In Mauritania, almost 15% of the population is at high risk and 75% is at low risk of malaria. The annual reported number of malaria cases in 2012 was 165,834 with 106 deaths.
Urgent Global Fund Update

The Global Fund has announced that Mauritania will receive US$ 32 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Mauritania’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Mauritania this is calculated at US$ 15.6 million, all of which are new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Mauritania is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Mauritania has banned the import and sale of oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria and pneumonia.

Impact

The annual reported number of malaria cases in 2012 was 165,834 with 106 deaths.

Key Challenges

- Commodity gaps in LLINs and ACTs due to the lack of funding.
- Low LLIN coverage.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH1: Optimise quality of care</td>
<td>PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees, and ensuring that investments are made in scaling-up and creating demand for services</td>
<td>Q1 2013</td>
<td></td>
<td>User fees have been removed in 4 regions and this initiative will be scaled-up country wide by 2015 and this is expected to lead to increased PMTCT coverage moving forward</td>
</tr>
</tbody>
</table>

1 MNCH metrics, recommended actions and response tracked through WHO MCA/iERG
**New Key Recommended Action**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q3 2014</td>
</tr>
</tbody>
</table>

**Key**

- ![Action achieved](color)
- ![Some progress](color)
- ![No progress](color)
- ![Deliverable not yet due](color)