RESEARCH PAPER

A review on evaluation of the regulatory processes for food supplements, cosmetics, traditional, ayurvedic and herbal medicines in Mauritius

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ABSTRACT
The rapid growth in the consumption of food supplements, cosmetics, and herbal medicines in Mauritius has raised concerns regarding product safety, quality, and regulatory oversight. Despite the existence of the Pharmacy Act (1983) and the Pharmaceutical Council Act (2015), limited evidence exists on how effectively these frameworks ensure compliance and protect public health. This study aims to evaluate the effectiveness of existing regulatory mechanisms governing the production, processing, packaging, and marketing of these products in Mauritius. The key research questions guiding this study are: How effective are current regulations in ensuring consumer safety and product quality? and What policy reforms are required to strengthen regulatory harmonization and enforcement? A qualitative research design was employed to analyze policy documents, legal frameworks, and stakeholder insights. Findings reveal that while the Acts provide a foundational structure for oversight, regulatory gaps persist in standardization, post-market surveillance, and inter-agency coordination. The absence of harmonized guidelines poses challenges in ensuring consistent enforcement across sectors. This review provides one of the first comprehensive analyses of the Mauritian regulatory environment for these product categories and highlights critical areas requiring reform. Recommendations include establishing unified standards, enhancing quality control mechanisms, and promoting cross-sectoral collaboration to improve regulatory efficiency. By addressing existing policy and implementation gaps, the study contributes to improving consumer protection and public health governance in Mauritius.

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INTRODUCTION

Over the past decade, there has been a marked global increase in the demand for food supplements, cosmetics, and traditional, Ayurvedic, and herbal medicines, driven by rising consumer awareness of wellness, preventive health, and natural products.

Globally, the complementary and alternative medicine (CAM) market has expanded rapidly, reflecting both increased consumer confidence and the commercialization of traditional practices. However, this global growth has also raised concerns regarding product safety, quality assurance, and regulatory oversight, as variations in legislation across countries often result in inconsistent standards and potential risks to consumers.

At the regional level, particularly across Africa and the Indian Ocean territories, similar trends are evident. Traditional medicine continues to play a crucial role in healthcare delivery, with many nations actively integrating herbal and natural therapies into public health frameworks. Regional organizations, including the African Union (AU) and the World Health Organization (WHO) Regional Office for Africa, have encouraged member states to strengthen national policies, harmonize quality standards, and develop regulatory mechanisms that align with international norms while respecting local traditions.

Despite these efforts, regulatory capacity, infrastructure, and enforcement mechanisms remain uneven across the region, posing ongoing challenges to ensuring product safety and efficacy.

Within this context, Mauritius, a multicultural island nation with a rich biodiversity, mirrors these global and regional patterns. The country boasts 691 native flowering plant species, of which 39.5% are endemic to Mauritius and 61.2% are endemic to the Mascarene Archipelago [1].

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This unique ecological diversity underpins widespread use of natural and traditional remedies alongside conventional pharmaceuticals. Food supplements and cosmetics are regulated under the Food Act and Cosmetics Regulations, while traditional and herbal medicines fall under the Pharmacy Act (1983) and the Ayurvedic Medicine Act. Nevertheless, the coexistence of multiple legal instruments has resulted in regulatory overlaps, uneven enforcement, and limited monitoring capacity, further complicated by the combination of imported and locally produced goods. Additionally, investments in science, technology, and innovation (STI) related to traditional medicine, nutrition, and digital health have been found to influence noncommunicable disease (NCD) mitigation within Mauritius [3], highlighting the broader socioeconomic relevance of effective regulation.

In light of these challenges, this study critically evaluates the current regulatory frameworks governing food supplements, cosmetics, and traditional, Ayurvedic, and herbal medicines in Mauritius. The objectives are to (1) assess the adequacy and effectiveness of existing regulatory mechanisms in safeguarding product quality and consumer safety; (2) identify regulatory gaps and areas of overlap that hinder efficient implementation; and (3) compare national frameworks with international best practices to propose reforms for harmonization and enhanced public health protection. By addressing these objectives, the study contributes to strengthening evidence-based policymaking and advancing regulatory coherence in the Mauritian health product sector. Although previous studies have examined global and African regulatory frameworks for herbal and cosmetic products, none has comprehensively evaluated how Mauritian laws operationalize international standards in practice. Existing literature focuses primarily on pharmaceutical legislation and overlooks food supplements, cosmetics, and traditional medicines. This review addresses that gap by providing the first systematic assessment of Mauritian regulatory effectiveness, enforcement capacity, and policy coherence across these product categories.

International Regulatory Guidelines for Dietary Supplements, Personal Care Products, and Herbal Remedies

Currently, the management of food supplements, cosmetics and traditional medicines in Mauritius is not completely covered by targeted regulations. Even though the Pharmacy Act 1983 and the Pharmaceutical Council Act 2015 outline rules for pharmaceuticals, traditional medicines, health supplements and cosmetics do not undergo strict regulation. The Pharmacy Act in Mauritius insists that antibiotics can only be given out when the patient presents a doctor's or veterinarian's prescription [4]. Furthermore, in Mauritius, the Pharmacy Council looks after the profession by handling matters from initial registration, education, continuous learning and discipline and this is backed by a Code of Practice [3]. This issue has been acknowledged by the Mauritius Competition Commission which revealed that no laws exist for these categories of products.

Herbal treatments are still important in Mauritian healthcare, as people depend on them for different illnesses. For instance, an ethnopharmacological study found that 87 plant species are used locally in Ede South Local Government Area, Osun state, Nigeria to help control coughs caused by respiratory problems which indicates that using herbs for such illnesses is still popular [5]. However, because rules are not consistent, many are worried about the safety, usefulness and control of these products. For the cosmetics industry, changing global guidelines makes it hard for local manufacturers and importers. Furthermore, if the same standards are not adopted in every country, there may be problems meeting safety rules which could affect both consumer safety and compatibility of products.

Regulatory and Compliance Framework in Mauritius: Policies, Institutions, and Legal Instruments

Along with the laws, the regulation of food supplements, cosmetics and traditional medicines in Mauritius depends on the strength and cooperation of the responsible organizations. Some major problems for services in developing communities include deficient infrastructure, too few people to work in them, absent policies for labs and a missing national plan for quality management [6]. Furthermore, with the use of Institutional Theory, it can be found that informal processes and lack of resources usually prevent formal rules and goals from being achieved. One major aspect of institutional theory is that adopting what others do gives an organization legitimacy and acceptance from its community. The theory provides an understanding as to why regulations can be hard to enforce on a regular basis. When there are many mismatched rules, little data and little cooperation, it becomes difficult to check herbal and imported cosmetic products. Along with that, if agencies do not collaborate well, having overlaps in responsibility results in poor management of oversight. The diagrammatic representation is depicted in Figure 1.

