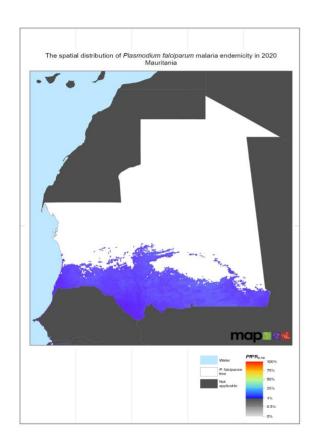
Mauritania ALMA Quarterly Report Quarter Four, 2023



Scorecard for Accountability and Action



Financing	
LLIN financing (2024-2026) projection (% of need)	
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	
% of National Malaria Strategic Plan Financed (2024- 2026)	
Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	1
Insecticide resistance monitored since 2015 and data reported to WHO	
RDTs in stock (>6 months stock)	
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
% of ITNs/IRS delivered in 2023 that include next generation insecticides	
On track to reduce case incidence by ≥55% by 2022 (vs 2015)	
On track to reduce case mortality by ≥55% by 2022 (vs 2015)	
Tracer Indicators for Maternal and Child Health, NTDs an	d Covid 19
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	▼ :
% of Neglected Tropical Disease MDAs Achieving WHO Targets	50
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)	22
Vitamin A Coverage 2022 (2 doses)	
DPT3 coverage 2022 (vaccination among 0-11 month	76

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 2022 was 130,720.

Key



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Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million.

Progress

The country has submitted insecticide resistance data to WHO. Mauritania has launched its Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Mauritania has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Scorecard, although the scorecard is not yet shared on the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multisectoral action.

Impact

The annual reported number of malaria cases in 2022 was 130,720.

Key Challenges

- The country has a less than 20% malaria case reporting rate by surveillance systems.
- Insufficient resources to fully implement the malaria National Strategic Plan.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported

Reproductive, Maternal, Newborn, Adolescent and Child Health

Previous Key Recommended Actions

Mauritania has responded positively to the RMNCAH recommended actions addressing low coverage of ARTs in children under 14 years of age and vitamin A coverage and continues to track progress as these actions are implemented.

Neglected Tropical Diseases 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. In 2022, preventive chemotherapy coverage was 100% for trachoma and 0% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Mauritania in 2022 is 3, which represents a very substantial decrease compared with the 2021 index value (56). The country did not reach any WHO MDA target in 2022.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Work to implement preventive chemotherapy for schistosomiasis and reach WHO targets	Q4 2024

