

Mauritania

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Mauritania. For a category and indicator-level summary, please see the Country Profile for Mauritania.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no evidence to show that Mauritania has a national antimicrobial resistance (AMR) plan for the surveillance, detection and reporting of priority AMR pathogens. According to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, "Mauritania has no capacity for generating data and reporting on antibiotic resistance and no procedures are in place to validate data on antimicrobial resistance and there is no national plan for detection and reporting of antimicrobial pathogens". [1] In the absence of a national AMR plan however, the JEE states that National Institute of Public Health Research (INRSP), the Military Hospital, Cheikh Zaed Hospital Centre, the National Hospital Centre, the National Office for Research and Development of Livestock, and Maurilab are laboratories that have the technical capacity for antimicrobial detection and reporting. [1] The World Health Organisation (WHO) library of national action plans does not contain a plan for Mauritania. [2] There is no publicly available evidence from the Ministry of Health or the Ministry of Agriculture websites. [3,4] Mauritania's Self-Assessment in the Global Database for Antimicrobial Resistance Country reports the existence of a national AMR action plan but also reports "no national plan for a system of surveillance of AMR" for 2019-2020. [5] The United Nations also refers to an action plan in a job description for a volunteer assignment, however the plan itself as well as other general evidence of the plan or its contents were not found. [6] The website of the INRSP is unavailable. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 20 November 2020.

[2] World Health Organisation (WHO). Library of national action plans. Antimicrobial resistance. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 20 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 20 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 20 November 2020.

[5] Global Database for Antimicrobial Resistance Country Self Assessment. Mauritania. [<https://amrcountryprogress.org/>]. Accessed 20 November 2020.

[6] United Nations (UN). "UN Volunteer Description of Assignment". [https://www.unv.org/sites/default/files/DOA_SRE_2018_Antimicrobial_Resistance_Officer_MRTR000027.pdf]. Accessed 20 November 2020.

[7] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 21 November 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a national laboratory/laboratory system that tests for priority antimicrobial resistance (AMR) pathogens in Mauritania. According to the 2017 Joint External Evaluation for Mauritania (JEE), the country does not have a national plan to test priority pathogens or a designated national laboratory for antimicrobial pathogens. Although the National Institute of Public Health Research laboratories (INRSP) is capable of conducting core tests for salmonella, shigella and tuberculosis, the JEE does not specify whether this is AMR testing. [1] There is no publicly available evidence about capacity for testing priority AMR pathogens from the websites of the Ministry of Health or Ministry of Agriculture. [2,3] The World Health Organisation (WHO) library of national action plans does not contain an AMR plan for Mauritania. [4] The website of the INRSP is unavailable. [5] No further evidence was found.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 21 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 21 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 21 November 2020.

[4] World Health Organisation (WHO). Library of national action plans. Antimicrobial resistance.

[<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 21 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 21 November 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania conducts detection or surveillance activities (for example, in soil, waterways, etc.) for antimicrobial residues or antimicrobial resistance (AMR) organisms. The Ministry of Environment and Sustainable Development (Ministère de l'Environnement et du Développement Durable) does not conduct detection or surveillance activities for antimicrobial residues or AMR organisms. [1] According to the World Health Organisation (WHO) library of national action plans, Mauritania does not have a national AMR plan. [2] Mauritania's Self-Assessment in the Global Database for Antimicrobial Resistance Country reports the existence of a national AMR action plan but also reports "no national plan for a system of surveillance of AMR" for 2019-2020. No information was found on the contents of the AMR action plan and the plan itself is not publically available. The Global Database for Antimicrobial Resistance also states that Mauritania does not have any regulations to prevent contamination of the environment with antimicrobial residues but that regulations do exist to control the release of human sewage into the environment. [3] According to the Joint External Evaluation for Mauritania, conducted in March 2017, there are "several studies on antibiotic residues in meat and milk and also control procedures to monitor antibiotic residues in milk". [4] However, there is no information on AMR surveillance in water, soil etc. There is no publicly available evidence from the Ministry of Health or the Ministry of Agriculture. [5,6]

- [1] Islamic Republic of Mauritania. Ministry of the Environment and Sustainable Development. [<http://www.environnement.gov.mr/fr/index.php/component/search/?searchword=antibior%C3%A9sistanc&searchphrase=all&Itemid=0>]. Accessed 21 November 2021.
- [2] World Health Organisation (WHO). Library of national action plans. Antimicrobial resistance. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 20 November 2020.
- [3] Global Database for Antimicrobial Resistance Country Self Assessment. Mauritania. [<https://amrcountryprogress.org/>]. Accessed 21 November 2020.
- [4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 21 November 2020.
- [5] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 21 November 2020.
- [6] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 21 November 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

Mauritania does not have a national legislation or regulation in place requiring prescriptions for antibiotic use for humans. There is no provision requiring prescriptions for antibiotic use for humans in Mauritania's Law No. 2010 022 of 2010 Relating to Pharmacy. [1] The provisions of the Pharmaceutical Law of Mauritania (Loi Pharmaceutique en Mauritanie) are not available online. The World Health Organisation (WHO) 2011 Pharmaceutical Sector Profile of Mauritania shows that antibiotics can be sold freely without a prescription. [2] The self-assessment on AMR submitted by Mauritania to the WHO Global Database for Antimicrobial Resistance for 2019-2020 makes no reference to a legislation in place requiring prescriptions for antibiotic use by humans. [3] In the "National Pharmaceutical Policy" there is no mention of prescriptions for antibiotic use, but one of the stated objectives of the policy is to ensure that the drugs made available to the population are prescribed and used rationally. [4] There is no evidence on requirements of prescriptions for antibiotic use for humans on the webpage of the Ministry of Health. [5] The WHO's library of national AMR action plans does not contain a plan for Mauritania. [6]

- [1] Official Gazette of the Islamic Republic of Mauritania. 15 August 2010. "Law Relating to Pharmacy". [<http://anac.mr/ANAC/JOof/2010/1219%20fr%20sc.pdf>]. Accessed 22 November 2020.
- [2] World Health Organisation (WHO). The Global Fund. 2011. "The Pharmaceutical Sector Profile of Mauritania". [http://www.who.int/medicines/areas/coordination/Mauritania_PSCPQuestionnaire_FR_02082011.pdf?ua=1]. Accessed 22 November 2020.
- [3] World Health Organisation (WHO). Global Database for Antimicrobial Resistance Country Self Assessment. 2017. [<https://amrcountryprogress.org/>]. Accessed 22 November 2020.
- [4] Islamic republic of Mauritania. Ministry of Health. Department of Pharmacy and Medicine. "National Pharmaceutical Policy". [http://www.sante.gov.mr/?wpfb_dl=119]. Accessed 22 November 2020.
- [5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.
- [6] World Health Organisation (WHO). Library of national action plans. Antimicrobial resistance. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 21 November 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a legislation in place requiring prescriptions for antibiotic use for animals. Decree No. 2009-102 of April 2009 on the Regulation of Veterinary Pharmacy aims to "promote the professionalisation of veterinary pharmacy, specifically put in place adequate legal framework for the preparation, sale and distribution of veterinary medicinal products", but does not mention the use of antibiotics. [1] The World Health Organisation (WHO) library of national AMR action plans does not contain a plan for Mauritania. [2] There is no provision requiring prescriptions for antibiotic use for humans in Law 2010-022 of 2010 on pharmacy. [3] The provisions of the Pharmaceutical Law of Mauritania (Loi Pharmaceutique en Mauritanie) are not available online. There is no evidence on prescriptions for antibiotic use for animals on the websites of the Ministry of Health, Ministry of Agriculture or in the Joint External Evaluation of Mauritania, conducted in March 2017. The Ministry of Livestock website was not accessible at the time of research. [4,5,6,7] According to one study, a high level of antibiotics was found in meat and milk. The study recommended that "breeding agents and pharmacists should be rigorous in issuing prescriptions and selling antibiotics and also to raise awareness among breeders about the need of the drug, respecting the dose, the duration of use and the waiting period". [8]

[1] Islamic Republic of Mauritania. Ministry of Rural Developments. 6 April 2009. "Regulation of the veterinary pharmacy (Règlementation de la pharmacie vétérinaire)". [<http://extwprlegs1.fao.org/docs/pdf/mau138348.pdf>]. Accessed 22 November 2020.

[2] World Health Organisation (WHO). Library of national action plans. Antimicrobial resistance. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 22 November 2020.

[3] Official Gazette of the Islamic Republic of Mauritania. 15 August 2010. "Law Relating to Pharmacy (Loi Relative a la Pharmacy)". [<http://anac.mr/ANAC/JOof/2010/1219%20fr%20sc.pdf>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[6] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[7] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 22 November 2020.

[8] Garba, Abdoul Razak Issa. November 2012. "Evaluation of the Practices of Use of Veterinary Medicines and Determination of the Prevalence of Antibiotic Residues in Meat and Milk in Gorgol in Mauritania". University of Chekh Anta Diop of Dakar. [<http://www.beep.ird.fr/collect/eismv/index/assoc/MEM12-19.dir/MEM12-19.pdf>]. Accessed 22 November 2020.

1.2 ZOO NOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that Mauritania has several plans on zoonotic diseases. According to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, the Mauritanian government considers the following diseases as a great risk to human health: Rift Valley fever, anthrax, Crimean-Congo haemorrhagic fever, rabies, highly pathogenic avian influenza, bovine tuberculosis, brucellosis, and Ebola virus. According to the JEE, the government is trying to establish an integrated zoonotic disease control mechanism to fight against these diseases. The country has a "Rift Valley fever outbreak plan", "Avian influenza plan", "Ebola virus disease preparedness and response plan (2014)", "Ebola virus disease control standard operating procedures" (2015). [1] These plans are not publicly available on the websites of the Ministry of Health, Ministry of Agriculture, or the Ministry of Environment and Sustainable Development. The Ministry of Livestock website was not accessible at the time of research. [2,3,4,5] Mauritania also established the Mauritanian Animal Disease Surveillance Network (REMEMA) in 2002. REMEMA is a network for "monitoring the early outbreak of zoonotic disease and provide animal and livestock health and, where appropriate, human health". In addition, the "Animal Health Communication Plan" of 2012 emphasises collaboration between public health and animal health services for good management (prevention, crisis and follow-up) of zoonotic disease. [1,6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of the Environment and Sustainable Development.

[<http://www.environnement.gov.mr/fr/index.php/component/search/?searchword=antibior%C3%A9sistanc&searchphrase=all&Itemid=0>]. Accessed 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 22 November 2020.

[6] Islamic Republic of Mauritania. Ministry of Rural Development. November 2012. "Animal Health Communication Plan (Plan de Communication en santé animale)".

[http://www.fao.org/fileadmin/user_upload/remesa/library/Plan%20de%20Communication%20en%20SA%20Mauritanie%20_09%2011%20012.pdf]. Accessed 22 November 2020

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. There is no mention of a plan or equivalent strategy that would address risk identification and reduction for spillover events in the 2017 Joint External Evaluation (JEE) report for Mauritania. [1] There is no publicly available evidence of relevant strategies on the websites for the Ministry of Health or the Ministry of Agriculture. [2,3] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was inaccessible at the time of research. [4] No other articles or studies were found that would suggest that Mauritania has a plan or strategy to address risks in the case of zoonotic disease spillover events.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 24 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 24 November 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Mauritania has national plans, guidelines or laws that account for the surveillance and control of multiple zoonotic pathogens. Nevertheless, the country undertakes surveillance of several zoonotic diseases, and has control plans in place (not publicly available) for some diseases. The Mauritanian Animal Disease Surveillance Network (REMEMA) was established in 2002, and is divided into 48 surveillance stations. This network aims to allow early detection of disease outbreaks monitored by the network, as well as providing animal and livestock health, and, where appropriate, human health decision-makers with accurate information on the diseases monitored by the network. The diseases under surveillance by this network include Rift Valley fever, Rabies, Pasteurellosis and highly pathogenic avian influenza. [1,2] It should be noted that according the 2017 Joint External Evaluation (JEE) for Mauritania, "the activities of REMEMA decreased with the end of major development and emergency programmes, including the Pan-African Rinderpest Campaign, the Pan African Program for the Control of Epizootics, and the United Nations Central Emergency Rehabilitation Fund". [3] Furthermore, the country also has control plans for some zoonotic diseases. For example, Mauritania has in place "Ebola virus disease control standard operating procedures" (Procédures opératoires normalisées dans le cadre de la lutte contre Ebola), the "Ebola virus disease preparedness and response plan" (Plan de préparation et de riposte Ebola), the "National strategic avian influenza prevention and control plan 2006-2007" (Plan stratégique national de prévention et de lutte contre la grippe aviaire), and the "Avian influenza plan" (Plan Grippe aviaire). [3] The text of the actual plans is not available from the websites of Ministry of Health or Ministry of Agriculture and the Ministry of Livestock website was not accessible at the time of research. There are no links to these plans on the Food and Agriculture Organisation (FAO) legal database on Mauritania. [4,5,6,2]

[1] Salem, Ahmed. May 2011. "The Mauritanian Animal Disease Surveillance Network (réseau mauritanien d'épidémiologie des maladies animales (REMEMA)". Food and Agriculture Organisation. [http://www.fao.org/fileadmin/user_upload/remesa/docs/RELABSA/Teramo_Mai_2011/Mauritanie.pdf]. Accessed 22 November 2020.

[2] Food and Agriculture Organisation (FAO). FAOLEX Database. "Mauritania". [<http://www.fao.org/faolex/results/details/en/c/LEX-FAOC138456/>]. Accessed 22 November 2020.

[3] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[6] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[7] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 22 November 2020.

[8] Food and Agriculture Organisation (FAO). FAOLEX Database. "Mauritania". [<http://www.fao.org/faolex/country-profiles/general-profile/en/?iso3=MRT>]. Accessed 22 November 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Mauritania has a cross-ministerial agency dedicated to zoonotic diseases. According to the Joint External Evaluation for Mauritania, conducted in March 2017, a joint monitoring unit consisting of the Veterinary Services Department of the Ministry of Livestock, the Ministry of Health, and the Ministry of the Environment and Sustainable Development for the prevention and response to zoonotic disease was established by Joint Order No. 01403 of 20 July 2013. This inter-ministerial unit updates the responsible authorities in the event of any potential zoonotic disease crisis. It is chaired by the prime minister, who is responsible for co-ordinating activities between Veterinary Services Departments of different ministries. Information is being shared between the National Epidemiological Surveillance Commission and the joint monitoring unit. [1] However, the joint monitoring unit does not appear to be active during non-crisis periods. [1] There is no additional information available in regard to this monitoring unit on the webpages of the Ministry of Health, Ministry of Agriculture, or Ministry of the Environment. The Ministry of Livestock website was not accessible at the time of research. [2,3,4,5] The Joint Order No. 01403 of 20 July 2013 does not appear to be publicly available. A World Bank initiative, West Africa Regional Disease Surveillance Systems Enhancement Project (REDISSE), which was carried out with the collaboration of Ministry of Health and Ministry of Livestock in February 2018, noted this monitoring unit and allocated a specific fund to support operational activities and equipment. [6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of the Environment and Sustainable Development.

[<http://www.environnement.gov.mr/fr/index.php/component/search/?searchword=antibior%C3%A9sistanc&searchphrase=all&Itemid=0>]. Accessed 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 22 November 2020.

[6] The World Bank Project Regional Disease Surveillance Systems Enhancement (REDISSE). January 2018. "Environmental and Social Management Framework (Cadre de gestion environnementale et sociale) (CGES)".

[<http://documents.worldbank.org/curated/en/333471520505774801/pdf/SFG4114-V1-EA-FRENCH-P161163-PUBLIC-Disclosed-3-8-2017.pdf>]. Accessed 22 November 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Mauritania has a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency. The Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, ranks the indicator "Surveillance systems in place for priority zoonotic diseases/pathogens" a score of '3' having capacity. [1] The Food and Agriculture Organization of the United Nations (FAO) shared a briefing describing the Rift Valley Fever from late 1999, and specifically states that the Mauritania National Disease Surveillance System (REMEMA) "links the different stakeholders of the animal health surveillance system: the national veterinary administration, the national veterinary laboratory (CNERV), private veterinarians as well as livestock owners." [2] According to a World Organization for Animal Health (OIE) report on veterinary services in Mauritania, the information is collected by "REMEMA agents on a form and sent to the central unit where they are entered into a database (Access) and analyzed. This unit is placed at the level of the CNERV where serological analyzes of the samples taken". [3] Article 49 of Mauritania's Code of Hygiene (Law No. 2010-042 of 2010) establishes that to control contagious diseases, in particular those with epidemic potential, such diseases should be declared to the health authority. [4] Article 9 of the Livestock Code (Law No. 2004-024 of 2004) constitutes the legal basis of animal disease surveillance: "Every owner or person having the care or custody of an animal suffering from or suspected of having one of the diseases deemed to be contagious must immediately make a declaration to the nearest local veterinary authority or to the competent territorial administrator". [5] Moreover, according to Article No.1 of Decree No. 65.087 of May 1965 on regulating the importation and exportation of animals and animal products to prevent the spreading of any contagious disease to domestic animals, any sign of such disease must be presented without delay to the veterinary health administrator. [6] Although evidence shows that a surveillance mechanism is in place, a study conducted by the Food and Agriculture Organization (FAO) on foot and mouth disease in April 2018, reported "the need to strengthen animal disease surveillance and update animal movement maps to trace the origins and movements of infected animals". [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] Food and Agriculture Organization of the United Nations (FAO). "Rift Valley Fever in Mauritania". [<http://www.fao.org/3/X7341E/X7341e03.htm>]. Accessed 23 November 2020.

