

## Mauritania



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
<b>CURRENT HEALTH INDICATORS</b>	
Total population in thousands (2015)	4067.6
% Population under 15 (2015)	40
% Population over 60 (2015)	5.1
Life expectancy at birth (2015)	64.6 (Female) 61.6 (Male) 63.1 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	35.7 [19.0-64.5]
Under-five mortality rate per 1000 live births (2015)	84.7 [49.0-144.2]
Maternal mortality ratio per 100 000 live births (2015)	602 [ 399 - 984]
% DTP3 Immunization coverage among 1-year-olds (2014)	84
% Births attended by skilled health workers (2011)	65.1
Infants exclusively breastfed for the first 6 months of life (%) (2011)	27
Density of physicians per 1000 population (2009)	0.13
Density of nurses and midwives per 1000 population (2009)	0.672
Total expenditure on health as % of GDP (2014)	3.8
General government expenditure on health as % of total government expenditure (2014)	6.0
Private expenditure on health as % of total expenditure on health (2014)	50.4
Adult (15+) literacy rate total (2007-2012)	59
Population using improved drinking-water sources (%) (2015)	57.9 (Total) 58.4 (Urban) 57.1 (Rural)
Population using improved sanitation facilities (%) (2015)	40.0 (Total) 13.8 (Rural) 57.5 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	23.4
Gender Inequality Index rank out of 155 countries (2014)	139
Human Development Index rank out of 188 countries (2014)	156

Sources of data:  
Global Health Observatory May 2016  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

Mauritania has an area of 1 030 700 km<sup>2</sup>. Investment initiatives in furtherance of the poverty reduction strategic framework 2001-2015 have reduced poverty levels to approximately 31% (2014). Mauritania's location, bridging the North African and Sub-Saharan regions, gives the country enormous potential for economic and social development, with the opportunity to integrate into a large economic area and greater scope for participating in the global economy. Mauritania is also rich in natural resources (iron ore, gold, copper, natural gas, oil, etc.) and has considerable potential for agricultural production and fisheries. The country is prone to natural disasters such as drought and flooding, and faces security risks connected with instability in the Sahel. The situation in the Sahel has mobilized the international community, in particular the United Nations, through a plan to support development. The presence of Malian refugees in the last four years and the adverse impact on the host population are challenges that will, it is hoped, be temporary.

The health picture continues to be characterized by high morbidity and mortality, especially among the most vulnerable groups (mothers and children). The national epidemiological profile is still dominated by communicable diseases of infectious and parasitic origin, but noncommunicable diseases are a growing cause for concern, thus resulting in a double burden of morbidity and mortality. The achievement of the health-related MDGs has been given special attention, and a sectoral coordination unit has been set up. Despite all the efforts invested, maternal and child mortality rates are still high; Mauritania was unable to achieve the expected targets for MDGs 4 and 5 by the end of 2015. Nevertheless, progress towards MDG 6 was encouraging, with prevalence of HIV remaining below 1%. Mauritania has committed itself to eliminating malaria by 2020. The overall performance of Mauritania's health system is significantly limited by a shortage of high-quality health workers and the uneven distribution of existing health workers throughout the country.

### HEALTH POLICIES AND SYSTEMS

The national health development plan, Mauritania's sectoral health strategy for the period 2012-2020, is pegged to a medium-term expenditure framework for 2012-2015, a central component of the national compact signed by the principal stakeholders in 2013, 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. The five strategic areas of the national health development plan include the following four areas: (i) reducing maternal and neonatal mortality, (ii) reducing infant and child mortality, (iii) control of the principal communicable diseases, including neglected tropical diseases, and (iv) control of noncommunicable diseases, including road traffic injuries. The fifth cross-cutting area focuses on strengthening the health system to support the other four strategic areas and affording universal access to essential health services.

In 2015-2016, WHO in Mauritania has focused its work on supporting the national response to a possible epidemic of Ebola virus disease, updating the 2010 Integrated Disease Surveillance and Response (IDSR) technical guidelines incorporating maternal and neonatal deaths, accelerating the reduction of infant and maternal mortality, and conducting a mid-term review of the national development plan to take account of the Sustainable Development Goals, specifically progress towards Universal Health Coverage. With support from WHO and other partners, Mauritania has recorded a number of successes, namely training of a national rapid response team and surveillance teams at the border; two simulation exercises on the response to Ebola virus disease and other viral haemorrhagic fevers; review of the IDSR guidelines; health workforce capacity-building in the areas of prevention, case management and epidemiological surveillance; organization of two international support missions; two national poliomyelitis immunization days; routine use of bivalent injectable polio vaccine; carrying out the SWITCH exercise and the second version of the Service Availability and Readiness Assessment (SARA) survey; updating of guidelines on malaria and HIV/malaria co-infection; reestablishment of an atmosphere of trust between Mauritania and the Global Fund, as evidenced by the mobilization of US\$ 32 million for AIDS, tuberculosis and malaria control; mapping of neglected tropical diseases; and development of strategic plans on reproductive health, noncommunicable diseases, malaria elimination, and the comprehensive multiyear immunization plan for the period 2016-2020.

### COOPERATION FOR HEALTH

The Mauritanian health sector includes a number of different stakeholders (technical and financial partners, civil society and the private sector). To coordinate them, the Government has set up a national committee to steer the national health development plan. This committee holds regular meetings to take decisions on major health issues. In the context of implementing the International Health Partnership (IHP+), a National Compact was signed in 2013 which makes provision for an annual health sector review. The partners involved in the health sector constitute a very active group. WHO cooperation with Mauritania is currently governed by the Country Cooperation Strategy (CCS) for the period 2009-2013, extended to 2015. A new CCS for the period 2016-2020 is being drafted, the centrepiece of which will be the Sustainable Development Goals and Universal Health Coverage.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009–2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Noncommunicable disease prevention and control	<ul style="list-style-type: none"> <li>• Develop an integrated strategic plan for noncommunicable disease prevention and control</li> <li>• National capacity-building for the prevention and management of noncommunicable diseases</li> <li>• Put in place monitoring and evaluation mechanisms</li> </ul>
<b>STRATEGIC PRIORITY 2:</b> Prevention and control of epidemic-prone communicable diseases	<ul style="list-style-type: none"> <li>• Strengthen integrated disease surveillance capacities and preparedness and response to epidemics, and implement the International Health Regulations (IHR 2005)</li> <li>• Strengthen laboratory capacity for early detection of epidemic-prone diseases</li> <li>• 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</li> <li>• Strengthen capacities and decentralize prevention and control programmes for HIV/AIDS, tuberculosis and malaria</li> <li>• Strengthen health-system adaptation to climate change by developing legal and institutional frameworks and developing the capacities of regional water and sanitation structures</li> <li>• Improve biomedical waste management at health facilities</li> </ul>
<b>STRATEGIC PRIORITY 3:</b> Reduction of maternal and infant and child mortality	<ul style="list-style-type: none"> <li>• Implement the roadmap for reducing maternal and neonatal mortality through core interventions</li> <li>• Develop and implement an integrated plan for infant survival</li> </ul>
<b>STRATEGIC PRIORITY 4:</b> Health system performance strengthening, including human resources development	<ul style="list-style-type: none"> <li>• Improve the operation of health districts through health mapping</li> <li>• Support implementation of the strategic plan for human resources development</li> <li>• Strengthen health information and health research and create databases</li> <li>• Revitalize primary health care and community participation</li> <li>• Mobilize financial resources, including implementation of national health accounts</li> <li>• Support national pharmaceutical policies and traditional medicine</li> <li>• Carry out monitoring and evaluation</li> </ul>
<b>STRATEGIC PRIORITY 5:</b> Management of environmental, emergency- and disaster-related health consequences	<ul style="list-style-type: none"> <li>• Draft and adopt a sectoral health and nutrition plan for emergencies</li> <li>• Update the contingency and organizational plans and emergency rescue management</li> <li>• Capacity-building for Ministry of Health personnel</li> <li>• Improve water quality and water-borne disease surveillance</li> </ul>
<b>STRATEGIC PRIORITY 6:</b> Health promotion	<ul style="list-style-type: none"> <li>• Develop a consistent and integrated health promotion strategy</li> <li>• Strengthen civil society capacities for community interventions, with a view to improving knowledge of risk factors and adopting behaviours conducive to good health</li> <li>• Strengthen advocacy for health at all levels</li> <li>• Promote good hygiene and sanitation, in particular through health education programmes</li> <li>• Promote wider use of the community-based household waste-management system, through innovative approaches such as Participatory Hygiene and Sanitation Transformation (PHAST)</li> </ul>
<b>STRATEGIC PRIORITY 7:</b> Development of health partnerships	<ul style="list-style-type: none"> <li>• Improve intersectoral coordination to boost the impact of development assistance in the health sector</li> <li>• Provide partners with technical assistance in drafting and adapting normative standards aimed at promoting and protecting health</li> <li>• Implement a contractual approach, particularly for NGO capacity-building</li> <li>• Mobilize additional resources from local technical and financial partners</li> </ul>

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