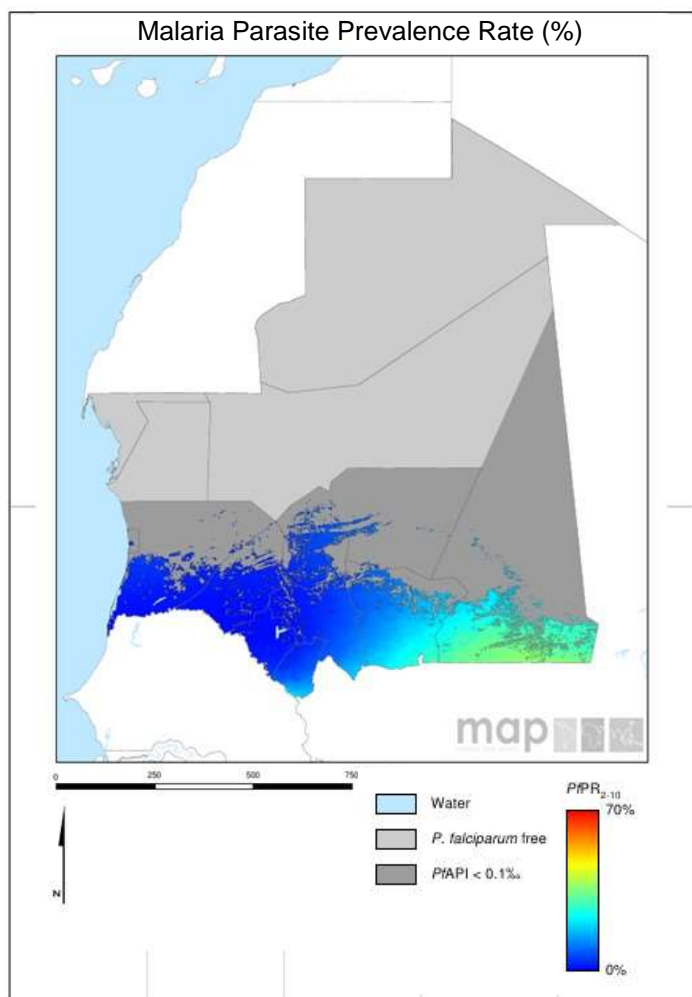


Scorecard for Accountability and Action



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 2015 was 181,562 with 39 deaths.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2016 projection (% of need)		100
Public sector RDT financing 2016 projection (% of need)		100
Public sector ACT financing 2016 projection (% of need)		100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)		3.2
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		0
Insecticide resistance monitored since 2014 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of iCCM (2016)	▲	
Operational LLINIRS coverage (% of at risk population)	▼	36
Estimated change in malaria incidence rate (2010–2015)		
Estimated change in malaria mortality rate (2010–2015)		
Tracer Indicators for Maternal and Child Health		
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)		18
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)		13
% deliveries assisted by skilled birth attendant		64
Postnatal care (within 48 hrs)	▲	57
Exclusive breastfeeding (% children < 6 months)	▲	41
Vitamin A Coverage 2014 (2 doses)		89
DPT3 coverage 2015 (vaccination among 0-11 month olds)		73

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Malaria

Global Fund Update

The Global Fund has announced that Mauritania will receive US\$ 16.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 8.6 million. 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, as well as from domestic resources, to sustain the gains made in recent years.

Progress

Mauritania has secured sufficient resources to meet the LLIN, ACT and RDT requirements for 2016. The country is implementing iCCM.

Impact

The annual reported number of malaria cases in 2015 was 181,562 with 39 deaths. WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenge

- Low LLIN coverage.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Report to WHO on the status of insecticide resistance, resistance monitoring and on the status of the national insecticide resistance monitoring and management plan	Q1 2017		Mauritania has begun the development of a national insecticide resistance monitoring and management plan

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2018 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2018
Vector control	Address the falling coverage of LLINs	Q2 2017

MNCH

Progress

Mauritania has achieved high coverage of the tracer MNCH intervention of vitamin A coverage and has recently increased coverage of postnatal care and exclusive breastfeeding.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Investigate and address the reasons for the decreasing coverage of exclusive breastfeeding	Q4 2015		Mauritania reports a 14% increase in exclusive breastfeeding
	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	Q4 2015		Mauritania reports a 48% increase in postnatal care. The country implements the Obstetric Package which monitors pregnancy, childbirth and postnatal consultation to enhance coverage of these interventions
	c) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due but Mauritania has increased ART coverage by 2% in the total population and by 3% in children. The country has supported the policy shift to Test-and-Treat all children and Option B+ for PMTCT and is working to enhance community engagement
	d) Identify and address reasons for decreasing vitamin A coverage	Q3 2017		Deliverable not yet due
	e) Identify and address reasons for decreasing DPT3 coverage	Q3 2017		Mauritania reports an increase in coverage of DPT3 at 81% with coverage enhanced through outreach activities

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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