

Execution Version

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **National Executive Secretariat for the fight against AIDS of the Islamic Republic of Mauritania** (the "Principal Recipient") on behalf of the Islamic Republic of Mauritania (the "Grantee"), pursuant to the Framework Agreement, dated as of 8 January 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time), available at https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Islamic Republic of Mauritania
3.2	Disease Component:	HIV/AIDS, Tuberculosis, Malaria
3.3	Program Title:	Investing to achieve impact against HIV/AIDS, Tuberculosis and Malaria in Mauritania
3.4	Grant Name:	MRT-Z-SENLS
3.5	GA Number:	4338
3.6	Grant Funds:	Up to the amount of USD 21,002,652 or its equivalent in other currencies

3.7	Implementation Period:	From 1 January 2025 to 31 December 2027 (inclusive)
3.8	Principal Recipient:	National Executive Secretariat for the Fight Against AIDS of the Islamic Republic of Mauritania ZRE - ND- 417 BP 5161 Nouakchott Islamic Republic of Mauritania Attention: Prof. Abdallahi Ould Sidi Aly Executive Secretary Telephone: 22245259362 Facsimile: +22245241224 Email: sidialy@senlsmr.org
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	PricewaterHouseCoopers SA Immeuble Ivoire Trade Center, Bâtiment D, 4e étage, Angle rue Booker Washington - Blvd Hassan II, Cocody, 01B.P.1361 Abidjan Republic of Côte d'Ivoire Attention: Issiaka Ouattara Partner Telephone: +2250709221010 Facsimile: +225 20 31 54 37 Email: issiaka.ouattara@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Ibrahim Faria Regional Manager Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: ibrahim.faria@theglobalfund.org

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to

time)), the Grantee and the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Agreement and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1 Co-Financing

(1) In accordance with the Global Fund's Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the commitment and disbursement of USD 3,150,398.00, (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction of the Grantee's compliance with the requirements listed at 6.3(1)(a) and 6.3(1)(b) below ("Co-Financing Requirements"). The Principal Recipient acknowledges and agrees that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to:

- (a) progressively increase government expenditure on health to meet national universal health coverage goals; and/or
- (b) increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the key costs of national disease plans, as identified in consultation with the Global Fund.

(2) In order to satisfy the Co-Financing Requirements, the Grantee shall, as set out in the "lettre d'engagement des pouvoirs publics de la République Islamique de Mauritanie relatif au cofinancement des programmes nationaux soutenus par le Fonds Mondial", dated 25 September 2024 (the "Commitment Letter"), unless otherwise agreed in writing by the Global Fund:

- (a) fulfil a total minimum co-financing commitment of USD 8,529,695 from 2025-2027 (inclusive), comprising investments in:
 - i. HIV of USD 4,304,372.00;
 - ii. TB of USD 1,384,185.00;
 - iii. Malaria of USD 3,462,185.00; and
 - iv. RSSH of USD 3,462,185.00;
- (b) fulfill the programmatic commitments as stipulated in Section 1.3 of the Commitment Letter; and
- (c) provide to the Global Fund, evidence supporting achievement of the Co-Financing Requirements including:
 - i. For each year of the Implementation Period the approved annual budget for the government and a report on the budgeting of co-financing commitments no later than 15 January;
 - ii. For each year of the Implementation Period, the procurement plan for the purchase of HIV, TB and Malaria inputs based on stocks, ongoing supply and financial engagements, plus the purchase orders or report on the attribution of related public contracts for the upcoming year by 30 March; and
 - iii. For each year of the Implementation Period, proof that orders for each of the HIV, TB and Malaria inputs were placed and details for each order by no later than 30 June;

iv. For each year of the Implementation Period and the year following the end of the Implementation Period, evidence supporting achievement of the Co-Financing Requirements; delivery notes and reception notes for HIV, TB and Malaria inputs orders plus the current level of stocks no later than 30 August.

6.2 Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund's written approval of a written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent.

6.3 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.4 No later than 15 February 2025, the Principal Recipient shall submit to the Global Fund an engagement letter from the Ministry of Health of the Islamic Republic of Mauritania (the "Ministry") committing to provide each of the three National Programs (tuberculosis, HIV/AIDS and malaria) with sufficient human resources, funded from the national budget during the 2025-2027 cycle, and obtain the Global Fund's written approval of such commitments. This engagement letter shall include, to the Global Fund's satisfaction, a list of the key vacant positions per program (according to their official organigram) and a roadmap for the deployment of the required personnel per National Program.

6.5 No later than 31 January 2025, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund's prior written approval of, the terms of reference, elaborated in collaboration with technical partners, of the Program Management Unit, to be established within the Ministry with the objective of strengthening the Ministry's capacity and improving grant implementation by the Ministry, to ensure proper transition to the Ministry as a Principal Recipient of Global Fund financing as from 1 January 2026. These terms of reference shall include: i) the institutional anchoring of the Program Management Unit within the Ministry, ii) the roadmap for the operationalization of the Program Management Unit, and iii) competitive and transparent recruitment procedures, involving technical partners and a reputable recruitment agency, for the recruitment and selection of the Program Management Unit's staff.

6.6 The Principal Recipient acknowledges and agrees that, upon the completion of a capacity assessment of the Ministry to the Global Fund's satisfaction, implementation may be transitioned from the Principal Recipient to the Ministry with effect from 1 January 2026, as endorsed by the Country Coordinating Mechanism during its General Assembly on 23 September 2024 and subject to the Global Fund's written approval. This transition will aim at increasing the ownership of the fight

against the three diseases (tuberculosis, HIV/AIDS and malaria) by the Ministry, as well as grant performance, as determined by the Global Fund. In accordance with Article 10 of the Global Fund Grant Regulations (as amended from time to time), the Principal Recipient agrees to support this transition, including through the facilitation of the transfer of staff from the Management Unit financed by the Global Fund, to the Program Management Unit established within the Ministry.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient, acting on behalf of the Grantee, have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

**National Executive Secretariat for the
Fight Against AIDS of the Islamic
Republic of Mauritania**
on behalf of the Islamic Republic of
Mauritania

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management
Division

Date: Dec 19, 2024

By: Abdallahi Ould Sidi Aly

Name: Abdallahi Ould Sidi Aly

Title: Executive Secretary

Date: 17 DEC 2024

Acknowledged by

By: Mohamed Abdallahi Moukah

Name: Mohamed Abdallahi Moukah

Title: Chair and Civil Society Representative, Country Coordinating Mechanism of
Islamic Republic of Mauritania

Date: 17 DEC 2024

By: Moctar M'khaitir

Name: Moctar M'khaitir

Title: Vice Chair, Country Coordinating Mechanism of Islamic Republic of Mauritania

Date: 17 DEC 2024

Schedule I Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Mauritania, located between North Africa and sub-Saharan Africa, is bordered by the Atlantic Ocean, Western Sahara, Algeria, Mali, and Senegal. In 2023, the UN estimated its population at 4.86 million, with 51% women and 52% under 20 years old. As a lower-middle-income country, Mauritania has a poverty rate of 32% (2019 est.) and an unemployment rate of 10.5%, ranking 164th in the 2022 Human Development Index (UNDP, 2024). The country has an open-door policy and hosts over 71,000 Malian refugees in the arid southeast Hodh Chargui region, where the Mbera camp is located. Additionally, more than 11,000 refugees and asylum seekers from 40 nationalities reside in Nouakchott and Nouadhibou (UNHCR, 2024). Given the volatile security situation in Mali, large-scale returns are unlikely, and a continued influx of refugees persists.

Mauritania, like other Sahel countries, faces a chronic nutritional crisis, with peaks during the lean season reaching emergency thresholds in some regions. This is exacerbated by inadequate infrastructure and limited access to basic services. Approximately 42% of the population lives in rural areas, while the capital, Nouakchott, is home to 1.492 million inhabitants.

Mauritania faces significant health challenges from both communicable and noncommunicable diseases. Cardiovascular diseases, particularly strokes, are the leading causes of mortality, followed by communicable, maternal, neonatal, and nutritional conditions. While tuberculosis, HIV/AIDS, and malaria remain major health concerns, they no longer rank among the top ten causes of death. Life expectancy stands at 65 years, and the maternal mortality rate remains high, at 464 per 100,000 live births (World Bank, 2024).

HIV:

Mauritania faces a concentrated HIV epidemic, with an overall prevalence of 0.2% (UNAIDS, 2023). Prevalence is notably higher among key populations, with 9% among sex workers and 23.4% among men who have sex with men (UNAIDS, 2023). Although ART coverage has reached 66% of the estimated 6,370 people living with HIV (Spectrum, 2023), several challenges persist. These include low ART coverage among children (37%), limited access to viral load monitoring (<30%), low PMTCT coverage (46%), a high vertical transmission rate (28%), and barriers to early infant diagnosis (EID).

Tuberculosis:

TB remains a significant health challenge in Mauritania, with an estimated incidence of 78 cases per 100,000 inhabitants, or approximately 3,700 patients annually, and a mortality rate of 12 per 100,000 (WHO, 2023). A persistent issue in TB control is the low case detection rate, with over one-third of expected cases going undiagnosed. TB treatment coverage is 67%, and childhood TB accounts for only 4% of reported cases. The treatment success rate for drug-sensitive TB in the 2021 cohort is 83% (WHO, 2023).

While TB mortality rates have decreased, challenges persist in detecting and treating RR/MDR-TB, with an estimated incidence of 1.1 per 100,000 (WHO, 2023). Only 33% (17 of 51) of expected RR/MDR-TB cases were detected, largely due to a weak laboratory network, underutilization of GeneXpert machines, limited access to services, and insufficient staff capacity.

Malaria:

Malaria remains a major public health concern, with 64% of the population in southern and southeastern regions, bordering Senegal and Mali, at high risk, particularly during the rainy season. According to the World Malaria Report (WMR, 2023), there were an estimated 212,425 cases and 809 deaths. Over the past five years, incidence and mortality rates have remained largely unchanged, with the incidence rate steady at 45 per 1,000 inhabitants since 2020. Persistent challenges in malaria elimination include limited healthcare access in high-risk areas, insufficient use of prevention tools, low testing availability (only 32% of reported cases were confirmed with parasitological tests), lack of community involvement, and poor quality of malaria data in the national information system.

The investments under this grant aim to substantially reduce the burden of HIV/AIDS, Tuberculosis and Malaria in line with goals and strategic objectives in Mauritania, through targeted interventions and approaches to address key populations and remove barriers to accessing healthcare.

2. Goals, Strategies and Activities

- Aim to reach the 95-95-95 targets by 2027 and eliminate the epidemics in 2030.
- Significantly reduce the burden of TB in Mauritania by 2027 in line with the Sustainable Development Goals (SDGs) and those set by WHO's new End TB Strategy.
- Contribute to attaining the objective of eliminating malaria by 2030.
- Sustainably improve the health of all populations through the primary health care approach, which ensures equitable access to high-quality promotional, preventive, curative, palliative, and rehabilitative services.

Objectives

HIV:

- Reduce the incidence of HIV by at least 75% by 2027.
- Reduce HIV-related mortality by at least 75% by 2027.
- Reduce the rate of mother-to-child HIV transmission to less than 5% by 2027.

Tuberculosis:

- Detect at least 7,822 cases of tuberculosis from 2025 to 2027.
- Successfully treat at least 88% of new tuberculosis cases by 2027.
- Diagnose at least 148 cases of multidrug-resistant tuberculosis (MDR-TB) from 2025 to 2027 and treat 100% of the MDR/TB patients.
- Ensure 100% HIV testing for notified tuberculosis patients and initiate ARV-cotrimoxazole treatment for 100% of co-infected tuberculosis/HIV patients.

Malaria:

- Reduce malaria incidence to less than 15 cases per 1,000 inhabitants and achieve zero malaria-related deaths in low-transmission regions.
- Strengthen the management capacities for malaria control at all levels, including the community level.

RSSH

- Accelerate the reduction of maternal, neonatal, and child mortality.
- Strengthen the fight against disease.

3. Target Group/Beneficiaries

- General Population
- Children under 5 years of age

- Key and vulnerable populations for HIV
- Migrants, refugees and asylum seekers
- Pregnant and breastfeeding women
- People living with HIV on ART and their family members (Children and spouses)
- TB patients

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Mauritania			
Grant Name	MRT-Z-SENLS			
Implementation Period	01-Jan-2025 - 31-Dec-2027			
Principal Recipient	National Executive Secretariat for fight against Aids of the Islamic Republic of Mauritania			
Reporting Periods	Start Date	01-Jan-2025	01-Jan-2026	01-Jan-2027
	End Date	31-Dec-2025	31-Dec-2026	31-Dec-2027
	PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets

- VH : Mettre en place une base solide à l'atteinte des 95-95-95 en 2027 et à l'élimination de l'épidémie en 2030. / HIV : Lay a solid foundation for achieving the 95-95-95 target by 2027 and eliminating the epidemic by 2030.
- TB : Réduire sensiblement le fardeau de la tuberculose en Mauritanie d'ici 2027 dans le sens des objectifs du développement durable (ODD) et de ceux fixés par la nouvelle stratégie End TB de l'OMS. / TB : Significantly reduce the burden of tuberculosis in Mauritania by 2027, in line with the Sustainable Development Goals (SDGs) and those set out in the WHO's new End TB strategy.
- PALUDISME : Contribuer à l'atteinte de l'objectif d'élimination du paludisme d'ici 2030. / MALARIA : Contribute to the goal of eliminating malaria by 2030.
- SRPS : Améliorer durablement l'état de santé des populations par l'approche de santé primaire qui fournit un accès équitable à des services promotionnels, préventifs, curatifs, palliatifs et de réadaptation de qualité auxquels participent de manière responsable tous les secteurs et acteurs, en particulier les usagers et les communautés habilitées / RSSH: Sustainably improve the health status of populations through the primary health care approach, which provides equitable access to quality promotional, preventive, curative, palliative and rehabilitative services involving all sectors and players in a responsible manner, in particular users and empowered communities

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2025	2026	2027
HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Mauritania	N: D: P: 28.00%	2023 G9:G14 Report		N: D: P: 9.92%	N: D: P: 7.35%	N: D: P: 4.67%
Comments	<p>1 The current monitoring of the status of children born to HIV-positive mothers is not systematic. Therefore, the country lacks sufficient data to assess this indicator. However, given the low prevalence of HIV in the general population and the concentration of HIV among key populations, Mauritania presents a very conducive profile for the elimination of vertical transmission. Indeed, the UNAIDS estimate credits Mauritania with fewer than 300 HIV-positive pregnant women. The current operationalization strategy of Prevention of Mother-to-Child Transmission (PMTCT) includes intensification and acceleration of interventions: 1) A pool of midwives and other providers already trained on PMTCT in each of the 15 provinces of the country. 2) Availability of PMTCT inputs (HIV testing and antiretroviral drugs) with a budget line registered at the Ministry of Health. 3) Revision of PMTCT tools and their configuration ongoing in the District Health Information System 2 (DHIS2). 4) Reproduction of these tools is planned in the present grant. 5) Existence of a technical steering committee for PMTCT under the auspices of the Directorate General of Health, chaired by the Directorate of Maternal and Child Health, 6) Re-positioning of the National AIDS Control Program (PNRS) at the heart of PMTCT implementation. 7) Existence of continuous residential and on-the-job technical assistance through experts from the Initiative for Epidemic Response and Preparedness (IEP) Experts Francophones (EF). 8) Opportunities of the GC7 (Greater involvement of communities through Health and Social Welfare Network, strengthening of the community system, participation of Civil Society Organizations, designation of community mother-mentors and midwives' godmothers who have detected HIV-positive pregnant women, opportunity for integration of other tests). These interventions will ensure tracking of HIV-exposed infants, their initiation on antiretroviral therapy (ART), early diagnosis of newborns, and documentation of the final status of children born to HIV-positive mothers. Considering all the above, it is highly feasible to achieve the elimination of mother-to-child transmission (MTCT) in Mauritania by 2027.</p>						
TB I-2 TB incidence rate per 100,000 population	Mauritania	N: 74.0000 D: P: %	2023 WHO Global TB Report 2023		N: 68.0000 D: P: %	N: 65.0000 D: P: %	N: 63.0000 D: P: %
Comments	<p>2 The incidence target is in line with the NSP targets. It is estimated that incidence will fall by around 3% each year. Thus, WHO estimates for the years 2025-2027 are not known. The range for 2022 is very wide: 47 - 116. According to WHO publications, the incidence rate declines by around 3% each year, and it is on this basis that targets for 2025 to 2027 have been given. Assumptions: The basic data were taken from the WHO 2023 report on tuberculosis. Annual reports are published at the end of October each year. TB surveys have not been planned and our only source of data for this indicator will be the result of the least X cases per 100,000 inhabitants until reaching 2,988 per 100,000 inhabitants in 2027. This downward trend in incidence estimates will be maintained due to the impact of PNLTL interventions. Some of these interventions are: Active search for tuberculosis cases in the Formations Sanitaires (CFI and non CFI); scaling up molecular diagnostics by strengthening the GC7 integrated sample transport system.</p>						

Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	Mauritania	N: 7.0200 D: P: %	2023 HMIS/DHIS2 Report	Age,Species	N: 9.6500 D: P: %	N: 7.2100 D: P: %	N: 4.7900 D: P: %
					Due Date: 01-Mar-2026	Due Date: 01-Mar-2027	Due Date: 29-Feb-2028

3 Comments

Numerator: Number of malaria cases confirmed by microscopy or rapid diagnostic tests x 1,000 Denominator: Population at risk (number of people living in areas of malaria transmission) This indicator is used to assess the burden of malaria and monitor progress towards malaria elimination. It quantifies the number of confirmed malaria cases on an annual basis in relation to the population at risk, providing critical information on disease transmission and the effectiveness of malaria control interventions. To do this, cases of fever that will present both in health facilities and in the community must be subjected to a parasitological test (microscopy or RDT) to confirm the diagnosis. The number of confirmed malaria cases in 2023 was 31,424 in Mauritania. The number of confirmed malaria cases expected is 45,262 cases in 2025, 34,619 in 2026 and 23,537 cases in 2027. The number of suspected cases of malaria is calculated from the estimated number of fever episodes to which the rate-seeking for care is applied (27%, DHS 2019-2021). The data will be extracted from DHIS2 and NMCP will be responsible for calculating the indicator. The population of Mauritania is estimated according to the CIED with a growth rate applied by Wilaya. This population is subject to change as soon as the results of the latest RGPH 2023 census are published. In 2025, 2026 and 2027, the population will be 4,690,987, 4,803,227, and 4,918,539 respectively for Mauritania.

Program Objectives, Outcome Indicators and targets

- VIH : Réduire l'incidence du VIH d'au moins 75% d'ici 2027 ; HIV : Reduce HIV incidence by at least 75% by 2027;
- VIH : Réduire la mortalité liée au VIH d'au moins 75% d'ici 2027 ; / HIV : Reduce HIV-related mortality by at least 75% by 2027;
- VIH : Réduire le taux de transmission du VIH de la mère à l'enfant à moins de 5% d'ici 2027 / HIV : Reduce the rate of mother-to-child transmission of HIV to less than 5% by 2027
- TB : Détecter 7.822 cas de tuberculose de 2025 à 2027 / TB : Detect 7,822 cases of tuberculosis between 2025 and 2027
- TB : Traiter avec succès au moins 88% des nouveaux épisodes de tuberculose d'ici 2027 / TB : Successfully treat at least 88% of new tuberculosis cases by 2027
- TB : Diagnostiquer 148 cas de TBMR de 2025 à 2027 et traiter 100 % des malades / TB : Diagnose 148 cases of MDR-TB between 2025 and 2027 and treat 100% of patients
- TB : Assurer le dépistage de l'infection VIH chez 100% des malades tuberculeux notifiés et la mise sous ARV- cotrimoxazole de 100% des patients co-infectés tuberculose/VIH / TB : Ensure 100% of notified tuberculosis patients are screened for HIV infection, and 100% of tuberculosis/HIV co-infected patients are put on ARV-cotrimoxazole
- PALUDISME : Réduire l'incidence du paludisme à moins de 15 cas pour 1000 habitants et atteindre zéro décès dus au paludisme dans les wilayas à faible transmission / MALARIA : Reduce the incidence of malaria to less than 15 cases per 1,000 inhabitants and achieve zero malaria deaths in low-transmission wilayas
- PALUDISME : Renforcer les capacités gestionnaires de la lutte contre le paludisme à tous les niveaux y compris communautaire / MALARIA : Strengthen the capacity of malaria control managers at all levels, including the community level
- SRPS : Accélérer de la réduction de la mortalité maternelle, neonatale et infanto-juvenile / RSSH : Accelerating the reduction of maternal, neonatal and infant/juvenile mortality
- SRPS : Renforcer de la lutte contre la maladie / RSSH : Reinforcing the fight against disease

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2025	2026	2027
HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	Mauritania	N: 4357.0000 D: 6370 P: 66.40%	2023 Spectrum_2024	Gender Age, Age	N: 5366.0000 D: 6440 P: 83.32%	N: 5880.0000 D: 6490 P: 90.60%	N: 6410.0000 D: 6530 P: 98.16%
					Due Date: 01-Mar-2026	Due Date: 01-Mar-2027	Due Date: 29-Feb-2028

Comments

In 2023, knowledge of HIV status among people living with HIV was 68% against a target of 98.16% in 2027. This underperformance is linked to a lack of awareness and targeting of key populations in screening. Indeed, Mauritania is a country with a concentrated epidemic. Scaling up and accelerating interventions with key populations is imperative to achieving the 95-95-95 targets. However, the country has been far behind in implementing the interventions foreseen in the NEM3 for key populations. To accelerate and optimize the implementation of screening activities in the GCT, the country will conduct the following interventions: (i) community-based population-based screening; (ii) self-testing for key populations; and (iii) testing at the level of health facilities outside of key POPs programmes; iv) Bridges between community testing and confirmation and/or care sites for HCWs and MSM will be established to improve linkages with antiretroviral care and treatment of positive cases. The community actors in charge of testing will be responsible for accompanying people who have tested positive for HIV to the PEC structures for the confirmation and initiation of ART. For the creation of demand, key pop (key populations) and CSOs will be used for a broad promotion of community screening. The community actors in charge of testing will be responsible for encouraging testing within the community, integrated testing for HIV, STIs, Hepatitis using several approaches. Screening kits will be available to community promotional videos on the benefits of testing and the link to care. Peer-led activities including awareness and screening as well as individual approaches, including the use of self-testing, to reach hidden and hard-to-reach key pops. Data source: UNAIDS Info Numerator: Number of people living with HIV who know their HIV status at the end of the reporting period Denominator: Number of people living with HIV. To improve this indicator, the country is committed, with the help of partners, to intensify the implementation of HIV awareness and testing activities among the different segments of the population in order to get closer to the target of 1 95 each year.

2	<p>HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed</p>	Mauritania	<p>N: 1041.0000 D: 1163 P: 89.51%</p>	2023	Care & Treatment centers AMNIR data base	Gender Age, Age	<p>N: 4649.4000 D: 5166 P: 90.00%</p>	<p>N: 5225.6000 D: 5680 P: 92.00%</p>	<p>N: 5899.5000 D: 6210 P: 95.00%</p>
<p>Comments</p> <p>To achieve the 95% target by 2027 in the NSP, sustained efforts will be made over the next three years, including the decentralization of viral load testing to peripheral care units using the GeneXpert devices already in place. This will begin with the maintenance and assessment of the GeneXpert inventory (an ongoing activity in 2024) and training of laboratory technicians at the peripheral care units (UPEC). It's noteworthy that 85% of the active patients on ARV at the CTA in Nouakchott represent the total active patient population on ARV who will undergo regular monitoring to ensure that all patients on treatment ARVs. For quantification purposes, it is planned to increase access to VC to 50%, 60% and 70% between 2025 and 2027. Efforts aimed at enhancing treatment adherence and patient retention within the healthcare system will be implemented in collaboration with the network of associations of People Living with HIV (PLHIV) and Civil Society Organizations (CSOs). Data Reporting: This indicator will be documented annually using the CTA UPEC database, and the result for each year will be provided in the subsequent year's Annual Data Use Review (PUDR). Numerator: Number of individuals on ART for at least 6 months with an undetectable viral load result (less than 1,000 copies/ml). Denominator: Number of PLHIV on ART for at least 6 months with at least one routine viral load result documented in a medical or laboratory record during the reference period (Refer to the NFM3 performance framework).</p>							Due Date: 01-Mar-2026	Due Date: 01-Mar-2027	Due Date: 29-Feb-2028
3	<p>TB O-4 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated</p>	Mauritania	<p>N: 28.0000 D: 36 P: 77.78%</p>	2023	Program Data Base		<p>N: D: P: 79.07%</p>	<p>N: D: P: 82.00%</p>	<p>N: D: P: 85.45%</p>
<p>Comments</p> <p>1-Definition of the indicator : Numerator: number of bacteriologically confirmed RR-TB and/or MDR-TB cases enrolled in second-line anti-tuberculosis treatment during the assessment year that are successfully treated (cured plus treatment completed). Denominator: Total number of bacteriologically confirmed RR-TB and/or MDR-TB cases enrolled in second-line anti-tuberculosis treatment during the evaluation year. 2- Baseline: 76.92% in 2021. 3- Data source: PNLIT annual report, DHS2. 4- Target assumption: The success rate will be improved by gradual decentralization of RR/MDR TB treatment, which will reduce the lost to follow-up rate, at the same time, the death rate is expected to fall as a result of staff capacity-building for better clinical treatment of patients. In addition, the contribution of PSAs will help to improve treatment adherence, drug compliance and therapeutic education of patients. This increase in the success rate seems reasonable, given the use of the new cost protocols and the support provided to these patients through the new activities planned. These are the targets of the 2024-2027 NSP : 79.07% in 2025, 82.0% in 2026 et 85.45% in 2027</p>							Due Date: 01-Mar-2026	Due Date: 01-Mar-2027	Due Date: 29-Feb-2028
4	<p>TB O-5 TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)</p>	Mauritania	<p>N: 2463.0000 D: 3700 P: 66.57%</p>	2022	Global TB report 2023	Gender, Age	<p>N: 2600.0000 D: 3237 P: 80.32%</p>	<p>N: 2700.0000 D: 3170 P: 85.17%</p>	<p>N: 2800.0000 D: 3098 P: 90.38%</p>
<p>Comments</p> <p>The program has taken the coverage rate of 90% (notified/estimated incidence) in 2021 (global TB report 2022, WHO) as a baseline. The plan's targets foresee an increase in the coming years with the implementation of all the activity packages scheduled in the next grant. The performance framework target for the number of reported TB cases by the end of 2025 is 2 600, 2 700 in 2026 and 2 800 in 2027. Numerator: Number of new and relapsed cases notified and treated during the reporting period. Denominator: Estimated number of incident TB cases in the same year, based on WHO estimates.</p>							Due Date: 01-Mar-2026	Due Date: 01-Mar-2027	Due Date: 29-Feb-2028
5	<p>Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night.</p>	Mauritania	<p>N: D: P: 13.16%</p>	2021	DHS 2019-2021	Gender	<p>N: D: P: 50.00%</p>	<p>N: D: P: %</p>	<p>N: D: P: %</p>
<p>Comments</p> <p>Numerator: Number of individuals at risk of malaria of all ages who slept under an LLIN the night before the survey. Denominator: Number of individuals at risk of malaria of all ages who slept in the household the night before the survey. In 2025, the estimated number of individuals in the Southern/Southeastern wilayas is 2,902,137. The availability and widespread use of Long-Lasting Insecticidal Nets (LLINs) is one of the strategies to prevent malaria transmission. A higher proportion indicates better protection of the population against the disease, thereby reducing the risk of transmission and contributing to the reduction of malaria-related morbidity and mortality burden. This indicator only concerns the 8 wilayas in the low-transmission zones of the Southeast where the LLIN distributions are implemented through campaigns and routine distribution. At the national level, this indicator was 13,16% (N= 6278) according to the 2021 DHS survey. Data to report this indicator will be integrated into the next MICS survey conducted by UNICEF in 2025 in the S-SE zone. The National Malaria Control Program (NMCP) is responsible for reporting this indicator.</p>							Due Date: 01-Mar-2026	Due Date:	Due Date:

6	Malaria O-1b Proportion of children under five years old who slept under an insecticide-treated net the previous night	Mauritania	N: D: P: 18.37%	2021 DHS 2019-2021	N: D: P: 50.00%	N: D: P: %	N: D: P: %	Due Date: 01-Mar-2026	Due Date:	Due Date:
Comments Numerator: Number of children under the age of five who slept under an insecticide-treated mosquito net the previous night. Denominator: Total number of children under the age of five who spent the previous night in households surveyed. In 2025, the estimated number of children under the age of 5 is 579,361 in the South/Southeastern provinces. This indicator serves as the "equity" indicator for malaria within the framework of the GC7 grant. Proper and widespread use of insecticide-treated mosquito nets is one of the strategies to prevent disease transmission among children, who are at risk of malaria. A higher proportion indicates better protection of pregnant women against the disease, thereby reducing the risk of transmission and contributing to the reduction of morbidity and mortality associated with malaria. This indicator only pertains to the 8 provinces in the low transmission zones of the Southeast where distribution of ITNs (Insecticide-Treated Nets) is implemented through campaigns and routine channels. In routine, ITNs are distributed to children under one year of age during routine immunization visits in healthcare facilities. At the national level, this indicator was 18.37% (N= 1639) according to the 2021 EDS (Demographic and Health Survey). Data to inform this indicator will be integrated into the upcoming MICS (Multiple Indicator Cluster Survey) conducted by UNICEF in 2025 in the South/Southeastern zone. The National Malaria Control Program (PNLP) is responsible for calculating this indicator.										
7	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	Mauritania	N: D: P: 14.39%	2021 DHS 2019-2021	N: D: P: 50.00%	N: D: P: %	N: D: P: %	Due Date: 01-Mar-2026	Due Date:	Due Date:
Comments Numerator: Number of pregnant women who received an LLIN during ANC. Denominator: Number of pregnant women targeted by routine distribution during ANC. This indicator concerns only the 8 wlayas in the low-transmission zones of the South-South-East, where LLIN distributions are carried out on a campaign and routine basis. Nationally, this indicator was 14.39% (N= 117) according to the DHS 2021 survey. This indicator is the "gender" indicator for the GC7 grant. The next DHS survey is scheduled for the S/SE zone in 2026, and reporting will take place in 2027.										

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
Prevention package for men who have sex with men (MSM) and their sexual partners											
1	KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 408 D: 7617 P: 5.36%	2023 SOS PE NGO Database	Age	Yes	Non cumulative	No	N: 1100 D: 7617 P: 14.44%	N: 1500 D: 7617 P: 19.69%	N: 1950 D: 7617 P: 25.60%
Comments Awareness and screening activities targeting key populations only started in December 2023. A single NGO, through its own funding, has set up an intermittent intervention mechanism for 408 MSM who benefited from service packages in 2023. Indeed, recent actions to strengthen community activities (NFM3 T8 contractualization, "Passerelles" project, "EF/SOS-PE Impact" project) project will allow a scaling up to reach the maximum number of MSM with a high coverage rate to discover the maximum number of PLHIV among this target. Targets are aligned with the 2022-2027 NSP. The prevention package is detailed in the NSP and the National Repository of MSM and PS Prevention Activities. It mainly includes CCC Community Prevention, Promotion of the Use and Distribution of Condoms and Lubricating Gels, STI Diagnosis and Treatment, HIV Testing Counselling, Psychological and Social Care (including Legal Support), Prevention of Mother-to-Child Transmission of HIV, Management of HIV Infection (Prevention and Treatment of OI, ARV). Data reporting: The numerator will be drawn from the reports of civil society partner organizations, in particular SOS Peer Educators. The numerator is the number of MSM who have benefited from preventive programmes (a defined package of services) and the denominator is the estimate of the size of MSM according to the 2019 IBBS survey. Based on the performance of NFM3, the program aims to reach 25.6% of MSM over the 3 years of the grant. For the denominator, it is a weighted average of the adjusted estimates. The data considered for 7,617 MSM come from several sources: • Data from the IBBS study carried out in Nouakchott, Nouadhibou and Rosso on HCM and MSM in 2019 (10,490 MSM) • Data from the Hotspot Mapping report, 2020 (1,687 MSM), • Regional data in terms of estimated population size of MSM (1% of the male population aged 15-59 years) from the "WHO Policy Brief, 2019" document (10,675 MSM). This technical note for the triangulation of data for estimating the size of key populations in Mauritania was adopted during the development of the HIV NHP 2022-2027. A new IBBS_2024 survey is underway and will be finalized by the end of December. The results obtained will serve as a basis for redefining the denominators of the key pop targets to be achieved.											
Prevention package for sex workers, their clients and other sexual partners											
2	KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 126 D: 8477 P: 1.49%	2023 SOS PE NGO Database	Age, Gender	Yes	Non cumulative	No	N: 500 D: 8477 P: 5.90%	N: 700 D: 8477 P: 8.26%	N: 1300 D: 8477 P: 15.34%
Comments											

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
2	Awareness and screening activities targeting key populations only started in December 2023. A single NGO, through its own funding, has set up an intermittent intervention mechanism in favour of 126 HCPs who benefited from service packages in 2023. Indeed, recent actions to strengthen community activities (contractualization during the last year of NFM3, Passerelles project, EF/SOS-PE project) will allow a scaling up to reach the maximum number of SPs with a high coverage rate to discover the maximum number of PLHIV among this target... Targets are aligned with the 2022-2027 NSP. The prevention package is detailed in the NSP and the National Repository of Prevention Activity PS. It mainly includes CCC proximate prevention, Promotion of the use and distribution of condoms and lubricating gels, Diagnosis and treatment of STIs, HIV testing counselling, Psychological and social care (including legal support), Prevention of mother-to-child transmission of HIV, Management of HIV infection (prevention and treatment of OI, ARV) (a defined service package). The denominator is the estimate of the size of the HCPs according to the 2019 IBBS survey. For the denominator, it is a weighted average of the adjusted estimates. The data considered come from several sources: • Data from the IBBS study carried out in Nouakchott, Nouadhibou and Rosso on HCPs in 2019 (9,025 HCPs); • Data from the report of the Mapping of Hot Spots carried out, 2020 (2,241 PS); • Regional data in terms of estimated population size of HCPs, from the "WHO Policy Brief, 2019" document (14,167 HCPs). Today, the data used are 8,477 PS in Mauritania. This technical note for the triangulation of key population size estimation data in Mauritania of 8,477 was adopted during the development of the HIV NHP 2022-2027. Based on the performance of NFM3, the program expects to receive 15.34% of the PS over the 3 years of the subsidy, i.e. 2025, 2026 and 2027. A new IBBS_2024 survey is underway and will be finalized by the end of December. The results obtained will serve as a basis for redefining the denominators of the key pop targets to be achieved.	Country: Mauritania;	N: 355 D: 7617 P: 4.68%	2023 SOS PE NGO Database	Age	Yes	Non cumulative	No	N: 880 D: 7617 P: 11.55%	N: 1200 D: 7617 P: 15.75%	N: 1560 D: 7617 P: 20.48%
3	HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 355 D: 7617 P: 4.68%	2023 SOS PE NGO Database	Age	Yes	Non cumulative	No	N: 880 D: 7617 P: 11.55%	N: 1200 D: 7617 P: 15.75%	N: 1560 D: 7617 P: 20.48%
4	HTS-3c Percentage of sex workers that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 104 D: 8477 P: 1.23%	2023 SOS PE NGO Database	Gender, Age	Yes	Non cumulative	No	N: 400 D: 8477 P: 4.72%	N: 560 D: 8477 P: 6.61%	N: 1040 D: 8477 P: 12.27%
5	TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 4216 D: 6370 P: 66.19%	2023 SENLS Report 2023 CTA & UPEC Database (AMNIR)	Gender	Yes	Non cumulative - other	No	N: 5166 D: 6440 P: 80.22%	N: 5680 D: 6490 P: 87.52%	N: 6210 D: 6530 P: 95.10%

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
6	TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 157 D: 423 P: 37.12%	2023 SENLS Report 2023 CTA & UPEC Database (AMNIR)	Gender	Yes	Non cumulative - other	No	N: 197 D: 363 P: 54.27%	N: 242 D: 341 P: 70.97%	N: 282 D: 318 P: 88.68%
Comments The number of children treated and monitored in the cohort of PLHIV in Mauritania was 175 in 2018 (including 146 followed at the CTA in Nouakchott), i.e. 5.9% of all people treated with ARVs in the country. The number of children enrolled in care dropped significantly to 157 in 2022. This underperformance is linked to the low screening of children and the attrition of children on ARVs in the active queue. For the period 2025-2027, the GC7 will allow the acquisition of paediatric ARVs with optimised dolutegravir-based protocols, which will allow for better survival of EVHIV. In addition the decentralization of the CFP and the realization of their viral load. Just like that of adults, differentiated care will be structured to align with the guidelines and take into account the delegation of same reporting period. The targets have been readjusted with Spectrum 2024 data and set at 86.68% by 2027											
7	TCS-10 Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of vertical transmission of HIV	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 75 D: 162 P: 46.30%	2023 PNRS Report 2023		Yes	Non cumulative - special	No	N: 128 D: 160 P: 80.00%	N: 141 D: 161 P: 87.58%	N: 154 D: 162 P: 95.10%
Comments PMTCT coverage will be 95.10% in 2027, compared to 46.30% in 2023. The result is 75 HIV-positive pregnant women put on ARVs out of 162 expected. We therefore need to revitalize PMTCT within the framework of the GC7. Thus, the PNLIS has worked to readapt and resize PMTCT interventions through the development of a guidance document called "Operationalization of PMTCT in Mauritania" as well as a roadmap. This approach was carried out with the great involvement of the National Reproductive Health Programme (PNRS). It is in close collaboration with the latter that the PNLIS carried out the revision of the 9 training modules including the monitoring and evaluation module as well as the training of 64 midwives providing perinatal services in the 3 wilayas of the Nouakchott in April 2023 (Appendix: Report Training of midwives in the Wilayas of Nouakchott on PMTCT). In addition, the DATPL Initiative/Expertise France has trained 25 national trainers and is led by the DDMT and composed of the PNLIS, PNRS, SENLS and the TFPs (WHO, UNICEF, Expertise France). The shortcomings noted are related to (i) data collection, analysis and feedback and health coverage of PMTCT; (ii) the low community involvement in PMTCT (weak promotion of ANCs and support for seropositive EFs and factors); (iii) low national rate of attendance at SMNI sites by pregnant women (ANC coverage 74%); (iv) low Ministry of Health, the interventions planned in NFM3 are: the operationalization and extension of PMTCT interventions in the care packages of health centers, hospitals and health posts, the scaling of the PNRS in the implementation of PMTCT activities. The expansion and intensification of PMTCT activities is proposed in the CG7 currently under development. Annual targets, 80.22%, 87.52% and 95.10% respectively for 2025, 2026 and 2027 were obtained by applying an annual progression corresponding to the same progression in the use of ARVs in the general active queue. The target of 95% in 2027 was reasonably retained on the basis of the following three reasons: (i) the beginning of community health more sustainable without being seen as the motivation of midwives equipment for the awareness of clients who come for consultation. The numerator is the number of pregnant or breastfeeding women living with HIV who receive antiretroviral therapy to reduce the risk of vertical transmission of HIV during the reporting period. This numerator will be calculated by applying each annual target to the estimated number of pregnant women expected to be tested for HIV in each corresponding period. The denominator is the estimated number of HIV-positive pregnant women expected to be HIV-positive during the reporting period. The targets have been readjusted with Spectrum 2024 data. The NSRP is responsible for the communication of information and the source is the DHS2 and/or reports submitted by the FFSRS of the SIRs compiled to the NSRP.											
Elimination of vertical transmission of HIV, syphilis and hepatitis B											
8	VT-1 Percentage of pregnant women who know their HIV status	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 47335 D: 134509 P: 35.19%	2023 PNRS Report Statistical yearbook (2023)	HIV status	Yes	Non cumulative - special	No	N: 95711 D: 145000 P: 66.01%	N: 107317 D: 150000 P: 71.54%	N: 119504 D: 155000 P: 77.10%
Comments In 2023, 47,313 EFs were tested for HIV. This represents 35.19% of EFs who have had at least one ANC. The country has committed to contribute to the acquisition of inputs for PMTCT. Thus, the GC7, in line with the country's priority of access to the prevention of Vertical Transmission of HIV, will ensure testing in 77.1% of the EFs expected in ANC by 2027. Numerator: number of pregnant women tested for HIV during ANC or during childbirth Denominator: number of pregnant women seen at least once in ANC											
9	VT-2 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 8 D: 162 P: 4.94%	2023 PNRS Report 2023	HIV status	Yes	Non cumulative - special	No	N: 70 D: 160 P: 43.75%	N: 90 D: 161 P: 55.90%	N: 110 D: 162 P: 67.90%
Comments This is a new indicator, and efforts will be made to measure it in the 2nd month of life for infants. Numerator: Number of HIV-exposed infants born during the reporting period who received an HIV virological test within two months of birth. Denominator: Number of HIV-positive pregnant women who gave birth during the reporting period. NB: 2-month screening takes into account children born 2 months before the period covered and excludes, by the same logic, children born in the last 2 months of the period covered. This applies to HIV-positive women who have given birth. The basic data source is the PNLIS database. Targets are aligned with the NSP 2023-2027, which calls for early diagnosis coverage of exposed children to increase to 40% by 2027. With the implementation of POCs. The implementation of an efficient laboratory network, the use of GeneXpert and the improvement of the integrated transfer of samples to the nearest laboratory will be accentuated in the country's Wilayas. The indicator is covered by the 100% allocated sum, and will be filled in by routine data entered via the DHS2 platform by the health districts, together with reports produced by the health facilities. The PNLIS, through its DHS-2 dashboard, will be able to provide information on this indicator.											
TB diagnosis, treatment and care											

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
11	TBDT-1 Number of patients with all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 2440 D: P: %	2023 PNLTL Database 2023	HIV status, Gender, TB case definition, Age	Yes	Non cumulative	No	N: 2600 D: P: %	N: 2700 D: P: %	N: 2800 D: P: %
	Comments 1- Definition of the indicator: Numerator: This refers to the number of new cases and relapses reported by the National Tuberculosis Program (PNLT) during the reporting period. Denominator: Not applicable. 2- Baseline value: 2,501 incident cases in 2022. 3- Data sources: Annual report of the PNLTL for 2023, DHS 2. 4- Targets assumptions: The estimates for the years 2025, 2026, and 2027 are based on a progression step of the estimated incidence from the WHO and considering the population growth, which decreases by 3 per 100,000 inhabitants. Several interventions will be intensified towards the community and vulnerable populations such as people living with HIV/AIDS (PLWHA), detainees, children in contact with bacteriologically confirmed tuberculosis patients, and nomads. The implementation of active case-finding activities in TB diagnosis and treatment centers (CDTs) and non-CDTs (strengthening the role of community health workers and community relays in high-attendance healthcare facilities to ensure the screening of presumed cases and their initiation of treatment, improvement of the integrated sample collection and transport system). The baseline data are from the Mauritania country profile in the Global Tuberculosis Report 2023. The targets align with the National TB Strategic Plan (PSN TB) for 2025-2027.										
12	TBDT-2 Treatment success rate-all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 2098 D: 2501 P: 83.89%	2023 PNLTL Database 2023	HIV status, Gender, Age	Yes	Non cumulative	No	N: 2124 D: 2499 P: 84.99%	N: 2288 D: 2600 P: 88.00%	N: 2431 D: 2700 P: 90.04%
	Comments 1- Definition of the indicator: Numerator: Number of TB cases of all forms (i.e. bacteriologically confirmed more clinically diagnosed) in a given period that were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed"). Denominator: Total number of tuberculosis cases of all forms (bacteriologically confirmed plus clinically) recorded for treatment during the same period. 2- Base value: Initially, the therapeutic success is at 83.89% in 2023, i.e. 2,098 cases out of 2,501. 3- Data source: PNLTL Annual Report 2022. 4- Target hypothesis: The PNLTL intends to align itself with the recommendations of the WHO and reach 94.99% in the coming years by emphasizing patient-centered care, through the extension of the offer of services through the intensification of activities within the CDTs, the strengthening of the capacities of care providers, the contribution of community health workers and community relays in the follow-up of patients, the provision of medicines and the monitoring of their adverse effects as well as the use of smartphones to improve communication between the different CDTs and with patients. The increase in the rate of therapeutic success will be achieved through actions based on good collaboration between health personnel and community actors and patient-centered care. The baseline data are from the Country Profile, the 2023 Global Report Tuberculosis. The numerators and denominators are for projected patient data that are the targets of the 2025-2027 TB NHP. With all the activity packages, the country expects to achieve 90% therapeutic success by 2027.										
13	TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 533 D: 2440 P: 21.84%	2023 PNLTL Database 2023	Provider type	Yes	Non cumulative	No	N: 1605 D: 2600 P: 61.73%	N: 1663 D: 2700 P: 61.59%	N: 1737 D: 2800 P: 62.04%
	Comments 1- Definition of the indicator: Numerator: Number of TB patients (new cases and relapses) tested using WHO-recommended rapid screening tests at diagnosis during the period. Denominator: Total number of patients in all forms (excluding failures and revisions) reported during the period 2- Base value: 21.84% in 2023. (this figure is provisional pending the compilation of the reports) 3-Data source: PNLTL Annual Report, DHS2. 4- Target assumptions: rapid diagnostic tests as recommended by the WHO AL33The PNLTL in collaboration with other stakeholders (PR SENLS, SNIS, Community Health Programme and HRDS) will intensify the integrated sample transport systems in order to make it more efficient for the benefit of suspected cases. The program aims to reach the maximum number of presumptive cases in order to cover a proportion of 65.97% of TB patients diagnosed by a rapid diagnostic test by the end of the grant in 2027. The baseline data are from the Mauritania Country Profile, the 2023 Global Report Tuberculosis. The numerators and denominators are for projected patient data that are the targets of the 2025-2027 TB NHP. The performance framework target for the number of reported TB cases in 2025 is 2,600, 2,700 in 2026 and 2,800 in 2027 based on the 2025-2027 NHP projections.										
Drug-resistant (DR)-TB diagnosis, treatment and care											
14	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 36 D: P: %	2023 PNLTL Database 2023	HIV status, Gender, Age	Yes	Non cumulative	No	N: 43 D: P: %	N: 50 D: P: %	N: 55 D: P: %
	Comments 1- Definition of the indicator: Numerator: Number of notified TBRR/TBMR patients. 2- Baseline value: Starting from 26 TBMR cases in 2021. 3- Data source: Annual report of the National Tuberculosis Program (PNLT) 2021. 4- Assumptions of the targets: The targets are estimated based on the percentages of new cases and retreatment cases likely to develop TBMR. Improving the integrated sample transportation system, expanding molecular diagnosis to all target groups (children, detainees, nomads, and refugees) will actively search for TBMR cases nationwide. Thus, the projected targets (43 in 2025, 50 in 2026, and 55 in 2027) will cover respectively 84.3%, 94.64%, and 98.1% of the TBMR case detection compared to the estimated WHO targets for the coming years. The baseline data are from the Mauritania country profile in the Global Tuberculosis Report 2023. Both the numerator and denominator involve projected data of patients targeted by the National TB Strategic Plan 2025-2027. Rifampicin resistance will be known for more than 65.97% of bacteriologically confirmed pulmonary tuberculosis cases, and it is projected to screen for 43 TB-RR cases in 2025, 50 in 2026, and 55 in 2027.										
15	DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 36 D: 36 P: 100.00%	2023 PNLTL Database 2023	Treatment regimen, Gender, Age	Yes	Non cumulative	No	N: 43 D: 43 P: 100.00%	N: 50 D: 50 P: 100.00%	N: 55 D: 55 P: 100.00%
	Comments										