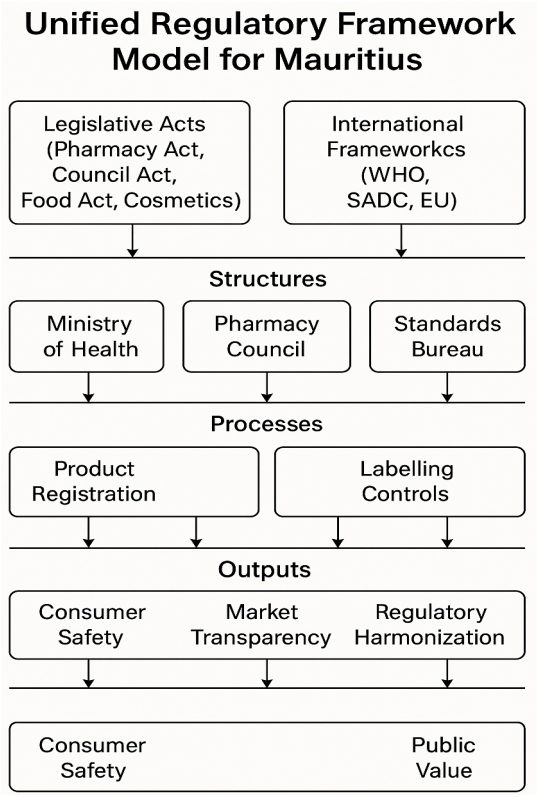

Figure 1: Unified regulatory framework model for Mauritius

Assessing Regulatory Efficiency: Consumer Protection, Product Standards, and Market Oversight

There are serious gaps in the rules for food supplements, cosmetics and traditional medicines in Mauritius, endangering consumers and spoiling the quality of products. Moreover, because there are not enough strict legislation and enforcement, a large number of unrestricted products have been sold in the market which raises a major concern regarding consumer protection and product standards.

For instance, people in Mauritius rely on traditional herbal medicines that are not always checked for quality which worries many about their use. In Ayurvedic medicine, the reputation of goods depends on checking plant chemicals, the process of producing them and checking samples before sharing the items with the customer [7]. It is becoming a major issue that traditional medicines are becoming polluted and mixed with other substances [8].

On the other hand, the Market for Beauty & Personal Care in Mauritius has experienced little growth lately due to things like lack of consumer spending, preference for local brands and competition with well-known international brands [9].

The lack of strict rules by regulators is also a problem for the cosmetics industry in Mauritius. The lack of aligned rules and suitable controls has allowed unsafe goods to be sold which could be hazardous to people. It is also true that regulatory entities who must oversee these markets usually do not have sufficient resources or skills to effectively monitor everything. Since there is not enough post-market monitoring, it becomes harder to identify side effects and order product recalls.

Discrepancies, Intersections, and Issues within the Regulatory Framework: Aiming for Harmonization and Policy Reform

In Mauritius, it is challenging to regulate food supplements, cosmetics and traditional medicines due to problems with the organization of agencies and mismatched policies. In terms of public value, the desirable outcome for citizens is based on what society, policies and governance consider valuable for people's daily lives [10]. Using Public Value Theory, it can be seen that recent efforts to create regulations do not do enough to ensure citizens trust those in charge or feel safe.

Many regulatory bodies are not together in their work which reduces their effectiveness in providing coherent services for people. Failing to consider the benefits of different options through functional analysis may stop us from discovering ways to gain the most from our available choices [11]. Many people are asking for natural ingredients, including vegetable oils, hydrolats and essences, in their cosmetic products [12]. This results in uncertain regulation and lower accountability since the Ministry of Health, Customs and Standards Bureau all have some mandate over the same subjects.

Such actions indicate that there is not enough enforcement of safety rules for these traditional or imported products. As a result, consumers might end up using dangerous products. In addition, involving fewer stakeholders and giving agencies limited resources makes the public feel

less confident. Sometimes bureaucracies do not have enough staff, are affected by politics or do not work well with other sectors [13]. In this sense, Mauritius should ensure its regulations are coordinated among different agencies and promote transparency by involving everyone in policy design, measuring results and listening to citizens. Using public value as a guide can bring together several weakened efforts and form a reliable and dependable regulation system.

METHODOLOGY

Interpretivism philosophy is found to be effective as it places a significant emphasis on the human action related to empathetic understanding rather than the forces which act on it [14]. The interpretive philosophy best suits this research since it focuses on comprehending intricate regulatory phenomena in the contexts of various stakeholders, such as regulators, health practitioners, policy specialists, and consumers. In contrast to positivism, which pursues generalisable laws from empirical quantification, interpretivism appreciates the context-dependent, subjective, and socially constructed aspect of regulatory practices. Mauritius has a special sociocultural and legal context in which traditional and contemporary health systems are harmoniously present. Hence, the interpretive approach provides a rich understanding of policy interpretation and implementation in this socio-regulatory environment. This is particularly significant when evaluating traditional and herbal medicines, where regulatory compliance commonly intersects with cultural practice.

Data were analyzed through thematic document analysis, following Braun and Clarke's six-phase framework: familiarization, initial coding, theme development, theme review, definition, and synthesis. Coding was conducted manually using regulatory dimensions—legislation scope, enforcement mechanisms, institutional capacity, and alignment with WHO/EU standards—derived deductively from Institutional and Public Value Theories.

Data triangulation was achieved by cross-comparing information from (1) official government gazettes and regulatory reports, (2) WHO/SADC and EU/US guidelines, and (3) peer-reviewed publications. Consistency across at least two source categories was required before confirming any thematic claim, serving as a quality-control criterion.

The deductive approach applied Institutional Theory to trace how formal and informal institutional pressures shape compliance behavior, while Public Value Theory framed the analysis of how regulatory outcomes deliver societal benefits such as safety and trust. Analytical steps therefore moved from identifying institutional patterns → evaluating their public-value consequences → benchmarking against international frameworks.

The research adopts a descriptive research design, which is appropriate to outline the existing status of regulatory frameworks and mechanisms without altering the environment. The aim is to present a formal and detailed description of how food supplements, cosmetics, and traditional medicines are regulated within Mauritius. This can be seen that descriptive design is found to be effective for those situations where the phenomena or situation needs to be explained or described based on the existing information within a specific domain [15]. Descriptive design plays a key role in an existing policy evaluation study since it enables the documentation and explanation of roles, procedures, challenges, and performance outcomes of different regulatory institutions. This underlying knowledge is a prerequisite before reaching any prescriptive or reformist conclusions.

Since the emphasis is placed on regulatory activities and institutional performance, secondary data offers an affluent and pertinent source of information. Secondary data helps researchers to get a wide range of data related to the topic and interpret the results more accurately [16]. Official government documents, regulatory policies, published audits, WHO assessments, scholarly research, and policy briefs are all valid sources for this kind of analysis. Secondary data utilisation does not raise ethical issues related to interviewing regulators or susceptible populations and is inexpensive in terms of addressing a broad array of sources over time. In addition, secondary sources enable comparative analysis with regional and global frameworks, further improving the external validity of the conclusions. That said, a major limitation is the possibility of limited real-time data, which will be addressed by employing the most updated and triangulated documents.

Qualitative analysis is used to explain the meanings and implications inherent in policy documents and regulatory schemes. The application of qualitative analysis helps in getting trustworthy results [17]. The methodological strategy is consistent with the interpretive school of thought and allows for the investigation of regulatory stories, gaps between implementation and regulations, and organisational impediments that may escape numerical data. Through documented data analysis, the research will reveal implicit assumptions, normative objectives, and contradictions in regulatory texts. Quantitative analysis would be insufficient in unearthing such underlying policy meanings and would not cater to the complexity of legal, cultural, and institutional dynamics entailed in the regulation of traditional medicines and supplements.

The non-probability purposive sampling is found to be advantageous for small groups of data as it helps in gaining an in-depth understanding [18]. While the research is based on secondary data, non-probability purposive sampling is used to identify documents and sources most appropriate to the research purpose. Only documents with direct connections to regulation, oversight, and policy that are government acts, ministerial guidelines, WHO/SADC publications, and academic critique, will be used. This ensures that the data being analysed is authoritative and pertinent, albeit statistically non-representative. Purposive sampling is appropriate here since the aim is the depth of interpretation, not generalisability.

The inclusion and exclusion criteria are found to be appropriate for searching relevant literature for achieving the seminar objectives, along with solving the research problems [19]. The inclusion criteria for this study target official reports from Mauritian regulatory agencies, WHO and SADC regulations, peer-reviewed scientific literature, and reliable NGO or reports on regulating food supplements, cosmetics, and traditional medicine. These sources need to be in English or French and published after 2010 unless older documents continue to inform current legislation. Exclusion criteria rule out promotional materials, unverified internet sources, foreign language documents, and outdated materials that are not applicable to practice today. This is done to ensure the research is founded on accurate, credible, and relevant context to the data to evaluate the Mauritian regulatory system.

RESULTS

The thematic analysis produced four principal findings concerning the Mauritian regulatory environment for food supplements, cosmetics, and traditional medicines.

1. Fragmented Governance and Overlapping Mandates

Regulatory authority is distributed among the Ministry of Health, Mauritius Standards Bureau, Customs Department, and Pharmacy Council. The absence of a unified command structure results in duplication of roles and inconsistent enforcement. Under Institutional Theory, this fragmentation reflects path-dependent bureaucratic legacies that hinder adaptive coordination.

2. Gaps in Legislative Coverage

While the Pharmacy Act (1983) and Pharmaceutical Council Act (2015) provide oversight for pharmaceuticals, they do not explicitly cover non-prescription wellness products. Consequently, many food supplements and imported cosmetics enter the market without pre-approval or systematic quality assessment [20].

3. Limited Enforcement and Post-Market Surveillance

Most agencies lack sufficient technical staff, laboratories, and digital monitoring systems. Recent inspection reports (2020–2023) indicate fewer than 50 routine audits annually, and at least 60 percent of imported supplements remain unregistered. This weak capacity undermines deterrence against substandard or adulterated products.

4. Partial Alignment with International Guidelines

Comparative analysis (Table 1) shows that Mauritius meets basic licensing and pharmacist-registration standards but falls short on mandatory product registration, Good Manufacturing Practice (GMP) certification, and adverse-event reporting, all of which are required by WHO and EU frameworks.

Table 1: Comparative analysis

Regulatory Dimension	Mauritius	WHO / EU / FDA Standard
Product registration	Voluntary / partial coverage	Mandatory prior to market entry
GMP certification	Limited to pharmaceuticals	Applies to all health products
Adverse-event reporting	Absent	Compulsory pharmacovigilance and record-keeping
Post-market surveillance	Occasional and non-systematic	Continuous, risk-based monitoring
Labelling & transparency	Basic ingredient listing only	Detailed ingredient disclosure and safety claims validation

Collectively, these findings confirm that although Mauritius possesses a foundational legal framework, fragmentation and limited harmonisation reduce regulatory effectiveness. From a Public Value perspective, these weaknesses erode citizen trust and fail to deliver the expected public good of consumer safety. Strengthening inter-agency collaboration, adopting WHO-consistent standards, and developing a unified oversight body emerge as critical reform priorities.

DISCUSSION

Interpreting the Regulatory Landscape Beyond Legal Provisions

The findings of this review show that the regulatory challenges in Mauritius arise not from the absence of legislation but from gaps in institutional performance and implementation. Despite the existence of several regulatory instruments, the ability of agencies to enforce standards across food supplements, cosmetics, and traditional medicines is uneven. When interpreted through Institutional Theory, this fragmentation reflects bureaucratic legacies that shape organisational behaviour and limit adaptive capacity within regulatory bodies [7]. This suggests that strengthening regulatory impact requires addressing structural and institutional constraints rather than expanding statutory provisions.

Interpreting Global Standards in the Mauritian Context

Global regulatory systems such as those of the US FDA, EU, and WHO provide useful interpretive benchmarks, as they demonstrate the importance of structured product registration, transparent labelling, and risk-based surveillance. For instance, the FDA provides clear regulatory guidance for dietary supplements, outlining safety expectations and reporting requirements [21]. Similarly, EU cosmetic regulations mandate pre-market

safety assessment and adverse-event reporting to ensure consumer protection [28]. Interpreting these frameworks in the Mauritian context reveals gaps in local surveillance systems, especially for imported cosmetics and supplements, where compliance often depends on importer declarations rather than systematic verification.

Understanding Regulatory Effectiveness Through Enforcement Gaps

A major interpretive finding is that enforcement capacity—rather than legislative coverage—determines regulatory effectiveness. Limited laboratory resources, insufficient technical staff, and low inspection frequency weaken oversight across all product categories. Evidence from global reviews of resource-limited regulatory environments shows that quality assessment gaps and infrastructural limitations can undermine the reliability of health-related markets [6]. Similar patterns are observed in Mauritius, where a significant portion of traditional and herbal products circulate without rigorous quality checks, increasing risks of contamination and adulteration [8]. This underscores that strengthening enforcement mechanisms is central to improving regulatory performance.

Lack of Harmonised Standards: A Structural Interpretation

The lack of harmonised standards emerged as a central challenge affecting regulatory coherence across sectors. Fragmented institutional mandates and inconsistent enforcement lead to differing safety requirements for similar product categories, generating uncertainty for manufacturers and reducing accountability. Such fragmentation mirrors patterns described in Public Value Theory, where disjointed public-sector coordination diminishes citizen trust and undermines public value creation [10]. Without harmonised standards aligned to WHO, EU, SADC, or AMA frameworks, Mauritius faces difficulties ensuring consistent product safety and facilitating export opportunities for local producers.

Implications for Public Health and Consumer Trust

The structural gaps identified in this review have clear implications for public health. Public opinion data indicate that Mauritians continue to face difficulties in accessing medicines and experience variability in service quality [29]. Interpreted together with regulatory shortcomings, these trends suggest that weak oversight contributes to uncertainties in product availability, quality, and safety. This highlights the urgency of modernising regulatory processes, improving supply chain monitoring, and developing digital reporting systems to enhance timeliness and transparency.

Positioning Mauritius Regionally: Comparative Interpretation

A comparative interpretation of regulatory systems offers additional insight. Seychelles operates a unified authority that oversees complementary medicines and related health products, resulting in more coherent enforcement [29]. Singapore's Health Sciences Authority implements a risk-based regulatory model for complementary and traditional medicines, supported by structured adverse-event reporting and clear industry guidance [30].

In the SADC region, South Africa's SAHPRA mandates GMP compliance and systematic pharmacovigilance for complementary medicines, while Tanzania's TMDA aligns its system with WHO and AMA frameworks for herbal medicines and food supplements [31]. Compared with these models, Mauritius still relies on a fragmented and partially harmonised system, particularly for supplements and cosmetics, placing it behind regional and international peers in regulatory maturity.

CONCLUSION

This study provides one of the first comprehensive evaluations of the Mauritian regulatory framework governing food supplements, cosmetics, and traditional or herbal medicines. The findings reveal that while legislative provisions such as the Pharmacy Act (1983) and the Pharmaceutical Council Act (2015) provide a foundational structure, the system remains constrained by fragmented mandates, limited enforcement, and weak inter-agency coordination. These institutional inefficiencies undermine consumer protection and diminish the overall public value of regulatory governance. Drawing upon Institutional and Public Value Theories, the study highlights that enduring weaknesses stem from path-dependent bureaucratic structures, inadequate resource allocation, and the absence of harmonized standards aligned with global frameworks. To address these gaps, the study recommends establishing a single national authority to unify oversight of all health-related products, mandating product registration and GMP certification, and implementing an integrated post-market surveillance system supported by digital reporting. Strengthening inter-agency collaboration, enhancing technical capacity, and adopting regionally harmonized standards under the African Medicines Agency and SADC protocols are further critical steps toward modernization. Future research should integrate mixed-method approaches to capture the perspectives of regulators, consumers, and industry stakeholders while quantifying regulatory outcomes over time. Ultimately, Mauritius stands at a pivotal point where reforming and harmonizing its fragmented systems can significantly enhance public trust, improve product safety, and position the nation as a regional model for evidence-based, transparent, and value-driven regulation.

Conflict of interest

The authors declare none.

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