[3] World Organization for Animal Health (OIE). January 2008. "Tool for the assessment of performance of Veterinary Services". [https://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/docs/pdf/FinalReport-PVS_EVL_Mauritania.pdf]. Accessed 27 November 2020.

[4] Food and Agriculture Organisation of the United Nations (FAO). FAOLEX Database. 21 July 2010. "Code of Hygiene (Loi n° 2010 - 042 relative au Code d'Hygiene)". [<http://www.fao.org/faolex/results/details/en/c/LEX-FAOC136433>]. Accessed 23 November 2020.

[5] Food and Agriculture Organisation of the United Nations (FAO). FAOLEX Database. 13 July 2004. "The Livestock Code (Loi n° 2004 - 024 du 13 Juillet 2004 portant code de l'élevage en Mauritanie)". [<http://www.fao.org/faolex/results/details/en/c/LEX-FAOC138223>]. Accessed 23 November 2020.

[6] Teslem, Bouroieiss Mint Cheikh Ould. 13 September 2011. "Analysis of the Mauritanian Veterinary Legislation Relating to Public Health with regard to the Guidelines of the OIE (Analyse de la législation vétérinaire Mauritanienne relative à la santé publique au regard des lignes directrices de l'OIE)". University of Cheikh Anta Diop of Dakar.

[<http://www.beep.ird.fr/collect/eismv/index/assoc/MEM11-11.dir/MEM11-11.pdf>]. Accessed 23 November 2020.

[7] Food and Agriculture Organisation of the United Nations (FAO). April 2018. "Staying ahead of foot and mouth disease in Mauritania". [<http://www.fao.org/neareast/news/view/en/c/1162427/>]. Accessed 23 November 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has laws or guidelines safeguarding the confidentiality of information generated through animal health surveillance activities. There is no publicly available evidence on the websites of the Ministry of Health and the Ministry of Agriculture for guidelines safeguarding the confidentiality of information generated through animal health surveillance activities. The website for the Ministry of Livestock was not accessible at the time of research. [1,2,3] Although the Law on the Protection of Personal Data of 2011 protects health data, it does not include the confidentiality of information generated through surveillance activities for animals. [4] Mauritania established the Draft Law No. 2017 - 020 on the protection of the personal data, which was "adopted by the National Assembly on 22 June 2017 and sets out, among other things, requirements for data processing as well as data subject rights. [5] There is no indication that this law includes data generated through animal surveillance activities. There is no evidence from the 2017 Joint External Evaluation for Mauritania that laws or guidelines on information confidentiality exist. [6]

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 23 November 2020.

[4] Islamic Republic of Mauritania. 2011. "Protection of Personal Data Act (Loi sur La Protection des Données à Caractère Personnel)". [<http://tic.gov.mr/IMG/pdf/imp1fr-2.pdf>]. Accessed 23 November 2020.

[5] One Trust Data Guidance. June 2017. "Summary". [<https://www.dataguidance.com/jurisdiction/mauritania>]. Accessed 23 November 2020.

[6] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that the country conducts surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors). While there is evidence of surveillance in wildlife being conducted in collaboration with other institutes, there is no evidence that these studies are ongoing projects. The French Ministry of Foreign and European Affairs has funded the GRIPAVI project to study epidemiology of avian influenza and Newcastle disease in partnership with the National Centre for Livestock and Veterinary Research in Mauritania (Centre national d'élevage et de recherche vétérinaire-CNERV). One of the latest projects was conducted in 2011 in the Banc d'Arguin National Park in Mauritania, for monitoring

shorebirds. [1,2] The Food and Agriculture Organization of the United Nations (FAO) shared a briefing describing the Rift Valley Fever from late 1999, and specifically states that the Mauritania National Disease Surveillance System (REMEMA) "links the different stakeholders of the animal health surveillance system: the national veterinary administration, the national veterinary laboratory (CNERV), private veterinarians as well as livestock owners." However, it is unclear whether this system is still being used and whether its studies are ongoing. [3] An academic study on a 2012 epidemic of Rift Valley Fever shows that an epidemiological survey was carried out on mosquitoes, ruminants and dromedaries, but it not clear which agency conducted the surveillance. [4] There are no more recent studies publicly available on surveillance of zoonotic disease in wildlife in Mauritania. No further information was available from the websites of the Ministry of Health and the Ministry of Agriculture. [5,6] The website for the Ministry of Livestock was inaccessible at the time of research. [7] The Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, also provided no further information. [8]

[1] Republic of France. General direction of International Cooperation and Development. 2007. "Fight against Avian Influenza what Engagement of France? (La lutte contre la grippe aviaire, quel engagement de la France?)".

[https://www.diplomatie.gouv.fr/IMG/pdf/555_Grippe_aviaire.pdf]. Accessed 23 November 2020.

[2] CIRAD. "GRIPAVI project".

[https://gripavi.cirad.fr/index.php/projets_en/content/download/11051/66035/file/Project%20description%20ENG.pdf]. Accessed 23 November 2020.

[3] Food and Agriculture Organization of the United Nations (FAO). "Rift Valley Fever in Mauritania".

[<http://www.fao.org/3/X7341E/X7341e03.htm>]. Accessed 23 November 2020.

[4] Dr DOUMBIA. Baba. "Rift Valley Fever in Mauritania (Fièvre de la Vallée du Rift en Mauritanie, Epidémies, Surveillance et Perspectives)".

[http://www.fao.org/fileadmin/user_upload/remesa/docs/REMESA/7%C3%A8me_r%C3%A9union/3_CPC_FARO_FVR_MAURITANIE.pdf]. Accessed 23 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[6] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[7] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 23 November 2020.

[8] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania has a mechanism for collaborating with the private sector during zoonotic disease outbreaks. Mauritania does not have a national plan on zoonotic disease, and the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, does not mention the private sector as a mechanism for response. [1] Furthermore, no evidence regarding collaboration with the private sector is available on the websites of the Ministry of Health, Ministry of Livestock or Ministry of Agriculture. [2,3,4] The webpage of the National Public Health Institute is not reachable, and its page on the Regional Network of Laboratories of Quality Control Sanitary (Réseau Sous Régional de Laboratoires de contrôle de la Qualité Sanitaire) does not contain any evidence of any national plan or legislation on zoonotic disease that include mechanisms for working with the private sector in controlling or responding to zoonoses. [5] In a May 2019 World Bank article, there is evidence of an emphasis to expand the private sector, where the article states that Mauritania has begun "Improving the business climate to promote the development of the private sector". No evidence is available, however, to show that this would impact any collaboration during zoonotic disease outbreaks, or that there has been collaboration in the past. [6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yfj>]. Accessed 23 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 23 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

[5] Wallonie-Bruxelles International. "National public health institute (INRSP) of Mauritania (L'Institut National de Recherches en Santé Publique (Mauritanie))". [<http://renlabqua.sn/laboratoires-membres/l-institut-national-de-recherches-en-sante-publique-mauritanie.html>]. Accessed 23 November 2020.

[6] The World Bank. May 2019. "Mauritania Needs Structural Reforms to Support Growth Driven by the Private Sector". [<https://www.worldbank.org/en/news/press-release/2019/05/24/mauritania-needs-structural-reforms-to-support-growth-driven-by-the-private-sector>]. Accessed 23 November 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. There is no evidence of such a record in the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017. The JEE recommends that the country should "identify the national laboratories that store or handle pathogens and establish a monitoring system". There is no indication that the situation has changed since the JEE was carried out. [1] The webpages of the Ministry of Health, the Ministry of Agriculture, and the Ministry of National Defence do not contain any information about facilities for storing or processing dangerous pathogens. The website for the Ministry of Livestock was not accessible at the time of research. [2,3,4,5] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [6] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7] And the Veritic's Biological Weapons Convention (BWC) Legislation Database does not show evidence that Mauritania has in place a record, updated within the last 5 years, of facilities in which especially dangerous pathogens and toxins are stored. [8]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 2 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 2 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 2 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 2 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 2 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 2 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwcecbm.unog.ch/state/mauritania>]. Accessed 2 November 2020.

[8] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 2 November 2020

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a comprehensive legislation framework to address biosecurity requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities. According to the country's Joint External Evaluation, conducted in March 2017, Mauritania should "develop a national policy and strategy regarding biosecurity and identify national laboratories that work with pathogens, establish a monitoring system, and put in place regulations for the transport of infectious substances and laboratories." [1] Mauritania has a general legal framework addressing the issue of biosecurity. For example, articles 25, 48, and 84 of the Code of Hygiene of 2010 address the issue of biomedical waste management, but the Code but does not contain any rules on physical containment, operational practices, failure reporting system and/or cybersecurity of facilities. [2] There is no evidence of current biosecurity guidelines on the web pages of the Ministry of Health, Ministry of National Defence or Ministry of Agriculture. [3,4,5] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [6] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not show evidence that Mauritania has a comprehensive legislation framework to address biosecurity requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities. [8]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Food and Agriculture of the United Nations. FAOLEX Database. 21 July 2010. "Code of Hygiene (Code d'Hygiene)". [<http://extwprlegs1.fao.org/docs/pdf/mau136433.pdf>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwcecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[8] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulation. According to the country's Joint External Evaluation, conducted in March 2017, Mauritania should "develop a national policy and strategy regarding biosecurity and identify national laboratories that work with pathogens, establish a monitoring system and put in place regulations for the transport of infectious substances and laboratories". [1] There is no evidence of biosecurity legislation or any agency responsible for biosecurity related issues on the webpages of the Ministry of Health, Ministry of National Defence or Ministry of Agriculture. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not show evidence of an agency responsible for biosecurity, or a biosecurity legislation. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. According to the country's Joint External Evaluation (JEE), conducted in March 2017, one of the targets to be reached by Mauritania is that dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities. [1] No evidence of progress made towards the targets was found since the JEE. The websites of the Ministry of Health, Ministry of Agriculture and Ministry of National Defence do not contain information about biosecurity. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is unavailable. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not show evidence of action taken to consolidate its inventories of

especially dangerous pathogens and toxins into a minimum number of facilities. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR) based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Mauritania has in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen. According to the country's Joint External Evaluation (JEE), conducted in March 2017, there is capacity to conduct PCR but no clear evidence that there is in-country capacity to conduct PCR for anthrax and/or Ebola. [1] The websites of the Ministry of Health, Ministry of Agriculture and Ministry of National Defence do not have information about in-country PCR testing capacity for these two diseases. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) was inaccessible at the time of research. [5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania requires standardised biosecurity training for personnel working with dangerous biological materials. According to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, the country had not yet developed biosecurity legislation or implemented requirements for biosecurity training; however, the JEE report notes that a group of biosafety and biosecurity trainers is available for National Institute of Public Health Research (INRSP) staff. [1] There is no evidence available on this from the websites of Ministry of Health or Ministry of Agriculture. [2,3] The INRSP website is not available. [4] There is no evidence available from the webpage of Ministry of Defence. [5] There are no laws with regards to biosecurity training for personnel working with dangerous biological materials listed in the VERTIC Biological Weapons Convention (BWC) legislation database. [6] Although Mauritania is party to the BWC, there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[6] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence that Mauritania has regulations or licensing conditions specifying that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks. No evidence of this is found in the Joint

External Evaluation of Mauritania, which reports that there are no national biosecurity legislations in place. [1] The websites of the Ministry of Health, Ministry of Agriculture, and Ministry of Defence do not have information about background checks for personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is was not accessible at the time of research. [5] Also, there are no regulations listed in the VERTIC Biological Weapons Convention (BWC) legislation database. [6] Although Mauritania is party to the BWC, there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence to show that Mauritania has publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B). The 2017 Joint External Evaluation (JEE) for Mauritania reports that Mauritania lacks national regulations on the transport of infectious substances. [1] The Ministry of Health, Ministry of Agriculture and Ministry of National Defence have no additional information on this. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is unavailable. [5] There are no laws and regulations listed in the VERTIC Biological Weapons Convention (BWC) legislation database on national regulations of this sort. [6] Although Mauritania is party to the BWC, there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. There is no mention of biosecurity legislation in the 2017 Joint External Evaluation (JEE) for Mauritania. [1] Regulation on Aviation Law, particularly Decree No. 2018-157 of November 2018 on implementing the provisions of the Civil Aviation Law has some provisions on transporting dangerous goods by plane. As per Article 177 of the Decree, transport of microbial cultures should be authorised by order of the Minister of Civil Aviation. [2] However, there is no mention of dangerous pathogens, toxins and pathogens with pandemic potential in this decree. Furthermore, no evidence is available on the webpages of the Ministry of Health, Ministry of Agriculture or Ministry of Defence. [3,4,5] Also, there are no laws and regulations listed in the VERTIC Biological Weapons Convention (BWC) legislation database. [6] Although Mauritania is party to the BWC, there is no public evidence that it has submitted Confidence Building Measures reports. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Transport. "Implementing the Provisions of the Law Civil Aviation". (Le Décret n° 2018-157 du 19 November 2018, portant application des Dispositions de la Loi n°2018-040 Du 13 November 2018, portant Code de l'Aviation Civile). [<http://www.anac.mr/ANAC/JO1426BISF.pdf>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[6] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania has a national biosafety legislation and/or regulations. The Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, notes the absence of a national law or regulation on biosafety and recommended "developing and implementing biosafety laws and related regulations". [1] There is no indication that the situation has changed since the JEE was conducted; the websites of the Ministry of Health and Ministry of Agriculture do not contain any information about biosafety. [2,3] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [4] Although Mauritania has a "National Biomedical Waste Management Plan" at the level of the Ministry of Health, which outlines the different stages of management of the waste generated by health care activities, this plan does not include any provisions for biosafety. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] And the Vertic's BWC Legislation Database does not show evidence of an agency responsible for biosafety, nor is there evidence of biosafety regulations. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. 2017-2021. " National Biomedical Waste Management Plan.(Plan national de gestion des déchets biomédicaux)".

[<http://documents.worldbank.org/curated/en/768151488186004766/pdf/SFG3083-EA-FRENCH-P156165-Box402891B-PUBLIC-Discovered-2-24-2017.pdf>]. Accessed 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania has an agency responsible for the enforcement of biosafety legislation and regulations. The Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, notes the absence of a national

law or regulation on biosafety and recommended "developing and implementing biosafety laws and related regulations". [1] There is no indication that the situation has changed since the JEE was conducted; the websites of the Ministry of Health and Ministry of Agriculture do not contain any information about biosafety. [2,3] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique, INRSP) is not available. [4] Although Mauritania has a National Biomedical Waste Management Plan at the level of the Ministry of Health which outlines the different stages of management of the waste generated by health care activities, this plan does not include any provisions for biosafety. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] And the Vertic's BWC Legislation Database does not show evidence of an agency responsible for the enforcement of biosafety legislation and regulations. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. 2017-2021. " National Biomedical Waste Management Plan.(Plan national de gestion des déchets biomédicaux)".

[<http://documents.worldbank.org/curated/en/768151488186004766/pdf/SFG3083-EA-FRENCH-P156165-Box402891B-PUBLIC-Disclosed-2-24-2017.pdf>]. Accessed 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a requirement for biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The 2017 Joint External Evaluation (JEE) for Mauritania expressly states that there is no biosafety training programme in Mauritania, and there is no indication that the situation has changed since the JEE was carried out in 2017. However, the JEE reports that "a group of biosafety and biosecurity trainers is available for National Institute of Public Health Research (INRSP) staff. National laboratory staff training was carried out with technical and financial support from WHO and the European Union". [1] The websites of the health and agriculture ministries do not provide any further evidence on biosafety training. [2,3] The website of the INRSP is unavailable. [4] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [5] And the Vertic's BWC Legislation Database does not show

evidence of such trainings. [6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[5] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[6] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. According to the 2017 Joint External Evaluation (JEE) for Mauritania, the country lacks a legal framework regarding biosecurity and a pathogen monitoring system. There is no indication that the situation has changed since the JEE, and no further evidence related to dual-use research in Mauritania can be found. [1] The websites of the Ministry of Health, Ministry of Agriculture and Ministry of National Defence do not contain any information about such an assessment being carried out. [2,3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [5] There is no publicly available evidence from the website of the Ministry of Higher Education and Scientific Research, Information Technologies and Communication . [6] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not make reference to such an assessment. [8]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] Islamic Republic of Mauritania, Ministry of Higher Education and Scientific Research, Information Technologies and Communication. [<http://www.mesrstic.mr/fr/leministre/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwcecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[8] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. According to the Joint External Evaluation (JEE) for Mauritania, conducted in 2017, the country lacks a legal framework regarding biosecurity and a pathogen monitoring system. There is no indication that the situation has changed since the JEE was published, and no further evidence related to dual-use research in Mauritania can be found. [1] The websites of the Ministry of Health, Ministry of Agriculture and the Ministry of National Defence do not provide any evidence of a policy to oversee dual-use research. [2,3,4] The webpage for National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [5] There is no publicly available evidence from the website of Ministry of Higher Education and Scientific Research, Information Technologies and Communication. [6] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [7] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not list such a legislation or regulation. [8]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique (INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] Islamic Republic of Mauritania, Ministry of Higher Education and Scientific Research, Information Technologies and Communication. [<http://www.mesrstic.mr/fr/leministre/>]. Accessed 22 November 2020.

[7] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwcecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[8] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. According to the 2017 Joint External Evaluation (JEE) for Mauritania, the country lacks a legal framework regarding biosecurity and pathogen monitoring system. There is no indication that the situation has changed since the JEE was carried out in 2017, and no further evidence related to dual-use research in Mauritania can be found. [1] The websites of the Ministry of Health, Ministry of Agriculture and Ministry of National Defence do not indicate either that any of the three ministries or another agency are responsible for dual-research. [2,3,4] The webpage of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not reference any agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. [7]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold. In 2006 Mauritania, as a member of the Permanent Interstates Committee For Drought Control In The Sahel (CILSS), signed the Convention Establishing Regulation for The Sahel on Biosecurity (Convention Instaurant Une Reglementation Commune Bio Securitaire Dans L'Espace CILSS). The objective of this Convention is to provide the CILSS members with space for a mechanism for evaluation, management, communication and control of the risks inherent in the use, dissemination and the transboundary movement of genetically modified organisms (GMOs) while maximising the benefits of biotechnology and GMO production. Article 15 of the Convention has established the broad general rule that before any import, export, or sale of living modified organism products or derived products, a thorough risk assessment must be carried out. This assessment includes the product

specification, biological and reproductive characteristics, the inset and the code for traits, and the centre of origin, when known, among other assessments. [1] However, the Convention does not expressly require that the genetic code of the product is read and screened before allowing its sale. The websites of the Ministry of Health, Ministry of Agriculture, and Ministry of National Defence do not provide further information on this subject. [2,3,4] The webpage of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique is not available. [5] Although Mauritania is party to the UN Biological Weapons Convention (BWC), there is no public evidence that it has submitted Confidence Building Measures reports to the BWC. [6] There is no mention of such a legislation in the Joint External Evaluation for Mauritania, conducted in March 2017. [7] And the Vertic's Biological Weapons Convention (BWC) Legislation Database does not list any legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold. [8]

[1] Permanent Interstates Committee For Drought Control In The Sahel(CILSS). February 2006. " the Convention of Framework Establishing Regulation for The Sahel on Biosecurity.(Convention Instituant Une Reglementation Commune Bio Securitaire Dans L'Espace CILSS)." [http://hubrural.org/IMG/pdf/cilss_convention_cadre_biosecurite.pdf]. Accessed 22 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 22 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 22 November 2020.

[4] Islamic Republic of Mauritania. Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 22 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 22 November 2020.

[6] United Nations Office at Geneva (UNOG). BWC Electronic Confidence Building Measures Portal. Mauritania. [<https://bwc-ecbm.unog.ch/state/mauritania>]. Accessed 22 November 2020.

[7] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 22 November 2020.

[8] Vertic Database. "Mauritania". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 22 November 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1 , No = 0

Current Year Score: 0

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 1

There is public evidence that the country's national laboratory system has the capacity to conduct diagnostic tests for at least 5 of the 10 World Health Organization (WHO)-defined core tests but the tests are not named. The 2017 Joint External Evaluation (JEE) for Mauritania provides a list of diseases for which there are tests, however there is no indication as to what the corresponding tests are. The JEE report states that the country's national laboratory system scored 4 on the "Laboratory testing for detection of priority diseases" parameter, and continues to state that "the [National Institute of Public Health Research] INRSP laboratories are capable of conducting core tests for HIV, tuberculosis, malaria, measles, viral haemorrhagic fevers, dengue, yellow fever, cholera, meningitis, Salmonella and shigella. At regional level, laboratories are capable of conducting core tests to detect HIV, tuberculosis, malaria and meningitis". Laboratories also have the capacity to conduct rapid diagnostic tests for malaria, however, again the names of the corresponding tests were not indicated. [1] There is no publicly available evidence on four country-specific tests from the website of the Ministry of Health. [2] The rapid diagnostic test for malaria has been available since 2012, has been used for recent studies to measure the malaria burden in the northern part of the country and is reported by the World Health Organization (WHO) to be available for free in the public sector. [3,4,5] No further evidence was available on the Ministry of Health website and the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is not available. [2,6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[3] World Health Organization (WHO). 2017. "Mauritania". [https://www.who.int/malaria/publications/country-profiles/profile_mrt_en.pdf]. Accessed 23 November 2020.

[4] Deida, J., Tahar, R., Khalef, Y., Lekweiry, K., Hmeyade, A., Khairy, M....Boukhary, A. 2019. "Oasis Malaria, Northern

Mauritania". [https://wwwnc.cdc.gov/eid/article/25/2/18-0732_article]. Accessed 23 November 2020.

[5] Counterpart International. July 2012. "Counterpart Brings Malaria Rapid Diagnostic Test to Rural Mauritania". [<https://www.counterpart.org/stories/counterpart-brings-malaria-rapid-diagnostic-test-to-rural-mauritania/>]. Accessed 23 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is no evidence that Mauritania has a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. According to the 2017 Joint External Evaluation (JEE) for Mauritania, the country has the capacity of conducting 5 of the 10 World Health Organization (WHO)-defined core tests, however the report indicates that there is "no national plan to test priority pathogens". [1] Furthermore, the only national, multisectoral public health emergency contingency plans that are mentioned in the JEE are those for the country's points of entry. There is no other mention of contingency plans for other diseases. [1] Finally, the report states that there are several disease-specific plans, including: "Ebola virus disease preparedness and response plan" (2014), "Avian influenza plan" (2006) and "National Relief Organisation plan (the ORSEC plan)". None of these plans are publicly available online and there is no indication that these plans including testing during public health emergencies or anything that would include testing for novel pathogens, scaling capacity, or defining goals for testing. [1] There is no other evidence of contingency plans or other strategies that might address testing during a public health emergency. And no evidence was found of COVID-19 contingency plans. No further information is available on the websites of the Ministry of Health or the Ministry of Agriculture. [2,3] The website of the National Institute of Public Health Research is unavailable. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 24 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 24 November 2020.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA]). According to the Joint External Evaluation for Mauritania conducted in March 2017, the National Institute of Public Health Research (INRSP) laboratories are in the audit stage of the accreditation process and there is no evidence available that shows the situation has changed since March 2017. The National Sanitation Inspection Office for Fishery and Fish Farming Products laboratories are already ISO 17025 accredited. [1] Furthermore, the National Laboratory for the Quality Control of Drugs is ISO.CEI 17025 accredited. However these laboratories are not reference laboratories. [2] No further information can be found on the website of the Ministry of Health website, and the INRSP's website is unavailable. [3,4] There is no publicly available evidence from the Ministry of Agriculture. [5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. "The National Laboratory for the Quality Control of Drugs (le Laboratoire National de Contrôle de la Qualité des Médicaments (LNCQM))". [<http://www.lncqm.mr/index.php/fr/presentation-2/mot-du-directeur>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a national laboratory that serves as a reference facility which is subject to external quality assurance review. The National Institute of Public Health Research (INRSP) is referred to as the "national reference laboratory" on the World Health Organisation (WHO) website. [1] The March 2017 Joint External Evaluation for Mauritania notes that a number of INRSP laboratories are subject to external quality assurance review, but the report does not name them, and further research does not yield confirmation of which laboratories are under external quality assurance review. [2] There is no publicly available evidence on external quality assurance review via the websites of the Ministry of Health and Ministry of Agriculture. [3,4] The website of the National Institute of Public Health Research is unavailable. [5]

[1] World Health Organisation(WHO). Global Alert and Action (Alerte et action au niveau mondial (GAR)). Rift Vally Fever in Mauritania. [http://www.who.int/csr/don/2012_11_01/fr/]. Accessed 23 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania has a nationwide specimen transport system. According to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, there are some standard operating procedures in place for specimen collection, packaging and transport that were developed for Ebola virus disease preparedness. However, Mauritania scored '2' in "specimen referral and transport system" (section D.1.2) which demonstrates "system is in place to transport specimens to national laboratories from less than 50% of intermediate level/districts in country for advanced diagnostics". [1,2] There is no reference to a specimen transport system on the websites of the Ministry of Health or Ministry of Agriculture. [3,4] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is unavailable. [5] No further evidence could be found.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] World Health Organisation. 2016. "The Joint External Evaluation Tool - International Health Regulations (2005)". [https://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf?sequence=1]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence of a plan in place in Mauritania to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. There is no evidence of such a plan or any mention of authorizing laboratories in the 2017 Joint External Evaluation (JEE) for Mauritania. [1] There is no other evidence of authorizing or licensing laboratories to supplement the national public health laboratory system capacity on the websites of the Ministry of Health or the Ministry of Agriculture. [2,3] The website of the National Institute of Public Health

Research is unavailable. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 24 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique (INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 24 November 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,

Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis

= 1, No = 0

Current Year Score: 0

There is insufficient evidence that Mauritania conducts ongoing event-based surveillance (EBS) and analysis for infectious diseases. According to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, Mauritania conducts a minimum level of event-based surveillance, but there is no evidence of a dedicated unit. [1] The event-based surveillance system only captures ad-hoc reports and some rumours, and is not adequately developed. The JEE report recommends that the country improves the promptness and completeness of the event-based surveillance system. [1] A study conducted in 2019 on 47 countries' implementation of the World Health Organization (WHO)'s Integrated Disease Surveillance and Response (IDSR) strategy states that in Mauritania, there is an EBS, however there are no further details as to the scope of the system or the specific analysis that it provides. [2] The websites of the Health and Agriculture Ministries do not provide any additional information on event-based surveillance and analysis for infectious disease in Mauritania. [3,4] The two national emergency operations centres, the National Centre for Public Health Emergency Operations (CNOUSP) and the Centre for Crisis Monitoring, Alerts and Management (COVACC), do not have a web presence, and the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was inaccessible at the time of research. [5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] Fall, I. S., Rajatonirina, S., Yahaya, A. A., Zabolon, Y., Nsubuga, P., Nanyunja, M., Wamala, J., Njuguna, C., Lukoya, C. O., Alemu, W., Kasolo, F. C., & Talisuna, A. O. July 2019. "Integrated Disease Surveillance and Response (IDSR) strategy: current status, challenges and perspectives for the future in Africa". [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6615866/>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 23 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).
[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that Mauritania has reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. The WHO's Disease Outbreak News reported an outbreak of Rift Valley Fever in November 2020, stating that "between 13 September and 1 October 2020, eight cases of Rift Valley Fever (RVF) including seven deaths were confirmed in animal breeders". [1] According to an article by Outbreak News Today, on "Oct. 5, 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP): 36 were positive (by PCR and Elisa), 46 were negative". [2] No other evidence was found of a PHEIC being in Mauritania reported in the last two years.

[1] World Health Organisation (WHO). Disease Outbreak News (DONs). November 2020. "Rift Valley Fever - Mauritania". [<https://www.who.int/csr/don/13-november-2020-rift-valley-fever-mauritania/en/>]. Accessed 23 November 2020.

[2] Outbreak News Today. October 2020. "Mauritania reports Rift Valley fever outbreak".

[<http://outbreaknewstoday.com/mauritania-reports-rift-valley-fever-outbreak-80504/>]. Accessed 23 November 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Mauritania operates an electronic reporting surveillance system at both the national and sub-national level. According to the 2017 Joint External Evaluation for Mauritania, the country has reporting systems in place for animal and human health sectors, and is in the process of implementing the World Health Organization's (WHO) Integrated Disease Surveillance and Response (IDSR) network. [1] There is no publicly available evidence that shows any progress has been made since 2017. However, a study conducted in 2019 on 47 countries', which includes Mauritania, implementation of the IDSR strategy reports "that among 20 countries with good timeliness of IDSR reporting, 15 have electronic surveillance systems", however there is no indication whether Mauritania is included in this pool of countries. No other information was provided to indicate the capacity and scope that Mauritania has with regards to electronic reporting surveillance systems. [2] Some evidence suggests that Mauritania's electronic reporting system is not fully developed and is still being rolled out across the country. The National System of Health Information (Système National d'Information Sanitaire; SNIS) website states that the Ministry of Health and its technical and financial partners decided in 2016 to establish a common platform, District Health Information Software (DHIS2). However, no more updates on the system's progress or its scope have been made on the SNIS website since May 2016. [3] The JEE confirmed that the country is still in the process of establishing the use of DHIS2 trackers and one of the recommendations for priority actions in Mauritania's JEE is to put in place an interoperable, interconnected, electronic real-time reporting system that includes laboratory data and establishing a mechanism for real-time transmission of laboratory results, which implies the lack of ability to collect ongoing/real time

laboratory data. [1] No further evidence was found of progress made since. Although there is evidence of a pilot project for an operational electronic reporting system for vaccine-preventable diseases and maternal death, this pilot project for electronic reporting lacks adequate funding, according to the WHO. [4] The website of the Ministry of Health has no additional information on an electronic reporting surveillance system. [5] The website of the National Institute of Public Health Research was not available at the time of research. [6]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] Fall, I. S., Rajatonirina, S., Yahaya, A. A., Zabolon, Y., Nsubuga, P., Nanyunja, M., Wamala, J., Njuguna, C., Lukoya, C. O., Alemu, W., Kasolo, F. C., & Talisuna, A. O. July 2019. "Integrated Disease Surveillance and Response (IDSR) strategy: current status, challenges and perspectives for the future in Africa". [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6615866/>]. Accessed 23 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. National System of Health Information. [<http://www.snisrim.org/websnis>]. Accessed 23 November 2020.

[4] World Health Organisation. Integrated Disease Surveillance Quarterly Bulletin. 26 June 2016. [http://apps.who.int/iris/bitstream/handle/10665/251728/IDS_2016-01-end.pdf?sequence=1&isAllowed=y]. Accessed 23 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Mauritania has an electronic reporting surveillance system, and no evidence is available of an electronic reporting surveillance system that collects ongoing or real-time laboratory data. Some evidence suggests that Mauritania's electronic reporting system is not fully developed and is still being rolled out across the country. The National System of Health Information (Système National d'Information Sanitaire; SNIS) website states that the Ministry of Health and its technical and financial partners decided in 2016 to establish a common platform, District Health Information Software (DHIS2). However, no more updates on the system's progress or its scope have been made on the SNIS website since May 2016. [1] The Joint External Evaluation (JEE) for Mauritania, which was carried out in March 2017, confirms that the country is still in the process of establishing the use of DHIS2 trackers. [2] The website of the National Institute of Public Health Research is not reachable, and no further evidence is available on the website of Ministry of Health. [3,4] One of the recommendations for priority actions in Mauritania's JEE is to put in place an interoperable, interconnected, electronic real-time reporting system that includes laboratory data and establishing a mechanism for real-time transmission of laboratory results, which implies the lack of ability to collect ongoing/real time laboratory data in Mauritania. [2]

[1] Islamic Republic of Mauritania. Ministry of Health. National System of Health Information. [<http://www.snisrim.org/websnis>]. Accessed 23 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no publicly available evidence that electronic health records (EHRs) are commonly used in Mauritania. According to a 2016 country report by the World Health Organisation (WHO), primary, secondary and tertiary care facilities; laboratory information systems; pathology information systems; the automatic vaccination alerting system; and pharmacy information systems lack the use of EHRs. Only electronic medical billing systems and supply chain management information systems currently use EHRs. [1] The website of the Ministry of Health does not include any information on EHRs. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no mention of EHRs in the Joint External Evaluation for Mauritania conducted in March 2017. [4] No further evidence was found.

[1] World Health Organisation(WHO). African region office. "Mauritania".

[<http://www.who.int/goe/publications/atlas/2015/mrt.pdf>]. Accessed 23 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the national public health system in Mauritania has access to electronic health records (EHRs) of individuals in country. According to a 2016 country report by the World Health Organisation (WHO), primary, secondary and tertiary care facilities; laboratory information systems; pathology information systems; the automatic vaccination alerting system; and pharmacy information systems lack the use of EHRs. Only electronic medical billing systems and supply chain management information systems currently use EHRs. [1] The website of the Ministry of Health does not include any information on EHRs. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no mention of EHRs in the Joint External Evaluation for Mauritania conducted in March 2017. [4] No further evidence was found of EHRs.

- [1] World Health Organisation(WHO). African region office. "Mauritania".
[<http://www.who.int/goe/publications/atlas/2015/mrt.pdf>]. Accessed 23 November 2020.
- [2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.
- [3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).
[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.
- [4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yfj>]. Accessed 23 November 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of data standards to ensure data is comparable (e.g., ISO standards) in Mauritania. According to a 2016 country report by the World Health Organisation (WHO), primary, secondary and tertiary care facilities; laboratory information systems; pathology information systems; the automatic vaccination alerting system; and pharmacy information systems lack the use of EHRs. Only electronic medical billing systems and supply chain management information systems currently use EHRs. [1] The website of the Ministry of Health does not include any information on EHRs. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no mention of EHRs in the Joint External Evaluation for Mauritania conducted in March 2017. [4] No further evidence was found.

- [1] World Health Organisation(WHO). African region office. "Mauritania".
[<http://www.who.int/goe/publications/atlas/2015/mrt.pdf>]. Accessed 23 November 2020.
- [2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.
- [3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).
[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.
- [4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yfj>]. Accessed 23 November 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that there are established mechanisms at the relevant ministries for the sharing of data relevant to animal, human, and wildlife surveillance. Although the 2017 Joint External Evaluation (JEE) for Mauritania states that there is good co-ordination between human and animal health services, it notes that this is only during crises. During crises, information is shared through the National Epidemiological Surveillance Commission and the joint monitoring unit.

The JEE states the need to strengthen data sharing between animal health and human health services in non-crisis situations.

[1] A World Bank project, West Africa Regional Disease Surveillance Systems Enhancement (Projet Régional d'Amélioration des Systèmes de Surveillance des Maladies en Afrique de l'Ouest), which was carried out with the collaboration of Ministry of Health and Ministry of Livestock in February 2018, implies the lack of such a mechanism; one of the expected results of the Project is implementation of the One Health platform and putting in place a mechanism for sharing information in human, animal and environmental sectors. [2] There is no publicly available evidence from Ministry of Health, Ministry of Agriculture or Ministry of Environment webpages. [3,4,5] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique is not reachable. [6] No further evidence could be found.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] The World Bank project Regional Disease Surveillance Systems Enhancement (REDISSE). [<http://documents.worldbank.org/curated/en/333471520505774801/pdf/SFG4114-V1-EA-FRENCH-P161163-PUBLIC-Disclosed-3-8-2017.pdf>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 24 November 2020.

[5] Islamic Republic of Mauritania. Ministry of the Environment and Sustainable Development. [<http://www.environnement.gov.mr/fr/>]. Accessed 24 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 24 November 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania makes de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar). Specific to COVID-19, the Ministry of Health has provided regular situation reports on the topic (in some cases, less frequently than on a weekly basis), sharing country-wide numbers of new cases, deaths, active, and cured cases. The reports also provide these numbers at a regional level. [1] However, aside from the COVID-19 situation reports, Mauritania does not appear to make de-identified health surveillance data on other disease outbreaks publicly available on the website of the Ministry of Health. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no publicly available evidence on the websites of the Ministry of Agriculture and the Ministry of Livestock was also not accessible at the time of research. [4,5]

[1] Islamic Republic of Mauritania. Ministry of Health. "Situation Report - November 24, 2020".

[https://www.sante.gov.mr/wp-content/uploads/2020/11/241120-Mauritanie-Sitrep-COVID-19_FR.pdf]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 25 November 2020.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania makes de-identified health surveillance data on COVID-19 publicly available via daily reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar). The Ministry of Health does provide regular situation reports on the topic, however, they are published less frequently than on a daily basis. They provide country-wide numbers of new cases, deaths, active, and cured cases. The reports also provide these numbers at a regional level. [1] There is no further information available on the website of the Ministry of Health and there is no COVID-19-specific website. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no publicly available evidence on the websites of the Ministry of Agriculture and the Ministry of Livestock was also not accessible at the time of research. [4,5]

[1] Islamic Republic of Mauritania. Ministry of Health. "Situation Report - November 24, 2020".

[https://www.sante.gov.mr/wp-content/uploads/2020/11/241120-Mauritanie-Sitrep-COVID-19_FR.pdf]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Livestock. [<http://www.elevagerim.com/fr/>]. Attempted access on 25 November 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that Mauritania has a legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Article 2 of Law No. 2017-020 of 2017, the Protection of Personal Information Act (la Protection des Données à Caractère Personnel), defines health information as relating to the physical and mental state of a given person. Article 16 states that personal health

information should be obtained only from the given person, and cannot be collected from any other source unless the law authorises otherwise. Article 90 provides that except in the cases required by law or by expressed consent, transferring and saving personal data that directly or indirectly identifies information relating to health, racial or ethnic origins, political, philosophical or religious opinions, or trade union affiliations is punishable by imprisonment or fine. [1] Law No. 2007-042 of 2007 on prevention, care and control of HIV/AIDS requires a "relationship of trust and confidentiality between a patient in general or a patient with HIV/AIDS in particular and his/her doctor, any health staff, paramedic, any healthcare worker, laboratory worker, pharmacist, or any other person whose profession allows him to acquire such information". [2] No additional information is available on the website of the Ministry of Health. [3]

[1] Islamic Republic of Mauritania. Ministry of Higher Education and Scientific Research, Information Technologies and Communication. 22 July 2017. "Protection of Personal Information Act. (Loi n° 2017- 020 portant la Protection des Données à caractère personnelles)". [<http://www.tic.gov.mr/IMG/pdf/imp1fr-2.pdf>]. Accessed 25 November.

[2] Islamic Republic of Mauritania. 3 September 2007. "Prevention, Care and Control of HIV / AIDS (Loi n° 2007.042 relative à la prévention, la prise en charge et le contrôle du VIH / SIDA)". [http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/legaldocument/wcms_118140.pdf]. Accessed 25 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware). Article 2 of the Protection of Personal Information Act of 2017 defines health information as the physical and mental state of a given person. Article 16 states that personal health information should be obtained only from the person in question and such information cannot be collected from any other sources unless the law authorises otherwise. Article 90 states that, except in cases required by law or by expressed consent, transferring and saving personal data which directly or indirectly identifies personal information relating to health; racial or ethnic origins; political, philosophical or religious opinions; or trade union affiliations is punishable by imprisonment or fine. However there is no mention of cyber attacks. [1] Furthermore, Law No. 2007-042 of 2007 on prevention, care and control of HIV / AIDS requires a "relationship of trust and confidentiality between a patient in general or a patient with HIV/AIDS in particular and his/her doctor, any health staff, paramedic, any healthcare worker, laboratory worker, pharmacist, or any other person whose profession allows him to acquire such information". This law does not cover cyber attacks. [2] No additional information is available on the website of the Ministry of Health. [3]

[1] Islamic Republic of Mauritania. Ministry of Higher Education and Scientific Research, Information Technologies and Communication. 22 July 2017. "Protection of Personal Information Act. (Loi n° 2017- 020 portant la Protection des Données à caractère personnelles)". [<http://www.tic.gov.mr/IMG/pdf/imp1fr-2.pdf>]. Accessed 25 November.

[2] Islamic Republic of Mauritania. 3 September 2007. "Prevention, Care and Control of HIV / AIDS (Loi n° 2007.042 relative à la prévention, la prise en charge et le contrôle du VIH / SIDA)". [http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/legaldocument/wcms_118140.pdf]. Accessed 25 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is no evidence to show that Mauritania has made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region for either one or more than one disease. The country is a member of the Africa Centres for Disease Control and Prevention (Africa CDC) Regional Collaborating Centres, which was created to improve surveillance and emergency response among Africa CDC member states to "address emerging and endemic diseases and public health emergencies". The Africa CDC has developed a five year strategic plan (2017-2021), which will help member states to achieve harmonisation in surveillance and disease intelligence. However, there is no evidence that Mauritania has made a commitment to share surveillance data during public health emergencies with Africa CDC member states. [1,2] Mauritania was a participant in the Special Working Group on the Integrated Disease Surveillance and Response (IDSR), which took place on 19-22 September 2017 and was organised by the World Health Organisation (WHO) Emergencies programme to promote the timely exchange of information on IDSR among members, revise IDSR guidelines and tools in the WHO African Region, and annually review regional progress in the implementation of IDSR, among other objectives. Countries committed to stepping up IDSR to improve disease outbreak detection and response. However, this includes general non-emergency data sharing. [3] With regards to COVID-19, the World Bank reports that Mauritania's surveillance system needs strengthening especially with regards to its "detection and surveillance capacity at points-of-entry into Mauritania, such as airports and border-crossing sites, and to continue the training of medical staff on case-management, risk communication and community engagement", however there is no indication that a system of surveillance data sharing is in place during public health emergencies. [4] The website of the Ministry of Health has no evidence of commitments by the Mauritanian government to share surveillance data during a public health emergency with other countries in the region. [5] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [6]

[1] Africa Centers for Disease Control and Prevention (CDC). Regional Collaborating Centres. [<https://africacdc.org/about-us/>]. Accessed 25 November 2020.

[2] Africa Centers for Disease Control and Prevention (CDC). "Africa Centres for Disease Control and Prevention Strategy at a Glance (2017-2021)". [<https://africacdc.org/download/africa-centres-for-disease-control-and-prevention-strategy-at-a-glance/>]. Accessed 25 November 2020.

[3] World Health Organisation (WHO). Regional Office for Africa. "Integrated Disease Surveillance and Response (IDSR) Task Force Meeting, Entebbe, Uganda". September 2017. [https://afro.who.int/sites/default/files/2017-12/Integrated%20Disease%20Surveillance%20and%20Response%20edited_Final.pdf]. Accessed 25 November 2020.

[4] The World Bank. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)". [<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 24 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 1

There is evidence that Mauritania has a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing however it is not a systematic process in the event of a public health emergency and seems to only be a recent response to the COVID-19 pandemic. During the past months, to increase the Ministry of Health's number of health workers, Resolve to Save Lives (RTSL), an initiative of Vital Strategies, in partnership with the national government and the World Health Organization (WHO) was able to provide "funds to help recruit and train field epidemiologists" and "trained them in basic practices of public health". The majority have worked in contact tracing, which has provided substantial contact tracing scaling up support to the country. [1] A study that describes Mauritania's response to COVID-19, refers to the use of the country's contact tracing capabilities, but again, provides no indication that this is a system in place that can be applied to public health emergencies beyond COVID-19. [2] This however, is not a systematic process during general public health emergencies and there is no evidence that this response has occurred previously. There is no evidence of scaling up capacity in the Joint External Evaluation (JEE) for Mauritania, which was carried out in March 2017. [3] There is no evidence that such a system exists on the website for the Ministry of Health. [4] And the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [5]

[1] Prevent Epidemics. July 2020. "Mauritania: Getting Eyes on the Virus". [<https://preventepidemics.org/stories/mauritania-getting-eyes-on-the-virus/>]. Accessed 25 November 2020.

[2] A. El Vally, M.A. Bollahi, M.S. Ould Ahmedou Salem, J. Deida, P. Parola, L. Basco, A. El Bara, M. Ouldabdallahi, A. Ould Mohamed Salem Boukhary. November 2020. "Retrospective overview of a COVID-19 outbreak in Mauritania". [<http://www.sciencedirect.com/science/article/pii/S2052297520301402>]. Accessed 25 November 2020.

[3] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

No evidence was found that Mauritania can provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. The 2017 Joint External Evaluation report for Mauritania makes no mention of wraparound services. [1] And no evidence was found of such a system on the websites for the Ministry of Public Health and the National Public Health Institute (Institut national de santé publique (INSP)) of Mauritania was not accessible at the time of research. [2,3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar). The Ministry of Health does provide regular situation reports on the topic, however, they are published less frequently than on a daily basis. They provide country-wide numbers of new cases, deaths, active, and cured cases. This includes numbers of contract tracing. The reports also provide these numbers at a regional level. [1] There is no further information on daily contact tracing numbers available on the website of the Ministry of Health and there is no COVID-19-specific website. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is no publicly available evidence on the websites of the Ministry of Agriculture. [4]

[1] Islamic Republic of Mauritania. Ministry of Health. "Situation Report - November 24, 2020".

[https://www.sante.gov.mr/wp-content/uploads/2020/11/241120-Mauritanie-Sitrep-COVID-19_FR.pdf]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence of a joint plan or cooperative agreement between the public health system and border control authorities to monitor suspected and potential cases for international travelers and trace and quarantine their contacts in the event of an active or future public health emergency. According to the 2017 Joint External Evaluation (JEE) report for Mauritania, there is a need to "strengthen coordination mechanisms between public health authorities and security officials, including through Centre for Crisis Monitoring, Alerts and Management (COVACC)" and gives the section a score of '2', meaning the country has limited capacity. [1] The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside of the COVACC. The JEE report further states that the "emergency operating procedures and plans for all types of international health related events still have not been developed. The government needs to implement the CNOUSP action plan and the co-ordination plan between two centres have not been set up". [1] There is no evidence that progress has been made in establishing the CNOUSP action plan and co-ordination plan since 2017. COVACC was set up in 2015 as a national alert and crisis management operational centre that covers Nouakchott, Nouadhibou, Rosso and Néma. The project is funded equally by NATO and the Canadian Department of Foreign Affairs. COVACC operates a network with regional directorates, each of which has an operational co-ordination centre. [2,3] No further evidence was available to suggest that this would account for a cooperative agreement between the public health system and border control authorities to monitor suspected and potential cases for international travelers in the event of a public health emergency. And no other evidence was available to demonstrate that an agreement has been made during the COVID-19 pandemic to monitor contact tracing efforts. There is no further information on cooperative agreements via the website of the Ministry of Health, and the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] The North Atlantic Treaty Organization (NATO). "Mauritanie : nouveau centre de gestion de crises." February 2015. [https://www.nato.int/cps/fr/natohq/news_117409.htm]. Accessed 25 November 2020.

[3] Rohwerder, Brigitte. 17 February 2015. "Crisis management models in Africa". [<http://www.gsdr.org/docs/open/hdq1199.pdf>]. Accessed 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that Mauritania provides an applied epidemiology training program (such as FETP) in country, however there is no evidence that the government is able to send citizens to another country to participate in applied epidemiology training programs (such as FETP). According to the Joint External Evaluation of Mauritania, conducted in March 2017, a basic-level of Field Epidemiology Training Programme (FETP) is available for health workers, consisting of "a three-month field epidemiology basic level training programme focused on prevention and detection of, and response to, diseases and major public health events at the national or global level". [1] The African Network of Epidemiology Field (AFENET) operates Frontline and Intermediate FETPs, which respectively involve three and six months of in-service training. The Frontline programme is implemented in 20 African countries, including Mauritania. [2] The QED Group has also supported the FETP-Frontline implementation initiative. [3] Mauritania's FETP is not part of the Training Programmes in Epidemiology and Public Health Interventions Network (TEPHINET). [4] There is no evidence via the websites of the Ministry of Health, TEPHINET or AFENET that resources are provided by the government to send citizens abroad to participate in applied epidemiology training programmes. [5,1,2]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] African Network of Epidemiology Field (AFENET). [http://www.afenet.net/images/2019/dox/AFENET_PROFILE_2019_FINAL.pdf]. Accessed 25 November 2020.

[3] The QED Group. "QED Project Supports Global Field Epidemiology Training: CDC's FETP-Frontline Implementation Initiative". [<https://www.qedgroupllc.com/news/qed-project-supports-global-field-epidemiology-training-cdcs>]. Accessed 25 November 2020.

[4] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). [<https://www.tephinet.org/sites/tephinet/files/content/attachment/2018-11-05/TEPHINET%20Member%20Programs%20at%20a%20Glance.pdf>]. Accessed 25 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence Mauritania has a field epidemiology training programs explicitly inclusive of animal health professionals or that there is a specific animal health field epidemiology training program offered (such as FETPV). According to the Joint External Evaluation for Mauritania, conducted in March 2017, field epidemiology training for veterinarians is available in addition to field epidemiology training for health personnel. [1] The country's a three-month field epidemiology basic-level training programme included two veterinarians in its first cohort. [1] No evidence of a specific animal health field epidemiology training programme was found via the websites of the African Network of Epidemiology Field (AFENET) or Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). [2,3] There is no evidence that the QED Group, which has supported an FETP-Frontline implementation initiative provides animal health professionals any kind of FETP training. [4] No further evidence was found via the website of the Ministry of Health. [5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] African Network of Epidemiology Field (AFENET).

[http://www.afenet.net/images/2019/dox/AFENET_PROFILE_2019_FINAL.pdf]. Accessed 25 November 2020.

[3] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET).

[<https://www.tephinet.org/sites/tephinet/files/content/attachment/2018-11-05/TEPHINET%20Member%20Programs%20at%20a%20Glance.pdf>]. Accessed 25 November 2020.

[4] The QED Group. "QED Project Supports Global Field Epidemiology Training: CDC's FETP-Frontline Implementation Initiative". [<https://www.qedgroupllc.com/news/qed-project-supports-global-field-epidemiology-training-cdcs>]. Accessed 25 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

There is no evidence that Mauritania has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential, however there is evidence of disease specific plans. The 2017 Joint External Evaluation (JEE) for Mauritania states that a "multi-hazard public health emergency preparedness and response plan should be developed", demonstrating the lack of such a plan; there is no publicly available evidence that shows the situation has changed since 2017. The report states that there are specific, targeted plans available for Ebola, cholera, meningitis and avian influenza, but these specific plans are not publicly available. [1] According to a recent UNICEF situation report shared in April 2020, in response to COVID-19, "The Government of Mauritania developed a response plan with support from development partners, including UNICEF. The response plan seeks to leverage on existing preparedness and response structures and mechanisms established for Ebola, Polio and Dengue", showing further evidence of disease-specific plans. There is no indication that any of these plans is broad enough to count as an overarching plan addressing multiple communicable diseases. [2] Mauritania has in place the "National Disaster Risk Management Action Plan (PANGRC)" on prevention and management of disasters and strengthening the co-ordination between different sectors. [3] PANGRC itself is not available online. The country does not have an emergency management agency, but does operate Emergency Operational Centres. The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside the Centre for Crisis Monitoring, Alerts and Management (COVACC). COVACC was set up in 2015 as a national alert and crisis management operational centre. There is no evidence of co-ordination plan between two centres. [1] COVACC and CNOUSP do not have websites. No further information relevant to public health emergency planning is available on the Ministry of Health's website. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] UNICEF. April 2020. "Mauritania Coronavirus (COVID-19) Situation Report No. 3". [<https://www.unicef.org/media/79606/file/Mauritania-COVID19-SitRep-9-April-2020.pdf>]. Accessed 28 November 2020.

