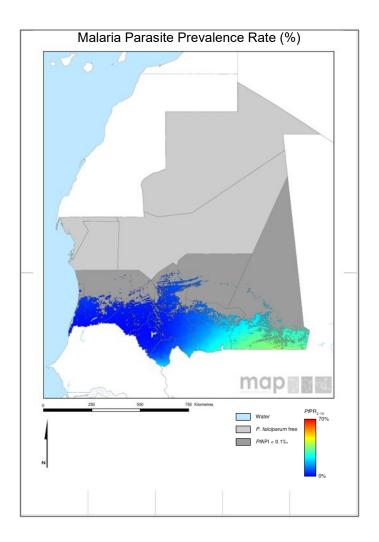
# Mauritania ALMA Quarterly Report Quarter Four, 2017



## **Scorecard for Accountability and Action**

Metrics



#### Commodities Financed and Financial Control LLIN financing 2017 projection (% of need) 100 Public sector RDT financing 2017 projection (% of 100 Public sector ACT financing 2017 projection (% of 100 need) World Bank rating on public sector management 3.3 and institutions 2016 (CPIA Cluster D) Insecticide Resistance Monitoring, Implementation and Impact Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 Insecticide resistance monitored since 2015 and data reported to WHO National Insecticide Resistance Monitoring and Management Plan Scale of Implementation of iCCM (2016) Operational LLIN/IRS coverage (% of at risk 87 population) Change in malaria incidence rate (2010-2016) Tracer Indicators for Maternal and Child Health and NTDs Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2016) Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2016) Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2016) 64 % deliveries assisted by skilled birth attendant 57 Postnatal care (within 48 hrs)

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 2016 was 159,225 with 317 deaths.

#### Key

month olds)



Exclusive breastfeeding (% children < 6 months)

DPT3 coverage 2016 (vaccination among 0-11

Vitamin A Coverage 2015 (2 doses)

41

88

86

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#### 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 2017. The country is implementing iCCM.

### Impact

The annual reported number of malaria cases in 2016 was 159,225 with 317 deaths. The country experienced a more than 20% increase in cases between 2015 and 2016 and investigating and addressing the key underlying reason for this upsurge will be a key priority for 2018.

#### **Key Challenge**

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

#### **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		Mauritania has begun the development of a national insecticide resistance monitoring and management plan
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		Deliverable not yet due but the country has commenced work on the GF funding application

## **New Key Recommended Action**

Objective	Action Item	Suggested completion timeframe
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate between 2015 and 2016	Q4 2018

## **MNCH and NTDs**

#### **Progress**

Mauritania has achieved high coverage of the tracer MNCH intervention of vitamin A coverage.

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 low for schistosomiasis (0%), and trachoma (0%). Overall, the NTD preventive chemotherapy coverage index for Mauritania in 2016 is zero, which represents a decrease compared with the 2015 index value (16).

**Previous Key Recommended Actions** 

Objective	Ac	tion Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	a)	Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Mauritania has increased ART coverage in the total population and 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
	b)	Identify and address reasons for decreasing vitamin A coverage	Q3 2017		Mauritania has achieved high coverage of vitamin A

#### **New Key Recommended Action**

Objective	Action Item	Suggested completion timeframe
NTDs	Re-establish preventive chemotherapy for schistosomiasis and act on the awaited results of impact surveys for trachoma	Q4 2018



<sup>&</sup>lt;sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA