

**WORLD DRUG REPORT 2006 – MAURITIUS –
STATISTICAL DATA**

(No. B/936) Mr M. Dowarkasing (Third Member for Curepipe and Midlands) asked the Prime Minister, Minister of Defence & Home Affairs, Minister of Civil Service & Administrative Reforms and Minister of Rodrigues & Outer Islands whether he will state if he has taken cognizance of the fact that mention is made in the World Drug Report 2006 of the United Nations Office on Drugs and Crime that, Mauritius ranks first in the African continent and third in the world in drug consumption and, if so, the immediate and urgent actions he proposes to take.

The Prime Minister: Mr Speaker Sir, the World Drug Report is a compilation of statistical data and an analysis of the evolution of the global illicit drug problem and it categorises the drugs in four groups -

- (i) Opiates (that is, opium and its derivatives);
- (ii) Cocaine;
- (iii) Cannabis, and
- (iv) Amphetamine type stimulants.

The report provides statistical data for Mauritius in respect of the abuse of opiates and cannabis only, that is, only for 2 out of 4. It does not contain figures in respect of the abuse of the two other categories of drugs, that is, cocaine and amphetamine type stimulants. Thus, the figures for the two categories of drugs cannot be interpreted to mean that Mauritius ranks first in the African Continent and third in the World in drug consumption.

In fact, the United Nations Office on Drugs and Crime has confirmed that nowhere in World Drug Report, that is of 2006, does it mention that Mauritius ranks first in the African Continent and third in the World in drug consumption.

In any case the House may be interested to note that these figures used in the World Drug Report of 2006 are those of 2003 and 2004. For consumption of cannabis, it's 2004 and for the consumption of opiates, it's 2003. These are the figures and the dates they have used.

I wish to reiterate the commitment of my Government to wage a relentless fight against illicit drugs. In my reply to PQ B/345 on 25 April 2006, I indicated the strict control measures which are being taken by the airport authorities, the Customs Department and by the Police Force. I also mentioned the necessary support provided by Government to organisations involved in the fight against the drug problem.

I have also emphasised on different occasions the need for a multi-pronged approach and a result-oriented strategy.

Mr Dowarkasing: Mr Speaker, Sir, I would like to ask the hon. Prime Minister whether he has been able to look at the statistics provided in page 383 of the same report, which, in fact, in terms of opiates really classify Mauritius as being a 2% of the population consuming same. And, I think, in terms of percentage, Mauritius is the third country throughout the world according to the statistics

Mr Speaker: What is the question?

Mr Dowarkasing: This is a serious concern and I would ask the hon. Prime Minister to re-look at this issue very closely.

The Prime Minister: In fact, Mr Speaker, Sir, I have to re-emphasize again that the data, that is being used in this World Report for Mauritius, only applies to opiates and cannabis; it does not contain figures for the two of the categories of drugs. Therefore, already, this changes the perception of what the hon. Member is saying. Second, that is why they say you cannot interpret it as meaning Mauritius ranks first in the African continent. And, in fact, I have got a mail just to specify that - and I can table it; and it says –

“Again, this is just to confirm that the 2006 World Drug Report does not mention that Mauritius ranks first in Africa or third in the world in overall drug consumption.”

This is from themselves. In any case, these figures pertain to 2003 and 2004.

Mr Dowarkasing: Mr Speaker, Sir, one last question. Can the hon. Prime Minister table, at a later stage, details regarding cannabis, hard drugs and psychotropic substances that have been seized during the last two years?

The Prime Minister: There is no problem for me to do it.

GLUE SNIFFING – SURVEY

(No. B/937) Mrs S. Hanoomanjee (Second Member for Savanne and Black River) asked the Prime Minister, Minister of Defence & Home Affairs, Minister of Civil Service & Administrative Reforms and Minister of Rodrigues & Outer Islands whether, in regard to the prevention of drug addiction, he will state the measures he proposes to take to protect children who resort to glue sniffing.

The Prime Minister: Mr Speaker, Sir, with your permission, I shall reply to Parliamentary Questions B/937, B/943 and B/946 together as they relate to the same issue.

The practice of glue sniffing by children and youngsters is a worldwide phenomenon. It is not just a problem that exists in Mauritius although it does exist in Mauritius and to a lesser extent. There has been no specific survey as such on glue sniffing in Mauritius. However, two surveys were published by the NATReSA, one in May 2004 and the other one in June-July 2004, entitled “The Rapid Situation Assessment and Responses on Substance Abuse in Mauritius and Rodrigues” and the other one “Factors influencing Substance Abuse among Youth aged between 8 and 18 years in Housing Estates of Mauritius”. They make reference to the practice of glue sniffing both in Mauritius and Rodrigues.

According to the first survey, 6.2% of the secondary school students in Mauritius had used inhalants during the month preceding the survey. In Rodrigues, although 1.7% had used inhalants previously, none of them had used this substance during the month preceding the survey. The age of initiation to inhalants among secondary school students was 11 years for Mauritius and 9 years for Rodrigues.

The second survey which was carried out in 10 housing estates in rural areas and 10 in urban areas, 40 youth in each of the housing estates were interviewed. The results showed that 13% of the youth had used inhalant. Most of them, that is, 10% had used glue, followed by 6% who used thinner. So far, only a handful of cases have reported for treatment in rehabilitation centres under the NATReSA. These cases have been successfully dealt with by appropriate counseling and family therapy. There was no need for medical intervention and no cases of sudden death that can occur related to the abuse of inhalants have been recorded so far.

Mr Speaker, Sir, Government is conscious about the seriousness of substance abuse, including inhalant abuse among youth in this country and is sparing no efforts to deal with this situation. This requires a concerted approach involving the Government, social organisations and the civil society. Emphasis is being laid on the preventive aspects.

This multi-sectoral approach targets potential substances of abuse including solvent and among others, tobacco, alcohol and other illicit drugs. Information, Education and Communication Campaign is the motto of the preventive strategies targeting –

- (i) children in primary and secondary schools, pre-vocational schools, IVTB centres and other training institutions in collaboration with Ministry of Education and Human Resources;
- (ii) the community, including out-of-school youth, after office hours through special programmes by NATReSA and NGOs known as the Community Prevention Programme that has recently being launched;
- (iii) the workplaces, including high risk ones, where the personnel involved are at risk of developing addiction to certain specific substances, for example, inhalants in the woodwork workshops and alcohol in the hospitality industry;
- (iv) the family in collaboration with the Ministry of Women Rights, Child Development, Family Welfare & Consumer Protection where parents are sensitised to the ill-effects of substance use and abuse, including inhalants and ways of early detection of children using these substances, and
- (v) the youth by providing alternatives to substance use and abuse in collaboration with the Ministry of Youth and Sports. I think they are working on that.

Mr Speaker Sir, I wish to reassure the House that all necessary measures are being taken to protect our children and youth from the ill-effects of substance abuse, including glue sniffing.

Mrs Hanoomanjee: Mr Speaker, Sir, can the hon. Prime Minister state whether there is any possibility of taking any specific remedial measures with respect to the sale of glue to children?

The Prime Minister: Sir, as far as I know, the sale of glue to children is not available. You must have some reasons to buy glue, but I can look into the matter if need be and strengthen the law.

Mrs Jeewa-Daureeawoo: Mr Speaker, Sir, in many industrialised countries, Governments have taken the necessary steps in collaboration with the manufacturers of those solvents containing glue to modify and replace them by chemicals which are less attractive and not addictive. Is Government contemplating taking such measures?

The Prime Minister: If that is the case, Mr Speaker, Sir, we'll certainly look at that possibility.

Mr Lesjongard: Mr Speaker, Sir, I thank the hon. Prime Minister for his reply. He mentioned that an inquiry is being carried out in 10 rural and 10 urban regions. Can we have the list of those regions if he has the information?

The Prime Minister: I said that the second survey had already been carried out in 10 housing estates in rural areas and 10 in urban areas where it was found that out of 40 youths - in each of the housing estates - who were interviewed, 13% of them had used inhalant and most of them, that is, 10% had used glue and roughly 6% had used thinner.

Mr Lauthan: Sir, this is a very complex and delicate issue. The question of trying to have another sort of glue has been studied, but it seems that it is a little bit more expensive and they are not interested. The figures given by the hon. Prime Minister have shown that those who are out of school, the street children are more at risk. The researches - I have gone through internet - have shown that there is one thing in common to all these children on any continent, this is what doctors call Children Boredom Syndrome (CBS). The street workers project was an ideal instrument....

(Interruptions)

So, in the light of these researches, can I appeal to the Prime Minister to reconsider the possibility of re-employing those street educators with the ideal instrument to go and reach all these children?

The Prime Minister: I want a clarification from the hon. Member. If he is talking of the street educators, I will look into the matter.

Mrs Labelle: Mr Speaker, Sir, it is known that there is a higher prevalence of glue sniffing among street kids following Government's decision to put an end to the contract of the street educators as these children are being unattended. May I know from the hon. Prime Minister what mechanism has been set up since April or will be set up to take care of these children regarding this particular issue?

The Prime Minister: Mr Speaker, Sir, I mentioned a series of measures; I can go through them specifically for the children who, according to the hon. Member, are not touched by these measures. There is, for the community itself, including out-of-school youth, that is, those who are not touched - the previous children I mentioned in the different groups - after office hours,

through special programmes by NATReSA, NGOs known as the Community Prevention Programme, this is a programme that has recently been launched....

(Interruptions)

The hon. Member is asking about children who are not in the street. This is also being done at family level with the collaboration of the Ministry of Women's Rights, Child Development, Family Welfare & Consumer Protection and we are also looking at the Ministry of Youth and Sports to see whether they can find other alternatives.

Mr Lesjongard: Sir, may I ask the hon. Prime Minister how the monitoring of those children is being carried out these days? Because I have a case and that's why I have put my question. Last week a child of 11 years old vomited blood and was not directed to any place where he could get help.

The Prime Minister: As I said there are six categories of measures that we try to do as prevention. I must make an appeal also that if somebody is not well, he should be directed towards the hospital, whatever happens.

Mrs Dookun-Luchoomun: May I ask the hon. Prime Minister to see to it that if any campaign is being carried out with school children to ensure that this is done by well trained people because very often, at the primary level, these students may not be aware of these things. When such campaigns are carried out, they may get the idea of trying. So, it is very important to ensure that people going for the campaign are well trained to be able to explain children and know how to tackle the problem.

The Prime Minister: I agree with the hon. Member that this must be ensured.

Mr Bérenger: If I heard the hon. Prime Minister correctly, he said that surveys have shown that 6% of the youngsters in secondary schools and 13% of the youngsters on the housing estates surveyed have resorted to glue sniffing or some other kind of drug abuse. If that is correct, will the Prime Minister agree with me that these are very disturbing figures that will necessitate a fresh and urgent look at the whole situation?

The Prime Minister: I think the hon. Member is right to say that - that is what I said - 6.2% of the secondary school students in Mauritius and 1.7% in Rodrigues. As for the surveys in the urban areas and the rural areas there are

40 youths per housing estate. Whether that sample is big enough or not, that is something else that we must look at, but the result shows 13% of the youths and 10%, in fact, had used glue and only about 6% have used thinner. That is why we are taking this seriously.

Mrs Labelle: The hon. Prime Minister mentioned that there was no medical intervention. May I ask the hon. Prime Minister to confirm that no child has been sent to the psychiatric hospital for a particular treatment during, let's say, the past two or three years ?

The Prime Minister: I have no record of such cases, Mr Speaker, Sir.

DRUG TSAR – NOMINATION, SALARY & BENEFITS

(No. B/938) Mr M. Dowarksing (Third Member for Curepipe and Midlands) asked the Prime Minister, Minister of Defence & Home Affairs, Minister of Civil Service & Administrative Reforms and Minister of Rodrigues & Outer Islands whether, in regard to the Drug Tsar, he will state –

- (a) the date of his appointment;
- (b) the salary and other benefits attached to the post;
- (c) the measures that he has taken to combat drugs use and trafficking, and
- (d) his achievements since assumption of office.

The Prime Minister: Mr Speaker, Sir, the Government Programme of 2005/2010 proposes the appointment of a Drug Tsar to oversee all action undertaken by Government Departments and other agencies and institutions to combat drug abuse and trafficking”.

As hon. Members are aware, there exist presently several institutions and agencies involved in the fight against drug abuse and trafficking. Government has been, first of all, focusing efforts on reinforcing the capacity of these existing institutions to combat drug abuse. But we need to have, it is felt, some overview and coordination of the various agencies. We've mentioned it because this has been done in the UK. They had a similar problem with different institutions overlapping on what they were doing and the UK decided that they should appoint somebody on top to be able to overview and give more cohesiveness and coordination in the efforts

of the different anti-drug agencies. That is precisely what we would like to do here, once we have reinforced the existing institutions.

We are in the process of looking at the role, for example, of the Drug Tsar in UK and Ireland. Assistance is being sought from friendly countries to see how we can manage to put that in an overall strategy of the Government.

Mr Bérenger : Can I ask the hon. Prime Minister whether having one person permanently at the head of the different organisations or the organisation fighting drug trafficking and abuse, will really help ?

The Prime Minister: Well, we want to see the experience of other countries, Mr Speaker, Sir. In the UK, for example, after years of trying to fight drug abuse which had been increasing, the UK Government decided they should have somebody at the top to have a look at what is happening so that they ensure there is coordination. We want to see whether that works for Mauritius. Ireland also has tried it, Mr Speaker, Sir.

Mr Dowarkasing : Mr Speaker, Sir, may I draw the attention of the hon. Minister to the fact that the other parts of my question have not been replied to. I have asked whether there has been nomination, the date of the appointment, salary and other benefits and what measures have been taken to combat drugs trafficking and its achievements so far.

The Prime Minister: I have answered the question. I have said, we are reinforcing the institution that we have at the moment. Eventually we will appoint a Drug Tsar, but we are looking at what friendly countries have done and we don't want to depart from what has been the practice. All this will be looked at afterwards.

Mr Ganoo: Can the hon. Prime Minister, Mr Speaker, Sir, précise sa pensée. Will the office of the Drug Tsar be on the permanent establishment? Will the holder of that officer be recruited by the PSC or will he be nominated by Cabinet ?

The Prime Minister: I don't think Cabinet has the competence to go and look for a Drug Tsar, but we will have to look at all the competence. What we want to do is to have results basically. We want to ensure that there is coordination and no overlapping; that somebody from the top sees that everything is being done as it should be done.

MR L.D.A. – WARRANT OF ARREST

(No. B/942) Mrs F. Jeewa-Daureeawoo (Third Member for Stanley and Rose Hill) asked the Prime Minister, Minister of Defence & Home Affairs, Minister of Civil Service & Administrative Reforms and Minister of Rodrigues & Outer Islands whether he will, for the benefit of the House, obtain from the Commissioner of Police, information as to if one Mr L. D. A. has recently been arrested by the Police Officers of the Pope Hennessy Police Station and detained thereat and, if so, -

(a) the reasons thereof, and

(b) if he has been made to walk, handcuffed, from the Police Station to the District Court of Port Louis.

The Prime Minister: Mr Speaker, Sir, on 27 August 2003, Mr L.D.A. was sentenced to pay a fine of Rs2100 plus Rs100 as costs, for three contraventions for which he was prosecuted by the Port Louis District Court Division.

On the 05 September 2003, he made a part payment of Rs1,000, leaving a balance of Rs1,200.

On 08 June 2005, a Warrant of Arrest for non-payment of fine was issued by the District Magistrate of the Port Louis Court against Mr L.D.A., as the above balance had remained unpaid. Mr L.D.A. then paid the outstanding amount on the 19 September 2005 and the Warrant of Arrest was called back on the same day, that is, he paid it two years later.

However, through inadvertence, probably because it was paid late, the Court Clerk placed back the court record in the batch of files awaiting payment of fines and costs instead of classifying it.

Thus, on 17 April 2006, a Warrant of Arrest for non-payment of fines was issued anew for the sum of Rs1,200. As a result of which, on 19 June 2006 at 12 30 hours, Mr L.D.A. had been arrested by Police Officers of Bain des Dames Police Station.

After his arrest, Mr L.D.A. was brought to Bain des Dames Police Station pending his appearance before the Court. I wish to point out that Mr L.D.A. was not detained at Pope Hennessy Police Station.

On the same day at 13 06 hrs, he was conveyed to Port Louis District Court, escorted by a Police Officer in a Police van. During his trip from Bain des Dames Police Station to the New Court House, Mr L.D. A. , I am informed, was not handcuffed.

However, at about 10 metres from the entrance of the New Court House, the escorting Officer and Mr L.D.A alighted from the vehicle and the latter was handcuffed, as this is the normal course of police action, who uses his discretionary judgment to prevent someone from escaping before being brought to Court. After his appearance, he was allowed to go.

A full inquiry is being undertaken by the office of the Master and Registrar to situate the responsibility of the officer or officers concerned.

COMMISSIONER FOR PRISONS - APPOINTMENT

(No. B/944) Mr S. Naidu (Third Member for Beau Bassin and Petite Rivière) asked the Prime Minister, Minister of Defence & Home Affairs, Minister of Civil Service & Administrative Reforms and Minister of Rodrigues & Outer Islands whether, he will, for the benefit of the House, obtain information as to if a Commissioner for Prisons has been appointed and, if not, why not.

The Prime Minister: Mr Speaker Sir, in fact, the answer is yes. He has been appointed.

Mr Naidu: May we know the name of the person who has been appointed?

The Prime Minister: The vacancy was advertised for the post of Commissioner of Prisons on 06 June 2006 and the closing date for application was 19 June 2006. I must say that the advertisement was made internationally and not just in Mauritius. The Disciplined Forces Service Commission called the three candidates who applied for an interview on 29 June 2006 and following that exercise, Mr Vijayanarayanan had been selected as Commissioner of Prisons on a contract basis for a period of two years.

Mr Bérenger: Mr Speaker, Sir, may I know whether Mr Vijayanarayanan was in the prisons service before?

The Prime Minister: He was Adviser there and he was the number two to Mr Duff who spoke highly of him, I must say

MAURITIUS POST CO-OPERATIVE COMMERCIAL BANK/FIRST CITY BANK - MERGER

(No. B/955) Mr M. Dowarkasing (Third Member for Curepipe and Midlands) asked the Deputy Prime Minister, Minister of Finance and

Economic Development whether, in regard to the taking over of the First City Bank, he will, for the benefit of the House, state if he is in presence of an offer for the merger of the Mauritius Post Co-operative Commercial Bank and the First City Bank, as one of the conditions for the takeover.

The Minister of Labour, Industrial Relations & Employment (Dr. V. Bunwaree): Mr Speaker, Sir, I wish to inform the House that I am not in the presence of any offer for the merger of the Mauritius Post and Co-operative Commercial Bank and the First City Bank.

UNESCO - PERMANENT REPRESENTATIVE

(No. B/956) Mrs S. B. Hanoomanjee (Second Member for Savanne and Black River) asked the Minister of Foreign Affairs, International Trade and Co-operation whether, in regard to the permanent representative of Mauritius to UNESCO in Paris, he will state -

- (a) the terms and conditions of her appointment, and
- (b) the costs incurred by Government in respect of her office.

The Deputy Prime Minister, Minister of Public Infrastructure, Land Transport & Shipping (Dr. R. Beebeejaun): Mr Speaker, Sir, as regards part (a) of the question, Mrs Indira Savitree Thacoor-Sidaya has, in accordance with Section 87 of the Constitution, been appointed as Permanent Delegate of the Republic of Mauritius to the United Nations Educational, Scientific and Cultural Organisation (UNESCO) with the rank of Ambassador, with residence in Paris. Her appointment is on a contract basis of 3 years with effect from 14 April 2006 with terms and conditions as laid down in the Pay Research Bureau Report, which is a public document.

With regard to part (b), the costs incurred by Government in respect of her office are -

- (a) 2280.95 euro as yearly rental for an office of 14 square metres made available by UNESCO at the 'Maison de l'UNESCO'.
- (b) 1890 euro for purchase of one computer, one printer and a fax machine.
- (c) It is to be noted that the Office of the Permanent Delegate is serviced by 1 Second Secretary, 1 Secretary/Typist on loan from our Embassy in Paris.

Mrs Hanoomanjee: Can the Deputy Prime Minister confirm that it is the first time that a Permanent Representative to UNESCO is based outside the Mauritian Embassy in Paris?

Dr. Beebeejaun: I am not aware if it is the first time, but many countries do it. We have a number of countries with their Permanent Delegation and Permanent Ambassadors at UNESCO. This is not an unusual practice. It has been going on for a long time.

Mrs Hanoomanjee: Can the Deputy Prime Minister state whether in a situation where we are asking people to serre ceinture ...

(Interruptions)

Mr Speaker: I am sorry, this is out of order.

(Interruptions)

Mrs Hanoomanjee: Was there a need for the country to have a "Second Embassy" in Paris?

NATIONAL WOMEN COUNCIL – GENERAL WORKERS – RECRUITMENT

(No. B/962) **Mrs S. Hanoomanjee (Second Member for Savanne and Black River)** asked the Minister of Women's Rights, Child Development, Family Welfare & Consumer Protection whether, in regard to the general workers recruited at the National Women Council since July 2005 to date, she will, for the benefit of the House, obtain a list therefrom and give a list thereof, together with their respective addresses.

Mrs Seebun: Mr Speaker, Sir, with your permission, I would like to reply to both PQ. Nos. B/962 and B/963 together as they relate to more or less the same issue.

In this regard, I am tabling the required information in relation to both Parliamentary Questions.

Mrs Hanoomanjee: Can the hon. Minister say whether cleaning services are contracted out at the National Women Council and the National Entrepreneur Council?

Mrs Seebun: This question relates to the National Women Council; it has got nothing to do with recruitment.

(Interruptions)

Mr Speaker: Order!

Mrs Seebun: The hon. Member should come with a substantive question in relation to cleaning services and I'll give the reply.

Mrs Hanoomanjee: Mr Speaker, Sir, my question is directly related to what I have asked.

(Interruptions)

May I know whether from the hon. Minister whether cleaning services are contracted out by the National Women Council and the National Entrepreneur Council?

Mr Speaker: No, no. I think the hon. Minister is right, this does not relate to the Question.

Mrs Hanoomanjee: Mr Speaker, Sir, can the hon. Minister inform the House as to the number of general workers who have been recruited, both in the National Women Council and the National Entrepreneur Council?

Mrs Seebun: Mr Speaker, Sir, I have already tabled the information, but nevertheless, I am going to give this information.

(Interruptions)

Mr Speaker: Order!

Mrs Seebun: Six general workers were recruited at the National Women Council and one at the National Women Entrepreneur Council.

Mrs Navarre-Marie: Mr Speaker, Sir, in reply to a recent PQ. No. B/756, which I put to the hon. Minister, she answered that she would circulate the paper, but until now nothing is done. Is the list that long?

Mrs Seebun: May I know which list the hon. Member is referring to?

Mrs Navarre-Marie: The list of persons recruited by the National Women Council since July last year.

Mrs Seebun: Mr Speaker, Sir, I have tabled the list just now.

Mrs Hanoomanjee: Will the hon. Minister say whether these posts were advertised and that procedures were followed?

Mrs Seebun: The hon. Member must be aware that it is not the current practice for the National Women Council to advertise vacancies for low grade jobs.

(Interruptions)

Mrs Hanoomanjee: I am sorry, Mr Speaker, Sir, but I think that in all parastatal bodies, procedures have to be followed. I would like to know from the hon. Minister whether in the National Women Council and the National Women Entrepreneur Council, the procedures for recruitment were followed?

Mr Speaker: The hon. Minister has already replied to this question.

Mrs Navarre-Marie: Mr Speaker, Sir, did I hear the hon. Minister say that she was circulating the list of general workers who were recruited?

(Interruptions)

My question related to the list of resource persons and family support officers recruited since July last year?

(Interruptions)

The list has not been circulated yet.

Mrs Seebun: I have the information now and I can table it right now. There is no problem.

(Interruptions)

Mrs Hanoomanjee: I have just taken cognizance of the list, which has been circulated...

(Interruptions)

Mr Speaker: Order!

Mrs Hanoomanjee: Can the hon. Minister confirm as to why at least five persons out of six in the same constituency have been recruited?

(Interruptions)

Mr Speaker: Order! Order!

RS FASHIONS LTD – INVESTMENT BY SIC

(No. B/971) Mr P. Jhugroo (Third Member for Port Louis North & Montagne Longue) asked the Deputy Prime Minister, Minister of Finance & Economic Development whether he will, for the benefit of the House, obtain from the State Investment Corporation (SIC), information as to if a loan in excess of Rs10 m. was granted to any company for the purchase of second-hand industrial equipment since July 2005 to date and, if so, the name/s of the company/ies.

The Minister of Labour, Industrial Relations & Employment (Dr V. Bunwaree): Mr Speaker Sir, the State Investment Corporation Ltd (SIC) does not provide loans specifically to companies. However, the participation of the Corporation in projects is generally in terms of equity and quasi equity. Quasi equity can take the form of debentures or redeemable preference shares.

There is one project in which the SIC has subscribed debentures exceeding Rs10 m. This is the setting up of an integrated denim mill by RS

Fashions Ltd for the manufacture and export of value-added and differentiated denim. The investment of the SIC is in line with the policy of Government for SIC to act catalytically in attracting private financing to restructure the economy, particularly the textile manufacturing sector, sugar and import substitution industries.

I am informed that the project is financed by many stakeholders, including local and international banks. In line with our policy for SIC to play a catalytic role, the investment of SIC is less than 10% in this project.

Mr Jhugroo: Mr Speaker, Sir, can the hon. Minister give the name of the Directors of RS Fashions Ltd?

Mr Speaker: This information is available from the Registrar of Companies in an official publication. The hon. Member can go and consult it. Next question!

CARDIAC PATIENTS – ANGIOGRAPHY & ANGIOPLASTY SERVICES

(No. B/972) Mr P. Jhugroo (Third Member for Port Louis North & Montagne Longue) asked the Minister of Health & Quality of Life whether, with regard to patients undergoing treatment at the Cardiac Unit of the Queen Victoria Hospital at Candos and who are in need of angiography and of angioplasty, he will state if they are being referred to the Cardiac Centre of Pamplémousses and, if so, will he give the number of patients and the reasons thereof.

Mr Faugoo: Mr Speaker, Sir, angiography and angioplasty services are available both at the Cardiac Unit of Victoria Hospital, Candos, and at the Cardiac Centre, Pamplémousses. Each unit is equipped with one angiography machine.

I have to point out that the machine at Victoria Hospital has been underutilised for quite some time. For instance, for the period January to June 2006, 415 angiographies were performed by four cardiologists at Victoria Hospital, whereas for the same period 658 angiographies were performed at the Cardiac Centre, Pamplémousses, by only two cardiologists who were posted there.

Besides, as at the end of June 2006, there were 229 persons on the waiting list for angiography at Victoria Hospital, whilst at the Cardiac Centre, Pamplémousses, there was hardly any waiting list for angiography.

In this respect, Mr Speaker, Sir, my Ministry is reorganising the services at the Cardiac Unit of Victoria Hospital, with a view to optimising the use of the angiography machine, monitoring the number of angiographies and angioplasties being performed, and ensuring that the waiting list is cleared. I wish to inform the House, Mr Speaker, Sir, that with the appointment of the new Executive Director and the reorganisation of the services at the Cardiac Centre, Pamplemousses, there has been an increase in the number of angiography sessions held daily at the Centre. Subsequently, there is hardly any waiting list, as I said before, for angiography and angioplasty at the Cardiac Centre since May 2006. Accordingly, arrangements have been made for cases requiring intervention to be referred from Victoria Hospital to the Cardiac Centre at Pamplemousses, until the waiting list at Victoria Hospital is cleared. In this respect, so far, there are 48 patients who have been referred to the Cardiac Centre since the beginning of June, this year.

CINQ ARPENTS, PHOENIX –FOOTBALL GROUND - CONSTRUCTION

(No. B/990) Mrs L. D. Dookun-Luchoomun (Third Member for La Caverne and Phoenix) asked the Minister of Housing and Lands whether, in regard to the vesting with the Municipal Council of Vacoas-Phoenix of a plot of land at Cinq Arpents, Phoenix for the construction of a football ground, he will, for the benefit of the House, obtain from the Council, information as to where matters stand.

Mr Dulull: Mr Speaker, Sir, I am advised that following a request from the then Ministry of Local Government and Rodrigues in September 2003, a portion of land belonging to Mon Tresor Mon Desert Ltd and of an extent of 2A50 was identified at Cinq Arpents for the construction of a football ground and a Leisure Park.

I am further advised that the acquisition of this land has not been finalised. I am having further consultations with the Ministry of Environment and NDU as regards the project proposal relating to the construction of a football ground and a leisure park.

BLOOD – DONATION - SCREENING

(No. B/991) Mrs L. D. Dookun-Luchoomun (Third Member for La Caverne and Phoenix) asked the Minister of Health and Quality of Life whether, in regard to donated blood, he will state if samples thereof, if any,

have been found to be contaminated by the HIV/AIDS virus and, if so, will he give the percentage of such contamination.

Mr Faugoo: Mr Speaker, Sir, the aim of my Ministry is to ensure that the stock of blood available is safe in all respects and free from any infections. All blood samples collected through blood donation are tested and those found containing infectious agents are discarded. It is, in fact, mandatory to screen all blood donated for hepatitis B, hepatitis C, syphilis and HIV. As regards HIV infection, blood screening started as far back as 1987 when the first case of HIV was detected in Mauritius. As at end of June 2006, the percentage of samples contaminated by HIV was 0.05%.

Mrs Dookun-Luchoomun: Mr Speaker, Sir, since the number is quite small, may I ask the hon. Minister whether there is any possibility of retracing those people who have donated blood in view of providing them with treatment so as to curb down the disease?

Mr Faugoo: The answer is “yes”, Mr Speaker, Sir. When blood is collected, there is a code which is given; and after the test is carried out at the lab, if at all it is found that there is any problem like, for example, the sample is contaminated with HIV/AIDS, they go back to the person who has donated the blood and they counsel and give him advice accordingly.

Mr Bérenger: Mr Speaker, Sir, may I ask the Minister if that is the case, are the blood donors informed that their blood will be HIV/AIDS tested and that the possibility of knowing who is concerned is there?

Mr Faugoo: Mr Speaker, Sir, I had answered on this issue last time. I think, in all fairness, I did a mistake. There is a form which is filled by the blood donor, and the blood which is taken as sample can be traced back to the person who has given. So, if at all, the test reveals something positive, we can trace that person and go back to him. On the second limb of the question, there is a consent form which they sign at the time of giving the blood wherein they give their consent for test to be done at the lab.

Mr Bérenger: Mr Speaker, Sir, the Minister has not replied to my question. Testing for HIV/AIDS is voluntary in Mauritius under the law. In that case – the Minister should take time and consider - I think the blood donor should be informed that if he is found positive, he can be traced. I mean his name will be known and he must give consent.

Mr Faugoo: This is exactly what I am saying. I can read part of the questionnaire. It is one of the conditions – “I consent to my blood being tested for transfusion, transmissible diseases, including HIV”. This is what they sign.

Mrs Dookun-Luchoomun: Mr Speaker, Sir, can the hon. Minister inform the House of the number of people who have been retraced in this particular way?

Mr Faugoo: As I said, Mr Speaker, Sir, the prevalence rate is 0.05%. I have the figures since 1988 where the number of blood donors was roughly 13,000. The test for HIV positive was 0. In 1991, four years after, there was one case of HIV positive detected out of roughly 15,000 blood donors. This has been going up year in, year out and last year – if I may quote for 2004 – out of 40,000 blood donors, there were 14 detected HIV positive cases. In 2005, out of 41,452 samples, there were 20 HIV positive detected. This is where the percentage has gone up to 0.05. For this year, from January to June, out of 21,500 samples, there have been 10 detected for HIV positive. As I said, once they are detected positive, the AIDS Unit of my Ministry go towards those people, they do counselling and advice is tendered.

Mrs Perrier: M. le président, le ministre doit savoir que ces collectes de sang se font aussi dans les écoles secondaires. Est-ce qu'il y a eu des cas de HIV positive parmi les donneurs de sang, parmi les jeunes étudiants?

Mr Faugoo: I have given the figures generally. I do not know if it pertains to secondary schools. If there is any substantive question put on this, I can always come back to give the answer.

HOSPITAL INCINERATORS - GAS EMISSIONS

(No. B/992) Mrs L. D. Dookun-Luchoomun (Third Member for La Caverne and Phoenix) asked the Minister of Health and Quality of Life whether he will state the norms obtained in regard to gas emissions from hospital incinerators.

The Minister of Environment & National Development Unit (Mr A. Bachoo) Mr Speaker, Sir, with your permission, I shall answer this question.

There is so far no specific set of standards for emission from medical waste incinerators. However, the existing standards for stack emission apply to incinerator chimneys, as well.

The technical committee set up at my Ministry to review air emissions standards has recommended, inter alia, that in the longer term the Ministry of Health and Quality of Life could consider centralisation of medical waste incineration to achieve economies of scale and enable air pollution control. Emission standards being proposed for large medical waste incinerators would be based on WHO guidelines. The Technical Committee has already submitted the first draft of the proposed standards.

I am also informed that disposal of medical waste in hospitals is guided by housekeeping practices recommended at a workshop held in March 2003. These comprise the proper segregation of hazardous and non hazardous waste generated, proper handling and transportation of medical waste, adoption of waste minimisation strategy within health care facilities, training of personnel in hospital and clinics on operation of incinerators and best environmental practices.