[3] National Progress Report 2011-2013. February 2013. "Mauritania". [https://www.preventionweb.net/files/31058_mrt_NationalHFAprogress_2011-13.pdf]. Accessed 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that Mauritania has an overarching national public health emergency response plan in place, therefore it has not been updated in the last three years. The 2017 Joint External Evaluation (JEE) for Mauritania states that a "multi-hazard public health emergency preparedness and response plan should be developed", demonstrating the lack of such a plan; there is no publicly available evidence that shows the situation has changed since 2017. There are specific, targeted plans available for Ebola, cholera, meningitis and avian influenza, but these specific plans are not publicly available. [1] Mauritania has in place the "National Disaster Risk Management Action Plan (PANGRC)" on prevention and management of disasters and strengthening the co-ordination between different sectors. [2] PANGRC itself is not available online. The country does not have an emergency management agency, but does operate Emergency Operational Centres. The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside the Centre for Crisis Monitoring, Alerts and Management (COVACC). COVACC was set up in 2015 as a national alert and crisis management operational centre. There is no evidence of co-ordination plan between two centres. [1] COVACC and CNOUSP do not have websites. No further information relevant to public health emergency planning is available on the Ministry of Health's website. [3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] National Progress Report 2011-2013. February 2013. "Mauritania".

[https://www.preventionweb.net/files/31058_mrt_NationalHFAprogress_2011-13.pdf]. Accessed 25 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that Mauritania has an overarching national public health emergency response plan in place, therefore it does not include considerations for pediatric and/or other vulnerable populations. The 2017 Joint External Evaluation (JEE) for Mauritania states that a "multi-hazard public health emergency preparedness and response plan should be developed", demonstrating the lack of such a plan; there is no publicly available evidence that shows the situation has changed since 2017. There are specific, targeted plans available for Ebola, cholera, meningitis and avian influenza, but these specific plans are not publicly available. [1] Mauritania has in place the "National Disaster Risk Management Action Plan (PANGRC)" on prevention and management of disasters and strengthening the co-ordination between different sectors. [2] PANGRC itself is not available online. The country does not have an emergency management agency, but does operate Emergency Operational Centres. The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside the Centre for Crisis Monitoring, Alerts and Management (COVACC). COVACC was set up in 2015 as a national alert and crisis management operational centre. There is no evidence of co-ordination plan between two centres. [1] COVACC and CNOUSP do not have websites. No further information relevant to public health emergency planning is available on the Ministry of Health's website. [3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] National Progress Report 2011-2013. February 2013. "Mauritania".

[https://www.preventionweb.net/files/31058_mrt_NationalHFAprogres_2011-13.pdf]. Accessed 25 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1, No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has a mechanism for engaging with the private sector to assist with the outbreak emergency preparedness and response. No such mechanism is mentioned in the 2017 Joint External Evaluation for Mauritania. [1] There is no public health emergency preparedness and response plan, nor is any relevant information available from the Ministry of Health's webpage. [2] The "Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)", which was published by Mauritanian government in 2014, states that "the private sector in Mauritania plays no role in prevention, and its role remains very marginal in emergency relief and infrastructure rehabilitation". [3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. The Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania. May 2014. [<https://www.cadri.net/sites/default/files/MAURITANIE-Rapport-d-Evaluation-RRC.pdf>]. Accessed 24 November 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic for one or more diseases. No evidence of such a plan is available via the website for the Ministry of Health. [1] There is no mention of such a plan in the 2017 Joint External Evaluation for Mauritania. [2] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [3] There is an apparent COVID-19 plan, however it was not found through general media search and no details were found to determine whether implementing NPIs is included. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of the Economy and Industry.

[<https://www.un.org/ohrlls/sites/www.un.org.ohrlls/files/mauritania.pdf>]. Accessed 25 November 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?

- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is no evidence that Mauritania has activated its national emergency response plan for an infectious disease outbreak in the past year but there is evidence that it has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. There is no evidence that Mauritania has an overarching national public health emergency response plan that was activated in the past year. There is an apparent COVID-19 plan, however it was not found through general media search and no details were found to determine whether it was activated in response to the recent pandemic.

[1] The 2017 Joint External Evaluation (JEE) for Mauritania states that a "multi-hazard public health emergency preparedness and response plan should be developed", demonstrating the lack of such a plan; there is no publicly available evidence that shows the situation has changed since 2017. There are specific, targeted plans available for Ebola, cholera, meningitis and avian influenza, but these specific plans are not publicly available. [3] Mauritania has in place the "National Disaster Risk Management Action Plan (PANGRC)" on prevention and management of disasters and strengthening the co-ordination between different sectors. [4] PANGRC itself is not available online. There is public evidence that Mauritania in the past year has undergone a national-level biological threat-focused exercise. An exercise was conducted in December 2019 to assess

the readiness of PHEOCs in the WHO African Region to respond to a public health emergency, Ebola. There is no evidence via the website for the Ministry of Health of a simulation exercise. [5,6] There is also no evidence that a simulation exercise was conducted via a general media search.

- [1] Islamic Republic of Mauritania. Ministry of the Economy and Industry. [<https://www.un.org/ohrlls/sites/www.un.org.ohrlls/files/mauritania.pdf>]. Accessed 25 November 2020.
- [2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.
- [3] National Progress Report 2011-2013. February 2013. "Mauritania". [https://www.preventionweb.net/files/31058_mrt_NationalHFAprogress_2011-13.pdf]. Accessed 25 November 2020.
- [4] World Health Organization (WHO). Health Security Calendar. [<https://extranet.who.int/sph/calendar>]. Accessed 25 November 2020.
- [5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is no public evidence that Mauritania in the past year has identified a list of gaps and best practices in response (either through an infectious disease response of a biological-threat focused exercise) and developed a plan to improve response capabilities. In September 2017 the Ministry of Health conducted an after action review (AAR) of an outbreak of Crimean Congo Haemorrhagic Fever that occurred in May-July 2017, but this was more than one year ago. [1] The AAR revealed best practices, such as good co-ordination between animal and health sectors, as well as identifying challenges, and priority activities have been set out. [2] There is no further evidence of an after action review that was conducted in the last year or any effort to identify a list of gaps and best practices in response to infectious disease outbreaks or to biological-threat focused exercise on the World Health Organization (WHO) simulation exercise calendar, on the website for the Ministry of Health, or via a general media search. [3,4]

- [1] World Health Organisation (WHO). Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)] Health Security Status. [<https://extranet.who.int/sph/country/1801>]. Accessed 25 November 2020.
- [2] World Health Organisation (WHO). After Action Review of a CCHF outbreak in Mauritania. September 2017. [<https://extranet.who.int/sph/calendar/2017>]. Accessed 25 November 2020.
- [3] World Health Organization (WHO). Health Security Calendar. [<https://extranet.who.int/sph/calendar>]. Accessed 25 November 2020.
- [4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Mauritania in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. There is no evidence via the World Health Organization (WHO) simulation exercise calendar or via the website for the Ministry of Health of a simulation exercise, and therefore no evidence that private sector representatives were included. [1,2] There is also no evidence that a simulation exercise was conducted via a general media search.

[1] World Health Organization (WHO). Health Security Calendar. [<https://extranet.who.int/sph/calendar>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Mauritania has in place an Emergency Operations Center (EOC). The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside of the Centre for Crisis Monitoring, Alerts and Management (COVACC). According to the Joint External Evaluation for Mauritania, conducted in March 2017, "emergency operating procedures and plans for all types of IHR-related events still have not been developed. The government needs to implement the CNOUSP action plan and the co-ordination plan between two centres have not been set up". [1] There is no evidence that progress has been made in establishing the CNOUSP action plan and co-ordination plan since 2017. COVACC was set up in 2015 as a national alert and crisis management operational centre that covers Nouakchott, Nouadhibou, Rosso and Néma. The project is funded equally by NATO and the Canadian Department of Foreign Affairs. COVACC operates a network with regional directorates, each of which has an operational co-ordination centre. [2,3] A three-day CNOUSP document validation workshop was organised by the National Centre of Public Health in collaboration with the World Health Organisation (WHO) took place in July 2018 in Nouakchott with the aim of validating the plan for the CNOUSP. [4] No additional information on further progress is available publicly. No further evidence was available on the website of the Ministry of Health and the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [5,6] COVACC and the CNOUSP do not have webpages.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] The North Atlantic Treaty Organization (NATO). "Mauritanie : nouveau centre de gestion de crises." February 2015.

[https://www.nato.int/cps/fr/natohq/news_117409.htm]. Accessed 23 November 2020.

[3] Rohwerder, Brigitte. 17 February 2015. "Crisis management models in Africa".

[<http://www.gsdr.org/docs/open/hdq1199.pdf>]. Accessed 23 November 2020.

[4] Mauritania News Agency. 23 July 2018. [<http://fr.ami.mr/Depeche-45641.html>]. Accessed 23 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 23 November 2020.

[6] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 23 November 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the Emergency Operations Center (EOC) is required to conduct a drill for a public health emergency scenario at least once per year or no evidence that they have conducted a drill at least once per year. The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and the Centre for Crisis Monitoring, Alerts and Management (COVACC) in 2015; both centres are still developing action plans. There is no evidence available in the 2017 Joint External Evaluation (JEE) of Mauritania to show that such an exercise has been carried out; however, the JEE reports that COVACC has carried out simulation exercises for handling suspected Ebola virus disease cases and that multidisciplinary rapid response teams have been trained. [1] There is no evidence of a requirement for drills specifically related to public health emergencies on the Ministry of Health website. [2] Mauritania does not have an emergency management agency and COVACC does not have a webpage. There is no information regarding Mauritania's Emergency Operations Centre on the webpage of the Sendai framework. [3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[3] United Nation Office for disaster Risk Reduction (UNISDR). 2018. [<https://www.unisdr.org/partners/countries/mrt>]. Accessed 24 November 2020.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania's Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. The National Centre for Public Health Emergency Operations (CNOUSP) was set up in 2016 and operates alongside of the Centre for Crisis Monitoring, Alerts and Management (COVACC). According to the Joint External Evaluation for Mauritania, conducted in March 2017, "emergency operating procedures and plans for all types of IHR-related events still have not been developed. The government needs to implement the CNOUSP action plan and the co-ordination

plan between two centres have not been set up". [1] There is also no evidence that progress has been made in establishing the CNOUSP action plan and co-ordination plan since 2017. COVACC was set up in 2015 as a national alert and crisis management operational centre that covers Nouakchott, Nouadhibou, Rosso and Néma. The project is funded equally by NATO and the Canadian Department of Foreign Affairs. COVACC operates a network with regional directorates, each of which has an operational co-ordination centre. [2,3] There is no evidence that the units are capable of responding to a public health emergency within 120 minutes of identification. In response to COVID-19, the first case recorded was on March 13 and the government began responding to the case within several days of the record. No evidence was available to suggest that it had activated its response mechanisms within 120 minutes. [4,5] No further evidence was available on the website of the Ministry of Health and the website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) was not accessible at the time of research. [6,7] COVACC and the CNOUSP do not have webpages.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 23 November 2020.

[2] The North Atlantic Treaty Organization (NATO). "Mauritanie : nouveau centre de gestion de crises." February 2015. [https://www.nato.int/cps/fr/natohq/news_117409.htm]. Accessed 23 November 2020.

[3] Rohwerder, Brigitte. 17 February 2015. "Crisis management models in Africa". [<http://www.gsdr.org/docs/open/hdq1199.pdf>]. Accessed 23 November 2020.

[4] Global Monitoring. "COVID-19 pandemic - Mauritania". [<https://global-monitoring.com/gm/page/events/epidemic-0002052.JLzgfAyD98Zd.html?lang=en>]. Accessed 25 November 2020.

[5] A. El Vally, M.A. Bollahi, M.S. Ould Ahmedou Salem, J. Deida, P. Parola, L. Basco, A. El Bara, M. Ouldabdallahi, A. Ould Mohamed Salem Boukhary. November 2020. "Retrospective overview of a COVID-19 outbreak in Mauritania". [<http://www.sciencedirect.com/science/article/pii/S2052297520301402>]. Accessed 25 November 2020.

[6] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[7] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that Mauritania's public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack) and there is no evidence of standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack). The Centre for Crisis

Monitoring, Alerts and Management (COVACC), established by civil security authorities with the support of NATO is responsible for mounting an all-sector response during crises that threaten the safety of the public. However, according to the Joint External Evaluation (JEE) for Mauritania, which was carried out in March 2017, no joint simulation exercises have been carried out and no evidence was found of more recent joint simulation exercises. According to the JEE, COVACC is due to organise its interactions with various sectors, including the public health sector, but no additional information on such interactions has been found since the report's publication. [1] There is no evidence of any procedure, guidelines, MOUs or other agreements on the websites of the Ministry of Health or Ministry of Interior. [2,3] However, Article 2 of Decree No. 2002-17 of 31 March 2002 on emergency relief organisation, "designates an interministerial committee chaired by the Prime Minister and including the Armed Forces Minister as a member. At the regional level, the Governor (Wali) chairs the regional commission". [1,4] According to the "Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania" published in 2014, this body, the Interministerial Committee for Situations, is to be assisted by a Permanent Co-ordination and Monitoring Unit in Emergency Situations. The Evaluation report recommends modification of the terms of reference so that the committee can have at least two annual meetings. [5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Interior. [<http://www.interieur.gov.mr/>]. Accessed 25 November 2020.

[4] Official Gazette of the Islamic Republic. 30 May 2002. [<http://anac.mr/ANAC/JOOf/2002/1023%20fr%20sc.pdf>]. Accessed 25 November 2020.

[5] Islamic Republic of Mauritania. May 2014. "The Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)". [<https://www.cadri.net/sites/default/files/MAURITANIE-Rapport-d-Evaluation-RRC.pdf>]. Accessed 25 November 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) that outlines how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach). There is no publicly available evidence on the website of the Ministry of Health. [1] The National Centre for Public Health Emergency Operations and the Centre for Crisis Monitoring, Alerts and Management do not have websites. The "National Disaster Risk Management Action Plan 2007 (Plan d'Action National de Gestion des Risques de Catastrophes)" is not publicly available online. The Joint External Evaluation for Mauritania, conducted in March 2017, notes the government's efforts to ensure that messages reach all affected areas - for example, all announcements are translated into local languages during emergencies - but there is no evidence of an actual plan or strategy in place. [2] The report also states that the country lacks a "multi-hazard, multi-sectoral

risk communication plan", but has action plans for a number of diseases that include a communication component. It states that there is the "Ebola virus disease preparedness and response plan" (2014), "Avian influenza plan" (2006) and "National Relief Organisation plan (the ORSEC plan)". [2] None of these plans are publicly available online and there are no details as to whether they outline how messages will reach populations and sectors with different communication needs. In response to the COVID-19 pandemic, The World Bank developed a preparedness and response plan and context analysis of Mauritania and explains that the "country's public health system's capacity for disease outbreak response and preparedness needs strengthening" and continues to explain that there is a need for "improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication". [3] No details are provided about messaging to communities with different communication needs.

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[3] The World Bank. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)." [<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 24 November 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that demonstrates that Mauritania has in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The country lacks a "multi-hazard, multi-sectoral risk communication plan", but has action plans for a number of diseases that include a communication component, according to the Joint External Evaluation for Mauritania, conducted in March 2017. The report explains that these plans are: "Ebola virus disease preparedness and response plan" (2014), "Avian influenza plan" (2006) and "National Relief Organisation plan (the ORSEC plan)". [1] None of these plans are publicly available online. In response to the COVID-19 pandemic, The World Bank has developed a preparedness and response plan and context analysis and explains that the "country's public health system's capacity for disease outbreak response and preparedness needs strengthening" and continues to explain that there is a need for "improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication". [2] There is no additional evidence available on the Ministry of Health website. [3] The "Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)", which was published by the Mauritanian government in 2014, does not have a section detailing a risk communication plan. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] The World Bank. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)."

[<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[4] Islamic Republic of Mauritania. May 2014. "The Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)". [<https://www.cadri.net/sites/default/files/MAURITANIE-Rapport-d-Evaluation-RRC.pdf>]. Accessed 24 November 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that demonstrates that Mauritania has in place a risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) and there is no evidence that a specific position has been designated within the government to serve as the primary spokesperson to the public during a public health emergency. The country lacks a "multi-hazard, multi-sectoral risk communication plan", but has action plans for a number of diseases that include a communication component, according to the Joint External Evaluation for Mauritania, conducted in March 2017. The report explains that these plans are: "Ebola virus disease preparedness and response plan" (2014), "Avian influenza plan" (2006) and "National Relief Organisation plan (the ORSEC plan)". [1] None of these plans are publicly available online and there is no evidence that these plans designate a specific spokesperson during public health emergencies. In response to the COVID-19 pandemic, The World Bank has developed a preparedness and response plan and context analysis and explains that the "country's public health system's capacity for disease outbreak response and preparedness needs strengthening" and continues to explain that there is a need for "improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication". There is no mention of a spokesperson in this document. [2] There is no additional evidence available on the Ministry of Health website. [3] The "Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)", which was published by the Mauritanian government in 2014, does not have a section detailing a risk communication plan or a designated spokesperson. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 24 November 2020.

[2] The World Bank. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)". [<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 24 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 24 November 2020.

[4] Islamic Republic of Mauritania. May 2014. "The Evaluation report on national capacities for risk reduction, preparedness and emergency response in Mauritania (Rapport d'évaluation des capacités nationales pour la réduction des risques, la préparation et la réponse aux urgences en Mauritanie)". [<https://www.cadri.net/sites/default/files/MAURITANIE-Rapport-d-Evaluation-RRC.pdf>]. Accessed 24 November 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 0

There is insufficient evidence that the Mauritanian public health system has actively shared messages via online media platforms (eg social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation. The Ministry of Health has a news section on its website and does not have an official page on Facebook or Twitter. However, according to the Joint External Evaluation for Mauritania, conducted in March 2017 (section R.5.3), "social media is used to convey information and text messages are used to effectively reach communities". Public health emergencies are not mentioned. [1,2] The National Centre for Public Health Emergency Operations (CNOUSP) and Centre for Crisis Monitoring, Alerts and Management (COVACC) do not have websites.

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 25 November 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases (in the past two years). According to the Senalouine as well as the Media Foundation for West Africa, "the National Assembly on June 24, 2020, approved a new law to deal with the publication of false information on social media". The law was put into place after a "recent wave of arrests over social media publications" made by local officials. None of the publications were made on infectious diseases. [1,2] With regards to COVID-19, there was a release in May 2020 that 127 Mauritians living in Senegal were infected by and had to be treated for the virus, however this situation was debunked. No evidence was available to show that a Mauritanian senior leader was involved in spreading the misinformation, however. [3] No further evidence of misinformation shared by a senior leader was found on a general web search or through the Ministry of Health website. [4]

[1] Media Foundation for West Africa. August 2020. "Mauritania Passes Law on False Publication Amidst Crackdown on Online Dissent (La Mauritanie Adopte une Loi sur les Fausses Publications dans un Contexte de Répression de la Dissidence en Ligne)". [<https://www.mfwa.org/fr/country-highlights/la-mauritanie-adopte-une-loi-sur-les-fausses-publications-dans-un-contexte-de-repression-de-la-dissidence-en-ligne/>]. Accessed 25 November 2020.

[2] Senalouine. June 2020. "Mauritania: authorities adopt a law against the dissemination of false information on social media (Mauritanie: les députés adoptent une loi contre la diffusion des informations fausses sur les réseaux sociaux)".

[<https://senalioune.com/mauritanie-les-deputes-adoptent-une-loi-contre-la-diffusion-des-informations-faussees-sur-les-reseaux-sociaux/>]. Accessed 25 November 2020.

[3] Confidential Afrique. Mai 2020. "Senegal: False information on the 127 Mauritanian nationals suffering from Covid-19. EXCLUSIVE (Sénégal: Fausses informations sur les 127 ressortissants mauritaniens atteints du Covid-19. EXCLUSIF)".

[<http://confidentielafrique.com/diplomatie/senegal-faussees-informations-127-ressortissants-mauritaniens-atteints-covid-19-exclusif/>]. Accessed 25 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 20.8

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 104.09

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 2.0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 4.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Mauritania has issued a restriction, without international/bilateral support, on the export/import of medical goods (eg: medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. No announcement of such a restriction has been made via the Ministry of Health, Ministry of Agriculture or any news outlets. [1,2] In response to COVID-19, and according to Global Market, Mauritania has closed borders and air travel to travelers since March 17th, however, there is no indication that the restrictions are for medical goods. [3] The World Health Organization (WHO) Disease Outbreak News reported the Rift Valley Fever in November 2020, however there was no indication that a ban on medical goods was put in place. [4] Previous to these events, the last restriction announced by the Mauritanian government was in 2014 in response to an Ebola outbreak, however the restriction was for citizens of Liberia, Nigeria and Sierra Leone, and not for medical goods. The country also closed its border with Mali. [5,6] There is no announcement of such a restriction in the past year on the World Health Organisation (WHO) Disease Outbreak News or World Organisation for Animal Health (OIE) Weekly disease information webpages. [7,8]

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

[3] Global Monitoring. "COVID-19 pandemic - Mauritania". [<https://global-monitoring.com/gm/page/events/epidemic-0002052.JLzgfAyD98Zd.html?lang=en>]. Accessed 25 November 2020.

[4] DiseaseNewsOutbreak. October 2020. "Mauritania reports Rift Valley fever outbreak".

[<http://outbreaknewstoday.com/mauritania-reports-rift-valley-fever-outbreak-80504/>]. Accessed 25 November 2020.

[5] Poletto C et al. 23 October 2014. "Assessing the impact of travel restrictions on international spread of the 2014 West African Ebola epidemic". [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415609/>]. Accessed 25 November 2020.

[6] Reuters. 25 October 2014. "Mauritania closes border with Mali over Ebola". [<https://www.reuters.com/article/us-health-ebola-mauritania-idUSKCN0IE0II20141025>]. Accessed 25 November 2020.

[7] World Health Organisation (WHO). Disease Outbreak News. [<https://www.who.int/csr/don/en/>]. Accessed 25 November 2020.

[8] World Organisation for Animal Health (OIE). "Weekly Disease Information".
[https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 25 November 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Mauritania has issued a restriction, without international/bilateral support, on the export/import of non-medical goods (eg: food, textiles, etc) due to an infectious disease outbreak. No announcement of such a restriction has been made via the Ministry of Health, Ministry of Agriculture or any news outlets. [1,2] In response to COVID-19, and according to Global Market, Mauritania has closed borders and air travel to travelers since March 17th, however, there is no indication that the restrictions are for non-medical goods. [3] The World Health Organization (WHO) Disease Outbreak News reported the Rift Valley Fever in November 2020, however there was no indication that a ban on non-medical goods was put in place. [4] Previous to these events, the last restriction announced by the Mauritanian government was in 2014 in response to an Ebola outbreak, however the restriction was for citizens of Liberia, Nigeria and Sierra Leone, and not for non-medical goods. The country also closed its border with Mali. [5,6] There is no announcement of such a restriction in the past year on the World Health Organisation (WHO) Disease Outbreak News or World Organisation for Animal Health (OIE) Weekly disease information webpages. [7,8]

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

[3] Global Monitoring. "COVID-19 pandemic - Mauritania". [<https://global-monitoring.com/gm/page/events/epidemic-0002052.JLzgfAyD98Zd.html?lang=en>]. Accessed 25 November 2020.

[4] DiseaseNewsOutbreak. October 2020. "Mauritania reports Rift Valley fever outbreak".

[<http://outbreaknewstoday.com/mauritania-reports-rift-valley-fever-outbreak-80504/>]. Accessed 25 November 2020.

[5] Poletto C et al. 23 October 2014. "Assessing the impact of travel restrictions on international spread of the 2014 West African Ebola epidemic". [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415609/>]. Accessed 25 November 2020.

[6] Reuters. 25 October 2014. "Mauritania closes border with Mali over Ebola". [<https://www.reuters.com/article/us-health-ebola-mauritania-idUSKCN0IE0II20141025>]. Accessed 25 November 2020.

[7] World Health Organisation (WHO). Disease Outbreak News. [<https://www.who.int/csr/don/en/>]. Accessed 25 November 2020.

[8] World Organisation for Animal Health (OIE). "Weekly Disease Information".

[https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 25 November 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

There is public evidence that Mauritania has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. No announcement of such a restriction has been made via the Ministry of Health, Ministry of Agriculture or any news outlets. [1,2] In response to COVID-19, and according to Global Market, Mauritania has closed borders and air travel to travelers since March 17th. Borders were still reported to be closed in November 2020. There is no evidence, however, that the border closure was implemented with international/bilateral support according to the World Health Organization (WHO) and from a wider web search. [3,4] The World Health Organization (WHO) Disease Outbreak News reported the Rift Valley Fever in November 2020, however there was no indication that a ban on travelers was put in place. [5] Previous to these events, the last restriction announced by the Mauritanian government was in 2014 in response to an Ebola outbreak, and citizens of Liberia, Nigeria and Sierra Leone were banned from entering Mauritania. The country also closed its border with Mali. [6,7] There is no further announcement of such a restriction in the past year on the World Health Organisation (WHO) Disease Outbreak News or World Organisation for Animal Health (OIE) Weekly disease information webpages. [4,8]

[1] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 25 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 25 November 2020.

[3] Global Monitoring. "COVID-19 pandemic - Mauritania". [<https://global-monitoring.com/gm/page/events/epidemic-0002052.JLzgfAyD98Zd.html?lang=en>]. Accessed 25 November 2020.

[4] World Health Organisation (WHO). Disease Outbreak News. [<https://www.who.int/csr/don/en/>]. Accessed 25 November 2020.

[5] DiseaseNewsOutbreak. October 2020. "Mauritania reports Rift Valley fever outbreak".

[<http://outbreaknewstoday.com/mauritania-reports-rift-valley-fever-outbreak-80504/>]. Accessed 25 November 2020.

[6] Poletto C et al. 23 October 2014. "Assessing the impact of travel restrictions on international spread of the 2014 West African Ebola epidemic". [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415609/>]. Accessed 25 November 2020.

[7] Reuters. 25 October 2014. "Mauritania closes border with Mali over Ebola". [<https://www.reuters.com/article/us-health-ebola-mauritania-idUSKCN0IE0II20141025>]. Accessed 25 November 2020.

[8] World Organisation for Animal Health (OIE). "Weekly Disease Information".

[https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 25 November 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 18.65

2018

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 92.52

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The most recent document is the "Strategic Human Resources for Health Development Plan 2006-2015 (Plan Strategique de Developpement des Ressources Humaines)", developed by the Human Resources Department of the Ministry of Health, which hasn't been updated. [1,2] There is no further evidence on updates to this plan or other strategies on the websites of the Ministry of Health, Ministry of Labour or Ministry of Education. [3,4,5]

[1] World Health Organisation(WHO)."Strategic Human Resources for Health Development Plan 2006-2015 (Plan Strategique de Developpement des Ressources Humaines)".

[http://www.who.int/workforcealliance/countries/Mauritanie_HRHPlan_2006_2015_Fr.pdf]. Accessed 9 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[4] Islamic Republic of Mauritania. Ministry of Labor. [<http://www.fonctionpublique.gov.mr/?Direction-Generale-du-Travail>]. Accessed 9 November 2020.

[5] Islamic Republic of Mauritania. Ministry of Education. [<http://www.education.gov.mr/spip.php?article92>]. Accessed 9 November 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 40

2006

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Mauritania has patient isolation facilities capable of safely isolating and treating patients with highly communicable diseases. According to the Joint External Evaluation for Mauritania, conducted in March 2017, "there are three functional isolation units for patients with highly communicable diseases. These centres are: the Ebola treatment centre at kilometre point 15, the Nouakchott National Hospital Centre and the Kiffa Hospital Centre". However, there is no indication on if these units are equipped to safely treat patients with these diseases. [1] Most recently, in response to the COVID-19 pandemic, organizations such as the World Bank and UNHCR are implementing projects with components to build isolation units, however no evidence suggests that the country attempted to put these in place prior to 2020 and the pandemic. [2,3] According to UNHCR, "at the request of the Government, UNHCR has delivered eight Refugee Housing Unit as isolation units, six to the main points of entry for refugees from Mali (Doueinkara-Fassala, Adel Bagrou and Goghi) and two to the health center in Bassikounou. This is in addition to 50 shelters for quarantine delivered at Doueinkara-Fassala". [2] There is no additional information on the website of the Ministry of Health. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] ReliefWeb. May 2020. "Mauritania: UNHCR Operational Update as of 20 May 2020".

[<https://reliefweb.int/report/mauritania/mauritania-unhcr-operational-update-20-may-2020>]. Accessed 9 November 2020.

[3] The World Bank. April 2020. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)".

[<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 9 November 2020.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has demonstrated capacity to expand isolation capacity in response or has developed, updated or tested a plan to expand isolation capacity to an infectious disease outbreak in the past two years. According to

the Joint External Evaluation for Mauritania, conducted in March 2017, "there are three functional isolation units for patients with highly communicable diseases. These centres are: the Ebola treatment centre at kilometre point 15, the Nouakchott National Hospital Centre and the Kiffa Hospital Centre". However, there is no indication on if these units are equipped to safely treat patients with these diseases. [1] Most recently, in response to the COVID-19 pandemic, organizations such as the World Bank and UNHCR are implementing projects with components to build isolation units, however no evidence suggests that the country attempted to put these in place prior to 2020 and the pandemic. [2,3] According to UNHCR, "at the request of the Government, UNHCR has delivered eight Refugee Housing Unit as isolation units, six to the main points of entry for refugees from Mali (Doueinkara-Fassala, Adel Bagrou and Goghi) and two to the health center in Bassikounou. This is in addition to 50 shelters for quarantine delivered at Doueinkara-Fassala". This suggests that the government does not have the capacity since they are requesting this support from external sources. [2] There is no additional information on the website of the Ministry of Health. [4]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27–31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] ReliefWeb. May 2020. "Mauritania: UNHCR Operational Update as of 20 May 2020".

[<https://reliefweb.int/report/mauritania/mauritania-unhcr-operational-update-20-may-2020>]. Accessed 9 November 2020.

[3] The World Bank. April 2020. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)".

[<http://documents1.worldbank.org/curated/en/891941585950294951/pdf/Mauritania-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>]. Accessed 9 November 2020.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 1

There is publicly available evidence suggesting that Mauritania has a national procurement protocol in place which can be utilized by the Ministry of Health but not the Ministry of Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs.

Mauritania does have a national centre responsible for the supply and distribution of drugs and public-sector equipment, the Centre for Purchase of Drugs, Equipment and Medical Consumables (Centre d'Achat des Médicaments, équipements et Consommables Médicaux; CAMEC). CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for laboratory and medical items, and Ministry of Health acquires its laboratory and medical needs through CAMEC. [1] It is unclear whether an official national procurement protocol is in place for the use of CAMEC, however. The websites of the Ministry of Health and Ministry of Agriculture do not include any additional information on laboratory and medical supply procurement protocol, however according to the Ministry of Health, CAMEC is the main supplier of medical needs in Mauritania. Under the "Invitation to tender" portal, both ministries have a "Notice of

National Competitive Bidding" for general needs. [2,3] The website of the National Institute of Public Health Research (Institut National de Recherches en Santé Publique) is unavailable. [4] No evidence of such protocols were found in the 2017 Joint External Evaluation for Mauritania. [5]

[1] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 6 November 2020.

[5] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

There is evidence to suggest that Mauritania has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. The 2017 Joint External Evaluation report for Mauritania, expressly states that "stockpiles are available to respond to some specific emergencies, and Mauritania has agreements with manufacturers, distributors and partners (e.g., Central Purchasing of Medicines, Medical Consumables and Equipment (CAMEC), Central Purchasing of Livestock Inputs (CAIE), WHO, UNICEF and FAO) to secure additional medical countermeasures if needed. Personnel have been identified to oversee the logistics of sending and receiving supplies". However, it is unclear whether the stockpiles that the report are referring to include medical supplies. The report goes on to say that "Mauritania has no capacity to produce antibiotics, vaccines, reagents and laboratory supplies". [1] CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for medical items, and Ministry of Health acquires its medical needs through CAMEC. [2] However no evidence was found on available stockpiles of medical supplies. Two recent articles in January and March 2020, published by the Ministry of Health, state that the Ministry has sufficient stockpiles of MCMs specifically: "the minister said that the country has a stock of drugs that exceeds its needs both to cope with the pandemic and for other pathologies", and that "CAMEC currently has a sufficient stock of drugs to cover the country's needs". [3,4] There is also evidence that the United Nations International Children's Emergency Fund (UNICEF), in collaboration with the Mauritanian government, has provided measles-rubella and polio vaccination during flood seasons. [5] No further evidence was available through the websites of the Ministry of Health, and the Ministry of Agriculture, and the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) has no online presence. [6,7,8]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