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
15	1- Definition of the indicator: Numerator: Number of TBRR/TBMR cases put on treatment. Denominator: Number of TBRR/TBMR cases diagnosed. 2- Baseline value: 100% in 2021. 3- Data source: Annual report of the National Tuberculosis Program (PNLT) 2021, DHIS 2. 4. Assumptions of the targets: The PNL T aims to optimize the link to treatment through the involvement of Community Health Workers (CHWs) and community health workers, which will improve treatment adherence, medication compliance, detection, and therapeutic education of patients diagnosed with TBMR. Rifampicin resistance will be known for more than 64.97% of bacteriologically confirmed pulmonary tuberculosis cases, and it is projected to screen for 43 TB-RR cases in 2025, 50 in 2026, and 55 in 2027. Drug susceptibility testing for second-line anti-tuberculosis drugs will be established at the National Reference Laboratory for Mycobacteria (LNRM). Regular supply of Xpert cartridges and integrated maintenance will be ensured to avoid discontinuation of this service. The program plans to provide biological monitoring for all patients put on second-line and third-line treatment, provide nutritional support for TB-RR and XDR patients, ensure patient support for TB-RR and XDR (transportation and accommodation), procure medications and devices for side-effects for all patients put on treatment, purchase 1 ECG machine for the drug-resistant tuberculosis treatment center, and set up and equip 1 resuscitation room at the Care Unit to manage patients with TB-RR in respiratory failure.	Country: Mauritania;	N: 100% D: 100% P: 100%	2021	Gender, TPT regimen, Age	Yes	Non cumulative - special	No	N: 3100 D: 5168 P: 60.01%	N: 4260 D: 5680 P: 75.00%	N: 5589 D: 6210 P: 90.00%
10	TB-HIV-7.1 Percentage of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 90% D: 90% P: 90%	2023	Gender, TPT regimen, Age	Yes	Non cumulative	No	N: 3100 D: 5168 P: 60.01%	N: 4260 D: 5680 P: 75.00%	N: 5589 D: 6210 P: 90.00%
16	TB-HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 1947 D: 2440 P: 79.80%	2023 PNLT Database 2023	Gender, HIV status, Age	Yes	Non cumulative	No	N: 2209 D: 2600 P: 84.62%	N: 2469 D: 2700 P: 91.44%	N: 2660 D: 2800 P: 95.00%
17	TB-HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 34 D: 49 P: 69.39%	2023 PNLT Database 2023	Gender, Age	Yes	Non cumulative	No	N: 77 D: 77 P: 100.00%	N: 78 D: 78 P: 100.00%	N: 79 D: 79 P: 100.00%
18	VC-1 Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns	Country: Mauritania; Coverage: Geographic Subnational, less than 100% national program target	N: 1584341 D: 1584341 P: 100%	2023 HMIS Report 2023		Yes	Non cumulative	No	N: 1584341 D: 1584341 P: 100%	N: 997118 D: 997118 P: 62.95%	N: 997118 D: 997118 P: 62.95%

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
19	VC-3 Number of insecticide-treated nets distributed to targeted risk groups through continuous distribution	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 22061 D: P: %	2023 HMIS Report 2023	Target / Risk population group	Yes	Non cumulative	No	N: 117501 D: P: %	N: 143686 D: P: %	N: 170831 D: P: %
	Comments Numerator: Number of LLINs (Long-Lasting Insecticidal Nets) distributed in the South/Southeast zone to pregnant women during Antenatal Care (ANC) visits and to children under 1 year during routine Immunization (PEV) sessions. LLINs are routinely distributed in health facilities to pregnant women attending their first ANC visit and to children under one year receiving their third dose of Pentavalent vaccine (PENTA 3) in the South and Southeast zone. The targets are aligned with those of the performance framework of the National Malaria Control Program (PSNEP) 2024-2027, the government. The target distribution is set at 117,501 in 2025; 143,686 in 2026; and 170,831 in 2027. Data is collected through monthly reporting tools of the National Health Information System (SNIS) in the DHIS2 database. The National Malaria Control Program is responsible for calculating the indicator.										
Case management											
22	CM-1a Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 114832 D: 187882 P: 61.12%	2023 HMIS Report 2023	Age, Testing type	Yes	Non cumulative	No	N: 239834 D: 266482 P: 90.00%	N: 245158 D: 272397 P: 90.00%	N: 250616 D: 278462 P: 90.00%
	Comments Numerator: Number of suspected malaria cases that received parasitological testing (GE, RDT) in the public sector Denominator: Number of suspected malaria cases seen in the public sector. A projected reduction in fever cases by the rate of seeking care (27%) is applied to the number of episodes of estimated fever cases. 85% of total cases who have sought care in a health facility are taken care of in the public sector according to the latest EDS 2019-2021 survey The targets are aligned with those of the PSNEP 2024-2027 performance framework and are 90% fixed to (250616/278462). The SNIS is responsible for the availability of data in the DHIS2 database. The NMCP is responsible for calculating the indicator.										
23	CM-1b Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Mauritania; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %	Not available	Testing type, Age	Yes	Non cumulative	No	N: 19751 D: 21946 P: 90.00%	N: 20189 D: 22433 P: 90.00%	N: 20639 D: 22932 P: 90.00%
	Comments Numerator: Number of suspected malaria cases that received parasitological testing (GE, RDT) in the public sector Denominator: Number of suspected malaria cases seen in the public sector. A projected reduction in fever cases by the rate of seeking care (27%) is applied to the number of episodes of estimated fever cases. 85% of total cases who have sought care in a health facility are taken care of in the public sector according to the latest EDS 2019-2021 survey The targets are aligned with those of the PSNEP 2024-2027 performance framework and are 90% fixed to (250616/278462). The SNIS is responsible for the availability of data in the DHIS2 database. The NMCP is responsible for calculating the indicator.										
24	CM-2a Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: D: P: %	Not available	Age	Yes	Non cumulative	No	N: 32895 D: 34626 P: 95.00%	N: 26557 D: 27955 P: 95.00%	N: 19056 D: 19006 P: 95.00%
	Comments Numerator: Number of cases of uncomplicated malaria treated according to national guidelines. Denominator: Number of cases of uncomplicated malaria. Malaria data is collected by health facilities through tools provided by the National Health Information System (SNIS). The targeted positivity rate is respectively 20%, 15%, and 10% in areas with low transmission in the South and Southeast, and 4%, 3%, and 2% in areas with very low transmission in 2025, 2026, and 2027. According to baseline data from the SNIS in 2022, it is expected that 90% of confirmed cases will be uncomplicated malaria cases in 2025, and 95% in 2026 and 2027. Data collection and reporting tools for malaria were updated in 2023 to include a variable on the treatment of malaria cases with Artemisinin-based Combination Therapy (ACT) and will enable the calculation of this indicator during the grant period. Targets are aligned with those of the performance framework of the National Malaria Control Program (PSNEP) 2024-2027.										
25	CM-2b Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Mauritania; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %	Not available	Age	Yes	Non cumulative	No	N: 3010 D: 3188 P: 95.01%	N: 2302 D: 2423 P: 95.01%	N: 1566 D: 1648 P: 95.02%
	Comments Numerator: Number of cases of uncomplicated malaria treated according to national guidelines in the community Denominator: Number of cases of uncomplicated malaria in the community The community health strategy is new and the implementation of CHWs will be gradual throughout the country with 3700 CHWs eventually covering all needs. Community Health Workers (CHWs) will report their data to the DHIS2 of the SNIS from 2024. Community data collection and reporting tools were developed in 2023 and will allow this indicator to be calculated during the grant. The Community Health Program (CNHMP) is responsible for reporting and calculating this indicator. It is expected: 95% in 2027.										
Specific prevention interventions (SPI)											

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
20	SPI-1 Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: Mauritania; Coverage: Geographic Subnational, 100% of national program target	N: 24628 D: 88569 P: 27.80%	2023 HMIS Report 2023		Yes	Non cumulative	No	N: 29443 D: 98142 P: 30.00%	N: 50009 D: 100018 P: 50.00%	N: 71353 D: 101934 P: 70.00%
	Comments Numerator: Number of pregnant women who received at least 3 doses of Intermittent Preventive Treatment in pregnancy (IPTp) according to national guidelines. Denominator: Number of pregnant women who attended at least one antenatal care (ANC) visit within a year. The target coverage for ANC1 is 75% according to the Maternal Health National Health Plan (PSN) 2022-2026. In 2022, the National Malaria Control Program (PSNEP) 2024-2027: 30% in 2025; 50% in 2026; and 70% in 2027 of women completing at least 3 doses of IPTp3 among those who attended their first antenatal consultation (ANC1). To improve this indicator, the PSNEP plans to ensure stocks of sulfadoxine-pyrimethamine (SP), provide training to midwives, track pregnant women lost to follow-up, and raise community awareness. Data is collected through monthly reporting tools of the National Health Information System (SNIS) in the DHIS2 database. The National Malaria Control Program is responsible for calculating the indicator.										
21	SPI-2.1 Percentage of children who received the full number of courses of seasonal malaria chemoprevention (SMC) per transmission season in the targeted areas	Country: Mauritania; Coverage: Geographic Subnational, less than 100% national program target	N: 69195 D: 113059 P: 61.20%	2023 HMIS Report 2023		Yes	Non cumulative	No	N: 68645 D: 72258 P: 95.00%	N: 70518 D: 74230 P: 95.00%	N: 72422 D: 76234 P: 95.00%
	Comments Numerator: Number of children aged 3-59 months in targeted Moughataas who received at least 4 rounds of seasonal malaria chemoprevention (SMC) treatment during the SMC campaign. Denominator: Number of children aged 3-59 months in targeted Moughataas for SMC. This indicator only concerns the 03 Moughataas located in the Wilaya of Hodh Ech Chargui (HEC) where the SMC was implemented during NFM3 and which are prioritized in GC7. The national targets according to the NSP also concern 09 additional Moughataas which were proposed in the PAAR and seek other donors for the implementation of the SMC. Children aged 3 to 59 months in areas eligible for SMC will benefit from four doses of SP-AQ one month apart during the period of high malaria transmission. The digitalization of the SMC from 2025 will constitute a new measure which will make it possible to have quality data, to improve the monitoring of the administration through geolocation, to improve the management of inputs and to have a good target coverage rate. The targets are aligned with those of the NSP 2024-2027 performance framework, i.e. 95% coverage. The HMIS unit is responsible for the availability of data in the DHIS2 database. The NMCP is responsible for calculating the indicator.										
RSSH/PP: Human resources for health (HRH) and quality of care											
26	RSSH/PP HRH-3 Percentage of community health workers remunerated on time and in-full (as per their contract) every month during the reporting period	Country: Mauritania; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %	SENLIS 2023 Report	CHW attachment, Gender	Yes	Non cumulative	No	N: 64 D: 80 P: 80.00%	N: 80 D: 80 P: 100.00%	N: 80 D: 80 P: 100.00%
	Comments Community health workers play a critical role in the delivery of basic health services, especially in remote and underserved areas. However, their insufficient and irregular remuneration is a recurring problem that hinders their motivation and ability to do their job properly. This indicator tracks progress in the regular and full payment of these agents, in accordance with their contracts. Strengthen human resources management systems from HRD to MOH and payroll to ensure rigorous monitoring of payments due to community health workers through good performance of PR SENLIS. Allocate adequate and predictable budgets to cover the salaries of these officers. Raise awareness among local and national authorities of the importance of properly remunerating these agents to maintain their motivation and performance. Consider additional incentives, such as performance bonuses or benefits, to encourage their engagement. Numerator: Number of community health workers paid in full and on time (in accordance with their contract) during the reporting period. Denominator: Total number of community health workers expected to be paid during the reporting period. Targets are 100% from 2026 as the GC7 provides for the recruitment of 80 Community Health Workers (CHWs). These ambitious targets reflect the commitment to progressively improve the remuneration situation of community health workers.										
RSSH: Health products management systems											
27	HPM-2 Upstream OTIF (non-PPM*) Percentage of shipments for products that account for 75% of the non-PPM annual health products budget that are delivered to the warehouse on-time and in-full among the total number of shipments expected in the period	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: D: P: %	Not available		Yes	Non cumulative	No	N: D: P: 20.00%	N: D: P: 40.00%	N: D: P: 60.00%
	Comments An efficient supply chain is crucial to ensure the uninterrupted availability of essential health products. This indicator measures the performance of the delivery of products representing a significant part of the annual budget, outside the group purchasing mechanism, in order to identify bottlenecks and improve supply chain management. To improve the outcome, planning, forecasting and contracting capabilities need to be strengthened to improve the synchronization between orders and deliveries. Optimize logistics processes, including transportation and customs clearance, to reduce delays. Ensure close coordination with suppliers and partners to quickly resolve potential issues. Consider contractual penalties for unjustified delays in delivery. Numerator: Number of shipments of commodities representing 75% of the annual budget for health commodities purchased outside of the pooled purchasing mechanism that are delivered to the warehouse in full and on time. Denominator: Total number of anticipated shipments of these products during the reporting period. The targets are 20% in 2025, 40% in 2026 and 60% in 2027. These targets aim to gradually improve delivery performance, achieving a rate of 60% of shipments delivered fully and on time by 2027, which will help ensure the continued availability of essential health products										
RSSH/PP: Laboratory systems (including national and peripheral)											
28	RSSH/PP LAB-2 Percentage of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period	Country: Mauritania; Coverage: Geographic National, 100% of national program target	N: 26 D: 30 P: 86.67%	2023 SENLIS 2023 Report		Yes	Non cumulative – other	No	N: 26 D: 37 P: 70.27%	N: 37 D: 37 P: 100.00%	N: 37 D: 37 P: 100.00%

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Jan-2025 31-Dec-2025	01-Jan-2026 31-Dec-2026	01-Jan-2027 31-Dec-2027
28	<p>Comments</p> <p>Mauritania currently has 30 GeneXpert devices for molecular diagnostics, installed in the laboratories of public health facilities, 4 of which are currently out of order. Their functionality and regular maintenance are essential to ensure the quality of diagnostic tests. However, there is still no system in place to routinely monitor the functionality and utilization rate of this equipment. This limits the early identification of malfunctions and the implementation of corrective actions. In order to remedy this, Mauritania plans to monitor the functionality of GeneXpert on a monthly basis. More than 80% of PLHIV on treatment are followed in the CTA of Nouakchott where there are 3 GeneXpert devices, 2 of which are functional. In addition, the INRSP has a Tagman-type device that can take at least 21 samples in one round of viral load examination. The 5 LPTC's attended after the CTA are Nouadhibou, Kaedi, Kiffa, Néma and Rosso. Each of the wilayas that host these sites has at least one functional geneXpert device. Numerator: Number of molecular diagnostic analyzers managed in the national laboratory network that are operational (capable of screening and calibrated assistive devices that have been tested and calibrated during the period. The denominator will be the total number of GeneXpert devices installed in the country. This indicator will improve the availability of molecular biology equipment in Mauritania. Monthly monitoring will facilitate the rapid detection of breakdowns and the mobilization of resources for maintenance interventions. It will also support better planning of disease diagnosis and surveillance activities. Ultimately, it will contribute to providing quality laboratory services to the population. After validation of the indicator, the configuration in the information system must be carried out. Monthly collection and reporting tools will be developed and disseminated to the laboratories concerned. Technical support can be provided to ensure the appropriation of this new monitoring by the teams. The target is to offer 100% of the 37 aircraft, including the 07 to be acquired in 2025 and which will join the fleet in 2026. The source of the data will be taken from the monthly activity reports of the National Reference Laboratory (NRL) for HIV, TB, Malaria and viral hepatitis, which will be responsible for reporting.</p>										
29	<p>RSSH: Monitoring and evaluation systems</p> <p>RSSH PP M&E-1 Completeness of reporting: Percentage of expected monthly reports (for the reporting period) that are actually received</p> <p>Country: Mauritania; Coverage: National, 100% of national program target</p> <p>N: 10449 D: 10800 P: 96.75%</p> <p>2023 Statistical directory</p> <p>Provider type, Report type</p> <p>Yes</p> <p>Non cumulative</p> <p>No</p> <p>N: 10476 D: 10800 P: 97.00%</p> <p>N: 10584 D: 10800 P: 98.00%</p> <p>N: 10692 D: 10800 P: 99.00%</p> <p>Comments</p> <p>Strengthening data management systems and reporting is a priority challenge in Mauritania. The gradual improvement of this reporting completeness indicator will contribute to a better assessment of progress and more effective targeting of HIV interventions across the country. Beyond timeliness, comprehensive reporting of programmatic data is crucial to have a reliable overview of HIV implementation. In Mauritania, there are still gaps in the comprehensive reporting of reports from the decentralized to the central levels. According to the latest assessments, only 96.75% of the monthly reports expected at the national level were actually received in 2022. This insufficient rate undermines the quality of data for monitoring and appropriate programmatic decision-making. Several areas for improvement can be considered, including: Building the capacity of staff in data management at all levels; Implement a digital reporting system to facilitate escalation; Increase training supervision and follow-up of failing health facilities; Involve communities and CSOs more in data collection/reporting and allocate dedicated resources (human, material) for reporting activities. Numerator: Number of monthly reports actually received Denominator: Total number of expected monthly reports Proposed targets: 2025: 97% completeness, 2026: 98% completeness and 2027: 99% completeness. The objective is to achieve almost total completeness (99%) of reports by 2027 to significantly improve the availability and reliability of response monitoring data.</p>										
30	<p>RSSH PP M&E-2 Timeliness of reporting: Percentage of submitted monthly reports (for the reporting period) that are received on time per the national guidelines</p> <p>Country: Mauritania; Coverage: National, 100% of national program target</p> <p>N: 5121 D: 10449 P: 49.01%</p> <p>2023 Statistical directory</p> <p>Provider type, Report type</p> <p>Yes</p> <p>Non cumulative</p> <p>No</p> <p>N: 8640 D: 10476 P: 82.47%</p> <p>N: 9200 D: 10584 P: 86.92%</p> <p>N: 10260 D: 10692 P: 95.96%</p> <p>Comments</p> <p>Timely and comprehensive data reporting are essential for effective monitoring of health programmes, including HIV. In Mauritania, the SNIS through DHIS2 faces challenges in terms of regular and timely feedback of data from the different levels to the central level. This impacts the quality of data for programmatic decision-making. However, according to the latest available data, only 47.01% of the required monthly reports were submitted on time in 2022, in line with national guidelines. This rate remains insufficient to have reliable and up-to-date information on the implementation of HIV activities at the national level. Several actions can be envisaged to strengthen the timeliness of reporting, including: reviewing and simplifying collection tools/media to facilitate completion; Train retrain staff on procedures and the importance of timely reporting; Implement a digital/electronic reporting system to speed up transmission. Strengthen the supervision and monitoring of over-see health facilities and involve communities and stakeholders more in community reporting Numerator: Number of monthly reports submitted on time Denominator: Total number of expected monthly reports Proposed targets: 82.47% of reports submitted on time in 2025, 86.92% in 2026 and 95.96% in 2027. The calculation is done monthly or quarterly at SNIS/DHIS2, then the results are aggregated annually. The objective is to reach an optimal timeliness (75%) by 2027 to have high-quality data for efficient management of the program.</p>										

Workplan Tracking Measures

Intervention	Key Activity	Milestones	Criteria for Completion	Country
Comments				

Country	Mauritania
Grant Name	MRT-Z-SENLS
Implementation Period	01-Jan-2025 - 31-Dec-2027
Principal Recipient	National Executive Secretariat for fight against Aids of the Islamic Republic of Mauritania

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Case management	\$199,334	\$131,259	\$129,499	\$460,092	2.2 %
Differentiated HIV Testing Services	\$350,684	\$193,378	\$185,699	\$729,761	3.5 %
Drug-resistant (DR)-TB diagnosis, treatment and care	\$626,750	\$258,804	\$251,661	\$1,137,215	5.4 %
Elimination of vertical transmission of HIV, syphilis and hepatitis B	\$372,375	\$182,957	\$260,621	\$815,953	3.9 %
Key and vulnerable populations (KVP) – TB/DR-TB	\$35,206	\$36,385	\$10,438	\$82,029	0.4 %
Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	\$24,937	\$30,071	\$45,559	\$100,566	0.5 %
Prevention package for men who have sex with men (MSM) and their sexual partners	\$420,083	\$406,656	\$384,536	\$1,211,276	5.8 %
Prevention package for other vulnerable populations (OVP)	\$63,678	\$32,916	\$19,353	\$115,947	0.6 %
Prevention package for people in prisons and other closed settings	\$36,329	\$38,744	\$26,668	\$101,742	0.5 %
Prevention package for sex workers, their clients and other sexual partners	\$138,816	\$106,669	\$123,915	\$369,400	1.8 %
Program management	\$1,583,760	\$670,598	\$720,865	\$2,975,222	14.2 %
Reducing human rights-related barriers to HIV/TB services	\$32,750	\$46,675	\$23,748	\$103,174	0.5 %
RSSH/PP: Human resources for health (HRH) and quality of care	\$495,582	\$531,300	\$503,912	\$1,530,795	7.3 %
RSSH/PP: Laboratory systems (including national and peripheral)	\$149,347	\$78,375	\$61,967	\$289,689	1.4 %
RSSH: Community systems strengthening	\$91,794	\$93,784	\$88,286	\$273,864	1.3 %
RSSH: Health financing systems	\$134,900	\$155,257	\$157,977	\$448,134	2.1 %
RSSH: Health products management systems	\$123,371	\$10,180	\$10,180	\$143,731	0.7 %
RSSH: Monitoring and evaluation systems	\$59,686	\$85,722	\$145,113	\$290,522	1.4 %
Specific prevention interventions (SPI)	\$595,108	\$685,607	\$753,387	\$2,034,102	9.7 %
TB diagnosis, treatment and care	\$245,366	\$117,900	\$72,966	\$436,232	2.1 %
TB/DR-TB Prevention	\$7,611	\$8,812	\$9,251	\$25,674	0.1 %
TB/HIV	\$26,897	\$5,644	\$6,202	\$38,743	0.2 %
Treatment, care and support	\$232,521	\$460,225	\$703,625	\$1,396,372	6.6 %
Vector control	\$42,944	\$5,842,952	\$6,522	\$5,892,417	28.1 %
Grand Total	\$6,089,829	\$10,210,871	\$4,701,951	\$21,002,652	100.0 %

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
1.Human Resources (HR)	\$937,202	\$1,018,753	\$1,031,508	\$2,987,463	14.2 %
2.Travel related costs (TRC)	\$1,310,092	\$1,201,406	\$943,355	\$3,454,853	16.4 %
3.External Professional services (EPS)	\$1,013,237	\$1,260,386	\$480,393	\$2,754,016	13.1 %
4.Health Products - Pharmaceutical Products (HPPP)	\$232,254	\$476,672	\$684,385	\$1,393,311	6.6 %

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
5.Health Products - Non-Pharmaceuticals (HPNP)	\$752,946	\$3,723,100	\$688,604	\$5,164,650	24.6 %
6.Health Products - Equipment (HPE)	\$451,285	\$45,623	\$34,133	\$531,041	2.5 %
7.Procurement and Supply-Chain Management costs (PSM)	\$351,841	\$1,310,374	\$381,753	\$2,043,968	9.7 %
8.Infrastructure (INF)	\$11,415			\$11,415	0.1 %
9.Non-health equipment (NHP)	\$342,047	\$1,571	\$1,571	\$345,188	1.6 %
10.Communication Material and Publications (CMP)	\$139,637	\$146,556	\$47,740	\$333,933	1.6 %
11.Indirect and Overhead Costs	\$291,787	\$123,887	\$118,389	\$534,063	2.5 %
12.Living support to client/ target population (LSCTP)	\$63,621	\$80,639	\$97,657	\$241,917	1.2 %
13.Payment for Results	\$192,465	\$821,904	\$192,465	\$1,206,833	5.7 %
GrandTotal	\$6,089,829	\$10,210,871	\$4,701,951	\$21,002,652	100.0 %

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
					0.0 %
					0.0 %
PR	\$3,429,323	\$6,272,027	\$2,483,882	\$12,185,232	58.0 %
National Executive Secretariat for fight against Aids of the Islamic Republic of Mauritania	\$3,429,323	\$6,272,027	\$2,483,882	\$12,185,232	58.0 %
SR	\$2,660,506	\$3,938,844	\$2,218,070	\$8,817,420	42.0 %
ABLP	\$7,445	\$7,822	\$1,162	\$16,429	0.1 %
AGD	\$138,424	\$122,660	\$126,588	\$387,672	1.8 %
AMAMI	\$27,864	\$27,864	\$10,583	\$66,310	0.3 %
DLMT	\$6,522			\$6,522	0.0 %
INRSP/MS	\$127,747	\$78,375	\$61,967	\$268,089	1.3 %
Ministère de la Santé	\$223,592	\$211,958	\$197,911	\$633,460	3.0 %
PNLP/MS	\$483,948	\$2,014,919	\$442,944	\$2,941,811	14.0 %
PNLS	\$7,854	\$7,854	\$7,854	\$23,563	0.1 %
PNLS/MS	\$490,560	\$244,721	\$301,426	\$1,036,707	4.9 %
PNLTL/MS	\$210,745	\$143,232	\$86,170	\$440,147	2.1 %
PNSCM/MS	\$501,866	\$537,584	\$510,196	\$1,549,646	7.4 %
SEMLS	\$47,127	\$62,836	\$62,836	\$172,798	0.8 %
SNIS/MS	\$59,686	\$185,722	\$145,113	\$390,522	1.9 %
SOS-PE	\$288,594	\$254,764	\$238,351	\$781,709	3.7 %
Stop SIDA	\$38,533	\$38,533	\$24,970	\$102,035	0.5 %
Grand Total	\$6,089,829	\$10,210,871	\$4,701,951	\$21,002,652	100.0 %

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
					0.0 %
Approved Funding	\$6,089,829	\$10,210,871	\$4,701,951	\$21,002,652	100.0 %
GrandTotal	\$6,089,829	\$10,210,871	\$4,701,951	\$21,002,652	100.0 %