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.
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. The country has secured sufficient resources to meet the LLIN, ACT and RDT requirements for 2014. The country has made good progress in the tracer MNCH intervention of vitamin A coverage and has increased DPT3 vaccination coverage.

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

Key Challenge
- Low LLIN coverage.

Previous Key Recommended Actions

<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>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>
<td></td>
<td>Country is planning to submit the GF NFM in January 2015</td>
</tr>
<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 four 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>

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG