Stat Pak, and the Clearview Complete HIV 1/2. These tests differ with respect to:

- ability to detect HIV-2 antibodies;
- the specimen required to perform the test (whole blood, serum, plasma, oral mucosal transudate);
- CLIA (Clinical Laboratory Improvement Amendments) categorization;
- ancillary equipment needed to perform the test; and
- time for test to develop. Details regarding each of these rapid tests can be obtained from the CDC Web site at “General and Laboratory Considerations: Rapid HIV Tests Currently Available in the United States”

Rapid HIV tests can be performed at the point of care and results are generally available within 10–30 minutes. These tests are simple to perform and require minimal equipment. The rapid test detects HIV-antibodies analogous to the conventional HIV antibody testing, and, therefore, the “window period” applies to rapid testing as well. Rapid test results are reported as reactive (also called preliminary positive), non-reactive, or invalid. Repeat rapid testing is required if an invalid result is obtained. Preliminary positive rapid HIV tests must be confirmed with either an HIV Western blot or IFA. Therefore, testing sites that conduct rapid HIV testing should have the capability to obtain blood or oral fluid samples for confirmatory testing.

Advantages for the correctional setting: Rapid testing provides real-time, point-of-care testing. The result (negative or preliminary positive) of the rapid test can be obtained while waiting when donating blood. Confirmatory HIV testing can be initiated for a preliminary positive result, therefore eliminating additional staff time.

Disadvantages for the correctional setting: Additional samples must be collected to conduct confirmatory testing for persons with preliminary positive results. Results from confirmatory testing are usually available in 3 to 10. The initial testing process is more time-intensive compared to conventional HIV testing because the rapid test is

performed and results are obtained and can be delivered within the initial testing encounter. Rapid HIV testing requires greater material costs compared to conventional blood testing, and this may not be justified if rapid turnaround time is not required.

These tests are based on the same technology as ELISA tests, but instead of sending the sample to a laboratory to be analysed, the rapid test can produce results within 20 minutes. Rapid tests can use either a blood sample or oral fluids. The Unites States Food and Drug Administration (FDA) has approved a number of rapid tests for HIV as shown in the table[56] below.

**Table 3: FDA-Approved Rapid HIV Antibody Screening Tests, February 4, 2008**

| | FDA Approval Received | Specimen Type | CLIA Category* | Sensitivity** (95% CI) | Specificity** (95% CI) | Manufacturer | Approved for HIV-2 Detection? | List Price Per Device^ | External Controls |
|---|---|---|---|---|---|---|---|---|---|
| OraQuick ADVANCE Rapid HIV-1/2 Antibody Test | Nov 2002 | Oral fluid | Waived | 99.3% (98.4-99.7) | 99.8% (99.6-99.9) | OraSure Technologies, Inc. www.orasure.com | Yes | $17.50 | Sold Separately ($25 each) |
| | | Whole Blood (finger stick or venipuncture) | Waived | 99.6% (98.5-99.9) | 100% (99.7-100) | | | | |
| | | Plasma | Moderate Complexity | 99.6% (98.9-99.8) | 99.9% (99.6-99.9) | | | | |
| Uni-Gold Recombigen HIV | Dec 2003 | Whole blood (fingerstick or venipuncture) | Waived | 100% (99.5-100) | 99.7% (99.0-100) | Trinity Biotech www.unigoldhiv.com | No | $15.75 *$8.00•* | Sold Separately ($26.25 each) |
| | | Serum & Plasma | Moderate Complexity | 100% (99.5-100) | 99.8% (99.3-100) | | | | |
| Reveal G-3 Rapid HIV-1 Antibody Test | Apr 2003 | Serum | Moderate Complexity | 99.8% (99.2-100) | 99.1% (98.8-99.4) | MedMira, Inc. www.medmira.com | No | $14.00 | Included |
| | | Plasma | Moderate Complexity | 99.8% (99.0-100) | 98.6% (98.4-98.8) | | | | |
| | FDA Approval Received | Specimen Type | CLIA Category* | Sensitivity** (95% CI) | Specificity** (95% CI) | Manufacturer | Approved for HIV-2 Detection? | List Price Per Device^ | External Controls |
| MultiSpot HIV-1/HIV-2 Rapid Test | Nov 2004 | Serum | Moderate Complexity | 100% (99.94-100) | 99.93% (99.79-100) | BioRad Laboratories www.biorad.com | Yes – differentiates HIV-1 from HIV-2 | $25.00 | Included |
| | | Plasma | Moderate Complexity | 100% (99.94-100) | 99.91% (99.77-100) | | | | |
| Clearview HIV 1/2 STAT-PAK | May 2006 | Whole Blood (finger stick or venipuncture) | Waived | 99.7% (98.9-100) | 99.9% (99.6-100) | Inverness Medical Professional Diagnostics www.invernessmedicalpd.com | Yes | $17.50 *$8.00•* | Sold Separately ($50/set) |
| | | Serum & Plasma | Non-waived | 99.7% (98.9-100) | 99.9% (99.6-100) | | | | |
| Clearview COMPLETE HIV 1/2 | May 2006 | Whole Blood (finger stick or venipuncture) | Waived | 99.7% (98.9-100) | 99.90% (99.6-100) | Inverness Medical Professional Diagnostics www.invernessmedicalpd.com | Yes | $18.50 *$9.00•* | Sold Separately ($50/set) |
| | | Serum & Plasma | Non-waived | 99.7% (98.9-100) | 99.9% (99.6-100) | | | | |

[56] FDA-Approved Rapid HIV Antibody Screening Tests, February 4, 2008: http://www.cdc.gov/hiv/topics/testing/rapid/rt-comparison.htm

## 10. Failing Procedure of the BDA (Mauritius)

Blood collection (Quantity)

The BDA (Mauritius) is aware of the fact that the current percentage of the population donating blood is only 2 – 3%. However, to satisfy the demand in blood and blood products, the percentage of the population which needs to give blood is 5% or more.

Through prejudiced and discriminative measures through the questionnaire and towards the LGBT community, the BDA (Mauritius) already, without any valid argument, eliminates 15% of the population of Mauritius to give blood. Had the BDA (Mauritius) and the Ministry of Health and Quality of Life not placed regulations against homosexuals/bisexuals concerning blood donation, undoubtedly, the 2 – 3% giving blood would have increased.

Blood screening (Quality)

Screening through questionnaire and prejudiced and discriminative regulations in no way ensures the quality of blood and blood products, since they are not supported by scientific proofs. The questionnaire can be 'fooled' if the potential blood donor lies. Furthermore, this method eliminates potential blood donors, which could well have quality blood and even rare blood groups.

Since the prevalence of HIV in MSM population, like I stated, is around 0.109% compared to 0.204% for heterosexuals, allowing MSM to give blood in fact, decreases the associated prevalence risk when looking at the population as a whole. As per BDA (Mauritius) and MoH&QL, only heterosexuals have the right to donate blood; giving us a prevalence risk of 0.204%. If MSM (homosexuals/bisexuals – no lesbians) were allowed to give blood, the weighted average risk would reduce to 0.196%.

Weighted average risk= (0.109%×91740+0.204%×1148050)/12440= 2439%/12440= 0.196%

Furthermore, the risk of HIV prevalence, being dependent on the region of blood donation, the risk region-wise reduces almost everywhere except at Port-Louis and the Plaine Wilhems.

Thus, we are to agree without much ado that stopping providing discriminatory services based on sexual orientation will be beneficial to the population at large.

Causes

The reasons why homosexuals/bisexuals and MSM have been excluded from blood donation service is as follows:

- Lack of proper study on the HIV prevalence in the LGBT population.
- Prejudices related to LGBT and HIV/AIDS.
- International practices have been extrapolated for local use instead of using local practices and information and apply them.

- The risky sexual practice of LGBT of having more than one sexual partner. However, the risk is drastically reduced if the sexual relationship is a protected one.
- The pretence of public health being used.

Effects

The discriminations, stigmatisations and prejudices associated with LGBT and HIV/AIDS lead to the following:

- Violation of the EOA.
- Missing gain to survey a greater part of the population; especially hard-to-reach populations, and follow HIV/AIDS progression.
- Lack of blood and blood products due to elimination of potential blood donors.
- Projection of a negative image on LGBT by associating them directly to HIV/AIDS.
- Propagation of HIV due to elimination of testing of potential blood donors.
- Cost on the society at large due to lack of blood and support to could-be HIV positive patients.
- Improper health care in terms of blood and blood products and associated treatments.
- Loss of lives.
- No screening of a good proportion of the population for health issues such as Syphilis, Hepatitis...
- Discouraging people from giving blood.

## 11. Proposals to Address the Failure in the Procedures

HIV/AIDS testing

Prior to blood donation, a rapid blood test is made. This test could be extended to a rapid HIV testing from the approved long list of rapid testing of HIV made available by the FDA. The potential blood donor having done the rapid test must have his blood tested again at the Donor Testing Department so as to minimise the risk drastically. I believe that the Ministry must give assent to allow for rapid testing prior to blood donation.

Furthermore, since there will be a preliminary rapid test done to the potential blood donor, the need to ask 'sensitive' questions – Are you/were you engaged in homosexual activity? – does not arise. Thus, the questionnaire needs to be modified, as well as Ministry and the BDA (Mauritius) guidelines concerning homosexuals and bisexuals.

NGOs contribution

NGOs such as PILS, CARC, can assist the BDA (Mauritius) to do the preliminary testing. They can also help in giving advices, flyers... to the potential blood donors on HIV/AIDS. Information and education are the essential tools to fight HIV/AIDS. Like Nelson Mandela said:" Education is the most powerful weapon you can use to change the world".

Nonetheless, it is observed that on many a programme, there is lack of coordination between Ministerial organisations and NGOs. NGOs as well as the Ministries have to bear in mind that they are both working towards the same objective; helping the country. In our common goals, we cannot *compete* with each other. We need to join hands, efforts, resources, expertise, and methodology and share our knowledge and experience to be more effective and efficient in our actions.

Advantages of proposals

With the above proposals we will have the following advantages:

- Quantity blood and blood products – Blood donors will increase
- Quality blood and blood products – Preliminary HIV-testing
- Encouraging more people to donate blood (as is the objective of the BDA Mauritius)
- Survey on HIV/AIDS
- Inform the potential blood donors about their HIV status just after they have donated their blood
- Inform the potential blood donors about HIV/AIDS
- Respecting the EOA
- Reducing stigmatisation towards the LGBT
- Lesser cost on society on a holistic integrated approach
- Better coordination between various partners of the society in a common goal
- Efficient and effective use of resources and load bearing on each partner

- Allow each and every citizen of the country to contribute more to the society
- Keep abreast with countries thinking of opening blood donation to LGBT like France.

## 12. Application of Proposals

Time

The time factor is the first one considered. Blood donation takes around 10 – 20 minutes with all tests and rest. A rapid HIV test can be done approximately within the same time frame. The donor, just after answering the questionnaire (obsolete questions removed – this saves time) gives a sample of blood/oral fluid for the rapid testing. The results will be made available just after the patient has already given blood.

Location

In case of donation in large spaces (classroom, hall, parking...) or for mega blood donation, a kiosk can be placed with the person testing for blood consistency doing the rapid HIV testing too. This does not impose an additional drastic weight of personnel cost on the service. The additional number of personnel would be 2 – 3.

In case the blood donation caravan is being used, the person doing the blood test needs to place the device to test for HIV in a sterile plastic pocket or a small box/container to be kept with the blood donor during time of blood donation. After giving blood, the personnel attending to the blood donor proclaims the result and gives advice/counsel/flyers.

Money

Part of the additional cost involved can be shared by partners of this service. Funding can be obtained from the NGOs, the Global Fund, the Ministry (allocating a sum in the budget) and other stakeholders and donated funds.

NGOs

NGOs contribution has already been mentioned above – In giving assistance for the rapid testing and in giving advices, flyers... Furthermore:

- NGOs can train a group of persons to work in the whole service, from coordinating a blood donation, to all tests at the lieu of blood donation to giving advices.
- NGOs can also donate part of rapid HIV testing materials and informative leaflets.
- NGOs can furthermore accompany and support those people doing the test being found HIV positive.
- NGOs can help in compiling the obtained data for their own database.
- NGOs can organise blood donation.
- NGOs can promote/advertise for blood donation. For example, we can have posters or advertisement on bill-boards, with pictures of persons; promoting integration of LGBT to society and society to LGBT, and encouraging blood donation. For example:
    - Je suis gay sans SIDA, je peux donner mon sang, sauver une vie.
    - Je suis bi sans SIDA, je peux donner mon sang, sauver une vie.
    - Je suis lesbienne sans SIDA, je peux donner mon sang, sauver une vie.

- Je suis transe sans  SIDA, je peux donner mon sang, sauver une vie.
- Je suis hétéro sans SIDA, je peux donner mon sang, sauver une vie.

## 13. Conclusion

Integrating social actors and different groups in the development of a country, of a society is the only way forward. LGBT have often been prejudiced against. This effort in integrating LGBT to and with the society and society to and with LGBT is partly present in this document.

Blood donation, LGBT and HIV/AIDS might be considered to be of insignificant importance to many, but the symbolism and work that can be started with this is great indeed. I thus believe that with the facts in this document that my complaint at the EOA is fully justified, and that through exchange of ideas and dialogue, matters be settled amicably.

# *Les liens du sang*

**F**rères, sœurs, parents, oncles, enfants, nous avons tous quelque chose en commun, ce sont les liens du sang. Offrir son sang, vouloir aider les autres ; donner à ces malheureux l'espoir de vivre ; les liens du sang se tissent et s'agrandissent vers des frontières inconnues; comme une toile d'araignée qui essaie de tous lier à cette envie, cette espoir de vivre ; de survivre.

**M**ais certains se prennent pour des commerçants de ses liens inconnus ; le sang – ses liens ont un prix de nos jours ! Et je pense à cette mère, qui a fait don de son sang ; sans savoir que demain, c'est son enfant qui va devoir acheter son du !

**T**ragique… Mais le revers de la médaille – les liens du sang ne connait pas la race de l'autre, ni ses racines, ni ses habitudes, ni ses croyances, ni son appartenance politique, ni son statut sociale ; et non plus son orientation sexuelle. Juste être humain nous aide à tisser et élargir les liens du sang…

T. E.

**APPENDIX A**

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**APPENDIX B**

## List of Tables

**APPENDIX C**

**List of Figures**

**APPENDIX D**

**List of Abbreviations used**

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| BDA | Blood Donors Association |
| BTS | Blood Transfusion Service |
| CARC | Collectif Arc-en-Ciel |
| EOA | Equal Opportunities Act |
| EOB | Equal Opportunities Bill |
| EOC | Equal Opportunities Commission |
| EOT | Equal Opportunities Tribunal |
| EPP | Estimation and Projection Package |
| HIV | Human Immunodeficiency Virus |
| IBBS | Integrated Behavioral and Biological Surveillance |
| IDU | Intravenous Drug User |
| IVDU | Intravenous Drug User |
| LGB | Lesbian, Gay, Bisexual |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| MBSA | Mauritius Blood Service Act |
| MLP | Mauritius Labour Party |
| MMM | Mouvement Militant Mauricien |
| MoH&QL | Ministry of Health and Quality of Life |
| MSM | Men having Sex with Men |
| NATRESA | National Agency for the Treatment and Rehabilitation of Substance Abusers |
| NESC | National Economic and Social Council |
| NGO | Non-Governmental Organisation |
| OMS | Organisation Mondiale de la Santé |
| PILS | Prévention Information Lutte contre le Sida |
| RDS | Respondent-Driven Sampling |
| SIDA | Syndrome de l'Immunodéficience Acquise, |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNHRC | United Nations Human Rights Council |