- [2] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.
- [3] Islamic Republic of Mauritania, Ministry of Health. January 2020. "Sufficient drug stock for the country's needs face the speculation of the private is available at CAMEC (Minister of Health) (Un stock de médicaments suffisant pour les besoins du pays face a la speculation du prive est disponible a la CAMEC (Ministre de la sante))". [<https://www.sante.gov.mr/?p=3509>]. Accessed 9 November 2020.
- [4] Islamic Republic of Mauritania, Ministry of Health. March 2020. "The minister of health affirms that the national laboratory is equipped to perform medical examinations in any situation (Le ministre de la sante affirme que le laboratoire national est equipe pour effectuer les examens medicaux en toute situation)". [<https://www.sante.gov.mr/?p=3727>]. Accessed 9 November 2020.
- [5] United Nations International Children's Emergency Fund (UNICEF). September 2018. "UNICEF Mauritania Humanitarian Situation Report". [https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF_Mauritania_Humanitarian_SitRep_September-2018.pdf]. Accessed 9 November 2020.
- [6] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.
- [7] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.
- [8] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence to suggest that Mauritania has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The 2017 Joint External Evaluation report for Mauritania, expressly states that "stockpiles are available to respond to some specific emergencies, and Mauritania has agreements with manufacturers, distributors and partners (e.g., Central Purchasing of Medicines, Medical Consumables and Equipment (CAMEC), Central Purchasing of Livestock Inputs (CAIE), WHO, UNICEF and FAO) to secure additional medical countermeasures if needed. Personnel have been identified to oversee the logistics of sending and receiving supplies". However, it is unclear whether the stockpiles that the report are referring to include laboratory supplies. The report goes on to say that "Mauritania has no capacity to produce antibiotics, vaccines, reagents and laboratory supplies". [1] CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for laboratory and medical items, and Ministry of Health acquires its laboratory and medical needs through CAMEC. [2] However no evidence was found on available stockpiles of laboratory supplies. No further evidence was available through the websites of the Ministry of Health, and the Ministry of Agriculture, and the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) has no online presence. [3,4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence to suggest that Mauritania conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. The 2017 Joint External Evaluation report for Mauritania does state that "stockpiles are available to respond to some specific emergencies, and Mauritania has agreements with manufacturers, distributors and partners (e.g., Central Purchasing of Medicines, Medical Consumables and Equipment (CAMEC), Central Purchasing of Livestock Inputs (CAIE), WHO, UNICEF and FAO) to secure additional medical countermeasures if needed. Personnel have been identified to oversee the logistics of sending and receiving supplies". The report goes on to say that "Mauritania has no capacity to produce antibiotics, vaccines, reagents and laboratory supplies". It is unclear, however, whether a review of the stockpiles that do exist are required annually since no mention of this is stated in the report. [1] CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for medical items, and Ministry of Health acquires its medical needs through CAMEC. Nowhere on the CAMEC website was there found any mention of conducting or reviewing national stockpiles to ensure a sufficient supply. [2] No further evidence was available through the websites of the Ministry of Health, and the Ministry of Agriculture, and the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) has no online presence. [3,4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27–31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence to suggest that Mauritania has a plan/agreement to leverage domestic manufacturing capacity to produce or procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. The 2017 Joint External Evaluation report for Mauritania, states that "Mauritania has agreements with manufacturers, distributors and partners (e.g., Central Purchasing of Medicines, Medical Consumables and Equipment (CAMEC), Central Purchasing of Livestock Inputs (CAIE), WHO, UNICEF and FAO) to secure additional medical countermeasures if needed. Personnel have been identified to oversee the logistics of sending and receiving supplies". [1] CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for medical items, and Ministry of Health acquires its medical needs through CAMEC. [2] However no evidence was found on leveraging capacity during a public health emergency. No further evidence was available through the websites of the Ministry of Health, and the Ministry of Agriculture, and the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) has no online presence. [3,4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Mauritania has a plan/agreement to leverage domestic manufacturing capacity to produce or to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The 2017 Joint External Evaluation report for Mauritania, expressly states that "Mauritania has no capacity to produce antibiotics, vaccines, reagents and laboratory supplies". [1] Mauritania does have a national centre responsible for the supply and distribution of drugs and public-sector equipment, the Centre for Purchase of Drugs, Equipment and Medical Consumables (Centre d'Achat des Médicaments, équipements et Consommables Médicaux; CAMEC). CAMEC is responsible for acquiring generic essential drugs, laboratory reagents and quality medical equipment listed on the national list of medicines prepared by the Ministry of Health. On the CAMEC website there is a portal of invitation to tender for laboratory items, and Ministry of Health acquires

its laboratory needs through CAMEC. [2] However, it is unclear whether a plan or agreement is in place to leverage domestic manufacturing capacity. No further evidence was available through the websites of the Ministry of Health, the Ministry of Agriculture, the Center for Purchase of Drugs, Equipment and Medical Consumables (CAMEC), and the National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)) has no online presence. [2,3,4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 9 November 2020.

[2] Islamic Republic of Mauritania. Ministry of Health. "Centre for Purchase of Drugs, Equipment and Medical Consumables (CAMEC)". [<http://www.camec.mr/>]. Accessed 9 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 9 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 9 November 2020.

[5] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)).

[<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 9 November 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has any plans that define the procedures and decision-making process for dispensing, sending and receiving medical countermeasures during public health emergencies. No evidence of such procedure was found in the 2017 Joint External Evaluation for Mauritania or on the websites of the Ministry of Health and Ministry of Defence.

[1,2,3] Mauritania does not have an emergency planning agency. The "National Disaster Risk Management Action Plan 2007 (Plan National de Gestion des Risques et Catastrophes de la Mauritanie)" is unavailable online.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[3] Islamic Republic of Mauritania, Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 6 November 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

Mauritania does not have a plan outlining procedures for receiving health personnel from other countries during a public health emergency but is party to a regional agreement for deploying and receiving personnel. Although according to the Joint External Evaluation (JEE) for Mauritania, conducted in March 2017, Mauritania has partnership agreements with the World Health Organisation (WHO), Food and Agriculture Organisation of the United Nations (FAO), and the World Organisation for Animal Health (OIE) for personnel deployment of health personnel, it does not have any plan or procedure in place. The JEE recommends that the country should "develop and implement a personnel deployment plan for public health emergencies, and develop procedures to manage deployment", a statement that demonstrates the lack of such a plan. [1] There is no additional information on the websites of the Ministry of Health or Ministry of Defence. [2,3]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[3] Islamic Republic of Mauritania, Ministry of National Defence. [<http://www.armee.mr/fr/>]. Accessed 6 November 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 69.3

2015

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 84.3

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the Mauritanian government has issued legislation, a policy or a public statement committing to provide prioritised healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. There is no publicly available evidence via the Ministry of Health or the Joint External Evaluation for Mauritania, conducted in March 2017. [1,2] Mauritania does not have a public health emergency response plan. [2] According to the World Health Organisation (WHO) "Country Co-operation Strategy with Mauritania, 2018-2022", there are some motivation and retention strategies for health personnel, including zone premiums for health personnel in rural areas, but there is no policy on priority to receive treatment. [3]

[1] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

[3] World Health Organisation (WHO). "WHO Country Cooperation Strategy with Mauritania, 2018-2022". [<http://apps.who.int/iris/bitstream/handle/10665/259896/9789290234012-eng.pdf?sequence=1>]. Accessed 6 November 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has a system in place for public health officials and healthcare workers to communicate during a public health emergency. There are no provisions regarding communications with healthcare workers during a public health emergency on the website of the Ministry of Health. [1] There is no evidence that Mauritania has a national public health emergency preparedness and response plan according to the 2017 Joint External Evaluation report for Mauritania. [2] The 2007 "National Disaster Risk Management Action Plan (Le Plan d'Action National de Gestion des Risques de Catastrophes)" is not available online. Mauritania does not have an emergency management agency. Neither of the country's two main emergency response centres, the Centre for Crisis Monitoring, Alerts and Management and the National Centre for Public Health Emergency Operations, have websites.

[1] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[2] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that a system exists through which public health officials and healthcare workers in both the public and private sector can communicate during an emergency. There is also no evidence that Mauritania has a national public health emergency preparedness and response plan. [1] Mauritania has two main emergency response centres, Centre for Crisis Monitoring, Alerts and Management (COVACC) and the National Centre for Public Health Emergency Operations (CNOUSP), neither of which maintain a website. According to the Joint External Evaluation for Mauritania, conducted in March 2017, one the main functions of these centres is to co-ordinate all sectors and provide surge capacity in all types of crisis. However, no more details on this are available publicly. [2] There are no provisions on the Ministry of Health website regarding communications with public or private healthcare workers during a public health emergency. [2] The 2007 "National Disaster Risk Management Action Plan (Le Plan d'Action National de Gestion des Risques de Catastrophes)" is not available online.

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAIs) that take place in healthcare facilities. There is no publicly available evidence on the website of the Ministry of Health. [1] As per the World Health Organisation (WHO) library of national action plans, Mauritania does not have a national AMR plan. [2] According to the Joint External Evaluation for Mauritania, conducted in March 2017, Mauritania does not have a comprehensive HCAI monitoring system in place, but there are guidelines for infection prevention and control. Six hospitals have infection control and prevention committees and "more than 300 health professionals trained in prevention and control of healthcare-associated infections". [3] The website of the National Institute of Public Health Research is unavailable. [4]

[1] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[2] World Health Organisation (WHO). "Library of National Action Plans". [<http://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 6 November 2020.

[3] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

[4] National Institute of Public Health Research (Institut National de Recherches en Santé Publique(INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 6 November 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. Section 5.08.02 of the 2011 "Profile of the Pharmaceutical Sector of Mauritania (Profil du Secteur Pharmaceutique de Pays Mauritanie)", carried out by World Health Organisation (WHO) in collaboration with the Global Fund, states that conducting clinical trials requires the agreement of an ethics committee or an institutional review board, and the completion of clinical trials must be authorised by the authority of pharmaceutical regulation, the Directorate of Pharmacy and Laboratories. According to the report, no clinical trials have taken place in Mauritania. [1] However, there is evidence an ethics oversight system is in place in country. As an example, in a report on the Non-communicable Diseases Survey carried out by the WHO and Ministry of Health, the ethics authorisation was obtained from the Ministry of Health before the blood samples were acquired. No more up to date information of any recent clinical trial is available online or on the website of the Ministry of Health. [2] The Directorate of Pharmacy and Laboratories does not have a website. There is no evidence of clinical trials for Mauritania according to an article by the Longboat: Navigating Clinical Trials, which are research professionals who develop clinical trial technologies and track those that have occurred around the world, to bring "novel medicines to patients and their families sooner". [3] There is also no mention of a national requirement for ethical review in the 2017 Joint External Evaluation report for Mauritania. [4]

[1] World Health Organisation (WHO). The Global Fund. 2011. "Pharmaceutical Sector Profile of Country, Mauritania". [http://www.who.int/medicines/areas/coordination/Mauritania_PSCPQuestionnaire_FR_02082011.pdf?ua=1]. Accessed 5 November 2020.

[2] Lemine-Pr BA Mohamed, Pathé-Pr Diallo. November 2007. "Non-Communicable Disease Survey Report (Enquête sur les Maladies non Transmissibles)". [https://www.who.int/ncds/surveillance/steps/STEPS_Report_Mauritania.pdf]. Accessed 5 November 2020.

[3] Longboat: Navigating Clinical Trials. October 2019. "Clinical Trials in Africa: Challenges and Opportunities". [<https://blog.longboat.com/clinical-trials-in-africa-challenges-and-opportunities>]. Accessed 6 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Mauritania has an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics. There is no evidence of such a process on the websites of the Ministry of Health or the Ministry of Higher Education, Scientific Research and Information and Communication Technologies. [1,2] The National Laboratory for Drug Quality Control (Laboratoire National de Contrôle de la Qualité des Médicaments) does not have any information on expedited processes for approving clinical trials for unregistered medical countermeasures to treat ongoing epidemics. [3] The Directorate of Pharmacy and Laboratories (La Direction de la Pharmacie et des Laboratoire), which operates within the Ministry of Health, does not have a website. The 2017 Joint External Evaluation report for Mauritania does not mention that an expedited process for applying clinical trials for unregistered medical countermeasures exists. [4]

[1] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 6 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Higher Education and Scientific Research, Information Technologies and Communication. [<http://www.mesrstic.mr/fr/%D9%82%D9%88%D8%A7%D9%86%D9%8A%D9%86/>]. Accessed 6 November 2020.

2020.

[3] Islamic Republic of Mauritania. The Institute of the National Laboratory for Drug Quality Control.

[<http://www.lncqm.mr/index.php/fr/>]. Accessed 6 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 6 November 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that Mauritania has an agency responsible for approving new medical countermeasures. According to Ministry of Health website, the Department of Pharmacy and Laboratories is responsible for approving any new medicinal product intended for human use. The Department of Pharmacy and Laboratories operates the Registration of Medicines Service, which is responsible for issuing marketing authorisations and the registration for new medicinal products. [1] The World Health Organisation (WHO)/Global Fund pharmaceutical profile of Mauritania, published in 2011, confirms that the Department of Pharmacy and Laboratories is the pharmaceutical regulatory authority with responsibility for registering new medicinal products and providing marketing authorisation. [2] The Department of Pharmacy and Laboratories does not have a website. There is no mention of an agency responsible for approving new medical countermeasures in the 2017 Joint External Evaluation report for Mauritania. [3]

[1] Islamic Republic of Mauritania. Ministry of Health. "Organisational Chart- Central Departments".

[https://www.sante.gov.mr/?page_id=439]. Accessed 5 November 2020.

[2] World Health Organisation(WHO). The Global Fund. 2011. "Pharmaceutical Sector Profile of Country, Mauritania".

[http://www.who.int/medicines/areas/coordination/Mauritania_PSCPQuestionnaire_FR_02082011.pdf?ua=1]. Accessed 5 November 2020.

[3] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 5 November 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. According to Ministry of Health website, the Department of Pharmacy and Laboratories is responsible for approving any new medicine intended for human use. The Department of Pharmacy and Laboratories' Registration of Medicines Service department is responsible for issuing marketing authorisations and the registration for new medicinal products. However, there is no evidence that such medicinal products include medical countermeasures such as vaccines. [1] The pharmaceutical profile of Mauritania, published in 2011, also states that the Directorate of Pharmacy and

Laboratories is the Pharmaceutical Regulatory Authority and has responsibility for overseeing the registration of new medicines and related marketing. However, existing evidence does not confirm whether medical countermeasures are covered under the "medicinal products" designation. [2,3] The Directorate of Pharmacy and Laboratories does not have a website. The 2017 Joint External Evaluation report for Mauritania states that "Mauritania has no plan that defines the procedures and decision-making process for sending and receiving medical countermeasures during public health emergencies". [4] Neither the Ministry of Higher Education and Scientific Research, Information Technologies and Communication or the Institute of the National Laboratory for Drug Quality Control websites mention an expedited process for approving medical countermeasures. [5,6]

[1] Islamic Republic of Mauritania. Ministry of Health. "Organisational Chart- Central Departments".

[https://www.sante.gov.mr/?page_id=439]. Accessed 5 November 2020.

[2] World Health Organisation(WHO). The Global Fund. 2011. "Pharmaceutical Sector Profile of Country, Mauritania".

[http://www.who.int/medicines/areas/coordination/Mauritania_PSCPQuestionnaire_FR_02082011.pdf?ua=1]. Accessed 5 November 2020.

[3] Islamic Republic of Mauritania. Ministry of Health. "Medicaments et Pharmacies de Garde".

[<https://www.sante.gov.mr/?p=4661>]. Accessed 5 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017".

[<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 5 November 2020.

[5] Islamic Republic of Mauritania, Ministry of Higher Education and Scientific Research, Information Technologies and Communication.

[<http://www.mesrstic.mr/fr/%D8%A7%D9%84%D9%86%D8%B5%D9%88%D8%B5-%D8%A7%D9%84%D9%82%D8%A7%D9%86%D9%88%D9%86%D9%8A%D8%A9/>]. Accessed 5 November 2020.

[6] Islamic Republic of Mauritania. The Institute of the National Laboratory for Drug Quality Control.

[<http://www.lncqm.mr/index.php/fr/>]. Accessed 5 November 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that pandemics are integrated into the national disaster risk reduction strategy, and there is no standalone disaster risk reduction strategy for pandemics. The "National Disaster Risk Management Action Plan" was drafted in October 2007, but its public health component is not adequately developed. [1] The draft of the "National Plan of Action For Capacity Development in Disaster Risk Reduction 2015-2018" suggests that a "Disaster risk reduction plan" was approved by government in 2009; however, the plan is not available online, either from the Ministry of Health webpage or the World Health Organisation (WHO) database of Mauritania health policies, or from a wider search. [2,3] The Joint External Evaluation for Mauritania, conducted in March 2017, does not mention a disaster risk reduction plan for pandemics. The report does state that there is "a review on the institutional and legal framework for risk and disaster reduction in Mauritania" was conducted in March 2016, but there is no evidence of this review being available online. [4] In 2018, five Mauritanian cities individually conducted disaster risk resilience assessments and were drafting "people-centered city action plans in line with the Sendai Framework for Disaster Risk Reduction - the global plan for reducing losses from disasters". No evidence was available of the draft or final versions of the plans to determine whether pandemics were integrated in them, and the Sendai Framework for Disaster Risk Reduction makes passing references to pandemics, but doesn't provide guidance on how to specifically address them. [5,6] No further information relevant to pandemic disaster risk reduction is available from the website of the Ministry of Health. [7]

[1] World Health Organisation (WHO). Emergencies preparedness, response. "Disease Outbreak News".

[<https://www.who.int/csr/don/en/>]. Accessed 5 November 2020.

[2] The Capacity for Disaster Reduction Initiative (CADRI). April 2015. "The Draft of National Plan of Action For Capacity Development in Disaster Risk Reduction". [<http://cadri.net/sites/default/files/MAURITANIE-Plan-d-Action-National-RRC-Draft.pdf>]. Accessed 5 November 2020.

[3] World Health Organisation(WHO). Mauritania: Country profiles.

[http://www.who.int/gho/countries/mrt/country_profiles/en/]. Accessed 5 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 5 November 2020.

[5] United States Office for Disaster Risk Reduction (UNDRR). July 2018. "Mauritania acts on urban resilience".

[<https://www.undrr.org/news/mauritania-acts-urban-resilience>]. Accessed 5 November 2020.

[6] United Nations. "Sendai Framework for Disaster Risk Reduction 2015 - 2030".

[https://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf]. Accessed 5 November 2020.

[7] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 5 November 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has cross-border agreements with neighbouring countries for public health emergencies. According to the Joint External Evaluation for Mauritania, conducted in March 2017, Mauritania has joint commissions with Mali and Senegal, but there is no agreement or protocol in place. [1] Also, Mauritania is a member of the African Union (AU), alongside its neighbouring countries. AU members have committed "to work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent"; however, there is no actual agreement regarding public health emergencies. [2] According to the National Malaria Control Programme of Senegal (PNLP), in order to increase the efficiency of the fight against malaria at the sub-regional level, there are annual working meetings between Senegal, Gambia, Guinea Bissau, the Republic of Guinea, Mali and Mauritania. However, the PNLN does not deal with public health emergencies. [3] There is no publicly available evidence from the website of Ministry of Health or Mauritania's International Agreement database on the website of the Food and Agriculture Organisation of the United Nations (FAO). [4,5]

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 5 November 2020.

[2] African Union(AU). African Union in a Nutshell. [<https://au.int/en/au-nutshell>]. Accessed 5 November 2020.

[3] Republic of Senegal. October 2015. "the National Malaria Control Program of Senegal (PNLP) (Programme National de Lutte contre le Paludisme)". [http://www.pnlp.sn/wp-content/uploads/2016/08/PNLP_PSN_VFF_03-02-2016.pdf]. Accessed 5 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 5 November 2020.

[5] Food and Agriculture Organisation of United Nation (FAO). FAOLEX Database. "Mauritania - International agreements". [<http://www.fao.org/faolex/country-profiles/general-profile/en/?iso3=MRT>]. Accessed 5 November 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Mauritania has cross-border agreements with regional groups with regards to animal health emergencies. Mauritania joined the Convention on Veterinary Medicine and Co-operation in the Field of Animal Health between the States of the Arab Maghreb Union on 1991. The purpose of this Convention is to co-ordinate national programmes and legislation relating to the prevention and control of epidemics, contagious diseases and the improvement of the quality of products of animal origin intended for human consumption; to facilitate the exchange of

information; and to consolidate technical and scientific co-operation between the relevant services of the States of the Arab Maghreb Union in the field of animal health. Mauritania, Algeria, Libya, Morocco and Tunisia are members of this union. This convention does not specifically cover animal health emergencies. [1] Mauritania also signed an agreement with Algeria in Nouakchott in July 1996 to consolidate co-operation between the veterinary services of the two countries and enhance the two countries' resilience to possible parasitic diseases of animals, and epizootic diseases and zoonoses that are transmissible to humans. [2] However, this agreement does not cover animal health emergencies. There is no more publicly available evidence from the website of Ministry of Health. [3,4]

[1] Food and Agriculture Organisation of United Nation (FAO). "The Convention on Veterinary Medicine and Cooperation in the Field of Animal Health between the States of the Arab Maghreb Union on 9 and 10 March 1991. (Convention relative à la médecine vétérinaire et la coopération dans le domaine de la santé animale entre les Etats de l'Union du Maghreb Arabe, signée à Ras Lanouf, en Djamabiria Arabe libyenne populaire socialiste la Grande les 9 et 10 mars 1991)."

[http://extwprlegs1.fao.org/docs/pdf/alg145840.pdf]. Accessed 4 November 2020.

[2] Food and Agriculture Organisation of United Nation(FAO). "Agreement in the veterinary field between the Government of the People's Democratic Republic of Algeria and the Government of the Islamic Republic of Mauritania 1996. (Accord dans le domaine vétérinaire entre le Gouvernement de la République algérienne démocratique et populaire et le Gouvernement de la République islamique de Mauritanie, signé à Nouakchott le 6 juillet 1996)."

[http://extwprlegs1.fao.org/docs/pdf/alg145833.pdf]. Accessed 4 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [https://www.sante.gov.mr/?lang=fr]. Accessed 5 November 2020.

[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf]. Accessed 5 November 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1, No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1, No = 0

Current Year Score: 1

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1, No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Mauritania has allocated national funds to improve capacity to address epidemic threats within the past three years. According to Prevent Epidemics, a website that "provide[s] clear and concise country-level data on epidemic preparedness and the ability to find, stop, and prevent epidemics", Mauritania ranks "not ready for the next epidemic. They have shown commitment to improving preparedness, but an outbreak could cause a devastating loss of lives and disrupt political and economic stability". No evidence was found on how they are attempting to improve preparedness and whether this indicates that Mauritania has allocated national funds to improve capacity. [1] The 2018, 2019, and 2020 budget breakdown available from the Ministry of Health website shows no signs of funds allocated to improve capacity to address epidemic threats. [2,3,4] There is no publicly available evidence from Ministry of Health or the Ministry of Agriculture websites. [5,6] And no mention of allocated fund to improve capacity to address epidemic threats were mentioned in the 2017 Joint External Evaluation report for Mauritania. [7]

[1] The World Bank. April 2020. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)".

[<https://projects.worldbank.org/en/projects-operations/project-detail/P173837>]. Accessed 5 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Health. "Annual expense plan for 2020, updated 5 November 2020 (Plan Annuel des Depenses pour l'Annee 2020 Actualise le 5 11 2020)". [<https://www.sante.gov.mr/?p=5197>]. Accessed 5 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. "Annual expense plan for 2018, in lieu of general notice of expenditure (Plan Annuel des Depenses Actualise Pour l'Annee 2018 Tenant Lieu d'Avis General de Depense)".

[<https://www.sante.gov.mr/?p=2939>]. Accessed 5 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Health. "Annual expense plan for 2019, in lieu of general notice of expenditure (Plan Annuel des Depenses Actualise Pour l'Annee 2019 Tenant Lieu d'Avis General de Depense)".

[<https://www.sante.gov.mr/?p=2952>]. Accessed 28 November 2020.

[5] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 5 November 2020.

[6] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 5 November 2020.

[7] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 5 November 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of a publicly identified special emergency public financing mechanism and funds that Mauritania can access in the face of a public health emergency. Mauritania is on the list of countries eligible for International Development Association (IDA) funding, and is therefore also eligible for the World Bank's Pandemic Emergency Financing Facility, which provides financing to low-income countries affected by large-scale disease outbreak. [1,2] The country also operates the Environment Intervention Fund, created by Decree No. 2010-048 of 2010, which is to be released in the case of a public health emergency of chemical origin. [3] The 2017 Joint External Evaluation report for Mauritania states that National Centre for Public Health Emergency Operations (CNOUSP), meant to act as a command and coordination centre under the Ministry of Health during crises, allocated and included funds in the Ministry of Health budget for public health emergencies. [4] There is no further evidence was available on the Ministry of Health website of other sources of emergency funding. [5]

- [1] International Development Association (IDA). "Borrowing countries". [<http://ida.worldbank.org/about/borrowing-countries>]. Accessed 4 November 2020.
- [2] Pandemic Emergency Financing. "Pandemic Emergency Financing Facility. Operational Brief for Eligible Countries". [<http://pubdocs.worldbank.org/en/134541557247094502/PEF-Operational-Brief-Feb2019.pdf>]. Accessed 4 November 2020.
- [3] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 4 November 2020.
- [4] Islamic Republic of Mauritania, Ministry of Health. [<http://www.sante.gov.mr/fr/>]. Accessed 4 November 2020.
- [5] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 4 November 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient public evidence that senior leaders of Mauritania have made a public commitment either to support other countries to improve capacity to address epidemic threats by providing financing or support in the past three years, or to improve its own domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity in the past three years. There is an agreement between the President of Mauritania and the Government of Liberia for the provision of a LD\$37m (US\$191,000) grant to assist in the fight against the Ebola virus disease. However, this commitment was made in 2015, more than three years ago. [1] The Global Fund is financing activities to fight against malaria, tuberculosis and HIV/AIDS, and has noted the country's commitment to use the fund against these diseases. However, there is no evidence that senior leaders of Mauritania have expressly endorsed such commitments. [2] There is no publicly available evidence from the Ministry of Health or Ministry of Foreign Affairs websites. [3,4] According to Prevent Epidemics, a website that "provide[s] clear and concise country-level data on epidemic preparedness and the ability to find, stop, and prevent epidemics", Mauritania ranks "not ready for the next epidemic. They have shown commitment to improving preparedness, but an outbreak could cause a devastating loss of lives and disrupt political and economic stability". No evidence was found on how they are attempting to improve preparedness and whether this indicates that senior leaders are expressly requesting support or finances to improve capacity. [5] The UN and World Health Organisation (WHO) press pages do not provide any further evidence. [6,7]

[1] Government of Republic of Liberia. Ministry of Foreign Affairs. "Mauritanian President Rounds-Up Visit To Liberia, Provides LD\$37 Million Ebola Grant". [http://www.mofa.gov.lr/public2/2press.php?news_id=1452&related=7&pg=sp]. Accessed 4 November 2020.

[2] The Global Fund. Mauritania. [<https://www.theglobalfund.org/en/portfolio/country/?loc=MRT&k=b0d51ce8-9bac-4575-9e9b-1f20091bebcf>]. Accessed 4 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 4 November 2020.

[4] Islamic Republic of Mauritania, Ministry of Foreign Affairs. [<http://www.diplomatie.gov.mr/?q=fr>]. Accessed 4 November 2020.

- [5] Prevent Epidemics. "Mauritania". [<https://preventepidemics.org/countries/mrt/>]. Accessed 4 November 2020.
- [6] United Nation, Meeting coverage and press Releases. [<https://www.un.org/press/en/search/content/mauritania>]. Accessed 4 November 2020.
- [7] World Health Organisation, Regional Office for Africa. [<https://www.afro.who.int/search/node?keys=mauritania>]. Accessed 4 November 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Mauritania has, in the past three years, either invested finances (from donors or national budget) or provided technical support either to improve its domestic capacity to address epidemic threats, however no evidence was found to suggest that it has invested finances to support other countries to improve capacity to address epidemic threats. There is evidence via the Global Health Security Funding Tracker that Mauritania has invested donor finances to improve domestic capacity to address epidemic threats. The tracker notes that Mauritania has received funding from multiple donors to enhance their capacity on global security preparedness, including just over USD \$827.20K from the World Health Organisation (WHO) to provide technical assistance to enhance surveillance and raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas. The Global Health Security Funding Tracker specifically states that Mauritania has not invested in other countries' capacity. [1] Additionally, there is an agreement between the President of Mauritania and the Government of Liberia for the provision of LD\$37 million grant to assist in the fight against the Ebola virus disease. [2] More recently, the International Monetary Fund (IMF) approved "USD \$130 Million Disbursement to the Islamic Republic of Mauritania to address the COVID-19 Pandemic". The funds are meant "to increase spending on health services and social protection programs". [3] Finally, the World Bank announced in April 2020, that it too would support strengthening Mauritania's national systems for public health preparedness through a USD \$5.20 million project. [4] There is no publicly available evidence from Ministry of Health and Ministry of Foreign Affairs websites. [5,6] The United Nations and WHO press release pages do not have any additional evidence. [7,8]

- [1] Global Health Security Funding Tracker. [<https://tracking.ghscosting.org/#/data>]. Accessed 4 November 2020.
- [2] Government of Republic of Liberia. Ministry of Foreign Affairs. "Mauritanian President Rounds-Up Visit To Liberia, Provides LD\$37 Million Ebola Grant". [http://www.mofa.gov.lr/public2/2press.php?news_id=1452&related=7&pg=sp]. Accessed 4 November 2020.
- [3] International Monetary Fund. April 2020. "IMF Executive Board Approves a US\$130 Million Disbursement to the Islamic Republic of Mauritania to address the COVID-19 Pandemic". [<https://www.imf.org/en/News/Articles/2020/04/23/pr20186-mauritania-imf-executive-board-approves-disbursement-to-address-covid-19>]. Accessed 4 November 2020.
- [4] The World Bank. April 2020. "Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)". [<https://projects.worldbank.org/en/projects-operations/project-detail/P173837>]. Accessed 5 November 2020.
- [5] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 4 November 2020.
- [6] Islamic Republic of Mauritania, Ministry of Foreign Affairs. [<http://www.diplomatie.gov.mr/?q=fr>]. Accessed 4 November 2020.
- [7] United Nation, Meeting coverage and press Releases. [<https://www.un.org/press/en/search/content/mauritania>]. Accessed 4 November 2020.
- [8] World Health Organisation, Regional Office for Africa. [<https://www.afro.who.int/search/node?keys=mauritania>].

Accessed 4 November 2020.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a publicly available plan or policy for sharing genetic data, epidemiological data, clinical specimens, and/or isolated specimens (biological materials) with international organisations and/or other countries that goes beyond influenza. There is no evidence of a plan or policy for sharing data and specimens on the websites of the Ministry of Health, Ministry of Agriculture or Ministry of Higher Education and Scientific Research. [1,2,3] Mauritania's National Institute of Public Health Research (INRSP) is a member of the Sub Regional Network of Sanitary Quality Control; however, there is no evidence of data sharing between the members. The INRSP's website is unavailable. [4,5] The National Plan for Health Development, covering 2017-20, makes no mention of a formal plan for sharing of data or samples with other countries. [6] No plan or policy is mentioned in the 2017 Joint External Evaluation report for Mauritania. [7]

[1] Islamic Republic of Mauritania, Ministry of Health. [<https://www.sante.gov.mr/?lang=fr>]. Accessed 4 November 2020.

[2] Islamic Republic of Mauritania, Ministry of Agriculture. [<http://www.agriculture.gov.mr/index.php?lang=fr>]. Accessed 4 November 2020.

[3] Islamic Republic of Mauritania, Ministry of Higher Education and Scientific Research, Information Technologies and Communication. [<http://www.mesrstic.mr/fr/%D9%82%D9%88%D8%A7%D9%86%D9%8A%D9%86/>]. Accessed 4 November 2020.

[4] Wallonie-Bruxelles International (WBI). "Mauritania's National Institute of Public Health Research (L'Institut National de Recherches en Santé Publique (Mauritanie))". [<http://renlabqua.sn/l-institut-national-de-recherches-en-sante-publique-mauritanie.html>]. Accessed 4 November 2020.

[5] Islamic Republic of Mauritania. National Institute of Public Health Research (Institut National de Recherches en Santé Publique (INRSP)). [<http://www.inrsp.mr/fr/index.php/fr/>]. Attempted access on 4 November 2020.

[6] Islamic Republic of Mauritania, Ministry of Health. May 2017. "The National Plan for Health Development (Plan National de Développement Sanitaire (PNDS) 2017-2020)". [<http://extwprlegs1.fao.org/docs/pdf/Mau178884.pdf>]. Accessed 4 November 2020.

[7] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR Core Capacities of the Islamic Republic of Mauritania: Mission report 27-31 March 2017". [<http://apps.who.int/iris/bitstream/handle/10665/258739/WHO-WHE-CPI-REP-2017.28-eng.pdf?sequence=1&isAllowed=yf>]. Accessed 4 November 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Mauritania has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years. There is no evidence via the World Health Organisation (WHO) or media reports of any non-compliance in the past year by Mauritania. [1,2]

[1] World Health Organisation (WHO). "Virus sharing". [http://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 4 November 2020.

[2] World Health Organisation (WHO). [<http://www.who.int>]. Accessed 4 November 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years. Mauritania has not reported any outbreaks of diseases of pandemic concern in the past two years to the World Health Organisation (WHO). [1] According to the OutbreakNewsToday, there was a Rift Valley fever (RVF) outbreak in Mauritania in early October 2020. In response to this outbreak, "88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP)", which is evidence that pathogen samples have indeed been shared. [2] There is evidence that samples have been shared in relation to COVID-19. According to a retrospective overview of Mauritania's response to COVID-19, "Regional hospitals throughout the country sent nasal swab and/or blood samples of symptomatic patients for real-time reverse transcriptase PCR (RT-PCR) and/or serologic tests to Institut National de Recherches en Santé Publique (INRSP) in Nouakchott, where diagnostic tests were centralized". [3] The Ministry of Health has not issued any press releases related to domestic disease outbreaks in the past two years, and there is no evidence of WHO news releases or other media reporting suggesting that Mauritania has failed to share a sample of a pandemic pathogen during an outbreak in the past two years. [4,5]

[1] World Health Organisation (WHO). Disease Outbreak News. [<https://www.who.int/csr/don/en/>]. Accessed 4 November 2020.

[2] DiseaseNewsOutbreak. October 2020. "Mauritania reports Rift Valley fever outbreak".

[<http://outbreaknewstoday.com/mauritania-reports-rift-valley-fever-outbreak-80504/>]. Accessed 4 November 2020.

[3] A. El Vally, M.A. Bollahi, M.S. Ould Ahmedou Salem, J. Deida, P. Parola, L. Basco, A. El Bara, M. Ouldabdallahi, A. Ould

Mohamed Salem Boukhary. November 2020. "Retrospective overview of a COVID-19 outbreak in Mauritania". [http://www.sciencedirect.com/science/article/pii/S2052297520301402]. Accessed 27 November 2020.
[4] Islamic Republic of Mauritania, Ministry of Health. [https://www.sante.gov.mr/?lang=fr]. Accessed 4 November 2020.
[5] World Health Organisation (WHO). News releases. [http://www.who.int/news-room/releases]. Accessed 4 November 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 29

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 53.5

2017

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.38

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 1.4

2014

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

According to the International Labour Organization (ILOSTAT) database, the share of informal employment in 2017 for Mauritania was 91.2%. The World Bank reported it at 89% for the same year. [1,2]

[1] International Labor Organization (ILOSTAT). "Country Profiles". [<https://ilostat.ilo.org/data/country-profiles/>]. Accessed 2 November 2020.

[2] The World Bank. "Informal Employment (% total of non-agricultural employment)". [<https://data.worldbank.org/indicator/SL.ISV.IFRM.ZS?locations=MR>]. Accessed 2 November 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 1

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 0

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.33

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 54.51

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -0.05

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 64.7

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)

World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 476.2

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 3.16

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 14.04

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 12.7

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 70.7

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 48.44

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 68.22

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018