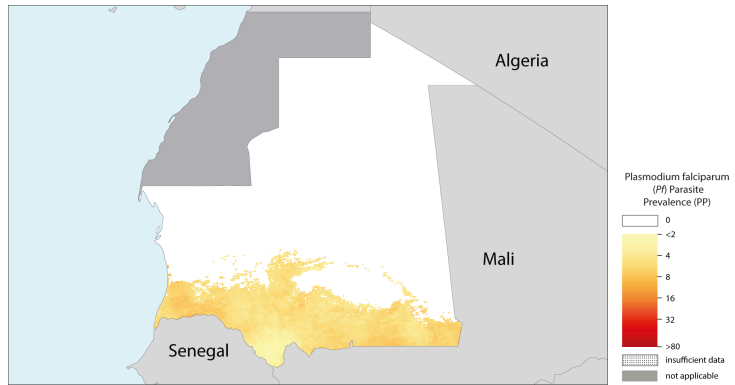


Mauritania

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	3.2M	64	Major plasmodium species (indigenous cases):
Low transmission (0-1 case per 1000 population)	1.8M	36	<i>P. falciparum</i> : (%)*, <i>P. vivax</i> : (%)
Malaria free (0 cases)	-	-	Major anopheles species:
Total	5M	-	<i>An. gambiae s.s.</i> , <i>An. arabiensis</i> , <i>An. funestus s.l.</i> , <i>An. melas</i> , <i>An. pharoensis</i>

Reported cases and deaths	Estimates
Presumed and confirmed cases	192.6K [77.1K, 356.8K]
Total confirmed cases:	493 [144, 1.1K]
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	31 424
Reported deaths:	22

*Includes cases from the public, private sector and community

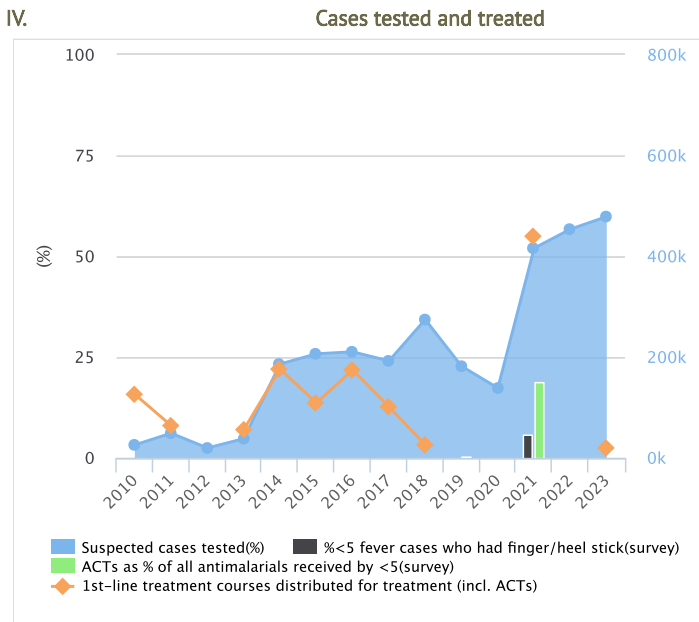
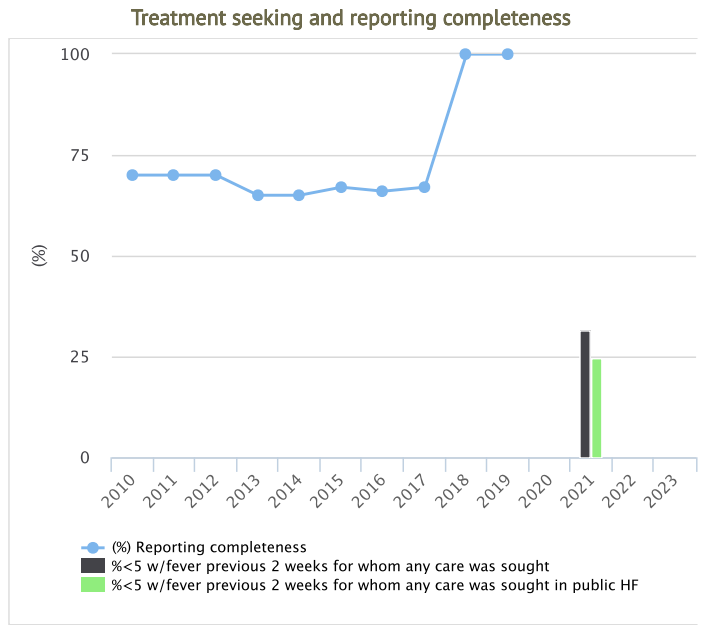
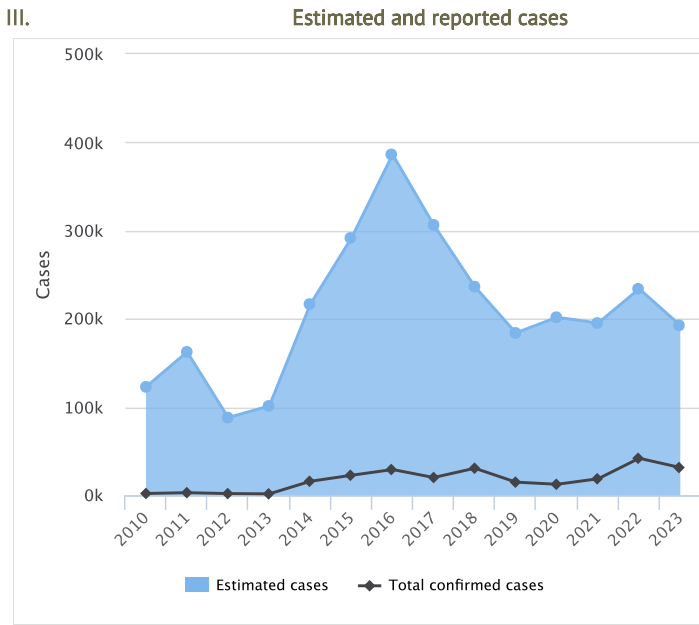
II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted	Medicine	Year adopted						
ITN	ITNs/LLINs distributed free of charge	Yes	1998	AS+AQ	2019						
	ITN distributed by mass campaign	Yes	-	AS+AQ	2019						
IRS	IRS is recommended	Disc	-	AL	2019						
	DDT is used for IRS	No	-	AS	2019						
Larval control	Use of Larval Control	Yes	2013	AS+AQ+PQ	2019						
IPT	IPT used to prevent malaria during pregnancy	Yes	2008	0.25 mg/Kg (14 days)							
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	-	Type of RDT used (public): P.f + P.v specific (Combo)							
	Malaria diagnosis using microscopy is free of charge in the public sector	-	-	Therapeutic efficacy tests (clinical and parasitological failure, %)							
	Malaria diagnosis is free in the private sector	No	-	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
Treatment	ACT is free for all ages in public sector	Yes	2009	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	-	Insecticide class	(%) sites ¹	Vectors ²	Used ³				
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Disc	-	Carbamates			No				
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-	Neonicotinoids			No				
	G6PD test is a requirement before treatment with primaquine	NA	-	Organophosphates			No				
	Directly observed treatment with primaquine is undertaken	NA	-	Pyrethroids			Yes				
	System for monitoring of adverse reaction to antimalarials exists	Yes*	2009	¹ Percent of sites for which resistance is confirmed and total number of sites that reported data							
	Malaria is a notifiable disease	-	-	² Vectors reported to exhibit resistance to insecticide class							
ACD for case investigation (reactive)	-	-	³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)								
Surveillance	ACD at community level of febrile cases (pro-active)	-	-								
	Mass screening is undertaken	-	-								
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-								
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-								
	Case investigation undertaken	-	-								
	Foci investigation undertaken	-	-								
	Case reporting from private sector is mandatory	Yes	2014								

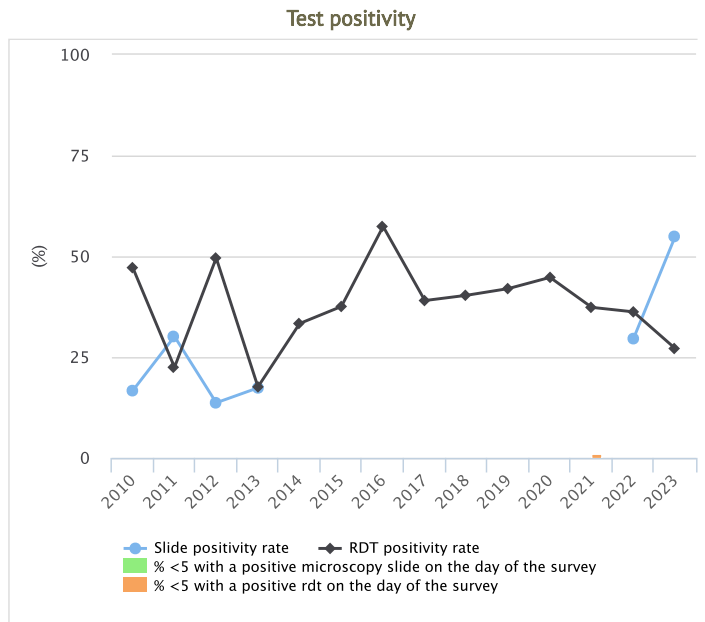
Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended



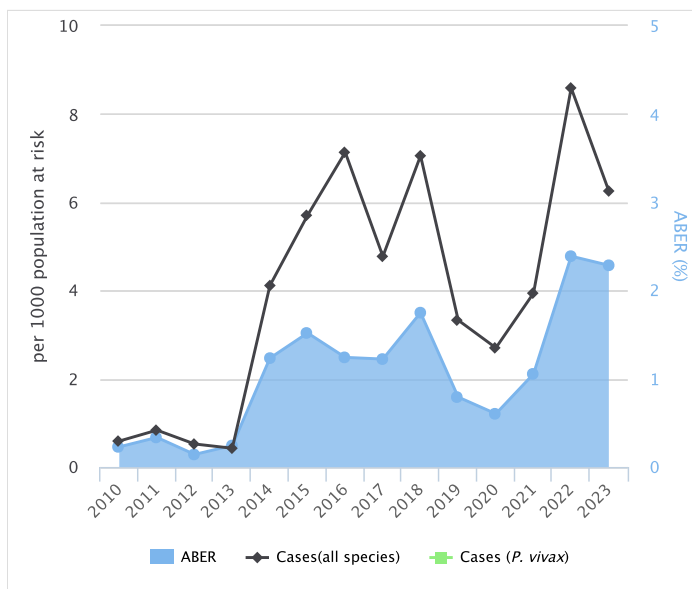
Source: DHS 2021



Source: DHS 2021

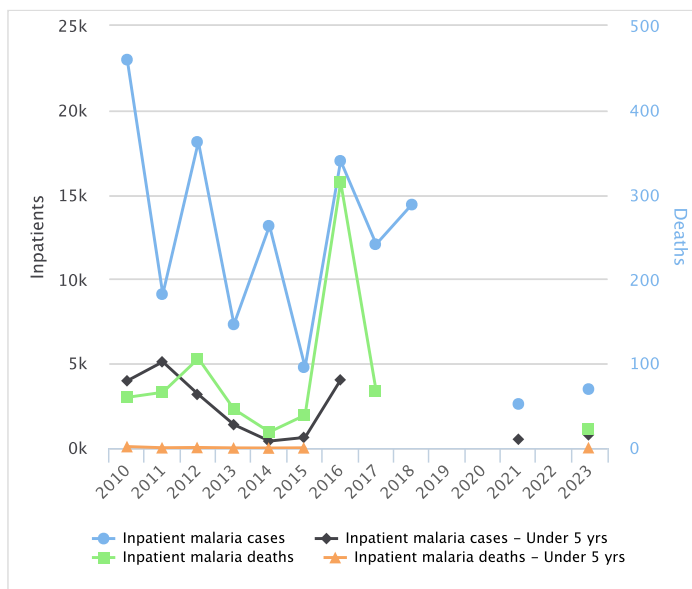
Source: 2019-21 DHS 2019, DHS 2021

V. Confirmed malaria cases per 1000 population at risk and ABER

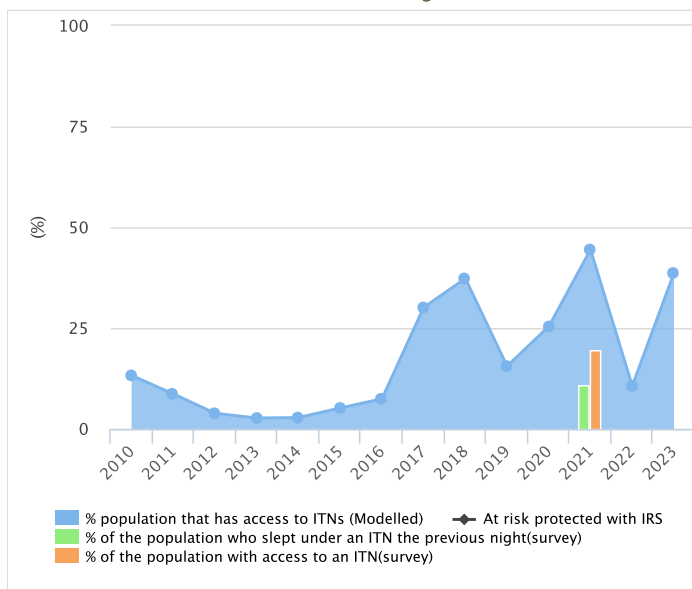


ABER=smears examined in a year X100/ Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

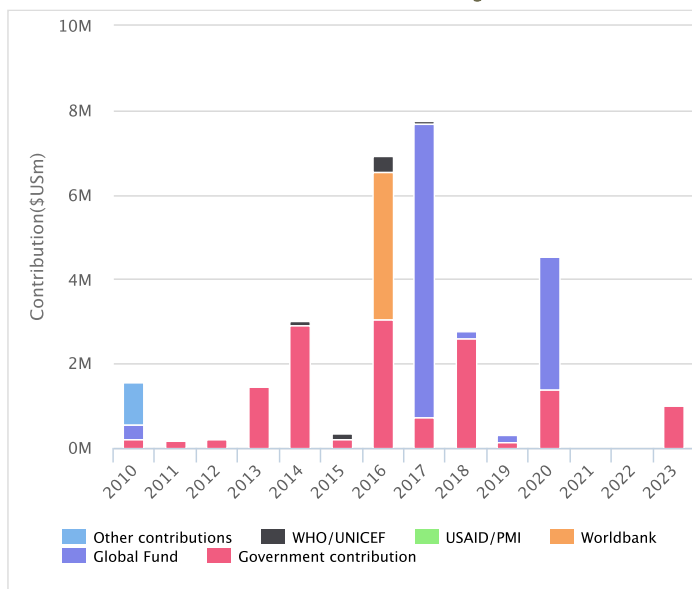


V. Coverage of ITN and IRS

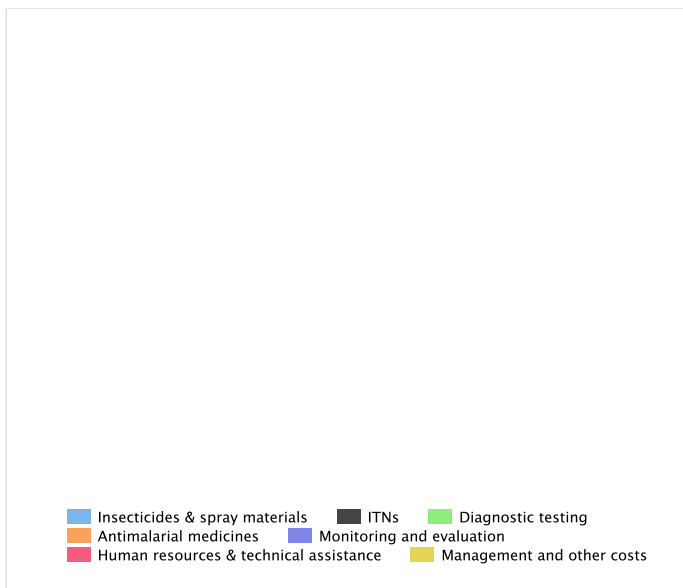


Source: DHS 2021

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on

data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-erg-report-malaria-burden-session6.pdf \(who.int\)](#)

World Malaria Report 2024