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 2014 was 156,529 with 19 deaths.
Mauritania ALMA Quarterly Report
Quarter Four, 2015

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. The country has secured sufficient resources to meet the LLIN, ACT, and RDT requirements for 2015.

The country has also made good progress in the tracer MNCH intervention of vitamin A coverage and DPT3 vaccination coverage.

Impact
The annual reported number of malaria cases in 2014 was 156,529 with 19 deaths. WHO, through modeling, projects that the country will reduce the malaria incidence by more than 75% for the period between 2000 and 2015.

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>MNCH1: Optimise quality of care</td>
<td>a) Investigate and address the reasons for the decreasing coverage of exclusive breastfeeding</td>
<td>Q4 2015</td>
<td>No progress reported</td>
<td></td>
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<tr>
<td></td>
<td>b) Work towards improving postnatal care coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by community health workers</td>
<td>Q4 2015</td>
<td>Postnatal care coverage has increased by 2%</td>
<td></td>
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</tbody>
</table>

Mauritania has responded positively to the malaria recommended action addressing low coverage of vector control and continues to track progress as this action is implemented.

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

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