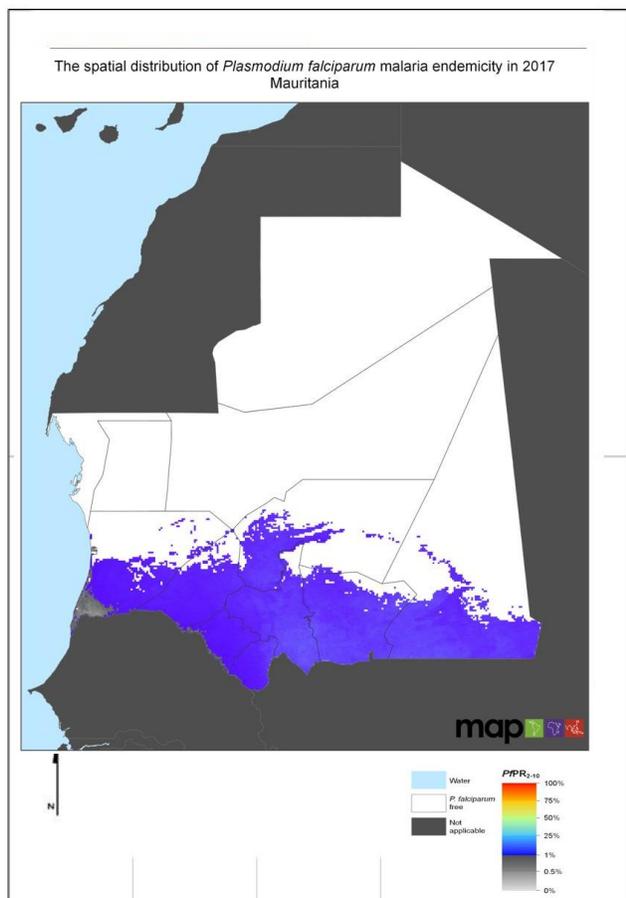


Scorecard for Accountability and Action



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 2018 was 175,841.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2020 projection (% of need)	8	8
Public sector RDT financing 2020 projection (% of need)	100	100
Public sector ACT financing 2020 projection (% of need)	100	100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	3.3	3.3
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	1	1
Insecticide resistance monitored since 2015 and data reported to WHO	Not on track	
National Insecticide Resistance Monitoring and Management Plan	Not on track	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	On track	
Scale of Implementation of ICCM (2017)	On track	
Operational LLIN/IRS coverage (% of at risk population)	▲ 83	83
On track to reduce case incidence by ≥40% by 2020 (vs 2015)	On track	
On track to reduce case mortality by ≥40% by 2020 (vs 2015)	Not on track	
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	88	88
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	54	54
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	54	54
% deliveries assisted by skilled birth attendant	69	69
Postnatal care (within 48 hrs)	57	57
Exclusive breastfeeding (% children < 6 months)	41	41
Vitamin A Coverage 2018 (2 doses)	▲ 85	85
DPT3 coverage 2018 (vaccination among 0-11 month olds)	81	81

Key

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

Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Mauritania, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without this campaign, coupled with the need to also complete the seasonal malaria chemoprevention campaigns and sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 27.3% increase in malaria cases, and a 79.4% increase in malaria deaths in Mauritania. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Global Fund Update

The Global Fund has announced that Mauritania will receive US\$19.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$12.5 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 accelerate progress.

Progress

Mauritania has secured sufficient resources to meet the ACT and RDT requirements for 2020 and is implementing iCCM at scale. Mauritania has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Scorecard. Mauritania has launched its Zero Malaria Starts with Me campaign.

Impact

The annual reported number of malaria cases in 2018 was 175,841.

Key Challenge

- The country has a less than 20% malaria case reporting rate by surveillance systems.

- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

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		Whilst the development and implementation of the insecticide resistance monitoring plan is a priority for the country, Mauritania has not been able to mobilize the needed financial resources and these will be requested in the GF submission
Impact	Investigate and address the reasons for the increase in estimated malaria mortality between 2010 and 2018	Q4 2019		Some of the factors contributing to the increase in deaths include, a decline in the GF malaria allocation, leading to gaps in coverage for key malaria control interventions, including LLINs in Nouakchott and SMC. Key actions have been put in place to address these constraints. This includes planning for the LLINs mass distribution in 2020 in high malaria burden districts and RDT distribution and training to enforce respect of the treatment guidelines. However, gaps still remain to achieve full coverage of targeted areas. Cases reduced in 2018
Vector Control	Address falling vector control coverage	Q4 2019		The country procured 526,240 LLINs in the last quarter of 2019
Address funding	Ensure the GF malaria funding application is submitted by Q2 2021 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2021		Deliverable not yet due

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

RMNCAH and NTDs

Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Mauritania is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, and trachoma. Preventive chemotherapy coverage in Mauritania is high for trachoma (100%), and good for schistosomiasis (77%). Overall, the NTD preventive chemotherapy coverage index for Mauritania in 2018 is 88, which represents a large increase compared with the 2017 index value (3).

The country has achieved high coverage of the RMNCAH tracer indicator of vitamin A coverage.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Optimise quality of care	Investigate and address the reasons for the decreasing coverage of vitamin A	Q2 2019		In 2017, Mauritania faced a financial gap to maintain high vitamin A coverage. The country decided to use the acute malnutrition mass campaign platforms as part of the 2018 nutrition emergency response. CIDA, through Nutrition International, supported the provision of vitamin A capsules. Thus since 2018, the country reports high coverage was reached using an integrated package of services which included screening of acute malnutrition, vitamin A and deworming. Immunisation services were added during the 2019 second round. Mauritania plans to maintain this integrated approach using the annual emergency response mechanism

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
RMNCAH ¹ Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO