HEALTH SITUATION

The efforts made by Mauritania in terms of investing in the poverty reduction strategic framework have reduced poverty levels to approximately 42% (2008). The health situation is still characterized by generalized morbidity, especially from infectious and parasitic diseases, while the extent of noncommunicable diseases is also a growing cause for concern.

Mauritania has devoted particular efforts to pursue the Millennium Development Goals (MDGs), especially those related to health, by establishing a unit dedicated to accelerating their achievement. Maternal and infant mortality nonetheless remain high, making the achievement of MDG 4 and 5 by 2015 unlikely. The country is close to achieving MDG 6, however, particularly on malaria control, provided that substantial investment is made to implement a malaria elimination plan.

Mauritania’s location, bridging the North African and Sub-Saharan regions, gives the country enormous potential for economic and social development. Mauritania has the advantage of belonging to a larger economic area than other members of the Arab Maghreb Union, with greater opportunities for participating in the global economy. Profiting from this potential could drive growth by raising the population’s income and sustainably reducing poverty. Mauritania is also rich in natural resources (iron ore, gold, copper, natural gas, oil, etc.) and has considerable potential for agricultural production and fisheries.

Nonetheless, Mauritania faces risks of natural disasters, droughts, flooding, and political instability in the Sahel. The situation in the Sahel has mobilized the international community, in particular the United Nations, which has drafted a plan for supporting the development of the zone. The presence of Malian refugees in the last two years and the related effects on the host population, including impacts on the environment and the availability of already scarce resources, are challenges that will hopefully be temporary.

The overall performance of Mauritania’s health system is limited by a quantitative lack of health personnel and unequal distribution of resources throughout the country.

HEALTH POLICIES AND SYSTEMS

The national health development plan, Mauritania’s sectoral health strategy for the next nine years, is pegged to a medium-term expenditure framework for 2012-2015 involving all actors in the sector (the Mauritanian government, technical and financial partners, civil society, and the private sector). The plan is a central component in Mauritania’s adherence to the International Health Partnership (IHP+) and the key tool in the national compact signed by the principal sectoral stakeholders based on a consensus strategy, joint financing and a single monitoring and evaluation system. It is also a guideline for various interventions in the sector and for the allocation of a range of national and external resources, and is periodically reviewed to in order to align it with the national health situation.

The national health development plan is the sectoral component of the third poverty reduction strategy framework (CSLP3) and the health-related Millennium Development Goals in Mauritania’s health sector. It is operationalized at the department (moughataa) level and Development, which operates through a State/donors committee that monitors public administration establishments (EPAs) through establishment contracts and programme contracts, and at the central level through the strategic plans of the various programmes. A national steering committee (CONAP) brings together the sectoral stakeholders and ensures regular monitoring of implementation. In addition to the national health plan for 2005-2016 and the national health development plan for 2012-2020, Mauritania also has the appropriate strategic documents for priority programmes and sound national health plans, are important tools for helping national governments and all health-sector stakeholders to align their projects with national priorities and make lasting progress. Mauritania is thus able to channel its limited resources toward improving overall health and meeting the priority health needs of its population. The signing of the 2012-2015 national compact will make it possible to achieve the following sectoral goals: (i) improved availability and affordability of quality health care; (ii) more efficient sectoral financing; (iii) better disease control; (iv) promotion of community-based activities and a healthy environment.

COOPERATION FOR HEALTH

The Mauritanian government has put in institutional steering arrangements to revitalize the coordination system and to programme and monitor implementation of interventions through sectoral meetings of focus groups that include government officials and donors. Coordination/harmonization of aid is the responsibility of the Ministry of Economic Affairs and Development, which operates through a state/donors committee that monitors implementation of the poverty reduction strategy framework and the Paris Declaration. This coordination mechanism is well structured, with a quarterly calendar fixed in advance.
<table>
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Noncommunicable disease prevention and control | • Develop an integrated strategic plan for noncommunicable disease prevention and control  
• National capacity-building for the prevention and management of noncommunicable diseases  
• Put in place monitoring and evaluation mechanisms |
| STRATEGIC PRIORITY 2: Reduction of maternal and child mortality | • Strengthen integrated disease surveillance capacities and preparedness and response to epidemics, and implement the International Health Regulations (IHR 2005)  
• Strengthen laboratory capacity for early detection of epidemic-prone diseases  
• Strengthen the immunization programme by introducing the Reaching Every District (RED) strategy; implement a self-evaluation system for data quality; integrate new vaccines and surveillance of diseases targeted by the Expanded Programme on Immunization  
• Strengthen capacities and decentralize prevention and control programmes for HIV/AIDS, tuberculosis and malaria  
• Strengthen health-system adaptation to climate change by developing legal and institutional frameworks and developing the capacities of regional water and sanitation structures  
• Improve biomedical waste management at health facilities |
| STRATEGIC PRIORITY 3: Prevention and control of epidemic-prone communicable diseases | • Implement the roadmap for reducing maternal and neonatal mortality through core interventions  
• Develop and implement an integrated plan for infant survival |
| STRATEGIC PRIORITY 4: Health system performance strengthening, including human resources development | • Improve the operation of health districts through health mapping  
• Support implementation of the strategic plan for human resources development  
• Strengthen health information and health research and create databases  
• Revitalize primary health care and community participation  
• Mobilize financial resources, including implementation of national health accounts  
• Support national pharmaceutical policies and traditional medicine  
• Carry out monitoring and evaluation |
| STRATEGIC PRIORITY 5: Management of environmental, emergency- and disaster-related health consequences | • Draft and adopt a sectoral health and nutrition plan for emergencies  
• Update the contingency and organizational plans and emergency rescue management  
• Capacity-building for Ministry of Health personnel  
• Improve water quality and water-borne disease surveillance |
| STRATEGIC PRIORITY 6: Health promotion | • Develop a consistent and integrated health promotion strategy  
• Strengthen civil society capacities for community interventions, with a view to improving knowledge of risk factors and adopting behaviours conducive to good health  
• Strengthen advocacy for health at all levels  
• Promote good hygiene and sanitation, in particular through health education programmes  
• Promote wider use of the community-based household waste-management system, through innovative approaches such as Participatory Hygiene and Sanitation Transformation (PHAST) |
| STRATEGIC PRIORITY 7: Development of health partnerships | • Improve intersectoral coordination to boost the impact of development assistance in the health sector  
• Provide partners with technical assistance in drafting and adapting normative standards aimed at promoting and protecting health  
• Implement a contractual approach, particularly for NGO capacity-building  
• Mobilize additional resources from local technical and financial partners |